NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date: 4: th february	, 2020
Date: 4.44 February Time: 18:45PM	
By Fax:	•
TO: AG ASTA PACIFIC IN-	PURANCE PTE LTD,
Accident involving Your insured vehicle My vehicle No SCL 361 J on ZF	e No. SOJ 228 Kwith 1 20 along Bukit Timah Road
against your insured.	t 361-J intend to make a 3 rd party claim
2. My Vehicle is now at the works is available for your inspection before	shop Guan Motor Works Tel: 6453 6111 and pepairs are carried out.
3 Please acknowledge receipt of and reply within 2 days whether you w	this Notification by return fax to 6453 8292 ish to inspect the vehicle or waive inspection.
by	
Signature Name: Toh say Chong NRIC: \$11550130	
	CK TEO & CO Advocates & Solicitors 101A Upper Cross Street #08-17 People's Park Centre Singapore 056255 Tel: 6535 4788 Fax: 6535 4245 WHURGESMAIL - COM

Enquire Vehicle & Owner Information (Vehicle No. SDJ228K As At 27 Jan 2020 / 16:40:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

TCK,WIT,LTA,2020 GM

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S6840717F

Owner Name:

ANG YEOW THENG

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

No.:

Registered Street Name: DUNEARN ROAD

Registered Unit No.:

Registered Postal Code: 299527

Registered Building Name:-

Current Vehicle Details

Vehicle No.:

SDJ228K

Make Description/Model: MERCEDES BENZ / E400 SEDAN (R18 LED SR)

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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 wilholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this form by insurance companies is not an admission of policy fiability on the part of the insurance companies. 9. 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

Dot- One	ACCIDENT STATEMENT
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	28/01/2020 16:55 27/01/2020 16:40 BUKIT TIMAH RD TOWARDS FARRER RD SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	SCL361J
Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No Vehicle Particulars	TOH SAY CHONG SXXXX013D SCTOH@ENSYST.COM.SG (LOCAL) +65-97388031 OFFICE-97388031
/lanufacturer /lodel	PORSCHE PANAMERA

PANAMERA

Exact Purpose for which vehicle was being used at PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

GREAT EASTERN GENERAL INSURANCE LIMITED

Type Of Coverage

COMPREHENSIVE .

Fleet Policy

NO

Policy Number

2019-V0099511-VDP-R003

Cover Note Number

Driver

Name of Driver TOH XHEXI NATHANIEL

NRIC No SXXXX895E Date Of Birth 18/12/1992 Occupation INDOOR Date Of Driving Pass

14/10/2013

Driving Experience 6 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81139122

Fax Number

Contact Number

EMail Address NATHANIELTOH@GMAIL.COM Address

150 LORONG KISMIS

Postcode

598073

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PARENT

Vehicle Registration Number of Driver's Own

Vehicle.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: REBECCA YEO

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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

Attachment(s)

Are accident photos available for attachment?

YE\$

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDJ228K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RECEIVED 05/01/2018 03:34 03/02/2020 12:19

#601 P.003/004

SKETCH PLAN

Bukit Timah Rol Toward Farrer Rd.

VEH A: 86 L 36 17 VEH B: SDJ228K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

00 27 700 00
(SCL361J) class Briston I was driving my vehicle A
The state of the s
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The proof of venicle D had been filtered
The time I had a store of T
The broke single
The board of the b
12 Was Coining and the foods were the
brokes and not make to preven the collision.
ECLARATION

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.:

SKETCH PLAN

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- 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
- 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.
- $\boldsymbol{\beta}_{\text{c}}$. 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)
 - (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 malling 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.

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.2

POLICE REPORT Pg. 1





1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HO 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Report No. E/20200127/7018

Vide Report No. Address 150 LORONG KISMIS SINGAPORE 598073 Contact No. Home/Office: Mobile:			Station Diary No
Language English Location Of Incident BUKIT TIMAH ROAD			
	ISO LORC Contact Ni Iome/Offi mgit Add athaniette ex Male anguage nglish ocation O	L50 LORONG KIST Contact No. iome/Office: mail Address athanialtoh@gmailex Age late 27 anguage nglish ocation Of Incident	ISO LORONG KISMIS SINGAPORE Contact No. iome/Office: Mobile:

Another one vehicle on money

Another car, vahicle SD3228K, was filtering into my lane and did not see my vehicle. I braked but it was not in time and the vehicles collided.

The impact was mainly on the front passenger area on my car, and my friend who was in the car at that Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
27/01/2020 23:19

Officer In-Charge Of Case:

Classification Of Case:

POLICE REPORT





3 of 3

POLICE REPORT (NP200)

CONTINUATION OF REPORT

Réport No. E/20200127/7018

Occupation Supply and distribution/Logistics/Wareho	Address Type	The state of the s	
	distribution/Logistics/Warehous	Jousi :	
Address	iches entre en man an an	.	81138122
is informant A Victim?	Yes	and a first management for sight angles of the foreign of the sight and	mentionessed States (virtual and a translation of the states of the stat
Person Name	TOH ZHEXI, NATHANIEL (Infor	mant)	
	e a ser i i i i i i i i i i i i i i i i i i i	need a second to the second se	Announce and the second section in the second secon

Signature Of Officer Recording The Report	Signature Of Informant		
Not applicable	The identity of the person making this report has been authenticesed by		
Signature Of Interpreter	SingPasa. No aignature is required		
Not applicable	Cate/Time 27/01/2020 23:19		
Officer in-Charge Of Case	Classification Of Case:		
Authentication Stamp	The second secon		