

# FREESION AUTODRIVE

25 KAKI BUKIT ROAD 4 SYNERGY @KB #03-33 SINGAPORE 417800

TEL: 6702 3533 FAX: 6702 3577

Email: freesionautodrive@gmail.com

Date: 20/01/2021

To AIG Asia Pacific Insurance Pte Ltd  
Motor Claims Department  
**78 Shenton Way #08-16**  
Singapore 079120

Tel: 6419 3000  
Fax: 6385 3727  
Email: aigsgp\_claimssurvey@aig.com

Dear Sir/Mdm,

## NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. SKP1791D and vehicle(s) no. SDL9840Y had taken place at / along CTE (After Moulmein Flyover) on date 18.01.2021 at time 18:15.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please contact our workshop at 6702 3533 before attending the inspection.

Yours sincerely,



### PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

### DISMANTLED PARTS

Date / Time	
Surveyor	

### AFTER REPAIR

Date / Time	
Surveyor	

## 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	19/01/2021 16:31 (SGT)
Date of Accident	18/01/2021 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE (AFTER MOULMEIN FLYOVER)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1791D
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIMA LIMO TRANSPORT SERVICES
Company Reg No	5XXXXX51D
Email Address	LIMALIMOTRANSPORT@GMAIL.COM
Mobile Phone No	(Phone) +65-94578433
Alternative Phone No	(Home) +65-94578433

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100416989-02
Cover Note Number	-

#### DRIVER

Name of Driver	MAHFUD BIN IDRIS
NRIC No	SXXXX164D
Date Of Birth	13/07/1959
Occupation	Indoor

Date Of Driving Pass .....	08/04/2003
Driving experience .....	17 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94578433
Alt. Phone Number .....	-
Email Address .....	LIMALIMOTRANSPORT@GMAIL.COM
Address .....	BLK 523D TAMPINES CENTRAL 7 #17-115
Address complement .....	-
Postcode .....	524523
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ZEZE
Gender .....	Female

#### 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 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 .....	SDL9840Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIN CHER
NRIC No .....	SXXXX840E

Contact Number .....	(Phone) +65-98258354
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 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.

**Lima Limo**  
Transport Services  
Reg No: 33242510  
limalimo@transport.gov.sg

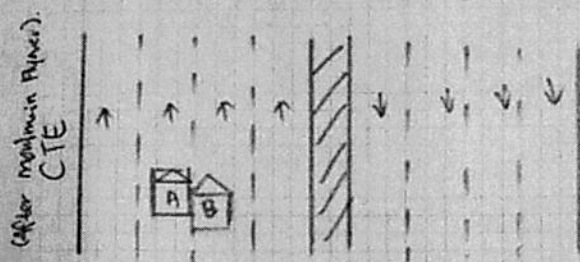
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



A = SKPTAID  
B = SDL 9890Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/1/2021, I was travelling straight along CTE.

Suddenly, I felt an impact and realized that vehicle B has collided on my vehicle.

As a result my car sustained damages on the rear and right portion. We confirm that no one was injured.

DECLARATION

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

**Lima Limo**  
Transport Services  
Reg No: 332042810  
limalimo@transport.com

Policyholder's Signature: *[Signature]*  
Date & Time: *[Signature]*

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

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