

# CPc

## C PAGLAR & CO

ADVOCATES & SOLICITORS

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SERVICE OF COURT DOCUMENTS BY FACSIMILE  
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: **SKV 7075S**  
Our Reference: CP/PRI/SLR1316/21- sf

Date: 25<sup>th</sup> January 2021

To: **M/S AIG ASIA PACIFIC INSURANCE PTE LTD**  
ATTN: MOTOR CLAIMS DEPT

By Email

Dear Sirs,

**NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 22<sup>ND</sup> January 2021 INVOLVING MOTOR VEHICLE NO. SLR 1316X AND SKV 7075S ALONG EUNOS AVENUE 5 AT ABOUT 1155 HOURS. PURSUANT TO PARAGRAPH 2.2 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES**

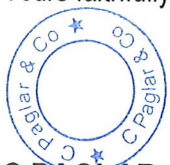
We are instructed by **Feeder Impex (S) Pte Ltd** to notify you of a road traffic on **22<sup>nd</sup> January 2021** at about **1155** hours along **Eunos Avenue 5** involving our client's vehicle registration number **SLR 1316X** and vehicle registration number **SKV 7075S** driven by your insured/ insured driver. A copy of the Singapore accident statement 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.

**PLEASE REPLY BY EMAIL ONLY: pri@cpaglar.com.sg**

**DO NOT REPLY BY FAX.**

Yours faithfully,



**C PAGLAR & CO.**

Enc.

cc. [Client by Email] – (SLR 1316X)

# 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	23/01/2021 14:38 (SGT)
Date of Accident	22/01/2021 11:55 (SGT)
Exact Location of Accident	Eunos Ave 5, Singapore
Additional Location Information	EUNOS AVE 5 TOWARDS SINGPOST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1316X
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FEEDER IMPEX (S) PTE LTD
Company Reg No	1XXXXX598G
Email Address	kew@feederimpex.com.sg
Mobile Phone No	(Phone) +65-83828191
Alternative Phone No	+65-68462122

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Hong Leong
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP307964
Cover Note Number	-

### DRIVER

Name of Driver	WONG XU HONG
NRIC No	SXXXX600B
Date Of Birth	30/08/1988
Occupation	Indoor

Date Of Driving Pass	16/10/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83828191
Alt. Phone Number	-
Email Address	kew@feederimpex.com.sg
Address	BLK 440B FERNVALE LINK #16-163
Address complement	-
Postcode	792440
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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)	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

PLS REFER TO THE ATTACHMENT.

#### 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	SKV7075S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI JUN
NRIC No	SXXXX545H
Contact Number	(Phone) +65-92358161
Address	-
Address complement	-
Postcode	-

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



On the above-mentioned date and time, I was travelling along Eunos Ave 5 towards Singpost Centre.

My Vehicle bearing no: SLR 1316X was stationery in front of the Pedestrian Crossing waiting for the Pedestrian to cross. Suddenly, Vehicle B – SLV 7075S hit onto my rear portion of Vehicle.

I alighted and checked the damages on my vehicle and we exchange particular on the spot. I have In Car Video [Front] to support my Claim.

**Vehicle A: SLR 1316X**

**Vehicle B: SLV 7075S**

