

23rd June 2021

AIG Asia Pacific Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SMC 5169 U (Our Ref) and GBK 771 B (Your Ref)
Dated 23rd JANUARY 2021, Time 0835HRS
@ Sixth Ave Towards Holland Road At Anamalai Ave Junction

We represent our client; CLX55 PTE LTD, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMC 5169 U and your insured's vehicle registration number: GBK 771 B.

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

We hereby give you **NOTICE** that we are claiming against **GBK 771 B** 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

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	25/01/2021 19:21 (SGT)
Date of Accident	23/01/2021 18:30 (SGT)
Exact Location of Accident	Sixth Ave, Singapore
Additional Location Information	TOWARDS HOLLAND RD AT ANAMALAI AVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5169U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLX55 PTE LTD
Company Reg No	2XXXXX868G
Email Address	garyong66@icloud.com
Mobile Phone No	(Phone) +65-9128472
Alternative Phone No	+65-97458239

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200D
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA0002282000
Cover Note Number	-

DRIVER

Name of Driver	GOH SWEE BOON
NRIC No	SXXXX326Z
Date Of Birth	12/02/1955
Occupation	Outdoor

Date Of Driving Pass	17/09/1987
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97458239
Alt. Phone Number	-
Email Address	gogsweeboon9799@gmail.com
Address	BLK 635C PUNGGOL DRIVE #11-633
Address complement	-
Postcode	823635
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB 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

PLEASE REFER TO SKETCH PLAN

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	GBK771B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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

IMPORTANT NOTICE


1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized 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 company.
5. Any false statements may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GRI Records Management Centre established by the General Insurance Association of Singapore (GIA) for a charge 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:

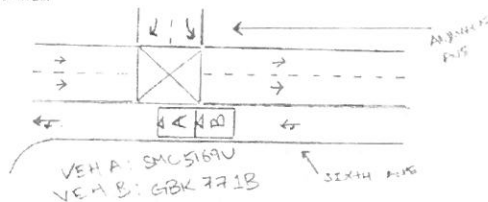
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 Ministry of Transport, the Ministry of Police 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 same 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 making 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 envelope/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 used 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:


Registrar General of Companies' Signature
Name:
M&C (No. 14):

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I, VEH A, SMC5169U was traveling along Sixth Ave. towards the intersection of Sixth Ave. and Franklin Ave. A vehicle suddenly turned left across my path. I slowed down to give way to the vehicle. I was then hit by VEH B, GBRK 771B as my vehicle was slowing down.

DECLARATION

I/We declare that 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 Officer's Signature

Name
NAC/CPN No.



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 27/01/2021

Your Ref No: SMC5169U

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 23/01/2021 00:00 (SGT)

Vehicle No: SMC5169U

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBK771B	Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.