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HL/ABM/12268/21/ck

Our Reference :

Your Reference :

27 May 2021

M/S AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#08-16
SINGAPORE 079120

BY EMAIL ONLY

claimsdocmanagement@aig.com

Attn : Motor Claims Department

Dear Sirs

**PRE-REPAIR SURVEY – NOTIFICATION OF INSPECTION
ACCIDENT ALONG SENGKANG EAST ROAD TURNING TO COMPASSVALE STREET
INVOLVING SGM 3825R & SMY 193R ON 24.05.21**

We are instructed by M/s Auto Best Motor Services to notify you of a road traffic accident on 27.05.21 along Sengkang East Road turning to Compassvale Street involving our client's vehicle registration number SGM 3825R and SMY 193R 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 Auto Best Motor Services

SM0G215P0002 / MODERN AUTOMOTIVE PTE LTD
 ENTRY DATE & TIME: 25/05/2021 14:06 (SGT)
 SUBMITTED BY: CHIN SOI SHONG GRACE
 VERSION: 1 (25/05/2021 14:06 (SGT))



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 25/05/2021 14:06 (SGT)
 Date of Accident 24/05/2021 20:00 (SGT)
 Exact Location of Accident Sengkang, Singapore
 Additional Location Information SENGKANG EAST RD TURNING TO COMPASSVALE STREET
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM3825R

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner CHAN KHENG MUAH
 NRIC No SXXXX913I
 Email Address JERVISCHAN1991@GMAIL.COM
 Mobile Phone No (Phone) +65-90032729
 Alternative Phone No (Home) +65-90032729

VEHICLE PARTICULARS

Manufacturer Honda
 Model Stream
 Variant -
 Exact purpose for which vehicle was being used at time of accident Private hire
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Private hire
 Transmission Auto
 CC 1799

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 5116115813
 Cover Note Number -

DRIVER

Name of Driver CHAN WEI ZHANG
 NRIC No SXXXX905C



Date Of Birth	13/05/1991
Occupation	Outdoor
Date Of Driving Pass	16/11/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90032729
Alt. Phone Number	-
Email Address	JERVISCHAN1991@GMAIL.COM
Address	BLK 293A COMPASSVALE CRESCENT #09-07
Address complement	-
Postcode	541293
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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

I STOPPED TO CHECK FOR ON-COMING VEHICLES ON MY RIGHT WHILE SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY193R
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG WEI LIANG WILLIAM
Contact Number	(Phone) +65-94503692

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

SKETCH PLAN

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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 lodgment 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.
- (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 reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Compassvale Street

Seag Kang Post Rd

A: 56MB825K
BISHY 193R

I stopped to check for on-coming vehicles on my right while suddenly vehicle 'B' hit into my vehicle rear portion.

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

