

Date: _____

Post / Fax: _____

To: M/s Long Chien Pheng

(The Motor Insurer)

Dear Sir / Madam

NOTICE OF CLAIM TO MOTOR INSURER

MOTOR INSURANCE POLICY NO: _____

RE: ACCIDENT ON 16/11/21 INVOLVING MY / OUR VEHICLE
SKX 6151M AND GB7718Y AT / ALONG
22, LEMONG AVE ALONG SIX AVE

- 1) I/We, Long Chien Pheng (name) NRIC S7514739B,
vehicle owner of SKX 6151M would like to report that my/our said
vehicle was involved in the above accident
- 2) I/We have instructed my/our workshop S & H Motor Pte Ltd (Tel: 64534730)
to make a third party claim for my/our damages on my/our behalf.
- 3) I/We hereby, by this notice, officially inform you as my/our motor insurer not
to prejudice my/our claims against the third party and also that I/we am/are
reserving my/our rights to revert to the Own Damage Claim under Section I of
my/our said policy for the cost of repair and other losses recoverable under
that said policy in the event that I/we am/are not successful or partially
successful in seeking the third party claims for whatever reason(s).
- 4) In order to protect your interests as my/our motor insurer, my/our said vehicle
is now at my/our workshop waiting for your survey. If you do not wish to
survey my/our vehicle, please kindly inform my/our workshop so that they
can proceed to repair my/our vehicle and submit my/our claims to the third
party. If my/our workshop does not hear from you of your intention to survey
my/our said vehicle within 3 days (from the date of this letter), I/we will
instruct my/our workshop to proceed with the repair.

Yours Faithfully,

Signed: Long Chien Pheng

Name: _____

C/o: _____

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	17/11/2021 12:07 (SGT)
Date of Accident	16/11/2021 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	22, LEMON AVE ALONG SIX AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6121M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LONG CHIEN PHENG
NRIC No	S7514739B
Email Address	JACUSLONG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93389191
Alternative Phone No	+65-93389191

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01008888
Cover Note Number	-

DRIVER

Name of Driver	LONG CHIEN PHENG
NRIC No	S7514739B

Date Of Birth	16/05/1975
Occupation	Indoor
Date Of Driving Pass	16/03/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93389191
Alt. Phone Number	+65-93389191
Email Address	JACUSLONG@HOTMAIL.COM
Address	22, LEMON AVE
Address complement	-
Postcode	277821
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7180Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YAM KAM WAI
Contact Number	(Phone) +65-94783986
Address	-
Address complement	-

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



SKETCH PLAN

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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' law yers/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 enveloped 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.

[Signature]

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
 816-81611111
 801-8000002 New Drive, East
 Singapore 2766-1
 Tel: 6483 1234 Fax: 6483 7844
 (Change Station)

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan area with grid lines and markings.

Markings include:

- A - SKX 612 IM
- B - 980 7180Y
- Other markings: B, D, A, D

Describe Circumstances of the Accident


My car was parked right in front of my house
no. 22 Lemon Ave. along Sixth Ave.

A gentleman came and knocked my door,
informed my wife that he had accidentally
knocked into my car's rear right side while
driving along the said road. As a result,
my car's rear right side was damaged.

I am in the midst of VC meeting at home
and been informed by my wife after the
accident. Hence, both parties agreed to
file a claim report through our own insurance.

Declaration

We 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

CITY AUTO PTE LTD
81X 6 Sin Ming Road
#01-58/59/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre
Personnel