

Your Insured's vehicle : **SME 1539B**
Our client's vehicle: **SLJ 6866J**
Date: **3 August 2020**

Our ref: **CS/1086/20/S3**
Fax: **6223 7262**
Tel: **3152 0980**

AIG Asia Pacific Insurance Pte Ltd

By Yinrul.Hor@aig.com only

Dear Sirs,

DATE OF ACCIDENT: 1 AUGUST 2020
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY

We are instructed by New Universe Manufacturing Pte Ltd to notify you of a road traffic accident on 1 August 2020 at about 6.30 p.m. along Yishun Avenue 1, involving our client's vehicle registration number SLJ 6866J and vehicle registration number **SME 1539B** which was insured by you at the material time. A copy of the Singapore Accident Statement/Traffic Police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within **2 working days excluding any intervening Saturday, Sunday and/or Public Holiday** 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, our client shall proceed to repair the vehicle without further reference to you.

Please be informed that future correspondence should be emailed to **serene@libertylaw.com.sg** and cc to **chris@libertylaw.com.sg**

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours sincerely,



Enc.

Personal Particulars of Owner & Driver (Vehicle A)Date of Accident: 01/08/20 (dd/mm/yy)Time of Accident: 18:30 (24-HR-FORMAT)Vehicle No.: SLJ 6866J Vehicle Make & Model: Toyota FortunerExact location of Accident: Yishun Ave 1Policyholder's Name: New Universe Manufacturing Pte Ltd

NRIC/FIN/REG No.:

Driver's Name: Tey King Lian

NRIC/FIN/REG No.:

Driver's Contact No.:

Company Contact No.:

Date of birth:

Driving Pass Date:

Driver's Address:

Insurance Company: AXAPolicy No.: GA 406959Type of Coverage: Comprehensive / Third Party / Third Party, Fire & TheftRelationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)☒ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)Exact purpose for which the vehicle was being used at time of accident?☒ Private Use ☐ Work purposeOccupation (nature job) ☒ Indoor / ☐ Outdoor*No. of Passengers / Including Driver): 1

*Passenger Name: _____

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____Was there any video captured by your car Car camera? ☒ Yes / ☐ NoAny Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____The Other Party (S) Details:1. Driver's Name / IC No: Wah Wee KienVehicle No: SME1539B

Driver's Contact No: _____

Insurance Company: _____

2. Driver's Name / IC No (If Any): _____

Vehicle No: _____

Driver's Contact No: _____

Insurance Company: _____

*Independent Witness (If Any): _____


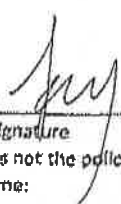
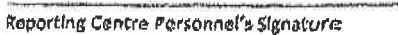
Contact No: _____

Preferred Workshop Name: _____

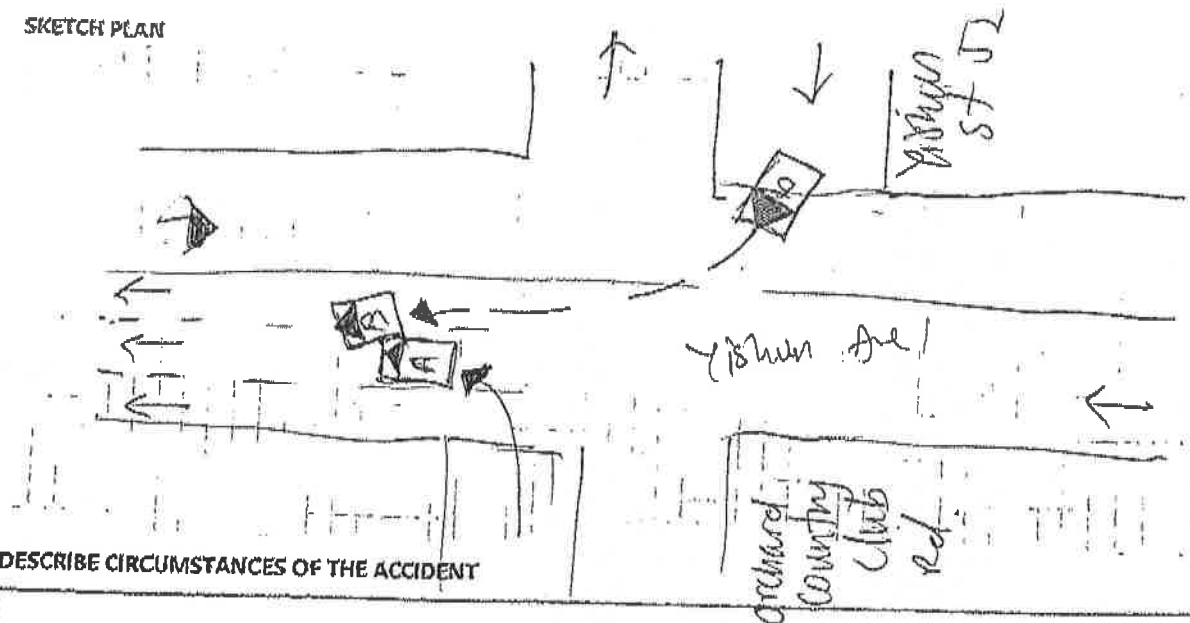
Contact No: _____

SKETCH PLANIMPORTANT 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. 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking on coming traffic is clear, I proceed to turn left into Yishun Ave 1. As I was already completed the turn and was travelling straight on the middle lane, vehicle B ^{which} was turning right from opposite direction (Yishun St 52) suddenly cut into my lane abruptly & hit & grazed the front right portion of my vehicle.

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.: