



26<sup>th</sup> November 2021

**AIG Asia Pacific Insurance Pte Ltd**  
Attn : Motor Claim Department

Dear Sir/Madam,

**Road Traffic Accident Involving SMP 1941 P (Our Ref) and SLW 2447 T (Your Ref)**  
**Dated 24 November 2021, Time 1109HRS**  
**@ Slip Road (Exit from CTE Towards AYE) Towards Jalan Bukit Merah**

We represent our client; QUEK HENG TONG, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMP 1941 P and your insured's vehicle registration number: SLW 2447 T.

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

We hereby give you **NOTICE** that we are claiming against **SLW 2447 T** 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>	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

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

Authorized Signatory

## 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	24/11/2021 16:04 (SGT)
Date of Accident	24/11/2021 11:09 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	slip road (exit from CTE towards AYE) towards Jalan Bukit Merah
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1941P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Quek Heng Tong
NRIC No	S1507138I
Email Address	tomquekht@gmail.com
Mobile Phone No	(Phone) +65-82330030
Alternative Phone No	(Home) +65-82330030

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1317

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112547220-02
Cover Note Number	-

#### DRIVER

Name of Driver	Quek Heng Tong
NRIC No	S1507138I

Date Of Birth	22/07/1961
Occupation	Outdoor
Date Of Driving Pass	28/03/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82330030
Alt. Phone Number	(Home) +65-82330030
Email Address	tomquekht@gmail.com
Address	Blk 605 #20-37 Senja Road
Address complement	-
Postcode	670605
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 - Head to Rear
Weather Conditions	drizzling
Road Surface	Wet

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	passenger
Gender	Male

#### 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 attached report.

#### 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	SLW2447T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Chermaine Khaw
NRIC No	S7421721D
Contact Number	(Phone) +65-97922353
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

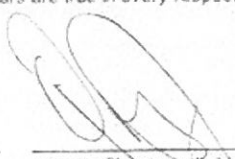
## Describe Circumstances of the Accident


On the stated date and time, I was travelling along the stated venue. I stopped my vehicle at the give-way line to ensure that the traffic on the main road was safe for me to proceed. When I was stationary, suddenly Vehicle B collided into the rear of my vehicle.

## 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

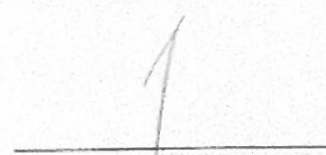
  
 Witnessed by Reporting Centre Personnel

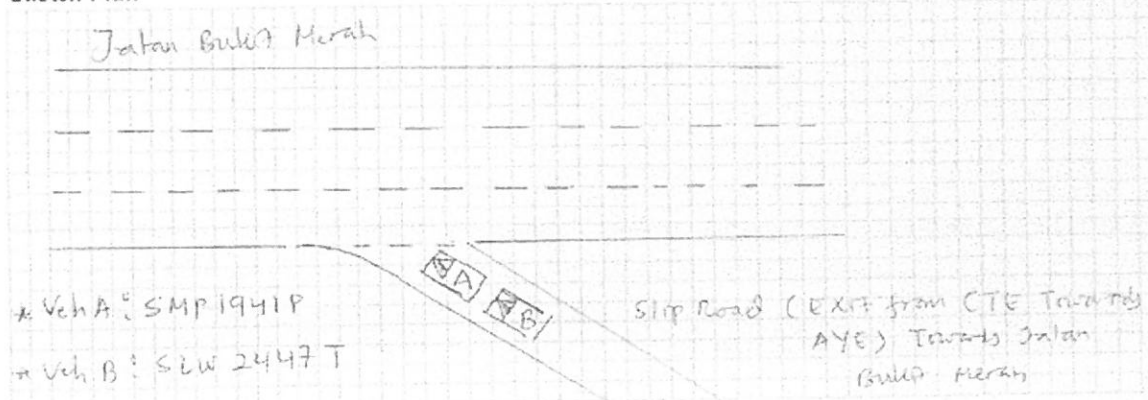
**SKETCH PLAN****IMPORTANT NOTICE**

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' 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 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Nov 2021 / 15:32:50

Receipt Date/Time : 24 Nov 2021 / 15:32:50

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211124-002594

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 - SLW2447T				
As at 24 Nov 2021/11:09:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLW2447T			
	Enquiry Fee	7.00	0.49	7.49
	20211124152235594126			
	<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
	<b>Total</b>			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.