Cheonghoh Law Corporation

Co. Reg No.201108070G

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053

Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number

Our Ref: LCH.my/2BCL-20027.21

12.01.21

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 11.01.21 at about 12:40 pm at Kallang, Singapore involving our client's vehicle registration number SKW 7411 T and vehicle registration number SBX 777 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) - SKW 7411 T

SV0K211B000D-01 / VICOM LTD (VAC) - Bukit Batok [659545] ENTRY DATE & TIME: 11/01/2021 16:24 (SGT) SUBMITTED BY: Tan Kiaw Joo VERSION: 2 (11/01/2021 16:29 (SGT))

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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/01/2021 16:24 (SGT) 11/01/2021 12:40 (SGT) Kallang, Singapore KPE EXIT 9A Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKW741T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes CL LEASING PTE LTD 2XXXXX410W JIAFENG@CLLEASING.COM.SG (Phone) +65-87209000 +65-87209000

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Hyundai Elantra

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC ThirdPartyFireTheft Yes 5111567344-01(TPFT)

DRIVER

Name of Driver NRIC NO

ZU NURAIN BIN MOHAMAD MUDRIKA SYYYY119G

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

22/10/2020

3 MONTHS

(Phone) +65-86156070

Collision - Head to Rear

JIAFENG@CLLEASING.COM.SG

BLK 172 HOUGANG AVE 1 #09-1443

Male

530172

No

No

Hirer

Clear

Dry

No

No

Yes

1

No

No

No

2

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

D - - t - - - d -

SBX777S

Private car

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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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 parlies.
- 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)

Lunderstand, acknowledge, agree and consent that:

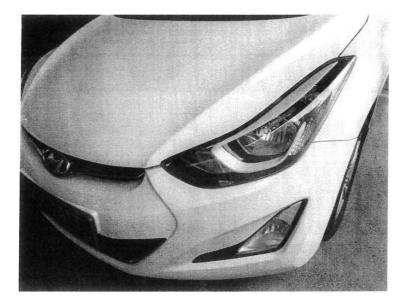
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/law firms, may/are permitted tocollect, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

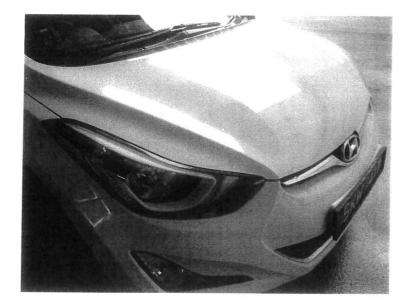
		IDAC BURT BAF A NA. 511 P.
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	& Time 11/01/1021	
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Describe Circumstances	of the Accident	
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left to turn to Tambir	red Red through the merchan lane with a Vision	of Way Clan T than you
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the bole of the	e major road in tem moments land, I	tert a sudden impact trom
The back of the ca	vas heravily dented from the back. I	and make a check,
I moticed my car v	vas heravily devoted from the back. I'v	also noticed another car
(SBX 7775) had 1	sanged my cur.	
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claration		
e declare the foregoing particulars are true in every respect.		IDAC BUKIT BATOK (VA
	A	IDAC BUKIT BATOK (VA
		91
	H	Tel: 656/ 9427/3507, 3312
	M	Fax: 6569 0722
		Email: vacbb@singnet.com.sc
cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
e	& Time	Personnel























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEM: S665S00206 / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	AL	MENADIA	1	
(A) PARTICULARS OF PER	SON MAKING THE AMEN	IDMENTS:		
Original Report No :_		V	ehicle Registration (No: UKW 741 T
Name(as shownin NRIC):		N	RIC/FIN/Passport N	io:
	cle Owner) (*) Please de			
Address :	9			Singapore(
Email Address :				
Eman Address :_	// 15/	2/ Ti	me of Accident:	12.40
Date of Accident :	KPE		9.4	
Place of Accident :	, , , , , ,			
Insurance Company:		1 JU. R.		
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NRIC/FIN No.: Date: