



26th April 2021

AIG Asia Pacific Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SJT 1115 Y (Our Ref) and SJR 9699 L (Your Ref)
Dated 26TH APRIL 2021, Time 1630HRS
@ Bartley Road towards Braddell Road before Upper Serangoon

We represent our client; GOH MENG KENG to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SJT 1115 Y and your insured's vehicle registration number: SJR 9699 L.

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

We hereby give you **NOTICE** that we are claiming against **SJR 9699 L** 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 Dr, #01-14 Sin Ming AutoCity Singapore 575722	

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



Authorized Signatory

Send/Fax to: GIAReporting@gmail.com

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	26/04/2021	Time of Accident:	16 : 30
Exact Location:	Bartley Rd towards Braddell Rd before Upper Serangoon		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SJT1115Y	NRIC / FIN / Passport no:	S1206110B
Name of Registered Owner:	Goh meng Keng		
Owner's Email:	raysonwu89@gmail.com		
Owner's Address:	Blk 616 Ang Mo Kio Ave4 #08-1029 S560616		
Vehicle Make:	KIA	Vehicle Model:	Cerato
Engine Capacity (cc):	1591 cc	Transmission:	Auto
Type of Claim:	Third Party		
Vehicle Category:	Private		
Name of Insurance Co:			
Type of Policy:	Comprehensive		
Policy Number:			

DRIVER			
Name of Driver:	Wu Zhaohui	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S8909054G	Date of Birth:	10/03/1989
Occupation:	Outdoor	Driving Pass Date:	25/12/2012
Contact Number:	91373484	Gender:	Male
Address:	Blk 616 Ang Mo Kio Ave4 #08-1029 S560616		
Relationship with Owner:	Child		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Front to Rear		
Weather Condition:	Raining		
Road Surface:	Wet		
Was anybody injured?	No	Police Report Made?	No
No. of passenger onboard (including driver):	3		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJR9699L	GBK8295G	
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.



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 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.

X

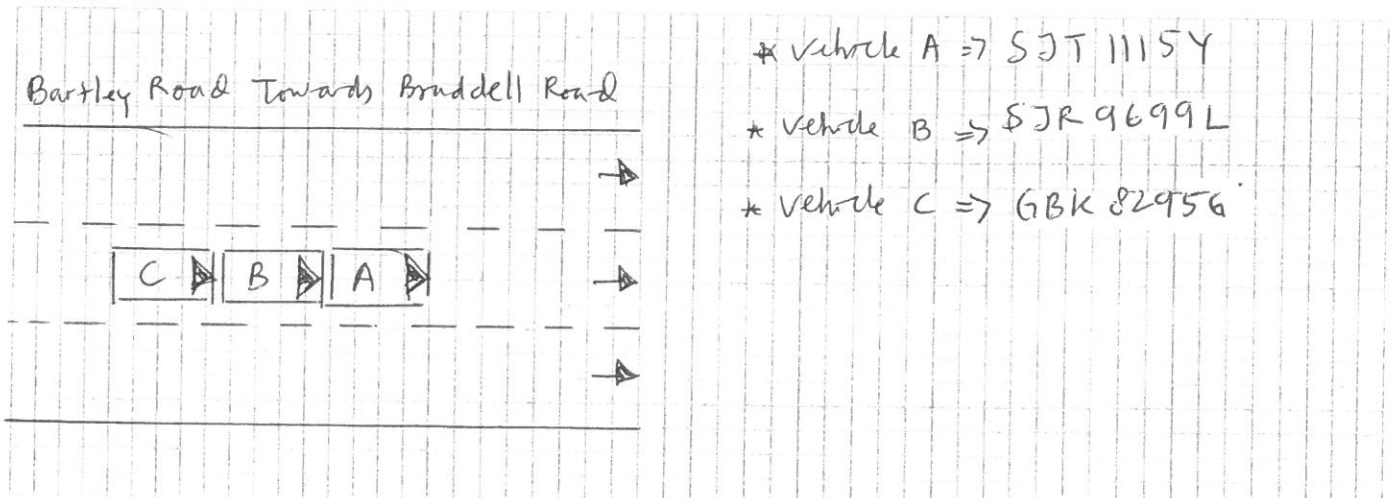
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated Verre.

As I saw some vehicles changing lane from extreme left to the middle lane, I then braked to stop. When I started to move, I felt an impact on my rear. Then I got down from my vehicle and realised that I was involved in a chain collision. Vehicle C had collided into vehicle B and causing it to collide into the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

x

Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel