

Notification Letter

Date : 12/02/2020

To : **EQ INSURANCE COMPANY LIMITED**
22 GEMMILL LANE
069257

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **28/01/2020** at about **12:00** at **JUNCTION OF VERDE VIEW AND VERDE PLACE** involving our client's/ customer vehicle registration number **SLD-9169-A** and vehicle registration number **SJU1220X** driven by you at the material time. A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we proceed 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, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 12/02/2020
To : EQ INSURANCE COMPANY LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : LEW WING LEONG
: FWD SINGAPORE PTE. LTD.

Certificate No : PNPV2019-00007941

Accident Date : 28/01/2020

Vehicle No : SLD-9169-A

Make & Model : HONDA CRV 2.4L AT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	FRONT BUMPER	996.80	
1	FRONT BUMPER LOWER.	696.40	
1	FRONT BUMPER LOWER CENTRE GARNISH	634.10	
1	FRONT BUMPER RETAINER RH	49.20	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT BUMPER GARNISH RH	121.40	
1	FOGLAMP RH	623.90	
1	FRONT FENDER ARC GARNISH RH	446.50	
1	FRONT FENDER RH	RESTORE	

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ESTIMATION

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Owner : LEW WING LEONG
 : FWD SINGAPORE PTE. LTD.
 Certificate No : PNPV2019-00007941 Accident Date : 28/01/2020
 Vehicle No : SLD-9169-A Make & Model : HONDA CRV 2.4L AT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	3618.30	
	Discount 20% On Parts	(723.66)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	600.00	
	TO RESPRAY AFFECTED AREAS	600.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	Sub Total	1230.00	

4,124.64

Remarks:

SUB TOTAL
GST 7.0 % 288.72
TOTAL 4,413.36

Surveyor's name: _____

Principal's name: LEW WING LEONG

Survey 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	28/01/2020 16:08
Date Of Accident	28/01/2020 12:50
Exact Location Of Accident	JUNCTION OF VERDE VIEW AND VERDE PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9169A
Insured/Policyholder	
Name Of Registered Owner	LEW WING LEONG
NRIC No	SXXXX545I
Email Address	MLEW98@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94896289
Alternative Phone No	OFFICE-94896289

Vehicle Particulars

Manufacturer	HONDA
Model	CRV 2.4 5AT 2WD S/R
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00007941
Cover Note Number	

Driver

Name of Driver	LEW KWONG HOE, DOMINIC
NRIC No	SXXXX197I
Date Of Birth	28/04/1991
Occupation	INDOOR
Date Of Driving Pass	26/09/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86087307
Fax Number	
Contact Number	
EMail Address	CEILSUZ@GMAIL.COM

Address 23 VERDE PLACE
 Postcode 688632
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 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 TO SKETCH PLAN

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 SJU1220X
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JOLENE LIM HUI YI
 NRIC/Passport Number SXXXX792H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

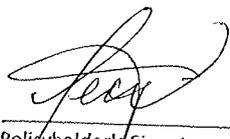
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

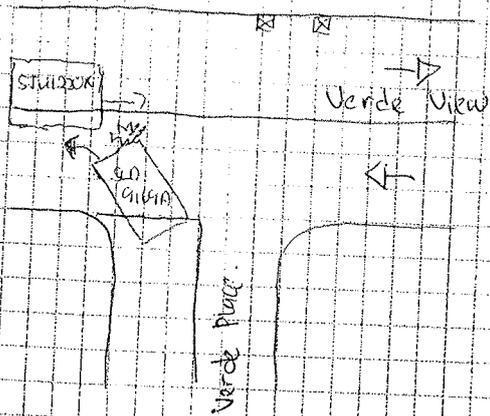


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



X - Dustbins
 ☆ - Contact point

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- SLD9169A was turning left onto Verde View, after stopping to check that there was no traffic from the right.
- SJU1220X was heading in the opposite direction, positioned towards centre of the two lanes possibly due to cars parked and rubbish bins observed along Verde View.
- SLD9169A slowed the turn and eventually stopped as it was observed that SJU1220X maintained her direction and speed. This would provide SJU1220X more time to position on her lane.
- SJU1220X proceeded along in her position and eventually knocked into the bumper of SLD9169A.
- Both vehicles stopped after the contact and cleared from the oncoming traffic before exchanging details and examining damage.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input checked="" type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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


 Policyholder's signature
 Date & Time 28 Jun 2020


 Driver's Signature
 (if driver not the policyholder)
 Date & Time 28 Jun 2020

Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.