

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

VIA EMAIL

To	: AIG Asia Pacific Insurance Pte Ltd	Date	: 20 th November 2020
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of SLR 5566P	Our Ref.	: SB/PO/Acc/2020-9467
Email	: claimsdocmanagement@aig.com	No. of Pages	: 9 (including this page)

IMMEDIATE ATTENTION

Dear Sirs,

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SCG 3121S & SLR 5566P AT CROSS-JUNCTION OF MANDALAY ROAD & TAN TOCK SENG LINK ON 18.11.2020 @ 4.30 P.M.

We act for the owner of vehicle registration no. **SCG 3121S**.

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. **SLR 5566P** driven at the material time. 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 clients' 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

MJE Motor
Block 7 Sin Ming Industrial Estate
Sector C #01-94 S(575642)
Tel No.: 6454-2203 ; Fax No. 6452-3308

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	19/11/2020 13:17
Date Of Accident	18/11/2020 16:30
Exact Location Of Accident	MANDALAY ROAD (CROSS STREET TOCK SENG LINK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG3121S
Insured/Policyholder	
Name Of Registered Owner	WINSTON TAN EU JIN
NRIC No	SXXXX173H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93387073
Alternative Phone No	OTHERS-93387073

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10948282
Cover Note Number	

Driver

Name of Driver	RACHAEL CHARLENE ANG CAILIN
NRIC No	SXXXX067A
Date Of Birth	09/08/1981
Occupation	INDOOR
Date Of Driving Pass	13/12/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93387073
Fax Number	
Contact Number	
Email Address	FRIZZYMANE@YAHOO.COM

Address	10 AVA ROAD, #13-05
Postcode	329949
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

please refer to the sketch.

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	SLR5566P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN KEE ONN
NRIC/Passport Number	SXXXX000B
Contact Number	98800266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RACHAEL CHARLENE ANG CAILIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SCG3121S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

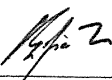
SKETCH PLAN

IMPORTANT NOTICE

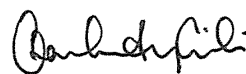
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



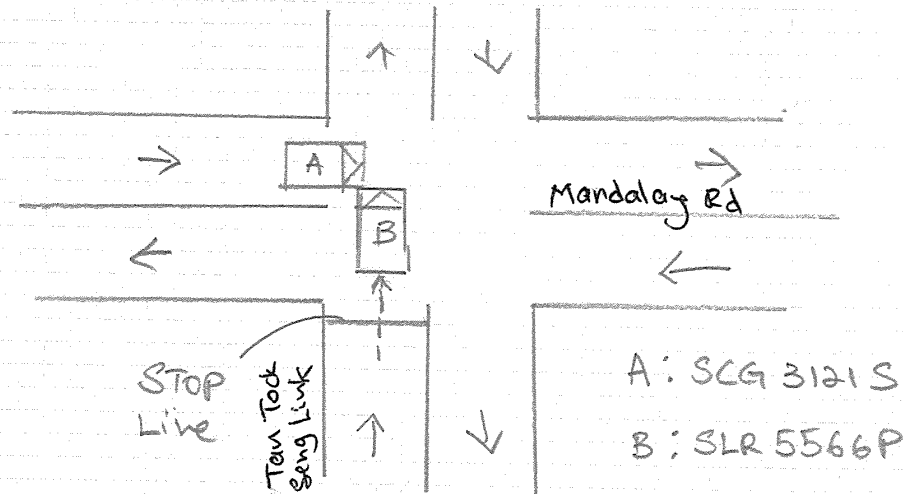
Driver's Signature
(If driver is not the policyholder)
Date & Time: 18 Nov 2020



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

Sketch Plan Pg. 2

SKETCH PLAN

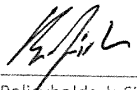


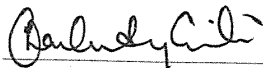
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mandalay Road towards Moulmein Road in vehicle A. Approaching the above junction, the traffic in front of me was clear & I proceeded straight. Suddenly, vehicle B came out from Tan Tock Seng Link, failed to stop at the 'stop-line' and collided into the front right of my vehicle. ~~Vehicle~~ Video footage of the accident is available.

DECLARATION

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


Policyholder's Signature
Date & Time: 18 Nov 2020
18:35


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18 Nov 2020
18:35


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





**SINGAPORE
POLICE FORCE**



T/20201119/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201119/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 12:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: RACHAEL CHARLENE ANG CAILIN			Address: 10 AVA ROAD #13-05 SINGAPORE 329949	
ID Type / ID No.: NRIC NO / S8124067A			Contact No.: Home/Office: Mobile: 93387073	
Nationality: SINGAPORE CITIZEN			Email: angcharlene@yahoo.com	
Sex: Female	Age: 39	Date of Birth: 09/08/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2020 16:30	Type of Location: X-Junction
Location: MANDALAY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCG3121S	Car	HONDA	Odessey	Grey	Seriously Damaged	1
SLR5566P	Car	VOLVO		Brown	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201119/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201119/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCG3121S	AVIVA LTD	10948282		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	RACHAEL CHARLENE ANG CAILIN		ID No.	S8124067A
Related Vehicle	SCG3121S (Car)		Contact No.	93387073
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	CHIN KEE ONN		ID No.	S7113000B
Related Vehicle	SLR5566P (Car)		Contact No.	98800266
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I (SCG3121S) was driving straight on Mandalay Road, towards Moulmein Road. Vehicle SLR5566P hit my car from the right when he failed to stop at the stop line from Tan Tock Seng Link.



**SINGAPORE
POLICE FORCE**



T/20201119/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201119/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2020 12:03
Officer In Charge Of Case: TP / TPIB / MOHAMED SUFIAN BIN SUDIN Contact No.: 65476395	Classification Of Case:
Authentication Stamp NP168	