

Oracle Law Corporation

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VIA EMAIL

To	AIG Asia Pacific Insurance Pte Ltd	Date	: 19 th August 2020
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of GBG 1578H	Our Ref.	: SB/PO/Acc/2020-9398
Email	: claimsdocmanagement@aig.com Yinrul.Hor@aig.com	No. of Pages	: 6 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SCM 66C & GBG 1578H ALONG ANG MO KIO AVENUE 8 TOWARDS ANG MO KIO AVENUE 6 ON 17-08-2020 @ 5.25PM

We act for the owner of vehicle registration no. **SCM 66C**.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your insured's vehicle registration no. **GBG 1578H**. A copy of our client's Singapore Accident Statement is enclosed herein.

As a result of the above accident, our client's said vehicle was damaged. Before our client proceeds to repair his damaged vehicle, please let us know within the next (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, our client shall proceed to repair his said vehicle without further reference to you.

Please note that this notification does not in any way prejudice our client's right nor shall it be deemed as a waiver of any of his rights, as such our client's rights are expressly reserved.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong

Enc

Details of Workshop

Tri King Auto Solutions
53 Paya Ubi Industrial Park
#01-15 Ubi Avenue 1 S(408934)
Tel No.: 6604-6616 (Contact Person: Marcus)

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	18/08/2020 17:39
Date Of Accident	17/08/2020 17:25
Exact Location Of Accident	ALONG ANG MO KIO AVE 8 TOWARDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM66G
Insured/Policyholder	
Name Of Registered Owner	TOH GHIM CHUAN (ZHUO JINCHUAN)
NRIC No	SXXXX119G
Email Address	GHIMCHUAN.TOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96665792
Alternative Phone No	OFFICE-96665792

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109205437-01
Cover Note Number	

Driver

Name of Driver	TOH GHIM CHUAN (ZHUO JINCHUAN)
NRIC No	SXXXX119G
Date Of Birth	03/07/1980
Occupation	INDOOR
Date Of Driving Pass	07/11/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96665792
Fax Number	
Contact Number	OFFICE-96665792
EEmail Address	GHIMCHUAN.TOH@GMAIL.COM

Address	592 YISHUN RING ROAD #09-11 SINGAPORE
Postcode	768695
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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: : CINDY WOON GENDER: : FEMALE
Passenger 2	NAME: : ELLIE TOH 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 TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO SENT TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1578H
Vehicle Make/Model/Colour	TOYOTA / DYNA / SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM BOON KAK
NRIC/Passport Number	SXXXX821I
Contact Number	90689331
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 18/8/2020
4:50pm

Driver's Signature

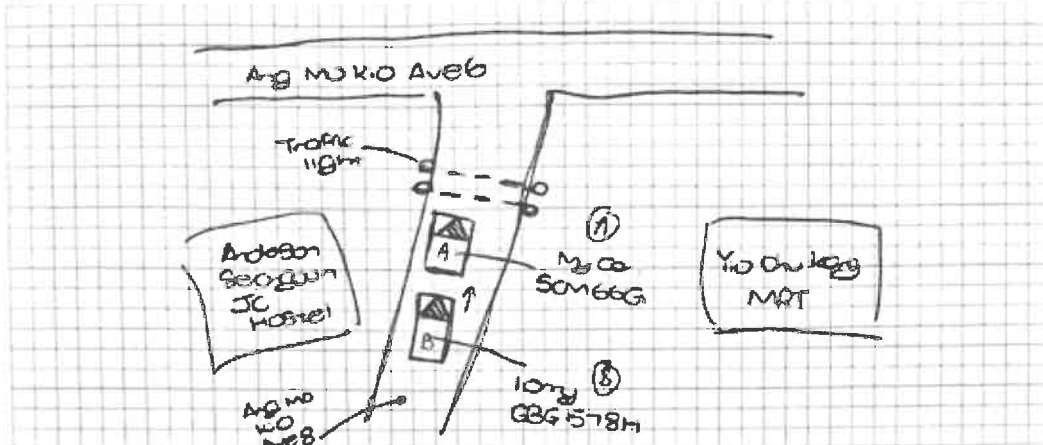
(If driver is not the policyholder)
Date & Time: 18/8/2020
4:50pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 Aug 2020, 5:25pm, I was on the way back home after feeding my daughter & wife from psychiatric. We stopped at the traffic light junction around Anderson Serangan Junior College Hostel & Ang MUKIO Ave 8 - a red light indication.

When the light ^{turned} green, we moved off a bit as the ^{was} a car in front (the ^{was} a queue of car in front). The next thing we know the longy 88G 578H banged into our car 50M66G from ^{or} ^{at} rear.

Our video camera (car) showed the longy driver was taking down or something before driving his longy to hit our car. The longy driver came down for a and apologized for accident & he asked me to go to his workshop to settle but I told him I prefer to make a report to IDAC & claim his insurance. He said his company will offer on the matter.

Thank you.

DECLARATION

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

Policyholder's Signature:

Date & Time: 12/8/2020
4:53pm

Driver's Signature:

(If driver is not the policyholder)

Date & Time: 12/8/2020
4:53pm

Reporting Centre Personnel's Signature:

Name:

NRIC/IN No: