



02nd January 2021

China Taiping Insurance (Singapore) Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SJG 6223 D (Our Ref) and GBJ 2278 B (Your Ref)
Dated 01ST JANUARY 2021, Time around 515HRS
@ ANG MO KIO AVE 8 & AVE 6 JUNCTION

We represent our client; ANG YONG MING, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SJG 6223 D and your insured's vehicle registration number: GBJ 2278 B. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against GBJ 2278 B 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.

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

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



Authorized Signatory

AH LIM MOTOR COMPANY

Data Collection for Accident Reporting

Please write clearly

Insurance Company- DIRECT ASIA TP
Date Of Accident- 01/01/2021 Time Of Accident- 15 : 15
Exact Location of Accident ANG MO KIO AVE 8 & AVE 6 JUNCTION
Weather - Raining FLOOR: WET CC 1497
Vehicle Number- SJG 6223 D Vehicle Model- TOYOTA VIOS Auto/Manual

Policy Holder Name - PANG YONG MING
Policy Holder NRIC/Fin No - S9305656F Email Address pang.yongming2@gmail.com
Policy Holder HP - 9191 7064 Alt Phone No _____
Home Address - 131 ANG MO KIO AVE 3 #04-1593 S560131

Driver Name - PANG YONG MING Relation with owner Owner
Driver NRIC /Fin - S9305656F Policy Holder HP - 9191 7064 Alt Phone _____
Date Of Birth - 13/02/1993 Licence Pass date 20/03/2017 Occupation - Indoor / Outdoor
Email Address pang.yongming2@gmail.com
Home Address - 131 ANG MO KIO AVE 3 #04-1593 S560131
Injury - No - Conveyance to Hosp No Video In Car - No

No. Of Pax In Own Car - 04
Names / Gender OOI TIAN CI Male
Names / Gender YU SHU QI Male
Names / Gender ANG KAH YONG Male

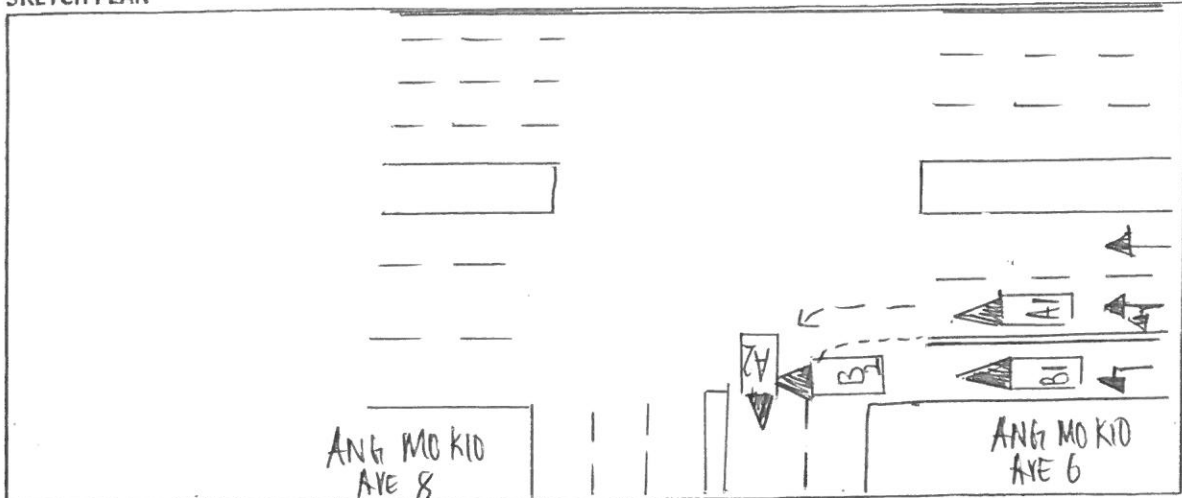
Third Party's Particulars : Vehicle No. GBJ 2278 B HP# _____ Name _____
: _____ Nric/Fin _____

Third Party's Particulars : Vehicle No. _____ HP# _____ Name _____
: _____ Nric/Fin _____

Date of accident: 01/01/2021 Time: 15 : 15 Location: ANG MO KIO AVE 8 & AVE 6

My Vehicle A: SJG 6223 D Vehicle B: GBJ 2278 B 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 WITHIN
MY LANE TURNING TOWARDS ANG MO KIO AVE 8 FROM
ANG MO KIO AVE 6. AS I WAS MAKING MY LEFT TURN, VEHICLE
ON MY LEFT DID NOT TURN, INSTEAD HE WENT STRAIGHT
AHEAD, CROSSED INTO MY LANE AND COLLIDED AGAINST MY
VEHICLE FRONT LEFT PORTION.

☐ Claim OD/TP at Ah Lim Motor ☒ 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 : PANG YONG MING

Email address : pang.yongming2@gmail.com

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.:

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:

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