

VISION 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. : 201500371E

Date: 18/01/20

By Fax &/ Email

To: AIG

Attn : Motor Claims Department

Re: Accident involving motor vehicle Nos. SMH3830E and SLZ212B
along CTE towards City after Bukit Timah Exit on 07/02/2020.

We refer to the above matter.

We are instructed by Esteem Leasing Pte Ltd to notify you of a road traffic accident on 07/02/2020 at about 09:00 at CTE towards City after Bukit Timah Exit involving our client's/customer's vehicle registration number SMH3830E and vehicle registration number SLZ212B (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	10/02/2020 15:26
Date Of Accident	07/02/2020 09:00
Exact Location Of Accident	CTE TWRDS CITY JUST AFTER BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3830E
Insured/Policyholder	
Name Of Registered Owner	ESTEEM LEASING PTE LTD
Co Reg No	2XXXXX215D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63441918
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VOXY HYBRID 7-SEATER 1.8V CVT
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	YES
Policy Number	5110341793
Cover Note Number	

Driver

Name of Driver	ANG YU XIANG
NRIC No	SXXXX080C
Date Of Birth	17/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88221724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520B TAMPINES CENTRAL 8 #05-53
Postcode	522520
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	3
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)	3
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE
Passenger 2	NAME: : GRAB PASSENGER 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 ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ212B
Vehicle Make/Model/Colour	AUDI / A5 SB 2.0 TFSI S TRONIC (DESIGN)
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR2481U
Vehicle Make/Model/Colour	TOYOTA / SIENTA HYBRID 1.5X A
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)	

Accident Sketch Plan

SKETCH PLAN

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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' lawyer/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 (c) above may be stored / 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
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN

A = SMH3P30E
B = SLK212B
C = SLK24E1U
CIE towards City
just after Bukit Timah Exit

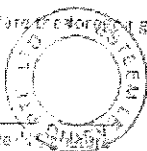
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to attached

DECLARATION

I/We declare the foregoing is true and correct.

Policyholder's
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: vacb@sinonon.com.sg

Accident Sketch Plan

On 7th February 2020 at about 09:00 hours along CTE towards City just after Bukit Timah Exit. While I was travelling straight on the lane, the vehicle (B) on my right lane cut into my lane suddenly without signal and hence I managed to avoid the vehicle (B). Upon avoiding, my vehicle collided onto the right side of the vehicle (C) on my left lane. There are some scratches on the left side of the front bumper and headlight. The door right side of the vehicle (C) has dent. The vehicle (B) has no damages as I avoided. No one is injured. The driver of the vehicle (B) admitted his fault. I wish to make claim against the driver of the vehicle (B). I wish to state that I have two passengers inside the vehicle.

Vehicle (A) : SMH3830E

Vehicle (B) : SLZ212B

Vehicle (C) : SLR2481U

