



26th NOVEMBER 2020

**AIG Asia Pacific Insurance Pte Ltd**

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SGP 9828 C (Our Ref) and GBG 3405 K (Your Ref)**  
**Dated 26<sup>TH</sup> NOVEMBER 2020, Time 1630HRS**  
**@ UPPER THOMSON ROAD**

We represent our client; CHUA BENG TECK to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SGP 9828 C and your insured's vehicle registration number: GBG 3405 K.

Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against **GBG 3405 K** for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

<b>Contact Person</b>	Eric Lee	8269 9999
<b>Email Address</b>	teamautopl@gmail.com	
<b>Survey Address</b>	<b>160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722</b>	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

**Data Collection for Accident Reporting**

Please write clearly

Insurance Company - Direct Asia OD / ☒ TP / Reporting OnlyDate Of Accident - 26/11/2020 Time Of Accident - 1630 HRSExact Location of Accident - Upper Thomson RoadWeather - ☒ Clear / ☒ Dry / Raining / Drizzling / After Rain / Wet / Others CC 1991Vehicle Number - SGP9828C Vehicle Model - Mercedes Benz E200 ☒ Auto / ManualPolicy Holder Name - Chua Beng TeckPolicy Holder NRIC/Fin No - S1292034B Email Address Talismans@singnet.com.sgPolicy Holder HP - 8288 9828 Alt Phone No \_\_\_\_\_Home Address - 1 Jalan Menarong Singapore 577408Driver Name - Chua Beng Teck Relation with owner OwnerDriver NRIC / Fin - S1292034B Policy Holder HP - 8288 9828 Alt Phone -Date Of Birth - 03/08/1958 Licence Pass date 8/12/1978 Occupation - ☒ Indoor / ☐ OutdoorEmail Address Talismans@singnet.com.sgHome Address - same as aboveInjury - Yes / ☒ No - Conveyance to Hosp Y / ☒ N - Video In Car - Yes / ☒ NoNo. Of Pax In Own Car - 01 Names / Gender \_\_\_\_\_ M/F

Names / Gender \_\_\_\_\_ M/F

Names / Gender \_\_\_\_\_ M/F

Third Party's Particulars : Vehicle No. GBG3405F Toyota Hiace. HP# \_\_\_\_\_ Name \_\_\_\_\_  
: \_\_\_\_\_ Nric/Fin \_\_\_\_\_Third Party's Particulars : Vehicle No. \_\_\_\_\_ HP# \_\_\_\_\_ Name \_\_\_\_\_  
: \_\_\_\_\_ Nric/Fin \_\_\_\_\_

## 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. 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:

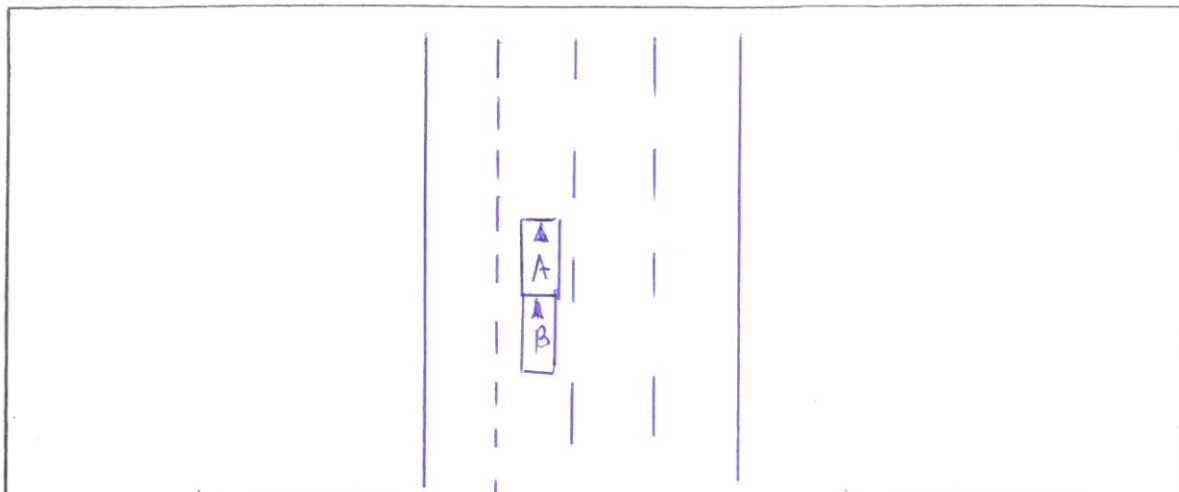


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Date of accident: 26/11/20 Time: 16:30 Location: Upper Thomson Road  
My Vehicle A: SGP9828C Vehicle B: 6BG3405K Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, slowed down and came to a stop as the vehicle in front was stationary. While waiting for traffic to move, I felt a sudden impact against my vehicle rear portion. Shortly I got out and realised that it was 6BG3405K collided against my stationary rear.

☐ Claim OD/TP

☒ Claim OD/TP at other workshop

☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : **Team AutoPro Pte. Ltd.**

Email address : Teamautopl@gmail.com

& myself :

Email address : **Talismans@singnet.com.sg**

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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  
Date & Time:

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

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

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Nov 2020 / 18:41:14

Receipt Date/Time : 26 Nov 2020 / 18:41:14

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-201126-003454

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 - GBG3405K				
As at 26 Nov 2020/16:30:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBG3405K Enquiry Fee 20201126183959373688	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	426569XXXXXX8855	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.