

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number


Our Ref: LCH.my/2BCL-10581.20

15.12.20

BY EMAIL

BY CERTIFICATE OF POSTING

BY CERTIFICATE OF POSTING



AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #07-16
Singapore 079120

Dear Sirs

We are instructed by CI Leasing Pte Ltd to notify you of a road traffic accident on 12.12.20 at about 5:40 pm at the junction of Tampines Avenue 10 and Avenue 3 involving our client's vehicle registration number SMK 2265 C and vehicle registration number SME 284 S driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

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 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.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

Cheonghoh Law Corporation

encs:

This is a computer-generated document and requires no signature

cc: client (via e-mail/fax only) - SMK 2265 C

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 Submission 14/12/2020 11:30 (SGT)
Date of Accident 12/12/2020 17:40 (SGT)
Exact Location of Accident Tampines Ave 10, Singapore
Additional Location Information JUNCTION TAMPINES AVE 10 AND AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK2265C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CL LEASING PTE LTD
Company Reg No 2XXXXX410W
Email Address JIAFENG@CLLEASING.COM.SG
Mobile Phone No (Phone) +65-87209000
Alternative Phone No +65-87209000

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5111566598-01(COMP)
Cover Note Number -

DRIVER

Name of Driver SABARIYAH BINTE MISNI
NRIC No SXXXX327Z
Date Of Birth 24/04/1986
Occupation Indoor

Date Of Driving Pass	30/12/2004
Driving experience	16 YEARS
Gender	Female
Mobile Number	(Phone) +65-91706617
Alt. Phone Number	-
Email Address	JIAFENG@CLLEASING.COM.SG
Address	BLK410 SERANGOON CENTRAL#02-321
Address complement	-
Postcode	550410
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT 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	SME284S
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96450094
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)

14/12/2020

ID:AC BUKIT BATOK (VAC)

511 Bukit Batok Street 23

Singapore 659515

Tel: 6567 8427 / 6567 3312

Fax: 6569 0722

Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:

B-SME 284S

1(A), was driving along Tampines Ave 10 and was stopping at Traffic light Junction between Tampines Ave 2, when (B) hit me from the back.

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



14/12/2020

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650055
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg



















