

Your Insured's vehicle: **SFZ 1008P**
Our client's vehicle: SFF2345P
Date: 22 March 2021

Our ref: **CS/1035/21/S3**
Fax: **6223 7262**
Tel: **9628 7186**

AIG Asia Pacific Insurance Pte Ltd

By **Yinri L.Hor@aig.com** only

Dear Sirs,

DATE OF ACCIDENT: 22 MARCH 2021
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY

We are instructed by Ho Ching Peng to notify you of a road traffic accident on 19 March 2021 at about 3.00p.m. along Orchard Road, involving our client's vehicle registration number SFF 2345P, vehicle registration number SHC 7450C and the vehicle registration number SFZ 1008P which was insured by you at the material time. A copy of the Singapore Accident Statement/Traffic Police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within **2 working days excluding any intervening Saturday, Sunday and/or Public Holiday** 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 be informed that future correspondence should be emailed to serene@libertylaw.com.sg and cc to chris@libertylaw.com.sg

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident

Yours sincerely,

Serene

Enc.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19/03/21 (dd/mm/yy) Time of Accident: 15:00 (24-HR-FORMAT)

Vehicle No.: SFF2345P Vehicle Make & Model: Mercedes S300L

*Transmission: Manual Auto *C.C.: 3000

Exact location of Accident: Orchard Rd

Policyholder's Name: Ho Ching Peng NRIC/FIN/REG No.: _____

*Policyholder's email address: _____

Driver's Name: Ho Ching Peng NRIC/FIN, REG No.: _____

*Driver's email address: _____

Driver's Contact No.: _____ Company Contact No (If any): _____

Date of birth: _____ Driving Pass Date: _____

Driver's Address: _____

Insurance Company: AIG

Policy No.: 210038831606 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Type of Accident

Chain Collision / Head To Rear / Side Swipe / Other _____

Occupation (nature job) Indoor / Outdoor *No. of Passenger: / Including Driver: 1

*Passanger Name: _____ Gender: Male / Female

*Passanger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report field: Yes / No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: Leow Whee Jin Vehicle No: (B) SH C7450C

Driver's Contact No: 56914086F Insurance Company: _____

2. Driver's Name / IC No (If Any): Hathiraman Vehicle No: (C) SFZ1008P

Driver's Contact No: Dev Rajesh Insurance Company: _____

*Independent Witness (If Any): 100299242 Contact No: _____

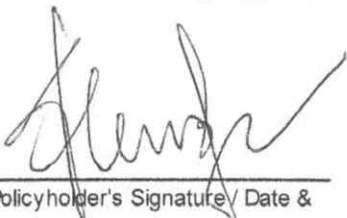
Preferred Workshop Name: _____ Contact No: _____

Describe Circumstances of the Accident

My vehicle was stationary in a queue of traffic along Orchard Rd. Suddenly I was hit from behind, when I alighted from my vehicle, I discovered it was a chain collision involved 3 vehicles.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 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.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder), Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ho Ching Peng
 Period of Insurance : 24 Sep 2020 To 23 Sep 2021
 Engine No. : 27294630648716
 Chassis No. : WDD2211542A147020

Vehicle No. : SFF2345P
 Policy No. : 2100388316-06
 Endorsement No. :
 Issued Date : 29 Aug 2020

ABOUT THE COVER	
Make/Model : MERCEDES S300L	Sum Insured : Market Value
Engine Capacity/Tonnage : 2,997.00 CC	Off Peak Car : No
Driver Restriction : NA	First Year of Registration : 2007
Person or Classes of Persons Entitled to Drive* :	Insuring with COE/PARF : Yes
a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.	Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.
Age Condition : All Age Condition	Mileage Condition : Unlimited Mileage
Limitation as to use* :	Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.
Loss of Use 1500cc - 1600cc Optional	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.	

EXCESS	
Section 1 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000	
Section 2 Property Damage - \$0	
Windscreen : \$100	
Named Driver and Excess (where applicable)	
Ho Ching Peng - \$1000 (Own Damage), \$1000 (Flood Cover)	

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)	
Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6388 5200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.	

IMPORTANT NOTES	
Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd	

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502368000
 TH INSURANCE SPECIALIST AGENCY
 71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE
 SINGAPORE 658071
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

Ying Ling Eileen Goh