



**COMPLETE VMS PTE LTD** *The Premier One-Stop Vehicle Accident Claims Centre*  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) [www.completevms.com.sg](http://www.completevms.com.sg)

**NOTICE OF ACCIDENT**

Your Ref : SKC4100Y  
Our Ref : SJG574E

23rd January 2020

**EMAIL: [ClaimsDocManagement@aig.com](mailto:ClaimsDocManagement@aig.com)**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 Shenton Way  
#07-16 Chartis Building  
Singapore 079120

**Attention: Motor Claim Department**

Dear Sir,

**ACCIDENT INVOLVING SJG574E AND SKC4100Y ON 22/01/2020 ALONG CROSS JUNCTION OF GEYLANG/TANJONG KATONG ROAD AT ABOUT 17:30HRS.**

We act for **MOHD FITRAS BIN BAKARAM** owner of vehicle no. **SJG574E** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue	<b>Complete VMS Pte Ltd</b> 176, Sin Ming Drive, #03-14, Singapore 575721
Contact person	Ms Lily
Email	<a href="mailto:lily@completevms.com.sg">lily@completevms.com.sg</a>

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

Please acknowledge :-

*Lily*

Complete VMS Pte Ltd

Appointed Surveyor: \_\_\_\_\_

Date & Time: \_\_\_\_\_

## 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	23/01/2020 14:13
Date Of Accident	22/01/2020 17:30
Exact Location Of Accident	CROSS JUNCTION OF GEYLANG RD AND TANJONG KATONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG574E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD FITRAS BIN BAKARAM
NRIC No	SXXXX996B
Email Address	MFITRAS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90293458
Alternative Phone No	OFFICE-90293458

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRMIO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5029508302-11
Cover Note Number	

### Driver

Name of Driver	MOHD FITRAS BIN BAKARAM
NRIC No	SXXXX996B
Date Of Birth	25/08/1964
Occupation	INDOOR
Date Of Driving Pass	09/05/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293458
Fax Number	
Contact Number	OFFICE-90293458
Email Address	MFITRAS@YAHOO.COM

Address	APT BLK 306 CANBERRA ROAD #08-71 SINGAPORE
Postcode	750306
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)	2
Passenger 1	NAME: : NORHIZAMAH BINTE MOHD YUNOS GENDER: : FEMALE

#### 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 TO 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	SKC4100Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR HANANI BINTI AHMAD HAHNEMANN
NRIC/Passport Number	
Contact Number	90061817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


**SKETCH PLAN**


**IMPORTANT NOTICE**

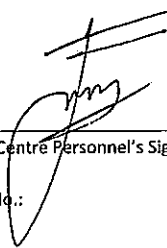
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

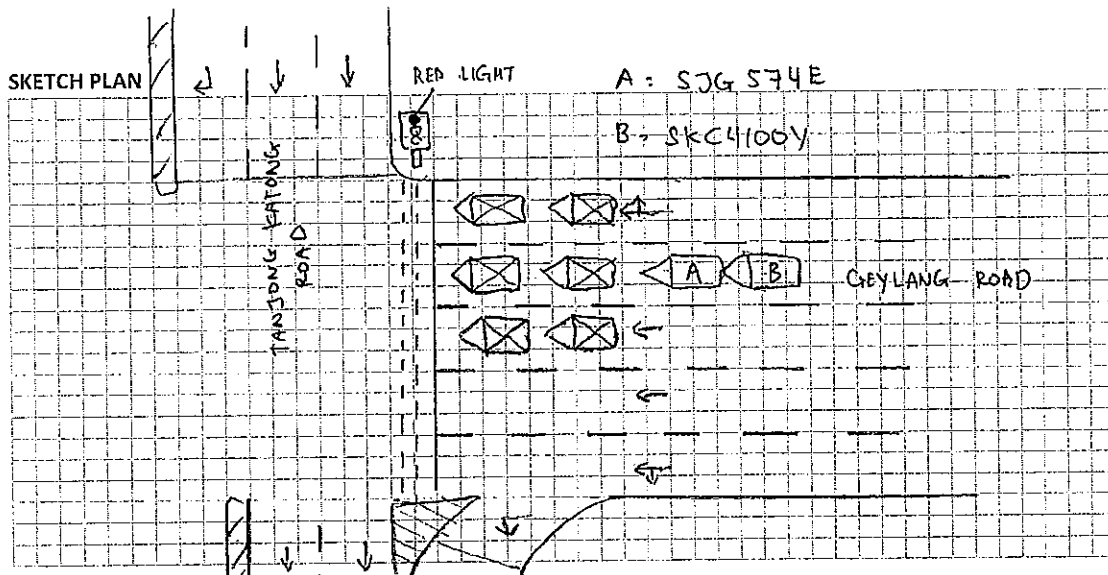
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 #2 Pg. 1




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at CEYLON RD towards PAYA LEBAR at 5.30pm on ~~THU~~ WEDNESDAY, 22/1/2020. I came to a stop at a traffic junction when there's suddenly I felt an impact from behind. I get down from my vehicle and find out vehicle B (SKC 4100Y) hit onto my rear part of my vehicle. I wish to state that my vehicle was in a stationary position

## DECLARATION

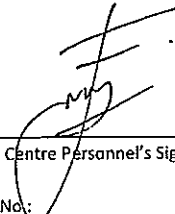
I/We declare the foregoing particulars are true in every respect.

  
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: