



09<sup>th</sup> October 2021

**AIG Asia Pacific Insurance Pte Ltd**

Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving YQ 3625 S (Our Ref) and GBF 9659 K (Your Ref)**

**Dated 08 October 2021, Time 1432HRS**

**@ Slip Rd Towards Upper Serangoon Rd and PIE (Changi Airport)**

We represent our client; DE BAR ESSENTIALS PTE LTD, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: YQ 3625 S and your insured's vehicle registration number: GBF 9659 K.

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

We hereby give you **NOTICE** that we are claiming against **GBF 9659 K** 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.

<b>Contact Person</b>	Eric Lee	8269 9999
<b>Email Address</b>	teamautopl@gmail.com	
<b>Survey Address</b>	<b>160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722</b>	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.

Authorized Signatory

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	08/10/2021	Time of Accident:	14:32
Exact Location:	Slip Road Towards Upper Serangoon Road and PIE (Changi Airport)		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	YQ 3625 S	NRIC / FIN / Passport no:	201722334D
Name of Registered Owner:	DE BAR ESSENTIALS PTE. LTD.		
Owner's Email:	kelvinchnngbs@gmail.com		
Owner's Address:	55 Serangoon North Avenue 4 #06-10 Singapore 555859		
Vehicle Make:	Isuzu	Vehicle Model:	NPR75UH5A MT
Engine Capacity (cc):	5193 cc	Transmission:	Auto (Manual)
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private (Commercial) / Motorcycle / Private Hire		
Name of Insurance Co:	Ergo		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	DMCG21005138		

DRIVER			
Name of Driver:	Song Xiangzhang		<input type="checkbox"/> same as
NRIC / FIN / Passport no:	G2062147N	Date of Birth:	30/09/1990
Occupation:	Indoor (Outdoor)	Driving Pass Date:	04/09/2012
Contact Number:	8838 0838	Gender:	(Male) / Female
Address:	55 Serangoon North Avenue 4 #06-10 Singapore 555859		
Relationship with Owner:	Owner (Employee) / Spouse / Child / Hirer / Other:		

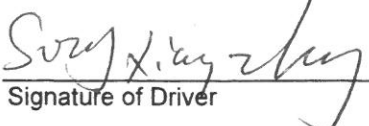
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	(Clear) / Raining / Others:		
Road Surface:	(Dry) / Wet / Others:		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	2 (1 Male passenger)		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBF 9659 K	GBF 3404 T	
Vehicle Make / Model:			
Name of Driver:	Than Zaw Hlaing		
NRIC / FIN / Passport no:	G5459124T		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
Signature of Driver

\_\_\_\_\_  
Date and time



## 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 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 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.



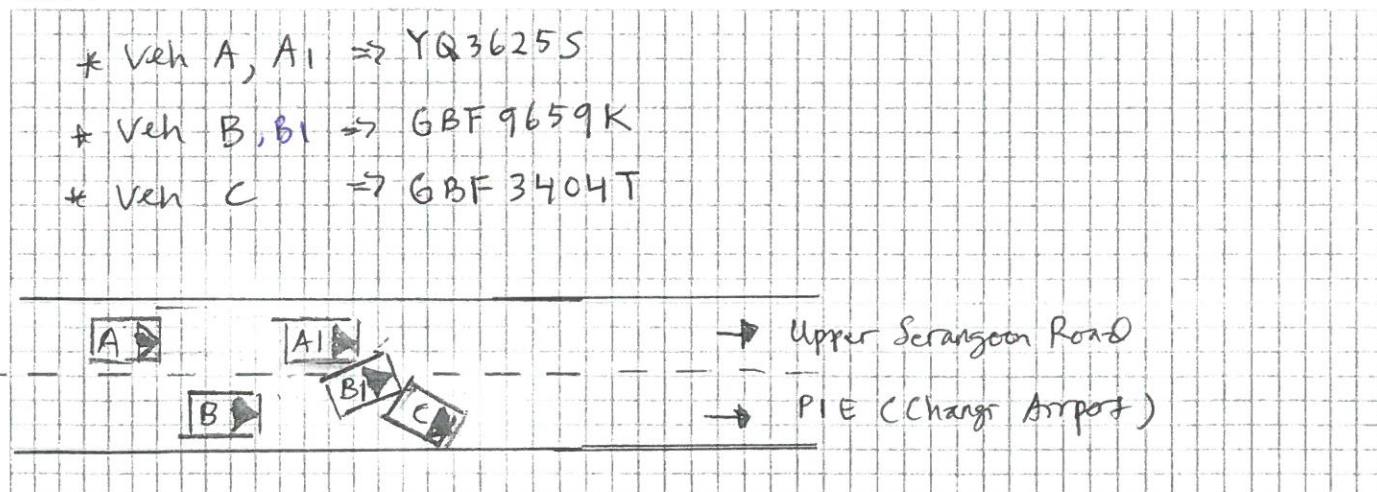
Policyholder's Signature / Date & Time

*Song Xiang Zhang*

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

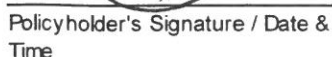
Witnessed by Reporting Centre Personnel

### Sketch Plan



On the stated date and time I was travelling along the stated venue. I was driving straight on my designated lane and suddenly I saw vehicle B which travelled at the other lane collided onto vehicle C. Due to the impact, vehicle B swerved to my lane and causing a collision between my vehicle and vehicle B. After the accident, the goods which I carried in my vehicle are damaged.

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not  
& Time

Witnessed by Reporting Centre  
Personnel



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Oct 2021 / 13:03:45

Receipt Date/Time : 09 Oct 2021 / 13:03:45

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211009-001139

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBF9659K				
As at 08 Oct 2021/14:32:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBF9659K			
	Enquiry Fee	7.00	0.49	7.49
	20211009130303617562			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	426569XXXXXX8100	eNETS Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.