



27<sup>th</sup> December 2021

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

Dear Sir/Madam,

**Road Traffic Accident Involving SMU 4145 A (Our Ref) and SJD 6621 D (Your Ref)**  
**Dated: 26<sup>th</sup> December 2021, Time around 1130HRS**  
**@ Beside 15 Spring Side Crescent**

We represent our client; TEO HUI KENG, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMU 4145 A and your insured's vehicle registration number: SJD 6621 D. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against SJD 6621 D 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

Email: sm@idac.com.sg Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 26/12/2021 (dd/mm/yy) Time of Accident: 11 : 30 (24-HR-FORMAT)

Vehicle No. : SMU 4145A Vehicle Make & Model / Engine (cc): Toyota Vios Private Hire: ( Y / **N** )

Exact location of Accident: Beside 15 Spring Side Crescent

Policyholder's Name / IC No. : Teo Hui Keng S1292370H

Driver's Name / IC No. : \_\_\_\_\_ (As Above)

Driver's Contact No. : 81576656 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: 21 Springside Crescent S(786172)

Owner Email address : alan8837@hotmail.com Insurance Company : NTUC Income

Driver Email address : NA

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

**What do you wish to claim?** (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)**  Indoor /  Outdoor

Private use /  Work purpose

**\*No. of Passengers (Including Driver):** 00

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:**  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: VECH B SMJ 2407R

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: VECH C SJD6621D

Driver's Contact No: \_\_\_\_\_ Insurance Company : VECH D SJB 1953 P

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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 :

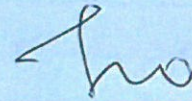
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

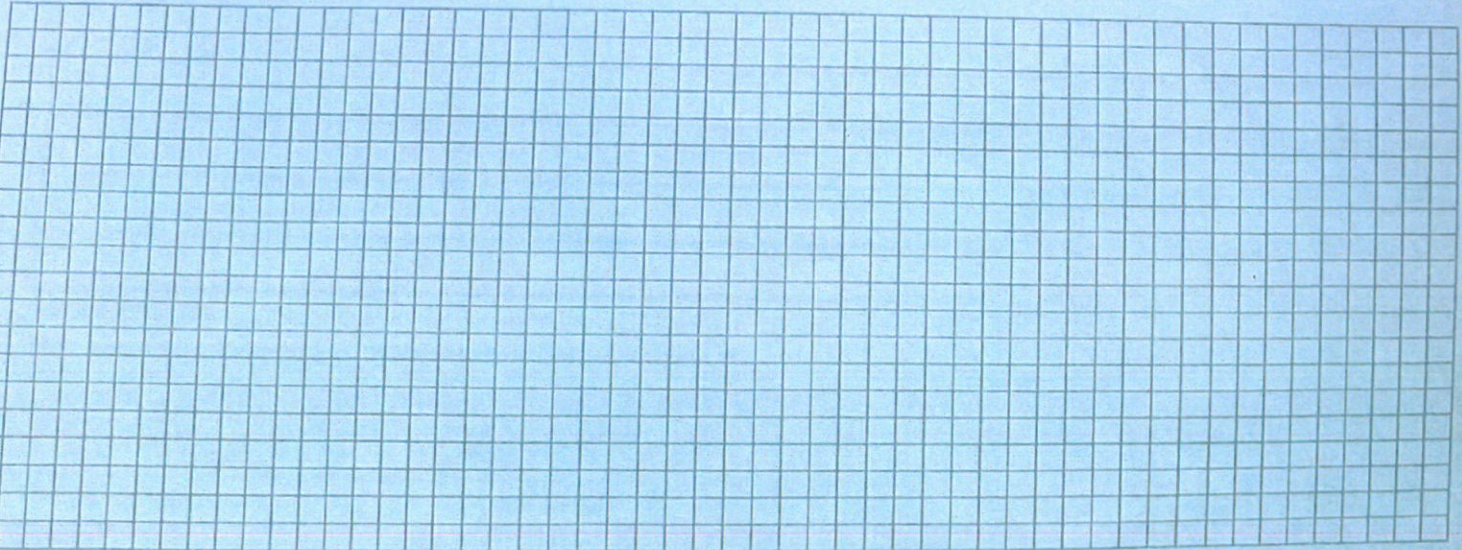
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

✓   
\_\_\_\_\_  
Policyholder's Signature / Date & Time

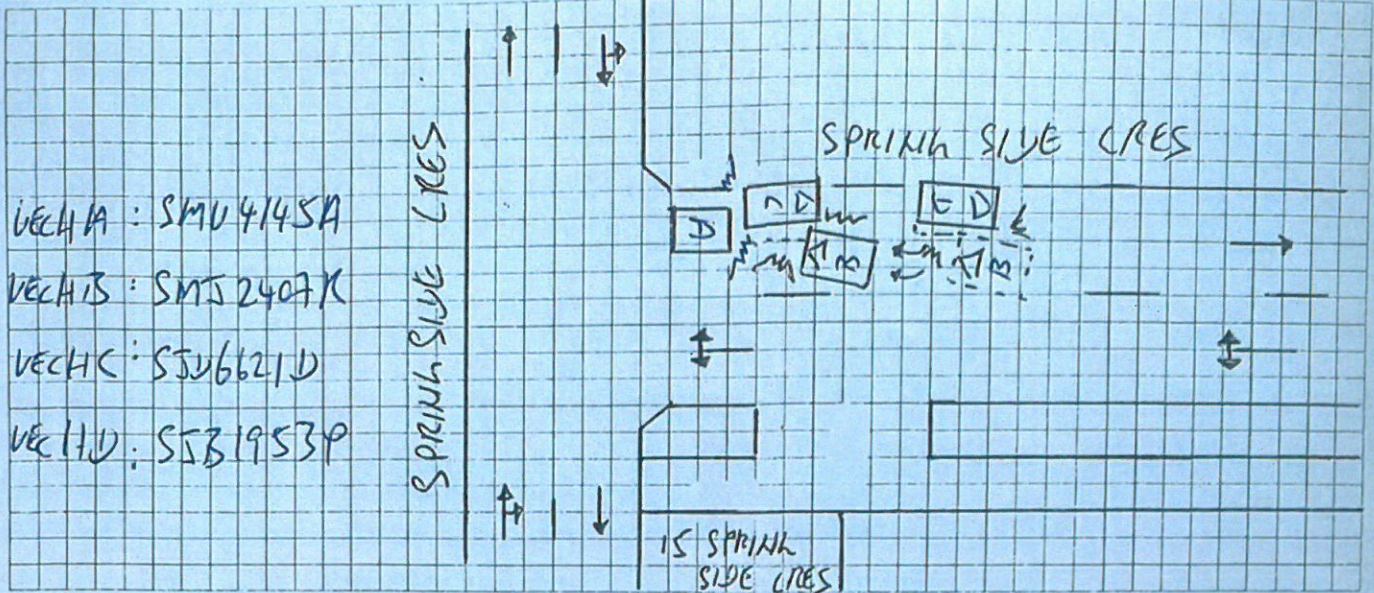
x   
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



SKETCH PLAN



VECHA : SMU4145A  
 VECHB : SMI2407K  
 VECHC : SSJ662LD  
 VECHD : SSB1953P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE SAID DATE & TIME. I WAS INFORMED BY MY NEIGHBOUR THAT MY VEH INVOLVE IN AN ACCIDENT. I CAME OUT FROM MY HOUSE AND UNDERSTAND THAT VEH SMI2407K HIT ON ESE SSB1953P THEN SSJ662LD CAUSING SSJ662LD PUSH BACKWARDS AND HIT ON THE FRONT OF MY VCHA. MY VCHA WAS PARK STATIONARY

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature  
 Date & Time:

X

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: