



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

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Our Ref: JEQ/SKZ3588J/IMP (zl)

Your Ref: **SGV1616T**

13 December 2019

SLOW OI LIN

73 Chiselhurst Grove
Singapore 558656

By Post Only

AIG ASIA PACIFIC INSURANCE PTE LTD
Singapore

By Fax: 6835 7416 Only

Dear Sir

ACCIDENT INVOLVING SKZ3588J AND SGV1616T ON 13.12.2019

We act for the owner of vehicle no. SKZ3588J.

We hereby notify you of a road traffic accident on **13 December 2019** at about **1155 hrs**, along Clementi Road involving our client's vehicle and vehicle registration no. **SGV1616T** driven by you / your insured at the material time. A copy of our client's accident report is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know **within 2 working days of your receipt of this notice** whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully



Encl.

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

| | | | | | |
|-------------------------------------|--|--|-----------------|-------------|--|
| VEHICLE NO: | SKZ 3588J | | VEHICLE MODEL: | TOYOTA WISH | |
| DATE OF ACCIDENT | 12 / 12 / 19 | | | | |
| TIME OF ACCIDENT | 11.55 | | | (AM/PM) | |
| LOCATION OF ACCIDENT | Clementi Road | | | | |
| Contact Purpose use during accident | | | | | |
| NAME OF OWNER | OSCAR'S Leasing Private Limited | | | | |
| TEL NO | 8218 8800 | | | | |
| NRIC | 201431292N | | | | |
| CLAIM TYPE | OD/THIRD PARTY/REPORTING ONLY | | | | |
| INSURANCE CO | NTUC | | | | |
| TYPE OF COVERAGE | Comprehensive / Third party / third Party Fire & Theft | | | | |
| POLICY NO | 5109910175-000622 | | | | |
| NAME OF DRIVER | As above (if no), TAN JIN WEI (CHAN JIN WEI) | | | | |
| NRIC | 98242856/1 | | Any passengers: | 2 | |
| DATE OF BIRTH | 21 / 12 / 1982 | | 1 man | | |
| OCCUPATION | Outdoor / Indoor | | 1 girl | | |
| DATE OF DRIVING PASS | 10 / 04 / 2001 | | | | |
| GENDER | Male / Female | | | | |
| CONTACT NO | 81233668 | | Office: | Home: | |
| ADDRESS | 816424 CAMBERRA Road #13-459 S750424 | | | | |
| DRIVER HAVE ANY OWN Vehicle | (No / if yes: Reg No: | | | | |
| RELATIONSHIP | Employee (if No) | | Rental | | |
| WEATHER CONDITION | (Clear / Raining / Other: | | | | |
| ROAD SURFACE | (Dry / Wet / Others: | | | | |
| ANY INJURIES | (No / if yes: Who? | | | | |
| CONTACT NO | 81233668 | | | | |
| POLICE REPORT | (No / if yes: Where? | | | | |
| VEHICLE B NO | SGV1616T | | Any passengers: | Nil | |
| NAME | Siew ai Lim | | | | |
| CONTACT NO | 98389982 | | | | |
| VEHICLE C NO | | | | | |
| VEHICLE D NO | | | | | |
| VEHICLE E NO | | | | | |
| VEHICLE F NO | | | | | |
| ANY WITNESS | | | | | |
| WITNESS CONTACT NO | | | | | |
| PARTICULAR WORKSHOP | IMPERIUM AUTOMOTIVE | | | | |
| TEL NO | 26 KAKI BUKIT ROAD 4 | | | | |
| CONTACT PERSON | #01-49 SYNERGY @ KB | | | | |
| FAX NO | SINGAPORE 417800 | | | | |
| | TEL: 9748 9940 FAX: 63467213 | | | | |
| | Reg. No. 53293624L | | | | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Signature]
13/12/19

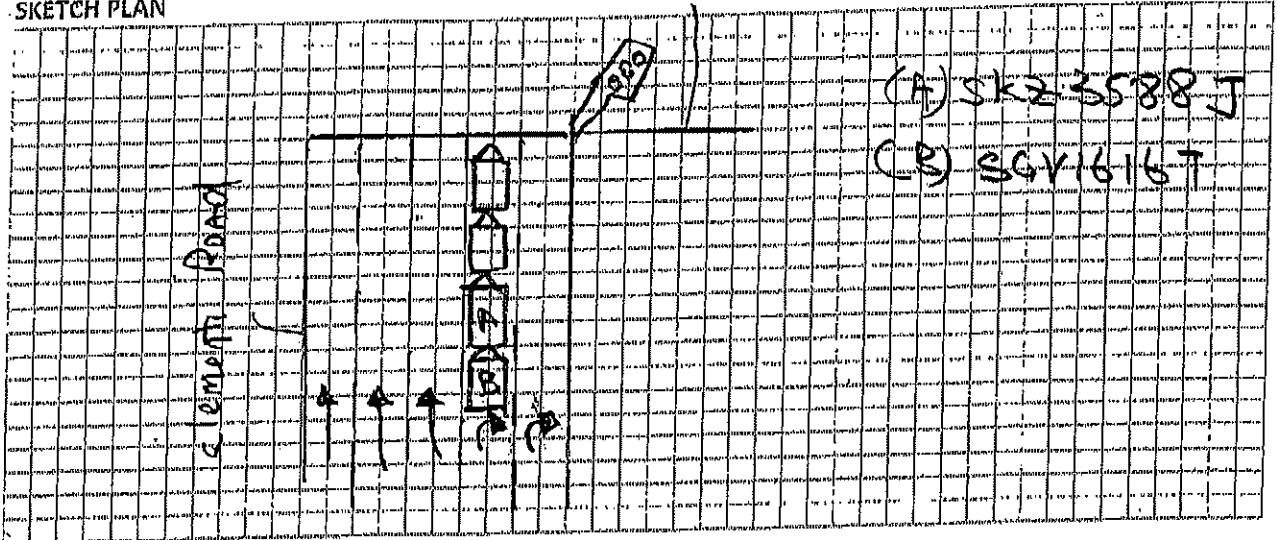
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Commonwealth Ave WES

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/19 at around 11:55am, I was at the junction of Cleveley road turning into Commonwealth Ave West. My car was in stationary waiting for the Traffic light to turn green. Suddenly I felt an hard impact hit on my back of the car. I came down and take a look and saw SGV1616T hit onto my rear of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



[Signature]
13/12/19