

Your Insured's vehicle : **SJB 5904E**
Our client's vehicle: SKC 7708A
Date : 26 April 2021

Our ref: **CS/1053/21/S3**
Fax: **6223 7262**
Tel: **3152 0980**

By email: claimsdept@sg.cntaiping.com only

China Taiping Insurance (Singapore) Pte. Ltd

Dear Sirs,

DATE OF ACCIDENT: 23 APRIL 2021
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY

We are instructed by Chen Shi Rong Alvin to notify you of a road traffic accident on 23 April 2021 at about 5.30 p.m. along Tampines Street 73, involving our client's vehicle registration number SKC 7708A and vehicle registration number SJB 5904E 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 may@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,

May

Enc.

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	23/4/21	Time of Accident:	1730
Exact Location:	Tampines St 73		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SKC 7708A	NRIC / FIN / Passport no:	[REDACTED]
Name of Registered Owner:	Chen Shingye A/Lin		
Owner's Email:	[REDACTED]		
Owner's Address:	[REDACTED]		
Vehicle Make:	Toyota	Vehicle Model:	STING
Engine Capacity (cc):	2400	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	ERG O		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	DMP 620010809		

DRIVER			
Name of Driver:	One Wee Geok Karen	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	[REDACTED]	Date of Birth:	[REDACTED]
Occupation:	Indoor / Outdoor	Driving Pass Date:	[REDACTED]
Contact Number:	[REDACTED]	Gender:	Male / Female
Address:	[REDACTED]		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJB 5904E		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Wei YW
Signature of Driver

Date and time

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 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,



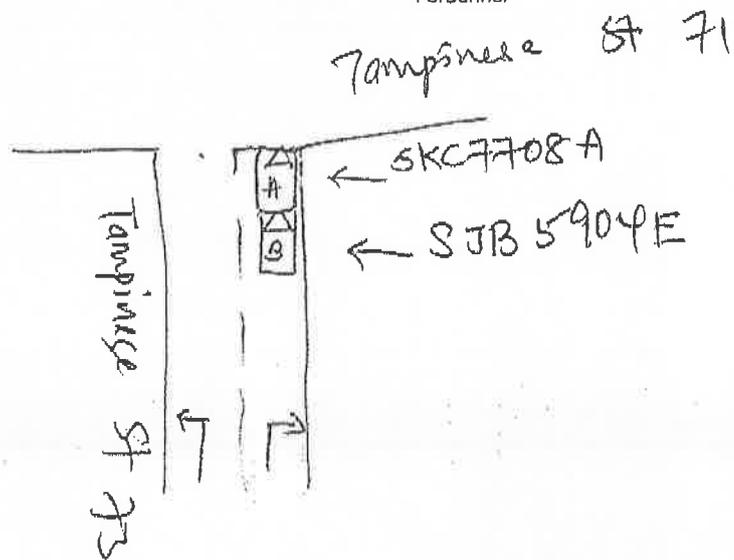
 Policyholder's Signature / Date & Time

weijun

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

 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

My vehicle was stationary at the stop line looking out for oncoming traffic at the main road when vehicle B suddenly came from behind and hit the rear portion of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel