

02ND MARCH 2021

AIG Asia Pacific Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SLA 8858 S (Our Ref) and SJR 1156 P (Your Ref) Dated 27TH FEBURARY 2021, Time 1530HRS @ BALESTIER ROAD BEFORE JALAN DUSUN, AH HOOD ROAD

We represent our client; HONG SEH MOTOR PTE LTD to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLA 8858 S and your insured's vehicle registration number: SJR 1156 P.

Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against **SJR 1156 P** 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 D	ng Dr, #01-14 Sin Ming AutoCity Singapore 575722		

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



SA0A2131000K / Ajax Mars Pte Ltd ENTRY DATE & TIME: 02/03/2021 01:10 (SGT) SUBMITTED BY: Sabitra VERSION: 1 (02/03/2021 01:10 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

02/03/2021 01:10 (SGT) 27/02/2021 15:30 (SGT) Balestier Rd, Singapore BALESTIER RD BEFORE JALAN DUSUN, AH HOOD RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLA8858S

INSURED/POLICYHOLDER

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

Yes HONG SEH MOTOR PTE LTD 1XXXXX320D kenlow@hongseh.com.sg (Phone) +65-97777073 (Office) +65-97777073

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

Private use

Audi

A8

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number Axa

Comprehensive

Yes P2423040

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE SUN GMIN SXXXX920H 26/10/1975 Indoor

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

My vehicle was already stopped due to heavy traffic flows ahead. While waiting, suddenly I felt an impact from behind and saw a car had already hit onto my vehicle rear bumper.

ATTACHMENT(S)

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

No No

Yes

12/01/2015

Male

04-25

297722

No

No

Hirer

Clear

Dry

No

No

Yes

1

No

No

No

2

6 YEARS AND 1 MONTH

kenlow@hongseh.com.sg

(Phone) +65-97832991

38 Trevose Crescent

Collision - Head to Rear

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver NRIC No

Contact Number Address Private car ALVIN TAN MI

SJR1156P

Mazda

6

ALVIN TAN MENG WEI

SXXXX646I

-

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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- 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.
- 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.
- 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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

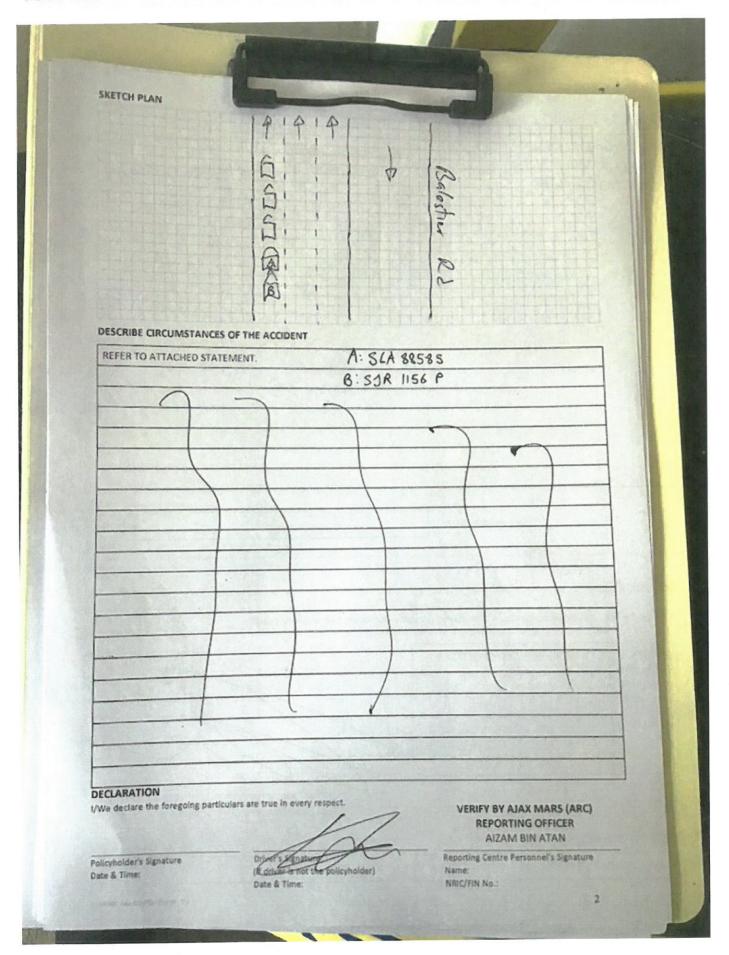
an

Oriver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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

Policyholder's Signature

Date & Time:



ACCIDENT STATEMENT (2000 characters)

My vehicle was already stopped due to waiting, suddenly I felt an impact from be vehicle rear bumper.	pheavy traffic flows ahead. While pehind and saw a car had already hit onto my
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provi	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN MARS Officer	
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:
1 March 2021 at 1:00 PM	1 March 2021 at 1:00 PM

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 02 Mar 2021 / 17:25:42

Receipt Date/Time: 02 Mar 2021 / 17:25:42

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210302-003555

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJR1156P				
As at 27 Feb 2021/15:30:00				
Insurance Co: AIG ASIA PACIFIC INSURAN	ICE PTE. LTD.			
1 Insurance Enquiry - SJR1156P		7.00	0.40	7.40
Enquiry Fee 20210302172429240842		7.00	0.49	7.49
20210302172429240842	Sub-Total	7.00	0.49	7.49
			0.49	7.49
	Total Before Rounding	7.00	0.49	
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	426569XXXXXX8855	eNETS	Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.