

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688
Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/M492-ACC-43937.20/sf (mc)
Your Ref : GBG 70 L
Date : 5 October 2020

Secretary in charge: Janice
Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.com

To: **AIG Asia Pacific Insurance Pte. Ltd**
AIG Building
78 Shenton Way
#07-16 Singapore 079120
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

Dear Sirs

RE: ACCIDENT INVOLVING SMR 7523 M / GBG 70 L ON 3/10/20 ALONG VICTORIA STREET TOWARDS HILL STREET

We are instructed by **Boo Yong Kwang** to notify you of a road traffic accident on **3/10/20** at about **10:45 hours** at **ALONG VICTORIA STREET TOWARDS HILL STREET** involving our client's vehicle registration number **SMR 7523 M** and vehicle registration number **GBG 70 L** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

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 of your receipt of this notice whether you or your insurer 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 note that our client's motor vehicle **SMR 7523 M** is now at the following workshop:-

Massive Trading & Auto
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

Yours faithfully,



M/s Teo Keng Siang LLC
encs

****Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

MSUB20000000 / Su Brothers' Motor Workshop - AMK
ENTRY DATE & TIME: 06/10/2020 12:01
SUBMITTED BY: Su Kie Wee

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 05/10/2020 12:01
Date Of Accident 03/10/2020 10:45
Exact Location Of Accident VICTORIA STREET TOWARDS HILL STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7523M
Insured/Policyholder
Name Of Registered Owner BOO YONG KWANG
NRIC No SXXXX321C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86496049
Alternative Phone No OFFICE-86496049
Vehicle Particulars
Manufacturer TOYOTA
Model NOAH HYBRID-1.8 X CVT (A)

Exact Purpose for which vehicle was being used at time of accident WORKING

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 5115694815

Cover Note Number**Driver**

Name of Driver BOO YONG KWANG
NRIC No SXXXX321C
Date Of Birth 26/06/1984
Occupation OUTDOOR
Date Of Driving Pass 07/12/1984
Driving Experience 35 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86496049
Fax Number (LOCAL) +65-86496049
Contact Number OFFICE-86496049
Email Address NOEMAIL

Address APT BLK 258 SERANGOON CENTRAL DRIVE
#13-08
Postcode 550258
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 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) 3
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE
Passenger 2
NAME: : UNKNOWN
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

ON 03/10/2020 AT 1046HRS, I WAS TRAVELLING ALONG VICTORIA ST TOWARDS HILL ST. JUST AFTER THE JUNCTION OF OPHIR RD, I NOTICED A LORRY (GBG 70 L) STATIONARY HORIZONTAL IN LANE 1 AND 2. I WAS DRIVING IN LANE 3 THUS I MOVED FORWARD. JUST WHEN I DROVE PASS THE LORRY, SUDDENLY THE DRIVER REVERSED HIS LORRY AND COLLIDED INTO MY VEHICLE RIGHT SIDE PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG70L
Vehicle Make/Model/Colour LORRY
Details Of Properties REAR PORTION
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ETHIRAJ KUBENDIRAN
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

IMPORTANT NOTICE

1. Please read this notice carefully before completing this form as it contains important information.
2. The form must be completed by the driver of the vehicle involved in the accident.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reject the policy claim.
4. The issue and acceptance of this form by insurance companies is not a condition of policy liability on the part of the insurer(s).
5. **Any false information may be treated as 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 if required.
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 purposes 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.

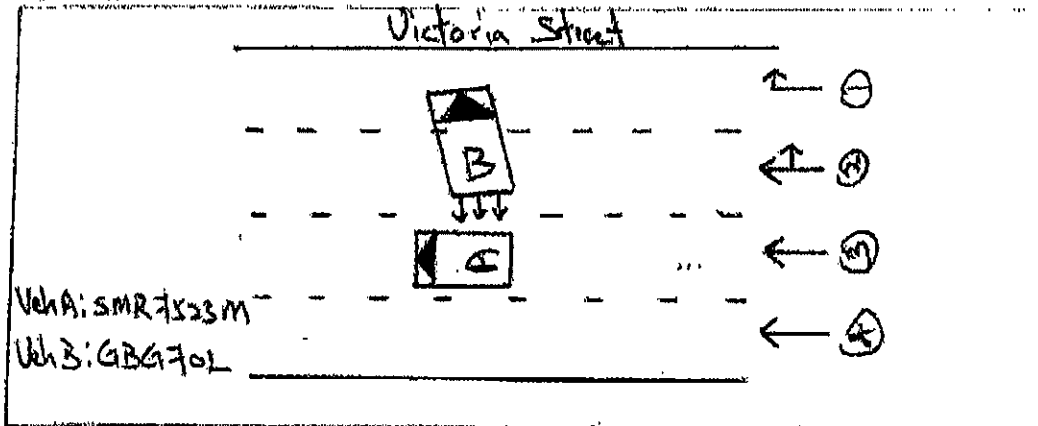
Policyholder's Signature
DATE & TIME

Driver's Signature
(If driver is not the policyholder)
DATE & TIME

Reporting Centre Person's Signature
Name
NAIC/ID No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/2020 @ and 10:45hrs, I was travelling along Victoria St towards Hill St. Just after the junction of Ophir Rd, I noticed a lorry (GBG70L) stationary horizontal in lane 1 and 2. I was driving in lane 3 then I moved forward. Just when I drove pass the lorry, suddenly the driver reversed his lorry and collided into my vehicle right side portion.

☐ Claim OD/TP at 'Su Brothers' ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my affidavit report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
G. M. Pong

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

Reporting Officer/Personnel's Signature
Date & Time