

**DYNAMIC AUTOWORK PTE. LTD.**

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201436361C

Date: 07/01/20

By Fax &/ Email

To: AIG

Attn : Motor Claims Department

Re: Accident involving motor vehicle Nos. SFM8189Y and GBD3048Z  
along Entrance of BLK 467 Admiralty Drive MSCP on 04/01/2020.

We refer to the above matter.

We are instructed by Ten Kok Leong to notify you of a road traffic accident  
on 04/01/2020 at about 23:40 at Entrance of BLK 467 Admiralty Drive MSCP  
involving our client's/customer's vehicle registration number SFM8189Y and vehicle  
registration number GBD 3048Z (your insured) at the material time.

As a result of the accident, our client's /customer's vehicle has been damaged. Before our  
client/we proceed to repair the damaged vehicle, please let us know within 2 working days of  
your receipt of this notice whether you or your insurer 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/we shall proceed to repair the vehicle without further reference to you.

Thank You.

Yours faithfully



Abby

Hp : 9856 4815

## SINGAPORE ACCIDENT STATEMENT

### 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. This 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 lodgement 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.

### ACCIDENT STATEMENT

Date Of Report	06/01/2020 17:17
Date Of Accident	04/01/2020 23:40
Exact Location Of Accident	ENTRANCE OF BLK 467 ADMIRALTY DRIVE MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM8189Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEN KOK LEONG
NRIC No	SXXXX260D
Email Address	JASONTEN@JNC-ME.COM.SG
Mobile Phone No	(LOCAL) +65-91092257
Alternative Phone No	OTHERS-91092257

### Vehicle Particulars

Manufacturer	BMW
Model	X3 SDRIVE 20I HID NAV

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109920519
Cover Note Number	DRIVO PREMIUM

### Driver

Name of Driver	TEN KOK LEONG
NRIC No	SXXXX260D
Date Of Birth	08/01/1967
Occupation	INDOOR
Date Of Driving Pass	29/10/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91092257
Fax Number	
Contact Number	OTHERS-91092257
EEmail Address	JASONTEN@JNC-ME.COM.SG

Address	BLK 468D #08-225 ADMIRALTY DRIVE
Postcode	754468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3048Z
Vehicle Make/Model/Colour	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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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

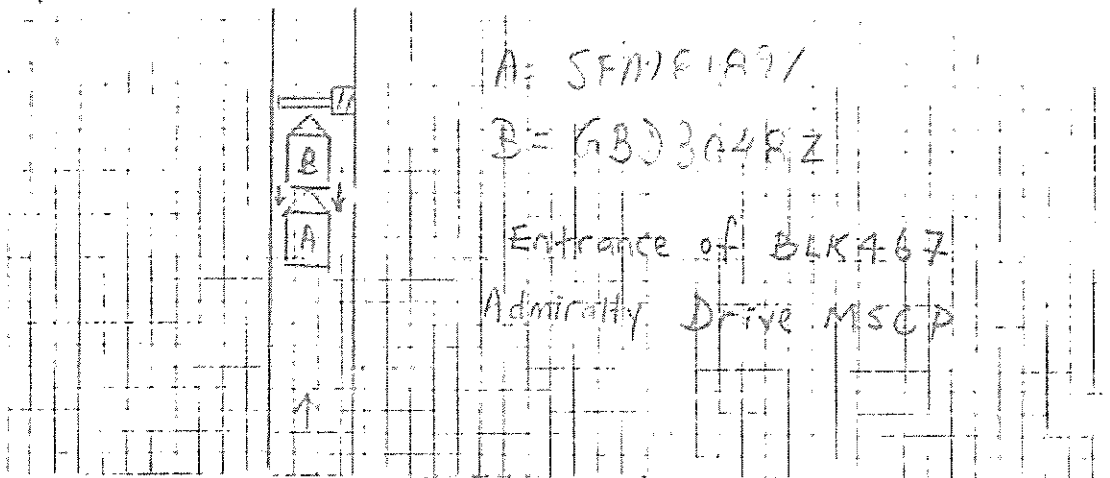
Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Name: \_\_\_\_\_  
NRIC: \_\_\_\_\_  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

### Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

## DECLARATION

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

Folio/finder's Signature \_\_\_\_\_  
 Date & Time \_\_\_\_\_

Driver's Signature \_\_\_\_\_  
If driver is not the policyholder, \_\_\_\_\_  
Date & Time \_\_\_\_\_

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [vackb@sinonet.com.sg](mailto:vackb@sinonet.com.sg)

### Accident Sketch Plan

On 04.01.20 at about 23:40 hours at Entrance of BLK467 Admiralty Drive MSCP. I was stationary and queueing at the entrance of the above mentioned MSCP.

Suddenly the front vehicle (B) rolled back and collided onto front portion of my vehicle (A).

Vehicle (A): SFM 8189Y

Vehicle (B): GBD 3048Z

