

HL/SHM/12265/21/ck

Our Reference :

Your Reference :

7 May 2021

M/S AIG ASIA PACIFIC INSURANCE PTE LTD
MOTOR CLAIMS DEPARTMENT
BY EMAIL : claimsdocmanagement@aig.com

Dear Sirs

**PRE-REPAIR SURVEY – NOTIFICATION OF INSPECTION
ACCIDENT AT YISHUN INDUSTRIAL PARK A IN FRONT OF BLOCK 1024 INVOLVING YQ 706L,
GY 5381C & SKR 8129K ON 29.04.21**

We are instructed by M/s Siang Hui Motor Works to notify you of a road traffic accident on 29.04.21 at Yishun Industrial Park A in front of Block 1024 involving our client's vehicle registration number GY 5381C and YQ 706L driven by your insured at the material time. A copy of our client(s) Singapore Accident Statement is attached.

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 two (2) working days 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.

Yours faithfully



HENRY G S LIM

Encl

cc : M/s Siang Hui Motor Works

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	30/04/2021 12:16 (SGT)
Date of Accident	29/04/2021 17:30 (SGT)
Exact Location of Accident	Yishun, Singapore
Additional Location Information	YISHUN INDUSTRIAL PARK A INFRONT OF BLOCK 1024
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5381C
-----------------------------	---------

INSURED/POLICY HOLDER

Is company?	Yes
Name Of Registered Owner	RHK ENTERPRISE
Company Reg No	52891253D
Email Address	RHK99@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-90280891
Alternative Phone No	+65-90280891

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Pregio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2700

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	5117847145 -000001
Cover Note Number	12/06/2020 - 06/06/2021

DRIVER

Name of Driver	MEGAT OMAR BIN ISMAIL
NRIC No	S1750552A

Date Of Birth	27/03/1966
Occupation	Outdoor
Date Of Driving Pass	08/12/2000
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88069426
Alt. Phone Number	-
Email Address	RPUL.SG@GMAIL.COM
Address	BLK 151 BEDOK RESERVOIR ROAD #02-1745
Address complement	-
Postcode	470151
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

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

I SIGNALLED TO TURN RIGHT INTO YISHUN INDUSTRIAL PARK A. VEHICLE B FROM OPPOSITE TRAFFIC DIRECTION HIT ONTO MY VEHICLE FRONT PORTION. A FEW SECONDS LATER, VEHICLE C HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

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	YQ706L
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	MALE DRIVER
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR8129K
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PETER LEE KOK THEAN
Contact Number	(Phone) +65-81110732
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

SKETCH PLAN

NFLR Inmate Motor Service Centre

Report No. M1

D.O.A.

Vehicle No.

Make Model

Report Date: 30/4/2021 Start Time: 12:05 PM

Reporting Type: TP End 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 Report 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.
- (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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

KHK ENTERPRISE

30/4/2021 12:05

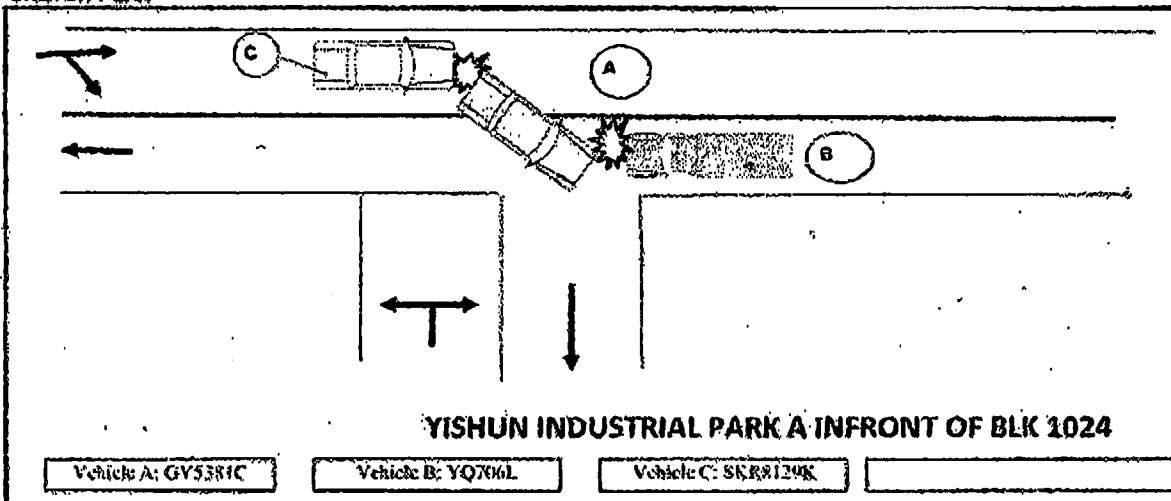
Policyholder's Signature
Date & Time:

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

30/4/2021 12:05

Reporting Centre Personnel's Signature
Name: Chen Jun Liang

SKETCH PLAN



I SIGNALLED TO TURN RIGHT INTO YISHUN INDUSTRIAL PARK A. VEHICLE B FROM OPPOSITE TRAFFIC DIRECTION HIT ONTO MY VEHICLE FRONT PORTION. A FEW SECONDS LATER, VEHICLE C HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

DECLARATION

We declare the foregoing particulars are true in every respect.

RAK ENTERPRISE

[Signature]
30/4/2021 12:05

[Signature]

30/4/2021 12:05

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen Junliang