

In reply please quote our reference Number

Our Ref: SH22-160.TWA/L (GBE 1770 B)

30 November 2022

BY FAX / EMAIL: motorclaims@msfirstcapital.com.sg

MS First Capital insurance Ltd
36 Robinson Road
#16-01 City House #16-01
Singapore 068877
Motor Claims Dept
(Vehicle No. GBF 42 Z)

Dear Sirs

We are instructed by Alpha Fumigation Services Pte Ltd to notify you of a road accident on 30.11.22 at about 09:10 am at / along Choa Chu Kang Ave 4 (Between – Blk 458 & 470) involving our client's vehicle no. GBE 1770 BJ and vehicle registration number GBF 42 Z driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 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 the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

This is a computer generated documents and requires no signature

cc: client (via e-mail/fax only) – (GBE 1770 A)

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 30 Nov 2022 / 09:10:00)

Vehicle Insurance Details

Vehicle No.:

GBF42Z

Make Description/Model:

FIAT / DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Business Transaction Reference No.:

20221130163946034579

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

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 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. 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.

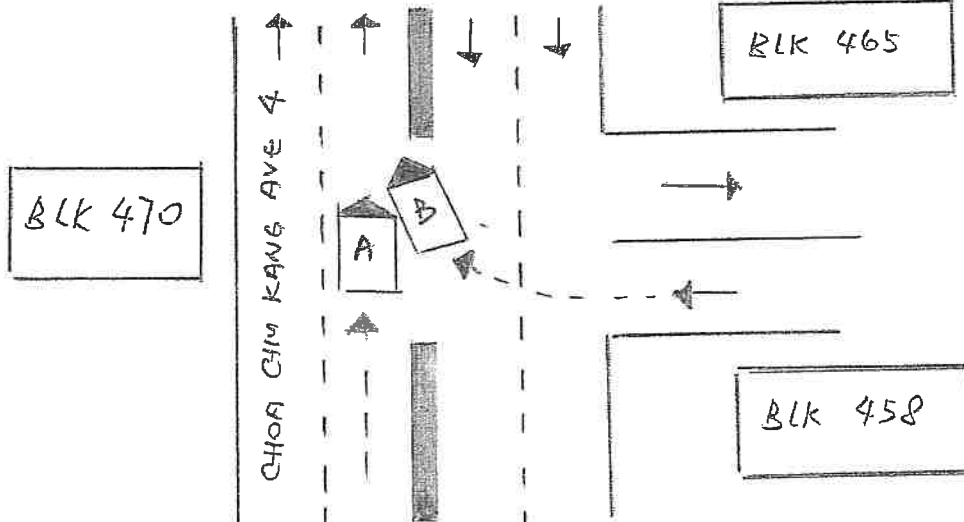


Policyholder's Signature / Date & Time 30/11/22

Sketch Plan 3.40 pm

Driver's Signature (if driver is not the policyholder) / Date & Time 30/11/22 3.40 pm

Witnessed by Reporting Centre Personnel



VEH A :
GRE 1770 D

VEH B :
GRF 42 Z

Describe Circumstances of the Accident

I was driving straight on the right lane of Chua Chu Kang Ave 4. when I came to the road between blk 458 & blk 470, vehicle B suddenly came out of the small road of blk 458 HDB and hit onto my right front portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 30/11/22
3.40 pm

Driver's Signature (If driver is not the policyholder) / Date
& Time 30/11/22 3.40 pm

Witnessed by Reporting Centre
Personnel