

Date: 07/09/2020

Post / Fax: _____

To: M/s AIG ASIA PACIFIC
INSURANCE PTE LTD

(The Motor Insurer)

Dear Sir / Madam

NOTICE OF CLAIM TO MOTOR INSURER

MOTOR INSURANCE POLICY NO: _____

RE: ACCIDENT ON 04.09.2020 INVOLVING MY / OUR VEHICLE
SML 3892E AND SML 910VT AT / ALONG
Entering KPE Tunnel Towards Old Airport Rd

- 1) I/We, Tay Chin Han (name) NRIC Sx xxx 7072
vehicle owner of SML 3892E would like to report that my/our said
vehicle was involved in the above accident
- 2) I/We have instructed my/our workshop S & H Motor Pte Ltd (Tel: 64534730)
to make a third party claim for my/our damages on my/our behalf.
- 3) I/We hereby, by this notice, officially inform you as my/our motor insurer not
to prejudice my/our claims against the third party and also that I/we am/are
reserving my/our rights to revert to the Own Damage Claim under Section I of
my/our said policy for the cost of repair and other losses recoverable under
that said policy in the event that I/we am/are not successful or partially
successful in seeking the third party claims for whatever reason(s).
- 4) In order to protect your interests as my/our motor insurer, my/our said vehicle
is now at my/our workshop waiting for your survey. If you do not wish to
survey my/our vehicle, please kindly inform my/our workshop so that they
can proceed to repair my/our vehicle and submit my/our claims to the third
party. If my/our workshop does not hear from you of your intention to survey
my/our said vehicle within 3 days (from the date of this letter), I/we will
instruct my/our workshop to proceed with the repair.

Yours Faithfully,

Signed: 

Name: Tay Chin Han

C/o: _____



TAY CHIN HOON
NO. 31 #02-07
PUNGGOL FIELD
SINGAPORE 828816

File No :
Date : 07-September-2020

Estimated cost of repair for vehicle no: SML3892E HYUNDAI AVANTE
Accident involving vehicle no: SML3892E & SML9100T on 04-September-2020

Description	Quantity	List Price
Rear tailgate	1	\$ 907.00
Rear tailgate emblem	1	\$ 35.80
Rear tailgate badge 'Avante'	1	\$ 38.20
Rear tailgate badge 'S'	1	\$ 89.60
Rear tailgate inner lock	1	\$ 117.20
RH outer taillamp	1	\$ 282.50
Rear tailgate weather strip	1	\$ 84.30
Rear bumper	1	\$ 447.00
Rear bumper sponge	1	\$ 129.30
Rear bumper reinforcement	1	\$ 279.00
RH bumper retainer	1	\$ 79.20
RH bumper inner bracket	1	\$ 70.30
LH bumper inner bracket	1	\$ 70.30
Rear end panel	1	\$ 559.50
Rear end panel top trim board	1	\$ 98.30
Rear bumper number plate light @ set	1	\$ 75.20
		\$ 3,362.70
	Less 20%	\$ 672.54
		\$ 2,690.16
Rear bumper moulding	1	SN \$ 85.00
RH bumper signal lamp	1	SN \$ 65.00
RH bumper parking sensor	1	SN \$ 260.00
To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality. To focus headlamp.	1	\$ 30.00
To remove and reinstall rear windscreen and conduct water leak test.	1	\$ 80.00
To remove rear damaged parts, to jack out rear end panel and rear floor panel to reweld, reshape and repair rear end panel, rear floor panel, rear body panel, to straighten out rear chassis member and adjust rear body and boot alignment.	1	\$ 650.00
To spray paint rear bumper, tailgate, rear end panel, affected rear and inner damaged portion inclusive of preparatory works and material.	1	\$ 750.00
To spray tuff coat accident affected areas.	1	\$ 100.00



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Accident involving vehicle no: SML3892E & SML9100T on 04-September-2020

Description	Quantity	List Price
		<u>S 4,710.16</u>

T/Party: AIG ASIA PACIFIC INSURANCE PTE LTD

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 willful 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	07/09/2020 13:22
Date Of Accident	04/09/2020 08:45
Exact Location Of Accident	ENTERING KPE TUNNEL TOWARDS OLD AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3892E
Insured/Policyholder	
Name Of Registered Owner	TAY CHIN HOON
NRIC No	SXXXX707Z
Email Address	ANDREW_TAYCH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94894836
Alternative Phone No	OFFICE-94894836

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2293215
Cover Note Number	

Driver

Name of Driver	XU HUI
NRIC No	SXXXX454I
Date Of Birth	29/07/1973
Occupation	INDOOR
Date Of Driving Pass	28/11/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94894836
Fax Number	
Contact Number	
Email Address	ANDREW_TAYCH@HOTMAIL.COM

Address 31 PUNGGOL FIELD #02-07 S(828816)
Postcode
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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? YES
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) 2
Passenger 1 NAME: OWNER
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

refer attached report.

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 SML9100T
Vehicle Make/Model/Colour
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 SLV307H
Vehicle Make/Model/Colour
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 INJURED PERSON 1

Name XU HUI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SML3892E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

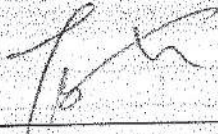
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.:

Diagram illustrating a sequence of three rectangular blocks labeled C, B, and A, connected by arrows indicating flow from left to right.

A - SML389

B - SML910

C - SLV307

B-SMITHSON

C - SLV307H

I was driving along KPE tunnel heading towards Old Airport Rd. The front vehicles slowed down and I also followed suit. Suddenly I felt a huge impact from behind. Vehicle B had collided onto my car's rear portion. When I alighted from my car and realised it was a chain collision. After the accident I felt sharp pain on my neck & went to consult doctor and received 2 days medical leave.

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

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