

Advocates & Solicitors

FONG & FONG
LLC



20 Havelock Road
02 - 29 Central Square Singapore 059765
Tel: 9388 1428 Fax: 6900 9899
Email: jflegfin@yahoo.com.sg

Our Ref : FCY / 815 / 21
Your Ref : GBE 8594A
Date : 16 April 2021

M/s AIG

Email

Attn: **The Executive - Motor Claims**

Dear Sirs

NOTICE OF ACCIDENT - PRS

CLAIMANT: ENG KIM HUAT@ENG HONG HUAT

ACCIDENT INVOLVING SJL 8809A & GBE 8594A ON 14/04/2021 AT B/181 ANG MO KIO AVE 5 CAR PARK AT 09:40 AM

We act for **ENG KIM HUAT@ENG HONG HUAT** Owner & Driver

Our Client's Car : **SJL 8809A**
Your / Your Insured's Lorry : **GBE 8594A**
Date & Time of Accident : **14 APRIL 2021 / 09:40 AM**
Location : **B/181 ANG MO KIO AVE 5 CAR PARK**

Before our Client proceeds to repair the damaged car, we are requesting a Pre-Repair Survey

Kindly let us know within **2 working days** of this Notice whether you or your Insurers would like to conduct a PRS of the car

If we do not receive any reply from you/your Insurers within the stipulated timeline, our Client shall proceed to repair the car without further reference to you & our Client will be compensated for the loss of use of the car for this period of time

Our Client's Appointed Workshop:

Please contact **Mr Lee Kim Wah - 9668 6354 / 6483 7412**
Email: leeluewsingmotor@live.com

M/s Lee Luew Sing Motors

10 Ang Mo Kio Industrial Park 2A
03 - 10 AMK Autopoint S 568047

We attach herewith for your kind attention copies of our Client's Video Footage, GIA Report with 6 color photographs of damage, COI, NRIC & Driving Licence, LTA Search, Warrant-To-Act & Letter of Authority

Appreciate

Cordially

cc: Client

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	14/04/2021 12:23 (SGT)
Date of Accident	14/04/2021 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5 BLK 181 PUBLIC CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8809A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ENG KIM HUAT @ ENG HONG HUAT
NRIC No	SXXXX774Z
Email Address	jiaseng23@singnet.com.sg
Mobile Phone No	(Phone) +65-88132325
Alternative Phone No	+65-88132325

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
Variants	-
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
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118431605 DC
Cover Note Number	30/07/2020 - 29/07/2021

DRIVER

Name of Driver	ENG KIM HUAT @ ENG HONG HUAT
NRIC No	SXXXX774Z

Date Of Birth	01/04/1974
Occupation	Indoor
Date Of Driving Pass	07/09/1993
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88132325
Alt. Phone Number	+65-88132325
Email Address	jiaseng23@singnet.com.sg
Address	BLK 317 SEMBAWANG VISTA #07-203
Address complement	-
Postcode	750317
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	0
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)	0
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

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8594A
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NEO MENG HING
NRIC No	SXXXX5671
Contact Number	-
Address	-

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

SKETCH PLAN

1. VEHICLE NO.: SJL 8809A
 2. INSURER CO: NTUC
 3. ACCIDENT DATE & TIME: 14/04/21 @ 0940

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 reputate 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

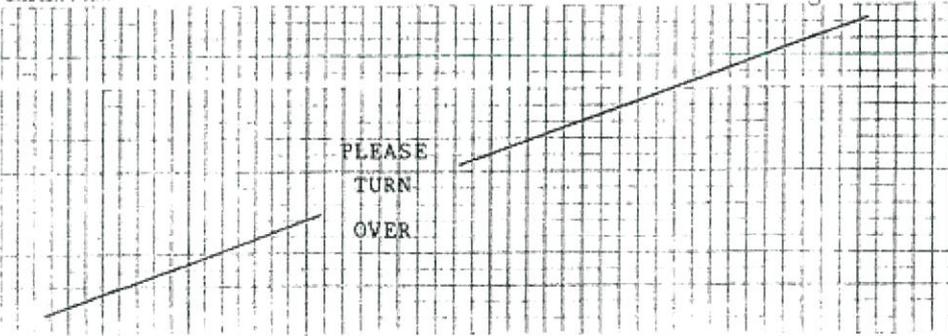
 14/4/21
 Policyholder's Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel Dongun (AMK) 14/04/21

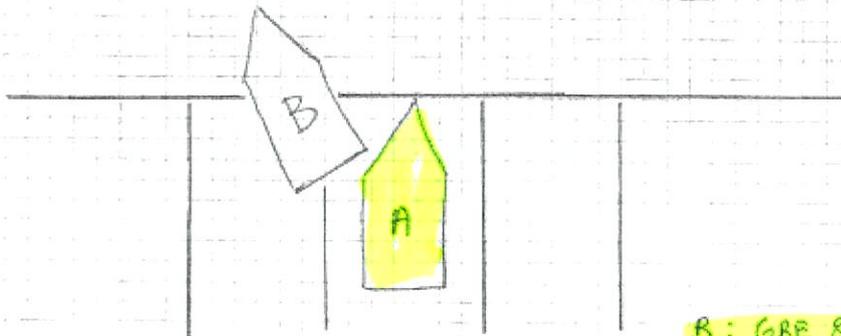
Sketch Plan

PLEASE
TURN
OVER



SKETCH PLAN

Location: Ang Mo Kio Ave 5 Blk 181 Public Carpark



B: GBE 8594 A
A: SJL 8809 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14th April 2021 and time 9.40am, my vehicle SJL 8809 A was park in a carpark slot in Ang Mo Kio Ave 5 Blk 181 public carpark.

Vehicle GBE 8594 A had collided into my vehicle while he was reversing into the slot beside my vehicle.

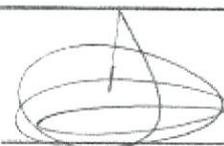
No one was in my vehicle when the accident happen.

We decided to settle through insurance claims.

DECLARATION *Claim TP (by Lee Luan Sing)
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

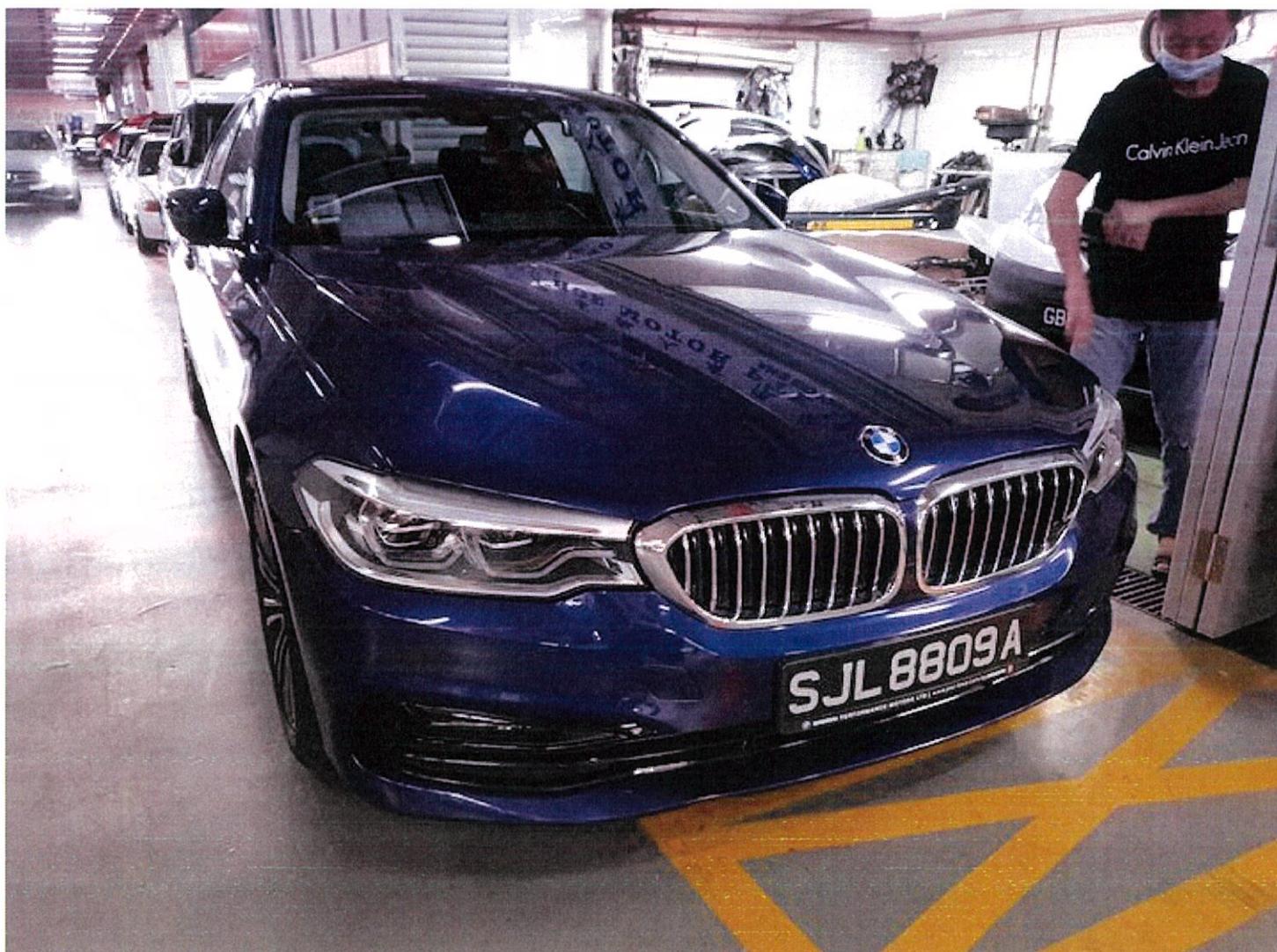

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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













THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
 2. the Conditions and General Exclusions of this Policy, and
 3. the payment of the premium specified in the Schedule.
- This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	:	5118431605
The Policyholder	:	ENG KIM HUAT @ENG HONG HUAT BLK 317 #07-203 SEMBAWANG VISTA SINGAPORE 750317

Period of Insurance	:	30 Jul 2020 To 29 Jul 2021
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S\$1,523.24

Interest Insured

Cover Type	:	drivo PREMIUM			
Primary Driver	:	ENG KIM HUAT			
Named Driver (1)	:	N/A			
Named Driver (2)	:	N/A			
Make/Model	:	BMW/530i	Capacity	:	2000cc
Registration Number	:	SJL8809A	Registration Year	:	2020
Chassis Number	:	WBAJR32050WW79248	Off-peak Car	:	No
Repair at Owner's Preferred Workshop	:	Yes	Insure with COE	:	Yes
Excess (Section 1)	:	S\$600	NCD Entitlement	:	30%
Excess (Section 2)	:	N/A	NCD Protection	:	No
Windscreen Excess	:	S\$100	Loyalty Discount	:	5%
Additional Excess	:	N/A			
Unnamed Driver Excess	:	Please refer to Terms and Conditions			
Hire Purchase Company	:	HONG LEONG FINANCE LIMITED			

Optional Cover

Transport Allowance	:	Yes
Excess Waiver	:	No

Memo A : N/A

Endorsement Operative : M7, M9

Agency	:	SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE LTD (00000690067)
Date of Issue	:	30 Jul 2020 11:00 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

IDENTITY CARD NO. S7409774Z



Name
ENG KIM HUAT
@ENG HONG HUAT

Race
CHINESE

Date of birth 01-04-1974 Sex M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7409774Z

Name:
ENG KIM HUAT

Birth Date: 01 Apr 1974
Issue Date: 08 Sep 2003



000811218J





NRIC No. S7409774Z



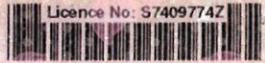
Date of Issue
02-04-2004

Address

APT BLK 317 SEMBAWANG VISTA
#07-203
SINGAPORE 750317

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Sep 1993



Licence No: S7409774Z

NP 428A

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 14 Apr 2021 / 09:40:00)

Vehicle Insurance Details ^

Vehicle No.:

GBE8594A

Make Description/Model:

NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20210416145055397978

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

Save as PDF

OK →

Print

Enquire Vehicle Owner Details

Thank You!

You will be informed of the outcome of your request for information via email. For enquiries relating to this request, please quote the transaction reference number.

Review Details



Business Transaction Ref. No.:

20210416145055397978

Business Transaction Date:

16 Apr 2021

Business Transaction Time:

15:18:16

Save as PDF

OK →

Print

Fong & Fong LLC

Advocates & Solicitors
20 Havelock Road
02 - 29 Central Square
Singapore 059765

Tel : 9388 1428
Fax : 6648 8246
Email : jflegfin@yahoo.com.sg

FCY/815/21

WARRANT TO ACT

~~PERSONAL INJURY~~/PROPERTY DAMAGE pursuant to a Road Traffic Accident

Involving *STL 8809A / GBE 8594A*

On *14/04/2021* @ *09:40* (am)/pm

Along *B/181 AMK AVE 5 CARPARK*

I, *ENG Kim HUAT @ ENG HONG HUAT* (NRIC NO. *S7409774Z*),
of *317 SEMBawang VISTA #07-203 SINGAPORE (750317)*

Mobile: *8813 2325*

HEREBY authorize & appoint M/S FONG & FONG LLC to act for me to recover my damages sustained in the above accident:

1. Cost of Repairs / ~~Excess~~
2. Loss of Use / Rental Charges
3. Survey Fees
4. ~~Personal Injuries Damages & Consequential Losses~~

You may proceed to apply to the relevant authorities for all relevant reports/ documents to enable you to process my claim. Thereafter you may negotiate on my behalf with the other party and/or the Insurers for a settlement. If a settlement cannot be reached, you may, without referring to me commence legal proceedings against the other party on my behalf to recover my damages.

Dated this *15* day of *APRIL* 2021



Name : *ENG Kim Huat*



Witness : *FONG CHEE YANG*
NRIC : *S1063853D*

FONG & FONG LLC
20 Havelock Road
#02-29 Central Square
Singapore 059765
Tel : 6428 8227 Fax : 6428 8246

LETTER OF AUTHORITY

I **HEREBY** confirm that my Solicitors, **M/S FONG & FONG LLC** have been appointed as my agent for the payment in respect of the above.

I acknowledge that payment of our claim to my Solicitors or payment as directed by my Solicitors shall constitute a full discharge of the payment obligation to the Third Party's Insurers.

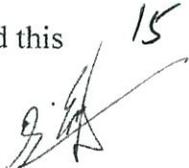
I further agree to permit the payment of my above claim from you due to me in a cheque to be issued in the favor of **M/S FONG & FONG LLC** being payment of my claim, my Solicitors' legal costs and expenses/disbursements in this matter.

As against me, I exempt the Third Party's Insurers (and/or any party under your instructions) from any liability whatsoever, from any act, matter or thing that is performed under the directions given in this Letter of Authority.

We declare that this Letter of Authority is irrevocable unless you have notice of and had not initiated any act under this instruction before receiving our revocation of this Letter of Authority.

Dated this ¹⁵ day of **APRIL** 2021

Signature :



Name :

Eng Kim Huat

NRIC NO. :

S7409774 Z

In the presence of :



Signature of Witness :

Name of Witness :

FONG CHEE YANG

NRIC NO. :

S1063853D

FONG & FONG LLC
20 Havelock Road
#02-29 Central Square
Singapore 059765
Tel : 6428 8227 Fax : 6428 8246