



25 Aug 2020

AIG Asia Pacific Insurance Pte Ltd.
Motor Claims Department
78 Shenton Way, #07-16
Singapore 079120

WITHOUT PREJUDICE

BY EMAIL
Ericweihong.Teo@aig.com

Your reference: 3373518301SG003
Our Reference: SFF25B

No. of page(s) including this page: 09

Dear sir,

**ACCIDENT INVOLVING SFF25B & SLA3051K, ALONG SLIP ROAD OF YIO CHU KANG
TOWARDS UPPER THOMSON ROAD 5 AUGUST 2020 @ 0720 HRS**

1. We are authorized to process the claim damages and losses against you for our client, Ms. Phua Mei Fang owner of vehicle SFF25B, in connection with the above-captioned road traffic accident which our client's vehicle was damaged by vehicle SLA3051K driven by your Insured at the material time.
2. The said accident was caused by your Insured's negligent driving and/ or management of the vehicle. As a result of the accident, our client's vehicle was damaged, and our client has been put to loss and expense, particulars of which are as follows:

a) Repair costs (lump sum)	\$ 3,150.00
b) Loss of use – 4 days repair + 2 days PRS	\$ 1,320.00
c) LTA search fee	\$ 7.45
	<u>\$ 4,477.45</u>

3. A copy each of the following supporting documents is enclosed: -
 - a) Singapore Accident Statement from driver of SFF25B
 - b) Our client's Letter of Authorization
 - c) Final repair bill
 - d) LTA search result of Insurance Enquiry for SLA3051K



4. Do advise settlement within the next seven (7) calendar days from the date herewith.
5. Please remit the cheque in favour of “Otto Car Pte Ltd” as soon as possible.
6. Thank you.

Yours faithfully,
Otto Car Pte Ltd



MLHM20066067 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming
ENTRY DATE & TIME: 05/08/2020 14:05
SUBMITTED BY: Tracia Leong

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	05/08/2020 14:05
Date Of Accident	05/08/2020 07:20
Exact Location Of Accident	YIO CHU KANG RD TURNING UPPER THOMSON RD TWD CITY
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF25B
Insured/Policyholder	
Name Of Registered Owner	PHUA MEI FANG
NRIC No	SXXXX521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82289789
Alternative Phone No	OFFICE-82289789

Vehicle Particulars

Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V09488/VPC2/R00
Cover Note Number	

Driver

Name of Driver	TAN KIAN LING
NRIC No	SXXXX256A
Date Of Birth	24/08/1973
Occupation	INDOOR
Date Of Driving Pass	02/08/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82289789
Fax Number	
Contact Number	
EMail Address	KIANL.TAN@GMAIL.COM



Address	25 DEDAP ROAD
Postcode	809429
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SKC25H
	-
	-
Insurance Company of Driver's Own Vehicle	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : TAN TECK MING
	GENDER: : MALE
Passenger 2	NAME: : TAN TEANG ZUN
	GENDER: : MALE

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 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	SLA3051K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	



SKETCH PLAN


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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: 05 AUG 2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 05 AUG 2020


Reporting Centre Personnel's Signature
Name: Tracia
NRIC/FIN No.: 65 AUG 2020



Upper Thomson Road
toward City

SFF 25B

SLA 3051K

Yio Chu Kang Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature _____
Date & Time: 05 AUG 2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05 AUG 2020

Reporting Centre Personnel's Signature
Name: Tricia Coons
NRIC/FIN No.: 05 AUG 2020



LETTER OF AUTHORIZATION

To: Whom it may concern

I, Phua Mei Fang of NRIC/ FIN No. S7642521C, the policy holder/ owner
of vehicle SFF25B, would like to authorize **OTTO CAR PTE LTD** to process an accident
report and insurance claim repairs with reference to an accident on
(date) 05 August 2020 at (time) 0720 hrs involving my vehicle
and third party vehicle no. SLA3051K.

Sign: 

Name: Phua Mei Fang

Date: 10 August 2020



INVOICE

Claimant: Phua Mei Fang
c/o: Otto Car Pte Ltd
176 Sin Ming Drive
#02-16 Sin Ming Autocare
Singapore 575721

Invoice No: OT2020-B014
Date: 21 Aug 2020

Claim type: TP
Repair bill for veh no. SFF25B
Make/ model: BMW 520i
Accident date: 5 Aug 2020

S/N	Description	Amount S\$
1	Lump sum repair of vehicle	3,150.00
Total due S\$		<u>3,150.00</u>

SINGAPORE DOLLARS: THREE THOUSAND ONE HUNDRED AND FIFTY ONLY



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Aug 2020 / 11:02:56

Receipt Date/Time : 06 Aug 2020 / 11:02:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200806-000913

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 - SLA3051K As at 05 Aug 2020/07:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLA3051K Enquiry Fee 20200806110114691090	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				
	552038XXXXX3903	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.