

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 Ang Mo Kio Ind Park 2 #01-293 Singapore 569535

Tel : 6481 4152 Fax : 6481 4157

E-mail add : c2msvc@singnet.com.sg website : cheongcheong.com

Reg No : 201007833E

TO : ALLIANZ INSURANCE SINGAPORE PTE LTD

ATTN : MOTOR CLAIM DEPT

DATE : 11TH JANUARY 2022

Dear Sir,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2
WORKING DAYS PURSUANT TO PARAGRAPH I6.2 OF PRE-ACTION
PROTOCOL FOR NIMA CASE

We act for CHUA POH HUAT appointed the undermentioned workshop to repair
her motor vehicle SJS 9559 C claim against your client vehicle SJX 1165 G accident
on 08/01/2022

Please be informed that the said vehicle can be inspected at :

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND PARK 2

#01-293

SINGAPORE 569535

TEL : 6481 4152

FAX : 6481 4157

If you fail to conduct the pre-repair inspection within the next 2 working days
excluding any intervening Saturday, Sunday or Public Holiday, the said workshop
will commence repairs thereafter without further reference to you.

Regards,
Angela Ng /Willy Lim

.....
Sign by surveyor :



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	10/01/2022 17:08 (SGT)
Date of Accident	08/01/2022 20:40 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	CLEMENTI AVE 5 OPEN CARPARK LOT 49
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9559C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA POH HUAT
NRIC No	S1342767D
Email Address	jordancph@yahoo.com.sg
Mobile Phone No	(Phone) +65-94896666
Alternative Phone No	+65-94896666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116044944-01
Cover Note Number	5116044944-01

DRIVER

Name of Driver	CHUA POH HUAT
NRIC No	S1342767D

Date Of Birth	28/04/1959
Occupation	Outdoor
Date Of Driving Pass	03/03/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94896666
Alt. Phone Number	+65-94896666
Email Address	jordancph@yahoo.com.sg
Address	APT BLK 347 CLEMENTI AVE 5
Address complement	#07-58
Postcode	120347
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)	1
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

ON THE DATE AND TIME MENTIONED ABOVE . I PARKED MY VEHICLE AT MY RESIDENCE BLK 343 OPEN CARPARK LOT 49 AROUND 17:00HRS . ABOUT 22:00 HRS , I FOUND THAT MY VEHICLE FRONT PORTION WAS DAMAGE AND THERE WAS A NOTICE ON MY FRONT WINDSCREEN INFORM ME THAT HER VEHICLE HAD HIT ONTO MY VEHICLE FRONT PORTION. AND I DO HAVE CAR CAMERA TO PROVE THAT THE SAID VEHICLE HAD COLLISION ON MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	KIV
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1165G
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FIONA

Contact Number	(Phone) +65-88580824
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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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

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

Witnessed by Reporting Centre Personnel

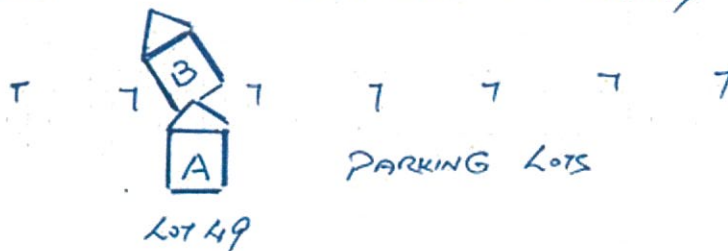
Sketch Plan

A: SJS 9559C

B: SJX 1165G

21C 343 CLEMENTI AVE 5

OPEN CARPARK LOT 49



Describe Circumstances of the Accident

ON THE DATE & TIME MENTIONED ABOVE. I PARKED MY VEHICLE AT MY RESIDENCE BUC 343 OPEN CARPARK LOT 49 AROUND 17:00 HRS & ~~ABOUT~~ ABOUT 22:00 HRS I FOUND THAT MY VEHICLE FRONT PORTION WAS DAMAGE & THERE WAS A NOTICE ON MY FRONT WINDSCREEN INFORM ME THAT HER VEHICLE HAD HIT ONTO MY VEHICLE FRONT PORTION. AND I DO HAVE CAR CAMERA TO PROVE THAT THE SAID VEHICLE HAD COLLISION ON MY VEHICLE.

[Signature]

PLEASE TICK

- | | |
|-------------------------------------|-------------------------------|
| ☐ | Claim OD/TP at Si Brothers |
| ☒ | Claim OD/TP at Other Workshop |
| ☐ | Reporting Only |

Declaration

We declare the foregoing particulars are true in every respect

Name of W/Shop CHONG CHONG MOTOR SERVICE PC

Email Add: c2msvc@singnet.com.sg

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel