

iShare Auto Pte. Ltd.
Co. Reg No: 201939376R
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: ishareauto@gmail.com

By Email &/ Fax

To: AIG

Attn: Motor Claims Department

Date: [0]03]21

Re: Accident involving motor vehicle Nos. SLQ 12017 and GBE 4392S along Junction of Upper Changi Road North and Upper on 06/03/2021 Changi Road East

We refer to the above matter.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, 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. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Thank You.

Yours faithfully,

Michelle

Hp: 9856 4815



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 08/03/2021 16:39 (SGT) Date of Accident 06/03/2021 19:45 (SGT) Exact Location of Accident Near 8 Upper Changi Rd N, Singapore 506906 Additional Location Information JUNCTION OF UPPER CHANGI ROAD NORTH & UPPER CHANGI ROAD EAST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SLQ1201Z INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **CHUA JINLAI** NRIC No SXXXX511F Email Address CHUAJINLAI@REP.GREATEASTERNFA.SG Mobile Phone No (Phone) +65-93867121 Alternative Phone No +65-93867121

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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 No - Claiming third party your vehicle? Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver CHUA JINLAI NRIC No SXXXX511F Date Of Birth 21/09/1984

Occupation Indoor Date Of Driving Pass 18/07/2011 Driving experience

Gender 9 YEARS AND 8 MONTHS Male Gender
Mobile Number
Alt. Phone Number (Phone) +65-93867121 +65-93867121 Email Address CHUAJINLAI@REP.GREATEASTERNFA.SG Address BLK 188A BEDOK NORTH STREET 4 Address complement
Postcode #14-66 Is the driver the policyholder? 461188 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Νo 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) 5 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name JANE WEE Gender Female PASSENGER 2 Name ABIGAIL CHUA Gender Female PASSENGER 3 Name ARINI Gender Female PASSENGER 4 Name **BETHANY CHUA** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Νo If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT ATTACHMENT(S)

Yes

Accident report SK0K21380001

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4392S	
Vehicle Manufacturer	_	
Vehicle Model	-	
Vehicle Variant	-	
Vehicle Colour	_	
Vehicle Category	Commercial vehicle	
Name of Driver	-	
Contact Number	(Phone) +65-90494533	
Address	-	
Address complement	-	
Postcode	_	
Insurance Company Name		
Nature Of Damage		
Details of property damaged in accident		
No. Of Passenger (Including Driver)	_	

Vehicle Number: 313 12012

SKETCH PLAN

IMPORTANT NORCE

- 1. Please report correctly the details of the accident to spred up the claims process
- 2. This home must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willof misropresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issur 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 fin a fee be made avuilable 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) Tunderstand, 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) mention this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured 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 chains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) lovestigating the accident and/or my claums;
 - (iii) carrying out and/or dealing with my instructions or responding to any enqueres 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 perposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Poinyheider's pasture

Driver's Signature (if driver is not the policyholdar). Unto & Time:

Reporting Contro Personnel's Signature
 Name.

NUCHEN Ro.

4

Vehr le Number;	St Q 12017	
(I) G G		
5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
apper Change Road North	BA	A- SCG Dor
		B-CBE439

Chi Chi Month 2021 amond 1949 this I can drowing along 195 Wands Upper Councy Knowl 1971

List 4 years for appear through Road Months I may broadly along very screen Schleidy, recognished as 1923 and the major and control may probable a presentation.

DECLARATION

If We declare the furegoing particulars are true in every respect

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Policyholder's Signature Date & Time:

Onver's Signature (If driver is not the policyholder). Date & Time:

Reporting Centre Personnel's Squature

SKETCH PLAN

Marge:

MRK/FIN No: