

Your Ref : SMU 8690R  
Our Ref : **SLJ 977L/DW/jn**  
Date : 14 September 2021

Fax : **6538 3708**  
Tel : **3152 0986**  
Email : **jaga@kscgp.com**

AIG ASIA PACIFIC INSURANCE PTE LTD

By Email Only

**DATE OF ACCIDENT: 13 SEPTEMBER 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SLJ 977L to notify you of a road traffic accident on 13 September 2021 at about 1.05 p.m. along Ophir Road towards North Bridge Road, involving our client's vehicle registration number SLJ 977L and vehicle registration number **SMU 8690R**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday 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.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*jn*

Enc.

# YEW TEE AUTOMOBILE TECH PTE LTD

## ACCIDENT STATEMENT

Date & Time of Accident 13 September 2021  
 Exact Location of Accident Along Ophir Road towards North Bridge Road

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ 977 L  
 Insured Policy Number \_\_\_\_\_  
 Name of Registered Owner Latquartz Singapore LLP  
 NRIC Number / Co Reg. Number 1 [REDACTED] 5580

### Vehicle Particulars

Vehicle Make & Model BMW 328i  
 Exact Purpose for which vehicle was being used at time of accident Private Use / Work Use / Private Hire Use  
 Please state action to be taken for type of insurance claim Own Damage / Third Party / Reporting Only  
 Vehicle Category Private Car / Commercial / Private Hire / Others Rental Car

### Insurance Company

Name of Insurance Company NAC Income  
 Policy Number 5123184177

### Driver

Name of Driver Lennon Choi Yuan Xin  
 NRIC Number [REDACTED]  
 Date of Birth 2 November 1989  
 Date of Driving Pass 18 August 2016  
 Contact Number [REDACTED]  
 Address [REDACTED]

Relationship of the Driver with the Insured email: [REDACTED]

### General Information of the Accident

Weather Conditions Clear / Raining / Others  
 Road Surface Wet / Dry / Others

### Other Information

Was anybody injured in the Accident? Yes / No  
 Was any other vehicle or property damaged? Yes / No  
 Number of Passengers (incl Driver) 1 Name & Gender Lennon Choi Yuan Xin (Male)  
 Name & Gender \_\_\_\_\_  
 Was the Accident reported to the Police? Yes / No  
 Was there any video captured? Yes / No the other party car got camera

### DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number SMU 8690 R  
 Name of Driver Chen Wei Jie  
 NRIC Number SBH24403A  
 Contact Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Vehicle Category Private Car / Commercial / Private Hire / Others

### Details of Witness

Name & Contact Number \_\_\_\_\_

## 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 [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.



Policyholder's Signature / Date & Time

10/9/2021

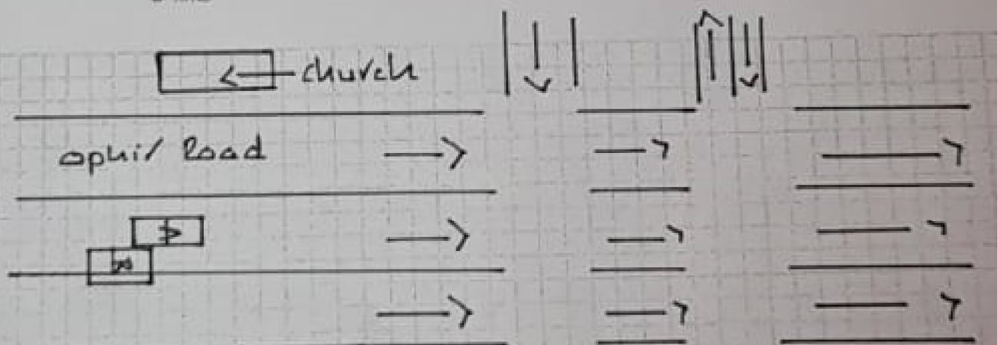
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

14.09.2021

Witnessed by Reporting Centre Personnel

### Sketch Plan



A. SLJ977L

B. SMU 8690R

Describe Circumstances of the Accident

I was driving within the second lane and the other driver hit my rear passenger seat door.

On the 13.09.2021 at about 1305. I was driving SLJ977L along Ophir Road towards North Bridge Road. I was driving in the 2nd lane and suddenly I felt an impact on the right side of my car. I stopped my car immediately and came out to investigate and noticed SMU8690R had collided onto the right side of my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

14/9/2021

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

*[Signature]*

14.09.2021

Witnessed by Reporting Centre Personnel