

• Advocates & Solicitors •

237 Alexandra Road #04-11 The Alexcier, Singapore 159929

Telephone: 6538 6250 Facsimile: 6538 1860

Email: mail@oraclelaw.sg

#### **VIA EMAIL**

To : AIG Asia Pacific Insurance Pte Ltd Date : 2<sup>nd</sup> July 2021

Attention: Motor Claims From: Mr Stanley Bay /

Miss Pauline Ong

Your Ref. : Insurer of SMH 9434B Our Ref. : SB/PO/Acc/2021-9619

Email : claimsdocmanagement@aig.com No. of Pages : 6 (including this page)

Yinrul.Hor@aig.com

**IMMEDIATE ATTENTION** 

Dear Sirs

## PRE-REPAIR INSPECTION ACCIDENT INVOLVING SLK 1451A & SMH 9434B ALONG YISHUN AVENUE 4 ON 1.7.2021

We act for the owner of vehicle registration no. SLK 1451A.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your insured's vehicle registration no. **SMH 9434B** driven at the material time. A copy of our client's Singapore Accident Statement is enclosed herein.

As a result of the above accident, our client's said vehicle was damaged. Before our client proceeds to repair his damaged vehicle, please let us know within the next (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 his said vehicle without further reference to you.

Please note that this notification does not in any way prejudice our client's right nor shall it be deemed as a waiver of any of his rights, as such our client's rights are expressly reserved.

Yours faithfully

Mr Stanley Bay / Miss Pauline Ong

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**Details of Workshop** 

Eng Shing Mechanical Works 160 Sin Ming Drive #06-21 Sin Ming Autocity \$(575722) Tel No.: 6453-7380 : Fax No. 6252-4129

# **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 witholding 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.

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   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 01/07/2021 19:14 (SGT) Date of Accident 01/07/2021 10:37 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVE 4 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SI K1451A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YANG YUQIANG, JARALDMINE NRIC No. SXXXX449G Email Address JARALDMINE@HOTMAIL.COM Mobile Phone No (Phone) +65-97582214 Alternative Phone No (Home) +65-97582214

#### VEHICLE PARTICULARS

Manufacturer

Model C180 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5118420460 Cover Note Number

DRIVER

Name of Driver YANG YUQIANG, JARALDMINE NRIC No. SXXXX449G

Date Of Birth 23/06/1981 Occupation Indoor Date Of Driving Pass 08/10/2005 Driving experience 15 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97582214 Alt. Phone Number (Home) +65-97582214 Email Address JARALDMINE@HOTMAIL.COM Address BLK 502B YISHUN ST 51 #13-426 Address complement Postcode 762502 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

 Vehicle Registration Number
 SMH9434B

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TAN ANTHONY

 Contact Number
 (Phone) +65-92716435

 Address

 Address complement

Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Jalle 01/07/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

TEL: 6452 7018

Sketch Plan

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### Declaration

IWe 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

TEL: 6452 7018