

BSA LAW CHAMBERS LLC

Advocates & Solicitors

Your Ref : Insured vehicle no. GBH 3570K

Our Ref : BSA. 9959. mc

Date : 15 December 2020

133 New Bridge Road
#10-04 Chinatown Point
Singapore 059413

Tel : 6236 2001

Fax : 6532 0412

Email : bala@bsalaw.com.sg

UEN Regn No: 201502330R

Secretary's DID: 6435 0019 (Mavis)
6435 0020 (Alice)

BY EMAIL ONLY (Yinrul.Hor@aig.com)

AIG Asia Pacific Insurance Pte Ltd
Motor Claims Department

Dear Sir,

NOTICE OF ACCIDENT

YOUR INSURED VEHICLE REGISTRATION NO: GBH 3570K

**ACCIDENT ON 12.12.2020 AT ABOUT 2130HRS INVOLVING FBM 4817S AND GBH 3570K
ALONG JALAN RENGKAM**

We are informed by the repairers of vehicle registration no. FBM 4817S to notify you of the captioned road traffic accident.

Please note that State Court Practice Directions Amendment 1 of 2016 applies to this case. A copy of the accident statement / police report filed is enclosed.

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 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.

Yours faithfully



BALASUBRAMANIAM

Enc

cc Race Werks Pte Ltd
Mr Norman Lee
Email: norman@racewerks.com.sg
Vehicle No. FBM 4817S

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 19:32 (SGT)
Date of Accident	12/12/2020 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN RENGKAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM4817S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOVIE ELIZABETH LAU LE YI(LIU LEYI)
NRIC No	SXXXX743H
Email Address	LVZ.NINE@GMAIL.COM
Mobile Phone No	(Phone) +65-96971029
Alternative Phone No	+65-96971029

VEHICLE PARTICULARS

Manufacturer	Ducati
Model	SCRAMBLER CR
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	sd20v05108/vms/r02
Cover Note Number	-

DRIVER

Name of Driver	LOVIE ELIZABETH LAU LE YI(LIU LEYI)
NRIC No	SXXXX743H
Date Of Birth	09/10/1989
Occupation	Indoor

Date Of Driving Pass	20/01/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96971029
Alt. Phone Number	+65-96971029
Email Address	LVZ.NINE@GMAIL.COM
Address	BLK 467 ADMIRALTY DR #12-203
Address complement	-
Postcode	750467
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201213/7024

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	GBH3570K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

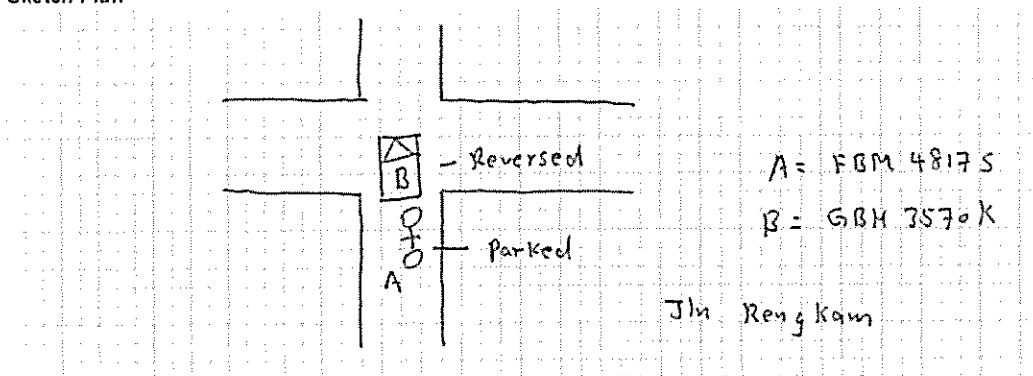
SKETCH PLAN

IMPORTANT NOTICE

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

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
---	---	---

Sketch Plan



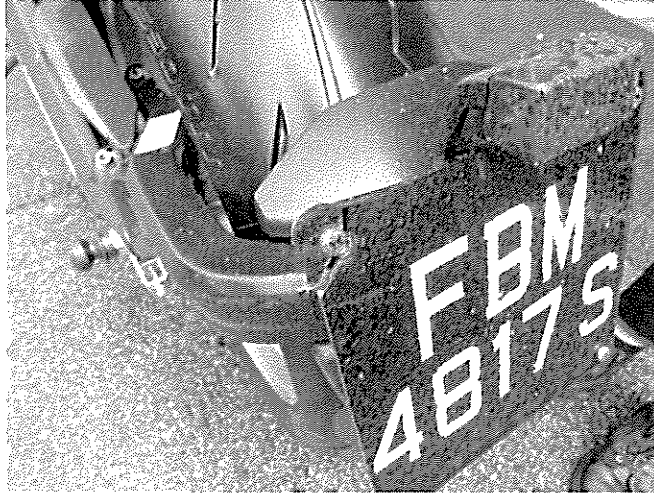
IMAGES



IMAGES #2

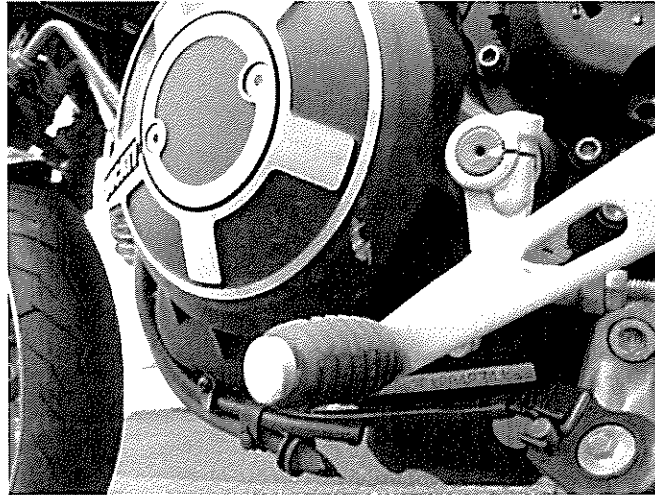


IMAGES #3

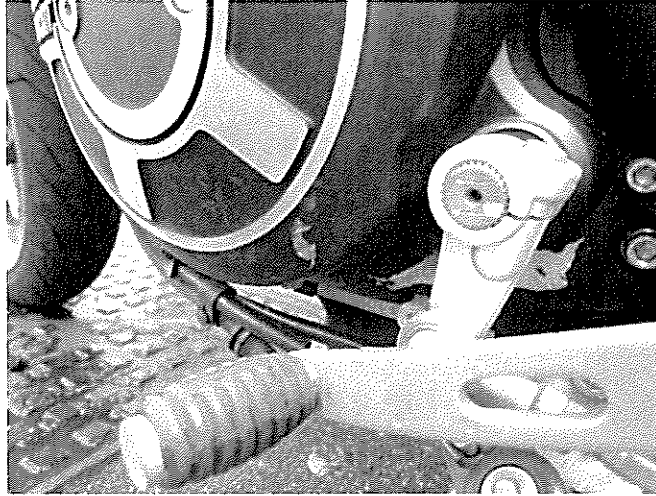


IMAGES #4

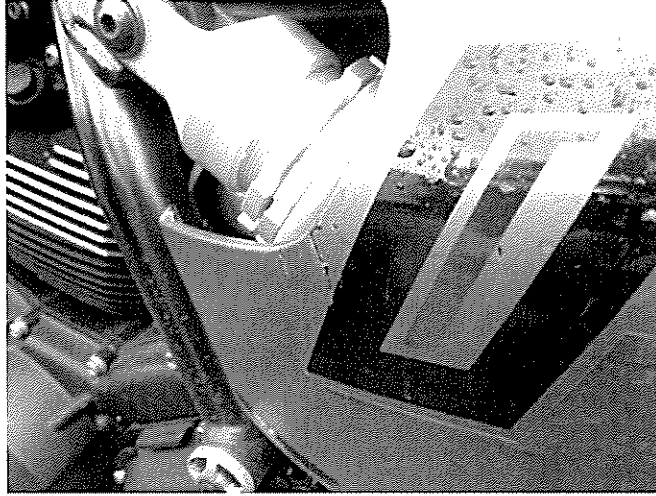




IMAGES #6



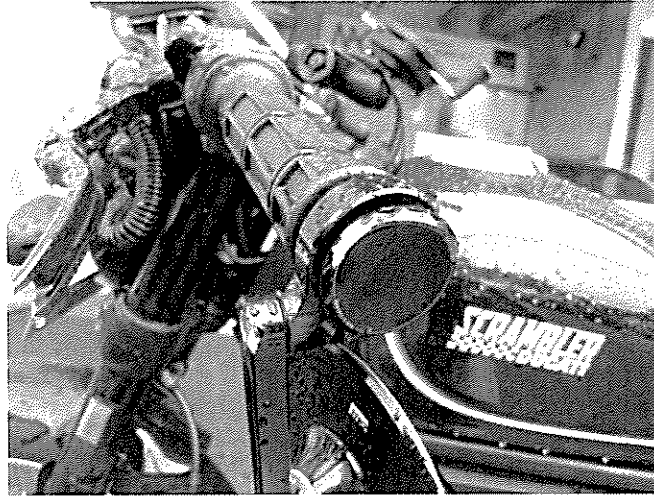
IMAGES #7



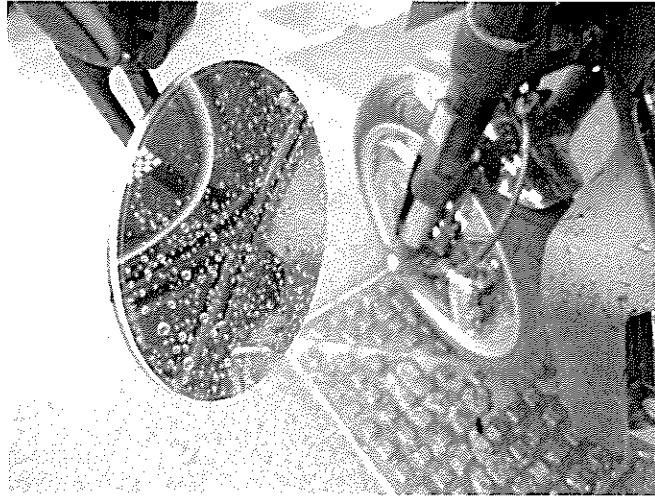
IMAGES #8



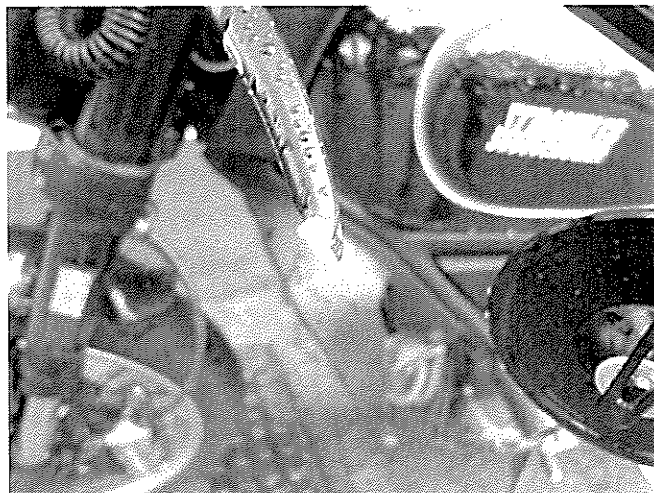
IMAGES #9



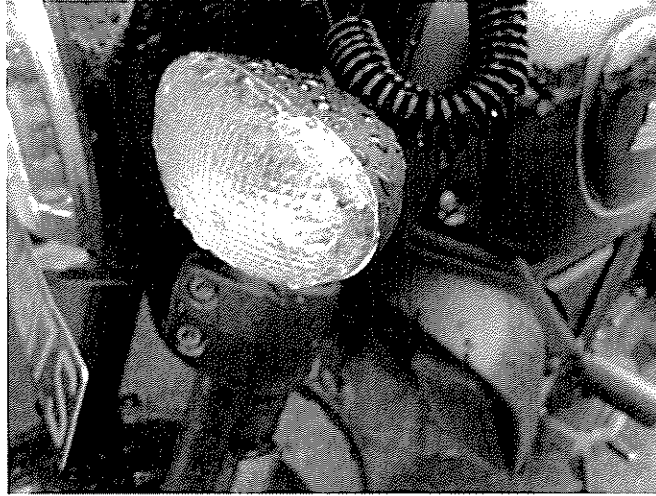
IMAGES #10



IMAGES #11



IMAGES #12



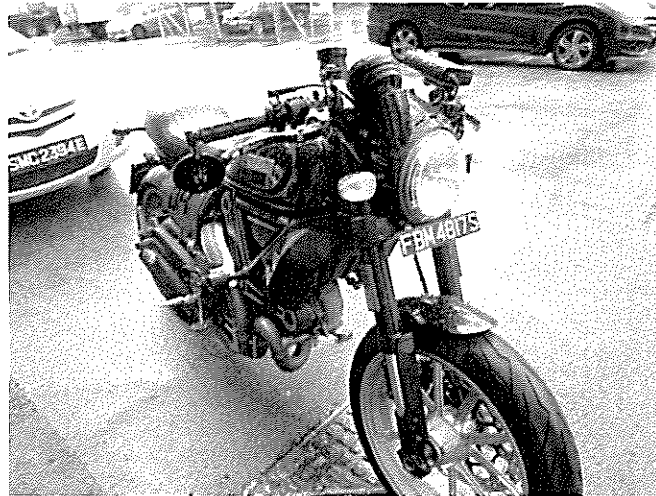
IMAGES #13



IMAGES #14



IMAGES #15





**SINGAPORE
POLICE FORCE**



T/20201213/7024

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

2 of 3

Report No. T/20201213/7024

CONTINUATION OF REPORT

Rider			
Name	LOVIE ELIZABETH LAU LE YI	ID No.	S8935743H
Related Vehicle	FBM4817S (Motorcycle)	Contact No.	96971029
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 have videos taken from a car parked nearby. It happened at Jalan Rengkam, next to Heng Long Teochew Porridge. My bike FBM4817S was parked at an alley. Van GBH3570K reversed and hit my bike while I was not around. He did not leave any contact and left.



**SINGAPORE
POLICE FORCE**



T/20201213/7024

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

3 of 3
Report No. T/20201213/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 13/12/2020 18:18
Classification Of Case:

Authentication Stamp
NP168