

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

FACSIMILE TRANSMISSION
(MT Claim SG <mt_claim@lonpac.com>)

To	: Lonpac Insurance Berhad	Date	: 9 th June 2022
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of GBH 8076M	Our Ref.	: SB/PO/Acc/2022-9817
Fax No.	: 6296-2706 / 6296-3767	No. of Pages	: 4 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION

ACCIDENT INVOLVING SDH 3338S & GBH 8076M ALONG PARKING LOT OF LLOYD ROAD ON 07-06-2022 @ 8 P.M.

We act for the owner of vehicle registration no. **SDH 3338S**.

We are instructed by our client to notify you of the above accident involving our client's said vehicle and your insured's vehicle registration no. **GBH 8076M**. A copy of our client's motor accident report is enclosed herein.

As a result of the above accident, our client's said vehicle was damaged. Before our client proceeds to repair his damaged vehicle, please let us know **within the next (2) working days of your receipt of this notice** whether you would like to conduct a pre-repair survey of the vehicle. **If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair his said vehicle without further reference to you.**

Please note that this notification does not in any way prejudice our client's right nor shall it be deemed as a waiver of any of his rights, as such our client's rights are expressly reserved.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong

Enc

Details of Workshop

Hiap Lek Automobile Trading
160 Sin Ming Drive
#05-17 Sin Ming Autocity S(575722)
Tel No.: 6453-1743 Fax No.: 6266-8605

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident:	7/6/2022	Time of Accident:	800 p.m.
Exact Location:	parking lot 11 of Lloyd Road		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SDH3338-S	NRIC / FIN / Passport no:	S7709685Z
Name of Registered Owner:	Koh Chuan Meng Darren		
Owner's Email:	kohdarren@hotmail.com		
Owner's Address:	Blk 26 Cuscaden Road, #13-04, S(24972)		
Vehicle Make:	Mercedes Benz	Vehicle Model:	C200
Engine Capacity (cc):	1600	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	ETiga		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	MAD18322		

DRIVER

Name of Driver:	Koh Chuan Meng Darren <input checked="" type="checkbox"/> same as		
NRIC / FIN / Passport no:	S7709685Z	Date of Birth:	6/4/1977
Occupation:	Indoor / Outdoor <u>Banker</u>	Driving Pass Date:	19/5/1995
Contact Number:	9738 8870	Gender:	Male / Female
Address:	NS Bank		
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: <u>Front to side</u>		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBH 8076M		
Vehicle Make / Model:	Toyota Van		
Name of Driver:	Wee Tong Yew		
NRIC / FIN / Passport no:	S1687692/E		
Contact Number:	93873431		
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]

Signature of Driver _____

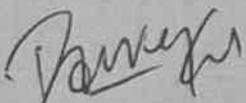
Date and time _____

Describe Circumstances of the Accident

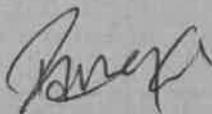
My car was parked ~~at~~^{at} the parking lot and I walked towards coffee shop to buy dinner. Suddenly I heard a loud "bang", I realised vehicle B had come out from Brentwood villas and collided into my car RH side portion.

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 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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan

