



28th April 2020

AIG Asia Pacific Insurance Pte Ltd

Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SMM 69 E (Our Ref) and SMD 3085 K (Your Ref)

Dated 28TH APRIL 2020, Time 11:45HRS

@ 133 JURONG GATEWAY ROAD OPEN CARPARK

We represent our client; HONG SEH MOTORS PTE LTD to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMM 69 E and your insured's vehicle registration number: SMD 3085 K.

Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against **SMD 3085 K** for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

Contact Person	Eric Lee	8269 9999
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

Kindly attach a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

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	28/04/2020 14:20
Date Of Accident	28/04/2020 11:45
Exact Location Of Accident	133 JURONG GATEWAY ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM69E
Insured/Policyholder	
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Co Reg No	1XXXXX320D
Email Address	KENNETH@HONGSEH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-93865843

Vehicle Particulars

Manufacturer	TESLA
Model	S 75D
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995207
Cover Note Number	NA

Driver

Name of Driver	MUHAMMAD BIN ABDULLAH
NRIC No	SXXXXX076F
Date Of Birth	13/11/1975
Occupation	INDOOR
Date Of Driving Pass	23/11/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93865843
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

On the stated date and time, I was at the stated venue parking my vehicle. I had made some adjustments to my vehicle to enter the parking lot and have checked both of my blind spot before reversing into the lot. As I was reversing, I suddenly noticed the vehicle on my right trying to reverse out. I then stopped my vehicle and was stationary. Shortly after, I heard a loud impact on the rear right portion of the car. I got down to realize that vehicle B has collided onto me.

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	SMD3085K
Vehicle Make/Model/Colour	NISSAN / ELGRAND HIGHWAY STAR 2.5 MCVT 8AB LED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SWEE CHEW
NRIC/Passport Number	
Contact Number	98397922
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:

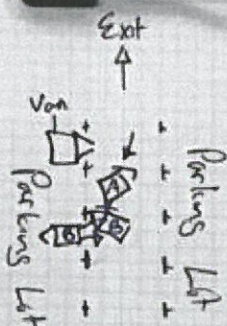
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Bik 133
Swing Gateway R2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Reporting Centre Personnel's Signature
Name:
NRIC/PPN No.:

ACCIDENT STATEMENT (2000 characters)

On the stated date and time, I was at the stated venue parking my vehicle. I had made some adjustments to my vehicle to enter the parking lot and have checked both of my blind spot before reversing into the lot. As I was reversing, I suddenly noticed the vehicle on my right trying to reverse out. I then stopped my vehicle and was stationary. Shortly after, I heard a loud impact on the rear right portion of the car. I got down to realise that vehicle B has collided onto me.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 April 2020 at 1:30 PM

Date/Time:

28 April 2020 at 1:30 PM



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 28 Apr 2020 / 18:17:18

Receipt Date/Time : 28 Apr 2020 / 18:17:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200428-003033

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMD3085K				
As at 28 Apr 2020/11:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMD3085K Enquiry Fee 20200428181622175245	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	426569XXXXX8855 eNETS Credit Card			7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.