

G S LIM & PARTNERS

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HENRY G S LIM LLB (Hons) (London) Barrister-at-Law (Lincoln's Inn)

HL/SHM/12291/21/ck

Our Reference

Your Reference

25 August 2021

M/S AXA INSURANCE SINGAPORE PTE LTD MOTOR CLAIMS DEPARTMENT BY EMAIL: motor.survey@axa.com.sg

Dear Sir / Madam

PRE-REPAIR SURVEY - NOTIFICATION OF INSPECTION ACCIDENT AT BLK 548 WOODLANDS DRIVE 44 VISTA POINT CARPARK INVOLVING SFA 7711J & SMZ 1611P ON 24.05.21

We are instructed by M/s Siang Hui Motor Works to notify you of a road traffic accident on 24.08.21 at Blk 548 Woodlands Drive 44 Vista Point Carpark involving our client's vehicle registration number SFA 7711J and SMZ 1611P 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

SP0U218P0003-01 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 25/08/2021 12:36 (SGT) SUBMITTED BY: LIly Lim Buay Hiang VERSION: 2 (25/08/2021 18:26 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report conscitly the details of the accident to speed up the claims process.

 2. This Form must be completed by the Poticyholder 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.

 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 Date of Accident Exact Location of Accident	25/08/2021 12:36 (SGT) 24/08/2021 20:30 (SGT) Blk 548 Woodlands Drive 44, #02-04 VIsta Point, Singapore 730548 CARPARK Singapore		
Additional Location Information Country/State of Loss			
DETAILS OF	F OWN VEHICLE		
Vehicle Registration Number	SFA7711J		
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No KOH JUAY KHENG SXXXX373F KOHJK88@GMAIL.COM (Phone) +65-97872266 +65-98381331		
VEHICLE PARTICULARS			
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	LandRover Range rover		
Are you claiming under your own insurance policy for repair to your vehicle?	Private use No - Claiming third party		
Vehicle Category Transmission CC	Private car Aulo 1999		
INSURANCE COMPANY			
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 2100495196		
DRIVER			
Name of Driver	BRYAN KOH THEAN HOWE		

Date Of Birth	SXXX972Z 11/02/1992
Occupation	Indoor
Date Of Driving Pass	13/12/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98381331
Email Address	-
Address	BRYANKOHTH@HOTMAIL.COM
Address complement	11 CAMDEN PARK
Postcode	-
Is the driver the policyholder?	299802
If No. Relationship of the Driver with the Insured	No .
Does Driver Own Other Vehicles?	Child
Vehicle Registration Number of Other Vehicle Owned by Driver	No
***************************************	•
Insurance Company of Other Vehicle Owned by Driver	•
	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callistan As to the
Weather Conditions	Collision - Major/Minor Rd
Road Surface	Clear Dry
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OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
Was the accident reported to the police?	No No
CIRCUMSTANCES OF ACCIDENT	
	•
REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE	FTE LTD 67415336
ATTACHMENTON	
ATTACHMENT(S)	
	•
Are accident photos available for attachment?	No
Nas there any video captured by Car Camera?	No
Nas there any audio recorded?	No
BETHLOOD	
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	\$MZ1611P
/ehicle Manufacturer	- OWA TOTTE
/ehicle Model	•
/ehicle Variant	- -
/ehicle Colour	•
/ehicle Category	Private car
Name of Driver	- 117010 GBI
Contact Number	•

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Plouse report correctly the details of the accident to speed up the claims process.
- 2. This Formmal be completed by the Policyholder andler the Authorised Driver.
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- 7. By the bidgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the , blacetote eldelleve oben gried noget
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that :

- (a) My bisurer, my w orkshop and the General insurance Association of Singapore ("GIA") may/are permitted to codoct, uso, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by major possessed by my insurer (colectively the "Personal Information") and decise and transfer such Personal Information to all insurer(s) who have insured vahicles (a) allowed in this accident (a) through the have insured vehicles (a) alcohol (a) alcohol on who have insured vehicles (a) alcohol of the control of the contro collectively referred to as the "insurers", the insurers towyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (auch as the police), for the purpose(a) of ;
- (i) processing, handling end/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 chairs;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by ma:
- (N) administering my obine (including the making of correspondence, statements, invoices, reports or notices to me, which could involve discussions of certain personal data about me to bring about delivery of the some as well as on the external cover of envelopesimal packagea); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (colectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(a) involved in this accident and the insurers' lawyers/law tirms, 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 CIA to their third party service providers or agents (including their law yers laws), which may be sited outside of Singapore, for one or more of the above Furposes.

Policyholder's Signature / Dale & Driver's Signature (F driver is not the policy holder) / Date Witnessed by Reporting Centro & Time Personnel Sketch Plan

Describe Circumstances of the Accident

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eclaration	
No declare the foregoing particular	
you wish to claim against your ow ual be made within the etimisted t	n policy, please be advised that your insurer may have a founced (14) days clause whereby the claim Emergane from the day of occurrence. Kindly check with your insurer for more details,
and an impost territor and archarated t	
	22/05/21/-
Scyholder's Signature / Date &	
meynologya aignantia / Data &	Diver's Signature (II driver is not the policy holder) / Date Witnessed by Reporting Centre