

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	07/11/2020 15:02
Date Of Accident	05/11/2020 14:00
Exact Location Of Accident	BRICKLAND ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2359L
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Insured/Policyholder

Name Of Registered Owner	CHIANG YANBIN
NRIC No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	(LOCAL) [REDACTED]
Alternative Phone No	OFFICE- [REDACTED]

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (A)
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	GA426444
Cover Note Number	

Driver

Name of Driver	CHIANG EE KOON
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	INDOOR
Date Of Driving Pass	[REDACTED]
Driving Experience	[REDACTED]
Gender	MALE
Mobile Number	(LOCAL) [REDACTED]
Fax Number	
Contact Number	OFFICE- [REDACTED]
Email Address	[REDACTED]

Address	
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20201106/2062.

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	GBD3301S
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
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	CHIANG EE KOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB2359L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1

2010-11-16


IMPORTANT NOTICE

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 J. Edgar Hoover
 Director

李 瑞 祥

$$f: \mathbb{R}^n \rightarrow \mathbb{R}^n, \quad f(x) = \begin{pmatrix} x_1 \\ x_2 \\ \vdots \\ x_n \end{pmatrix}$$

27: y(20) 0.12 1.34



**SINGAPORE
POLICE FORCE**



1-202011062062

Police Station Of Origin
Enros NPP
625 Bedok Reservoir Road #01-1620
SINGAPORE 470020
Tel No: 1800-4439000

Page 3
Report No: 1-202011062062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 14:19
Vehicle Report No.:
Station Copy No.: 18

Informant's Particulars

Name of Informant CHIANG EE KOON	Address [REDACTED]
ID Type / ID No. NRIC NO: [REDACTED]	Email
Nationality SINGAPORE CITIZEN	Type of Informant Driver
Sex Male	Language Mandarin
Race Chinese	Institution / School Name
Occupation SUPERVISOR	Driving Licence Information Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident Accident	Injury Others None	Drink Drive No	Date/Time of Accident 06/11/2020 14:00	Type of Location Junction
Location BRICKLAND ROAD				

Weather Clear	Road Surface Dry	Road Speed Limit
Traffic Flow Dual Carriageway	Traffic Control Traffic Light - Working	Traffic Volume Light
Type of Collision Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GB03301S	Van	TOYOTA	HIACE	Black		0
SKB2359	Car	TOYOTA	PURSH	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470529
Tel No: 1800-4433999

2 of 2
Report No: T-20201108/0550

CONTINUATION OF REPORT

Driver Name	Siew Ann Kue	ID No	S17378131
Related Vehicle	GBO3301S (van)	Contact No	84056118
Hospital/Clinic	NIL	Class of Driving Licence	Class NIL Date of Expiry NIL
Date Treatment	NIL	Expiry Date	
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Driver Name	CHIANG EE KOON	Degree of Injury	NIL
Related Vehicle	SKR2359L (Car)	ID No	[REDACTED]
Hospital/Clinic	PANDAN CLINIC PTE LTD	Contact No	[REDACTED]
Date Treatment	06/11/2020	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
No. of Days granted Medical Leave	03	Date Discharge	06/11/2020
		Degree of Injury	Slight

Brief Details.

On the above mentioned date, time, I was at the T-junction of Brickland Road towards Choa Chu Kang Avenue 3. I was waiting for the Traffic Light to signal green in order to make a right turn towards Choa Chu Kang Avenue 3. I wish to mention that I was stationary. Suddenly, I felt an impact from the rear. A black Toyota Hiace collided onto the rear body of my vehicle causing my neck to feel strained.

I then exchange particulars with the other party. I noticed the rear body of my vehicle was heavily damaged due to the impact.

On 6/11/2020, I seek medical at Pandan Clinic due to discomfort at my neck and was given 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



1/2020:1106/2062

Police Station Of Origin
Eunos NPP
629 Rodok Reservoir Road #01-1620
SINGAPORE 470629
Tel No. 1800-4438955

3 of 3

Report No. 1-2020:1106/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474855 stating the report number as reference.

Signature Of Officer Recording The Report

G /
Sgt 2 TAN L JIE

Signature Of Informant

[Handwritten Signature]

Signature Of Interpreter
Not applicable

Date/Time:
06/11/2020 15:19

Officer in Charge Of Case
TP / AFIT /

SSI 2 JUREMAH LILY TE AHMAD
Contact No. 65475219

Classification Of Case:

Authentication Stamp
SP168

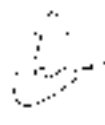
LETTER OF UNDERTAKING

I/we (120896 749036) the owner of vehicle no. 5R0 7631

My/Our Insurance is under My AXA Insurance Plc Ltd, I/we don't decide whether to claim under my/our Policy or against the 3rd Party and neither I/we shall submit such a claim to My AXA Insurance Plc Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handled by my/our preferred workshop, Yoon Lee Pte Ltd

Signed and Acknowledged by:

58175828 

Name of Insured/Authorized Person

Signature of Insured

Date



redefining / insurance

AVA Insurance Pte Ltd
 100-110 4585 (North Singapore)
 100-11003-11008 (Singapore)
 060 2800 0700
 24 customer care@ava.com.sg
 www.ava.com.sg

Renewal

Renewal
 24/12/2019

100-110 4585 (North Singapore)
 METR AGENCY PTE LTD / 15277

100-110 4585 (North Singapore)
 63146210

100-110 4585 (North Singapore)
 100-11003-11008 (Singapore)
 060 2800 0700
 24 customer care@ava.com.sg

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	CHIANG WINNIE / CHAN YU YU	Policy number	VA1 / GA425404
Cover	Comprehensive	FIN / NRIC	581175846
Period of Insurance	From 12/01/2020 to 11/01/2021 (Inclusive)		

Premium breakdown

Basic Premium (Compulsory Motor)	SGD 701.80
10% ID Excessible	SGD 77.42
10% GST	SGD 48.71
Final Premium	SGD 828.93

Your benefits highlights

(Subject to General Conditions of Insurance)

SmartDrive Comprehensive Essential Bundles

- 12 Months Comprehensive Insurance Coverage
- 24 Hours Roadside Assistance
- 24 Hours Emergency Towing Service
- 24 Hours Emergency Roadside Assistance
- 24 Hours Emergency Roadside Assistance

Add-on Benefits

- 24 Hours Emergency Roadside Assistance

Vehicle details

Make & Model of Vehicle	TOYOTA RUSH J 5	Year of manufacture	2008
Vehicle registration number	SKU239L	Current use	Private use
Year built	2008	Engine capacity (cc)	1496
Seating capacity (passengers)	4	Engine number	3522069163
2nd hand car	No	Registration year	12/01/2007 (11)

Insurance is provided for the vehicle
 at the time of purchase

Market Value at the time of loss to be determined by the insurer and agreed upon
 by the Certificate of Insurance

Insurance is provided for the vehicle

No

Excess applicable (Excess is the amount you will have to pay out of pocket)

10% of the sum insured or \$50,000, whichever is lower

Drivers details

100-110 4585 (North Singapore)
 100-11003-11008 (Singapore)
 060 2800 0700
 24 customer care@ava.com.sg

1.12

Accident Photo



Accident Photo



Accident Photo



Accident Photo



GENERAL INSURANCE
INSURANCE
 COMPANY

GENERAL INSURANCE CO. (P) LTD. SINGAPORE REINSURANCE MANAGEMENT (P) LTD.
 100, ROBINSON ROAD, SINGAPORE 068906
 TEL: 339 3333 FAX: 339 3333
 100, ROBINSON ROAD, SINGAPORE 068906
 TEL: 339 3333 FAX: 339 3333

IMPORTANT NOTE: If you receive the computer-aided instruction using AudioTalker, please contact us, explain your situation, and we will help you.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AFFIDAVIT:

Original Report No. 02/04/2007 Vehicle Reg. Number SKB 2399L
 Name of Driver THOMAS P. COONS NR / PRN / Report No. 04/11/20
 I / We the Driver / Vehicle Owner(s) / Please describe as appropriate
 Address 115 Ave. MARCEL GASTON #1100 Singapore 600115
 Contact (Tel) 91364625 Mobile No. 91364625
 E-mail Address BENJAMIN COONS @ HOTMAIL COM
 Date of Accident 04/11/20 Time of Accident 12:00
 Place of Accident 04/11/20
 Insurance Company PACIFIC ALLIANCE

42) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a reputation for a very mentioned excellent and would like to include additional information to make this more interesting to you.

I would like to correct my accident date to 5 Nov 2010

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

1000. 12/1/2020

[illegible]

4.000
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4.000

fixmate pte ltd

Kak Bukit ave 4 blk 5 #06-22

Singapore 415875

Email bennedd95@gmail.com**Reg. No** 201901818h**Phone No** 83824734**Invoice No** INV1476**Date** 02/12/2020**Term** Due on Receipt**Due On** 02/12/2020**Ref No** 5KB 2359L Toyota Rush**Invoice# INV1476**

CUSTOMER

Chiang Yanbin

#	ITEM	QTY	RATE (\$S)	TOTAL (\$S)
1	Lump Sum Repair cost	1	10,500.00	10,500.00

SUB TOTAL

\$10,500.00

GRAND TOTAL**\$10,500.00****Notes**

Cash upon delivery

Paynow to UEN 201901818h / mobile no: 83824734 (Ben)

Bank transfer to OK HC 713-1725914001 fixmate pte ltd

We do not accept any other payment methods

Thank you for choosing us

For any queries or clarification please contact 8263 2225 An Chai / 9227 4711 An Loo / 8382 4734 Ah Fong (Ben)



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no. 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6536 4628 E-mail : info@sincereappraisal.com.sg

INVOICE

KSCGP Juris LLP
133 New Bridge Road
17-03 Chinatown Point
Singapore 059413

Invoice No: 231120-262
Our ref: 262/TP/2020
Date: 23/11/2020

Claim Type: Third Party Vehicle Reg No: SKB2359L Vehicle Make/Model: Toyota Rush 1.5 X A	Date of Loss: 5/11/2020 Claimant: Chiang Yanbin
Description	Amount (S\$)
1. Professional Fee (including Transport, 64 Photographs and Miscellaneous charges)	764
Total	764
Singapore Dollar: Seven hundred and sixty four dollars only.	

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 262/1P/2020

Date: 23/11/2020

REFERENCE

Date of loss: 5/11/2020
Claimant: Chiang Yanbin

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKR2359L	Make &	Toyota
Reg date:	12/1/2009	Model	Rush 1.5 X A
Colour:	Grey	Engine No:	3S22089150
Type:	Motor Car	Chassis No:	J200F0021112
Type of Claims:	Third Party	Odometer No:	151310km
		Engine Cap:	1495cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Dunlop 215/65R16 70%	Front Right Size:	Dunlop 215/65R16 70%
Rear Left Size:	Dunlop 215/65R16 70%	Rear Right Size:	Dunlop 215/65R16 70%

The above percentages represent the remaining life of the tyre tread.

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	\$ 10,848.50	\$ 9,841.50
Labour	\$ 3,950.00	\$ 3,330.00
Calculated Cost (S\$):	\$ 14,798.50	\$ 13,171.50

Recommended Lump Sum Repair Cost (S\$): \$ 10,500.00

Date of Assignment: 6/11/2020
Date Inspected: 6/11/2020
Est. repair Period: 12 days

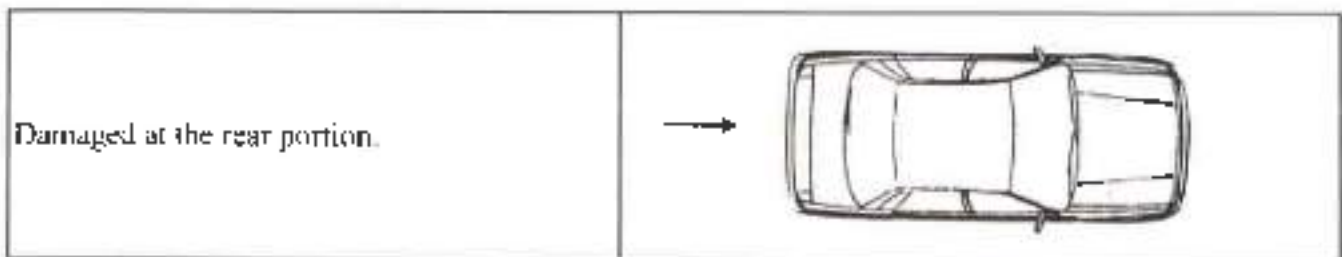
Inspected At: Tian Fong Spray Painting Specialist
8 Kaki Bukit Avenue 4
#08-32 Premier
Singapore 415875

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

40 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel: 6636 4628 E-mail: office@sincereappraisal.com.sg

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Brickland Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$14,798.50. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$10,500.00.

We have not authorised the repair. Under normal circumstances, estimated 12 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out by one of us based on our knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS**Recommended Parts**

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	dented/warped	\$ 860.00	\$ 860.00
2	2	Rear bumper bracket	bent/necessary	\$ 86.00	\$ 86.00
3	2	Rear bumper retainer	bent/necessary	\$ 88.00	\$ 88.00
4	2	Rear bumper reflector	bent/necessary	\$ 162.00	\$ 162.00
5	1	Rear no plate lamp	malfunction	\$ 80.00	\$ 80.00
6	1	Rear tailgate assy	dented/warped	\$ 1,587.00	\$ 1,587.00
7	1	Rear tailgate inner trim board	dented/warped	\$ 376.00	\$ 376.00
8	1	Rear tailgate 'rush' emblem	necessary	\$ 64.00	\$ 64.00
9	1	Rear tailgate lock mechanism	bent	\$ 212.00	\$ 212.00
10	1	Rear tailgate spare tyre bracket	bent	\$ 276.00	\$ 276.00
11	1	Rear tailgate spare tyre outer housing	cracked	\$ 985.00	\$ 985.00
12	1	Rear tailgate spare tyre inner housing	cracked	\$ 897.00	\$ 897.00
13	1	Rear tailgate weatherstrip	warped/necessary	\$ 185.00	\$ 185.00
14	1	Rear tailgate handle	bent/malfunction	\$ 161.00	\$ 161.00
15	1	Rear left taillamp	bent/cut	\$ 589.00	\$ 589.00
16	1	Rear right taillamp	bent/cut	\$ 589.00	\$ 589.00
17	1	Rear end lower panel	dented	\$ 852.00	\$ 852.00
18	1	Rear end lower panel top garnish	warped/necessary	\$ 115.00	\$ 115.00
19	1	Rear windscreen glass assy	shattered	\$ 1,200.00	\$ 1,200.00
20	1	Rear windscreen glass moulding	necessary	\$ 220.00	\$ 220.00
21	1	Rear third brake lamp	bent	\$ 180.00	\$ 180.00
22	1	Rear floor panel	dented	\$ 880.00	\$ 880.00
23	1	Rear wiper motor	malfunction	\$ 250.00	\$ 250.00
24	1	Rear wiper blade	bent	\$ 68.00	\$ 68.00
25	1	Rear exhaust muffler assy	repair	\$ 998.00	\$ -
26	2	Rear exhaust muffler rubber mounting	intact	\$ 38.00	\$ -
				\$ 11,998.00	\$ 10,962.00
Less 25%				\$ 2,999.50	\$ 2,740.50
				\$ 8,998.50	\$ 8,221.50
<u>Special Nett Items</u>					
1	10	Rear bumper clips	necessary	\$ 65.00	\$ 50.00
2	4	Rear end lower panel top garnish clips	necessary	\$ 35.00	\$ 20.00
3	1	Rear end lower panel scalant	necessary	\$ 150.00	\$ 120.00
4	1	Rear windscreen glass sealant	necessary	\$ 100.00	\$ 80.00
5	2	Rear bumper reverse sensor	malfunction	\$ 270.00	\$ 250.00
6	1	Rear no plate with garnish	necessary	\$ 100.00	\$ 80.00
7	1	Rear floor panel sealant	necessary	\$ 150.00	\$ 120.00
8	1	Rear floor panel insulator pad	necessary	\$ 180.00	\$ 150.00
9	1	Rear spare tyre	bent/necessary	\$ 450.00	\$ 450.00
10	1	Rear view camera	malfunction	\$ 350.00	\$ 300.00
				\$ 1,850.00	\$ 1,620.00
Total parts				\$ 10,848.50	\$ 9,841.50

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts including floor panel.	\$ 1,400.00	\$ 1,200.00
2	To putty and spray painting rear portion.	\$ 1,400.00	\$ 1,200.00
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00
4	To remove and install rear tailgate lock mechanism.	\$ 80.00	\$ 60.00
5	To remove and install rear inner garnish and inner trim to facilitate the repair.	\$ 150.00	\$ 120.00
6	To apply anti rust priming to rear affected area.	\$ 120.00	\$ 100.00
7	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00
8	To remove and install rear windscreen glass to facilitate the repair.	\$ 140.00	\$ 120.00
9	Towing service.	\$ 100.00	\$ 80.00
10	To remove and install rear view camera.	\$ 80.00	\$ 60.00
11	To repair, straighten and align both rear fender.	\$ 350.00	\$ 300.00
Total labour :		\$ 3,950.00	\$ 3,330.00

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 10,848.50	\$ 9,841.50
Total labour :	\$ 3,950.00	\$ 3,330.00
Total repair cost :	\$ 14,798.50	\$ 13,171.50

Adjusted Repair Cost (Lump Sum Repair)

\$ 10,500.00











Sincere Appraisal Services (C)





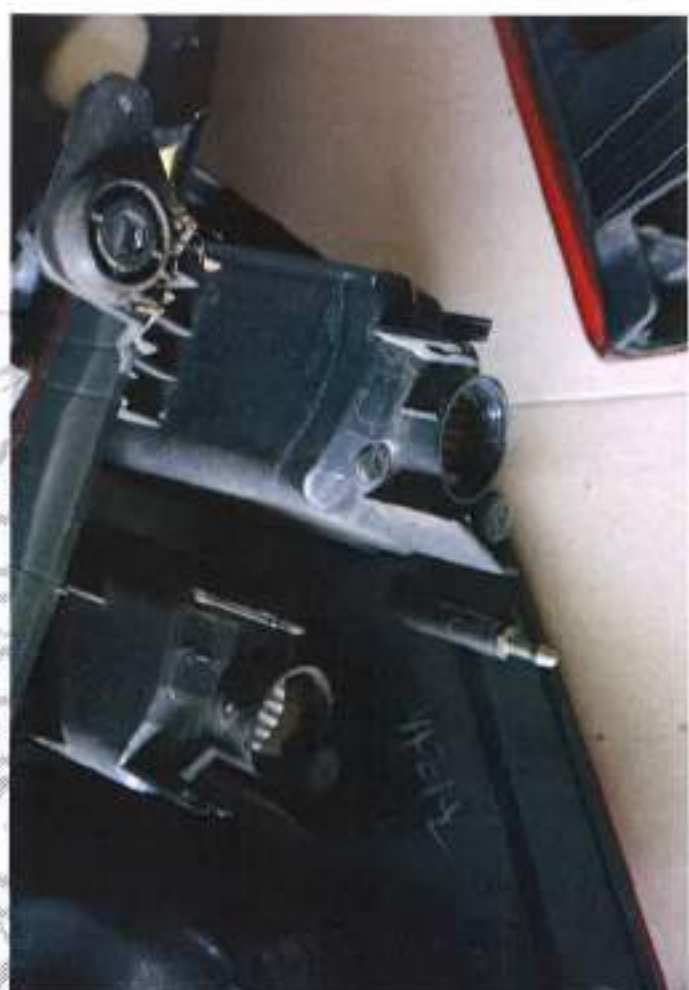


















Your Ref : GBD 3301S
Our Ref : **SKB 2359L/FM/hk/cl**
Date : 6 November 2020

Fax : **6538 3708**
Tel : **3152 0989**
Email : **accident@kscgp.com**

AIG Asia Pacific Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 5 NOVEMBER 2020

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of **SKB 2359L** to notify you of a road traffic accident on 5 November 2020 at about 2.00 p.m. along Brickland Road, involving our client's vehicle registration number SKB 2359L and vehicle registration number **GBD 3301S** which was insured by you at the material time. A copy of the Singapore accident statement will be forwarded to you in due course.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday 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 the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

CL

Enc.

Your Ref : 1303390552SG003
Our Ref : **SKB 2359L/FM/hk/cl**
Date : 9 November 2020

Fax : **6538 3708**
Tel : **3152 0989**
Email : **accident@kscgp.com**

AIG ASIA PACIFIC INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 5 NOVEMBER 2020

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 9 November 2020.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N o.	Name of Surveyor	Company Name
1.	Chang Fuh Keong, Dave	Sincere Appraisal Services
2.	Ang Guea Kiang	CA Appraiser Pte Ltd
3.	Ong Poh Meng	Aeon Auto Consultant LLP
4.	Lee Kok Weng	Lee Automobile Appraisers Services
5.	Ong Ah Keng, Kent	KTO Automobile Assessors

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Fixmate Pte Ltd
Block 8 Kaki Bukit Avenue 4
#04-06 Premier @ Kaki Bukit
Singapore 415875
Contact Person/Tel : Ah Chai at 8263 2225 / 9372 7000
Ben at 8382 4734

Yours faithfully,

f CL

Your Ref : 1303390552SG003

Our Ref : **SKB 2359L/FM/hk/cl**

Date : 9 November 2020

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of

_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-20-147749

Date of Request: 26/11/2020

Your Ref No: GS/20/6112/FM/HK

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 05/11/2020

Place of Accident: BRICKLAND ROAD

Client Vehicle No: SKB2359L

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
GBD3301S	BRICKLAND ROAD	05/11/2020 14:00

Thank You.

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GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-147749

Date of Request: 26/11/2020

Your Ref No: GS/20/6112/FM/HK

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 05/11/2020

Place of Accident: BRICKLAND ROAD

Client Vehicle No: SKB2359L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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Date:

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Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-147760

Date of Request: 26/11/2020

Your Ref No: GS/20/6112/FM/HK

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 05/11/2020
Vehicle No: SKB2359L
Place of Accident: BRICKLAND ROAD.
Involving Vehicle No: GBD3301S

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBD3301S	BRICKLAND ROAD.	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

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	06/11/2020 16:11
Date Of Accident	05/11/2020 14:00
Exact Location Of Accident	BRICKLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3301S
Insured/Policyholder	
Name Of Registered Owner	CHEW KIM SENG ROASTED MEAT (1)
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900072793-01
Cover Note Number	

Driver

Name of Driver	SIEW KIM KEE
NRIC No	S1737813I
Address	APT BLK 13 YORK HILL #09-10 S 162013

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER TO THE ATTACHED.

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	SKB2359L
-----------------------------	----------

Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

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:

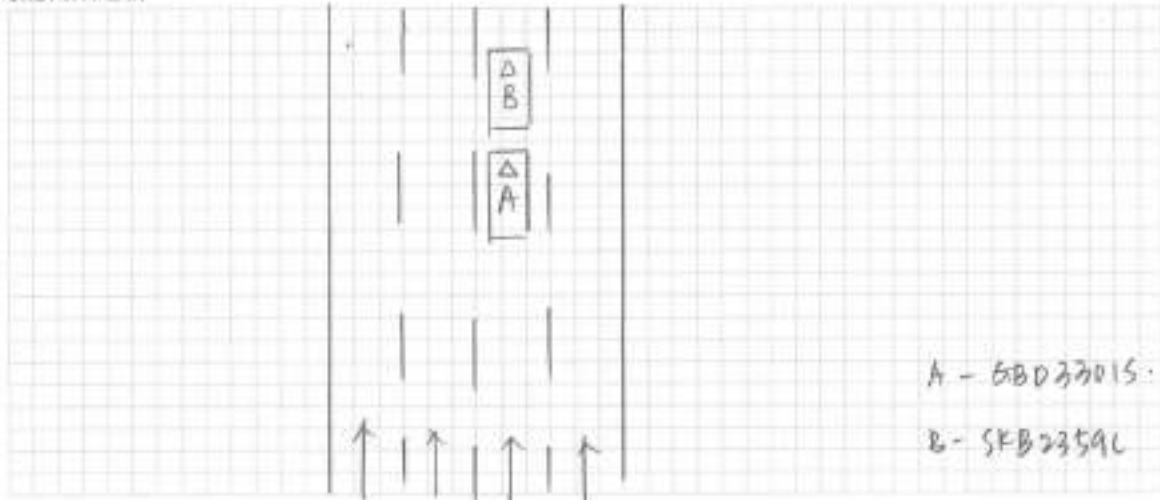
Driver's Signature
(If driver is not the policyholder)
Date & Time:

6/11/2020
0 15:05h

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was driving vehicle 6BD33015 along Brickland Road in the 2nd lane of 4 lanes road. Out of a sudden, vehicle in front (5KB2359L) stopped abruptly. I tried to stop but it was still too late. As a result, my vehicle hit the back of the said vehicle.

Insurance Co	AIG
Vehicle No.	6BD33015
Date of Accident	5/11/2020
<input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	

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: 6/11/2020 @ 15:05hr

Reporting Centro Personnel's Signature
Name:
NIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Siew Kim Kee
VEHICLE NUMBER : GB-D 33015
DATE/TIME OF ACCIDENT : 5/11/2020 @ 1400h
PLACE OF ACCIDENT : Brickland Road
THIRD PARTY VEHICLE (IF ANY) : SKB 2351L

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Brickland Road to Woodlands.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to Rear collision.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

Name: Siew Kim Kee

I Affirmed The Above Information Is Given To My Best Knowledge.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

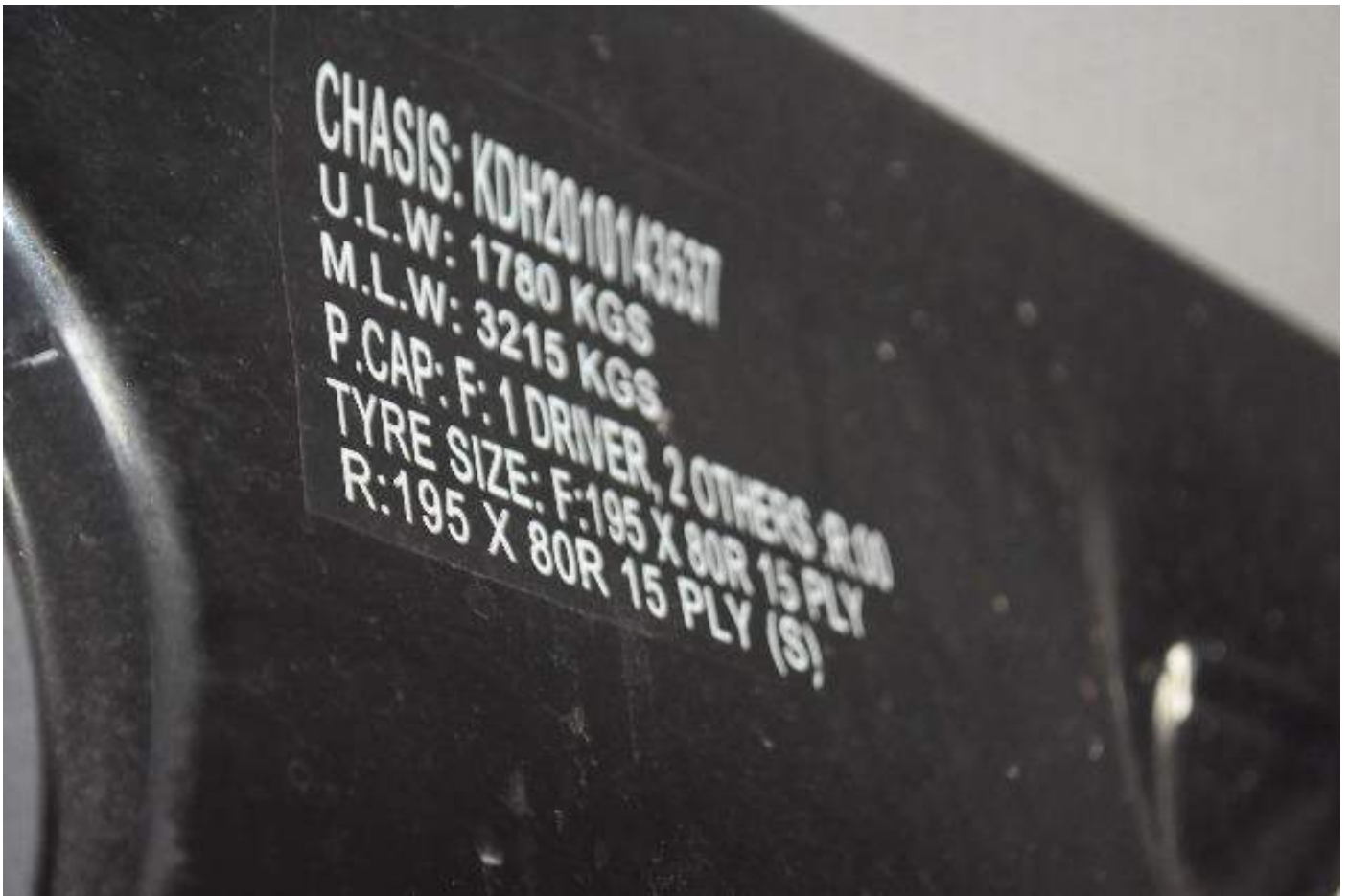


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident scene





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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-20-137310

Date of Request: 06/11/2020

Your Ref No:

Online Purchase

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Enquiry Date 06/11/2020
Enquiry By Lim Siew Lian
TP Vehicle No. GBD3301S
Accident Date 05/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBD3301S	AIG Asia Pacific Insurance Pte. Ltd.	22/03/2020-21/03/2021	65-6419-3000

Thank You.

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-137310

Date of Request: 06/11/2020

Your Ref No:

Online Purchase

KSCGP JURIS LLP
133 New Bridge Road
#17-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Enquiry Date 06/11/2020
Enquiry By Lim Siew Lian
TP Vehicle No. GBD3301S
Accident Date 05/11/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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