

622138

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building
78 Shenton Way
Singapore 079120



ABDUL RAHMAN LAW CORPORATION

RE: ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NO.
SKW5828U AND VEHICLE NO. GBE3912Z ON 16 FEBRUARY
2021 AT 1110 HOURS ALONG BEDOK NORTH STREET 1

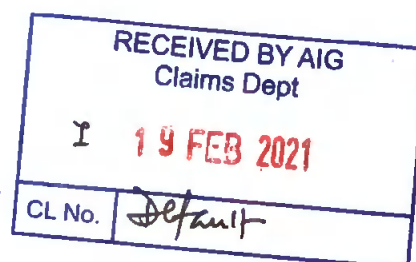
WITHOUT PREJUDICE

1. We are instructed by Mr. Lim Sow Hing ("our Client") to notify you of a road traffic accident on 16th February 2021 at about 1110 Hours along Bedok North Street 1 involving our Client's vehicle registration number SKW5828U and vehicle registration number GBE3912Z driven by you/your authorized driver at the material time. A copy of the LTA Search and our Client's Singapore Accident Statement is enclosed.
2. As a result of the accident, our Client's vehicle has been damaged. Please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle, which is located at 2277 Brandz Pte Ltd, Paya Ubi Industrial Park, 51 Ubi Avenue 1 #01-11 Singapore 408933. We propose using Impact Analysis Consulting Pte Ltd as the Single Joint Expert.
3. If we do not receive any response from you within seven (7) days from the date of this letter i.e., 25th February 2021, our Client shall proceed to repair the vehicle without further reference to you and make necessary claims from you thereafter.
4. In the interim, all of our Client's rights are hereby fully and expressly reserved.

YOUR REF	Please Advise
OUR REF	SQ/AG/2020-4451
DATE	18 th February 2021
WRITER	Mohammad Shafiq shafiq@arlc.com.sg
LEGAL EXECUTIVE	Ahmad Ghazi ghazi@arlc.com.sg
DELIVERY	BY REGISTERED POST

Yours truly,

MOHAMMAD SHAFIQ
DIRECTOR
ABDUL RAHMAN LAW CORPORATION
Encl.



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+65 6240 6902

+65 9066 4196

ask@arlc.com.sg

www.arlc.com.sg

Enquire Vehicle's Insurance Particulars (As At 16 Feb 2021 / 11:10:00)

Vehicle No.:

GBE3912Z

Make Description/Model:

TOYOTA / TOYOTA DYNA 150 MANUAL

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20210218105749941934

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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	17/02/2021 13:15 (SGT)
Date of Accident	16/02/2021 11:10 (SGT)
Exact Location of Accident	Bedok North Street 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5828U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SOW HING
NRIC No	SXXXX536Z
Email Address	limhedy@hotmail.com
Mobile Phone No	(Phone) +65-91868933
Alternative Phone No	+65-91868933

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070153894
Cover Note Number	-

DRIVER

Name of Driver	LIM SOW HING
NRIC No	SXXXX536Z
Date Of Birth	02/09/1953
Occupation	Indoor

Date Of Driving Pass	17/03/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91868933
Alt. Phone Number	+65-91868933
Email Address	limhedy@hotmail.com
Address	BLK 897 TAMPINES ST 81
Address complement	#09-810
Postcode	520897
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	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)	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 ATTACHED STATEMENT.

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	GBE3912Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE SOH KOK
NRIC No	SXXXX573A
Contact Number	(Phone) +65-96435478
Address	-
Address complement	-
Postcode	-

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

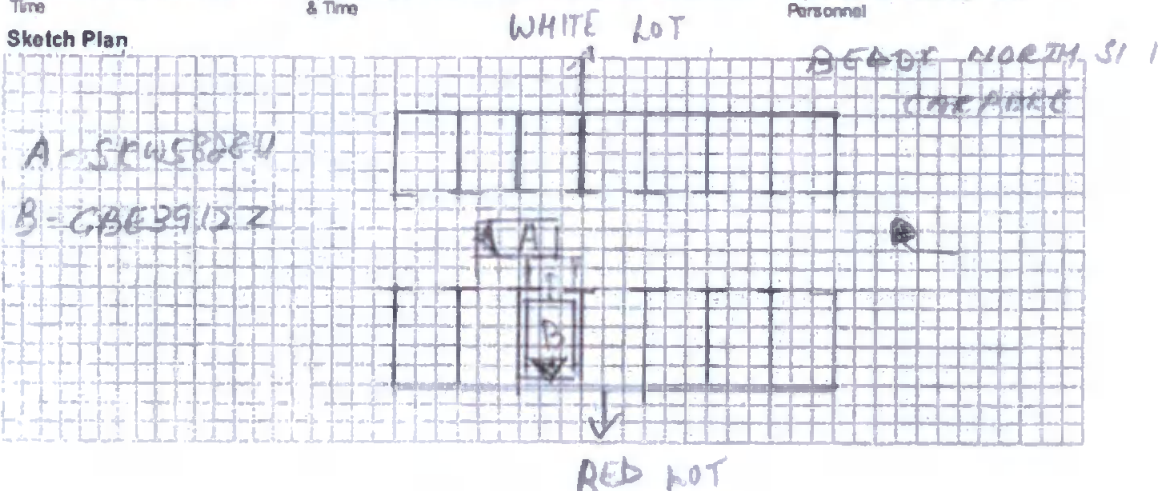
SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature] 16/2/2021
 Policyholder's Signature / Date & Time

[Signature] 17/2/21
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 17/2/21
 Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was exiting from the carpark at Bealok North Street T. while moving suddenly veh B from the red carpark lot was reversing ~~and~~ to his veh into the ^{opposite} white lot. While reversing veh B hit onto my left side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

16/2/2021

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


Witnessed by Reporting Centre Personnel

17/02/21













