



16<sup>th</sup> December 2019

**AIG Asia Pacific Insurance Pte Ltd**  
Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SLU 8749 T (Our Ref) and SMA 9777 Z (Your Ref)**  
**Dated 13<sup>th</sup> December 2019, Time around 23:49HRS**  
**@ JUNCTION OF WOODLANDS AVE 2 AND AVE 1**

We represent our client; MUHAMMAD SHARONIZAL BIN ABDUL RAHMAN to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLU 8749 T and your insured's vehicle registration number: SKJ 4066 B. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SKJ 4066 B for damages, costs and disbursements as a result of the aforesaid road traffic accident.

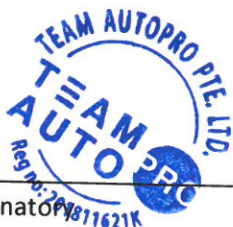
Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

<b>Contact Person</b>	Eric Lee	8269 9999
<b>Email Address</b>	teamautopl@gmail.com	
<b>Survey Address</b>	160 Sin Ming Dr, #01-14 Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/12/19 (dd/mm/yy) Time of Accident: 23 49 (24-HR-FORMAT)

Vehicle No.: SLU8749T Vehicle Make & Model: VOLKSWAGEN TIGUAN 2.0

Exact location of Accident: JUNCTION OF WOODLANDS AVE 2 AND AVE 1

Policyholder's Name / IC No.: MUHAMMAD SHARONIZAL BIN ABUL RAHMAN S9043283D

Driver's Name / IC No.: MUHAMMAD SHARONIZAL BIN ABUL RAHMAN S98387552E (As Above) ☐

Driver's Contact No.: 82929017 Company Contact No: \_\_\_\_\_

Driver's Address: APT BLK 779 WOODLANDS CRESCENT #04-78 SINGAPORE 730779

Insurance Company: NTUC Income Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: Sibling

or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name : \_\_\_\_\_  
Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_  
Gender : \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMA 9777Z

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## 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:

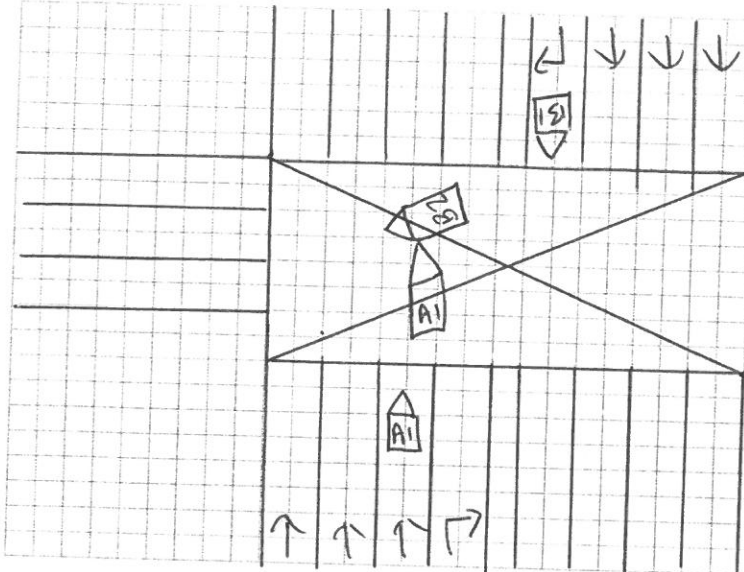
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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/mail 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.

\_\_\_\_\_  
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.:

# SKETCH PLAN



A - SLU 8749T

B - SMA 9777Z

Junction of Woodlands Ave 2 AND Ave 1

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time I vehicle 'A' was travelling along Woodlands Ave 1 towards junction of Woodlands Ave 2, while reaching the traffic junction the light is Green so I moved on, suddenly vehicle 'B' came from opposite and hit on the right side of my vehicle. That all

## DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20191215/2133

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No. T/20191215/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2019 21:06		Vide Report No.:		Station Diary No.: 162
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMED SHAROALFIAN BIN ABDUL RAHMAN		Address: APT BLK 779 WOODLANDS CRESCENT #04-78 SINGAPORE 730779		
ID Type / ID No.: NRIC NO / S9838552E		Contact No.: Home/Office: Mobile: 82929017		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 21	Date of Birth: 17/11/1998	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2019 23:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 2 WOODLANDS AVENUE 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU8749T	Car	VOLKSWAGO N	Tiguan	White	Seriously Damaged	1
SMA9777Z	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191215/2133

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 4

Report No. T/20191215/2133

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MUHAMMAD NURIMAN BIN MUSTAFFA KAMAN	ID No.	S9818200D
Related Vehicle	SLU8749T (Car)	Contact No.	83807495
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMED SHAROALFIAN BIN ABDUL RAHMAN	ID No.	S9838552E
Related Vehicle	SLU8749T (Car)	Contact No.	82929017
Hospital/Clinic	BANYAN CLINIC PTE LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	WANG YEXIANG	ID No.	S8810659H
Related Vehicle	SMA9777Z (Car)	Contact No.	98760406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above date and time, I was travelling along Woodlands Ave 1. When I reached the cross junction of Woodlands Ave 1 and Woodlands Ave 2, there was a car(SMA9777Z) that suddenly turned from Woodlands Ave 1 towards BKE/SLE. I did not manage to stop in time and I crashed into SMA9777Z head on. After the crash, we exchanged particulars and agreed to settle through insurance. A witness namely Suhail (HP: 94500184) then called for traffic police, ambulance and SCDF however no one was conveyed.

On the 14/12/2019, I felt unwell hence I went to see the doctor and got 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191215/2133

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 4

Report No. T/20191215/2133

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20191215/2133

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

4 of 4

Report No. T/20191215/2133

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
L /  
SC2 GARY CHOK SIANG YI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No.: 65476395

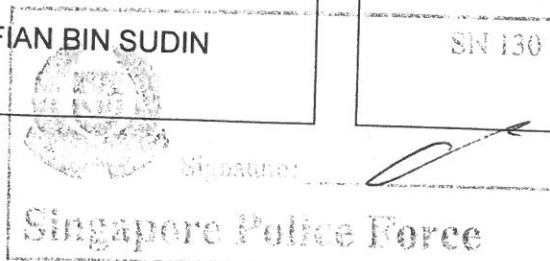
Signature Of Informant:

Date/Time:  
15/12/2019 21:06

Classification Of Case:

SN 130

Authentication Stamp  
NP168







Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 16 Dec 2019 / 13:06:15

Receipt Date/Time : 16 Dec 2019 / 13:06:15

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191216-001670

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
--	---------------------------------	---------------------------------------

Result of Insurance Enquiry - SMA9777Z

As at 13 Dec 2019/23:49:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SMA9777Z

Enquiry Fee

20191216130544839189

7.00	0.49	7.49
------	------	------

**Sub-Total**

7.00	0.49	7.49
------	------	------

**Total Before Rounding**

7.00	0.49	7.49
------	------	------

**Rounding Difference**

0.04

**Total Amount Payable**

7.45

Paid By

xxxxxxxxxxxx8855

Credit Card:  
Visa/MasterCard

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.