NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date :

Time : 27 JAN 2023

By Fax :

TO :

FQ INSURANCE COMPANY LTD

Accident involving Your insured vehicle No. GBJ2468S with
My vehicle No SDY5800X on 3.35pm along Greenridge Shopping Centre
19 Jan 2023 car park

1. I, the owner of Vehicle No. SDY5800X intend to make a 3rd party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : **6453 6111** and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to **6453 8292** and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature
Name : Lau Hwai Keong Michael
NRIC : S1440176H

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 058358
Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 19 Jan 2023 / 15:35:00)

Vehicle Insurance Details

Vehicle No.:

GBJ2469S

Make Description/Model:

TOYOTA / DYNA 150 5MT

Insurance Company Name:

EQ INSURANCE COMPANY LTD

Business Transaction Reference No.:

20230120110424661668

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

Save as PDF

OK →

Print

SA1B231K0001 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 20/01/2023 10:25 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (20/01/2023 10:25 (SGT))

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	20/01/2023 10:25 (SGT)
Reported by	Both
Date of Accident	19/01/2023 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENRIDGE SHOPPING CENTRE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY5800X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU HWAI KEONG MICHAEL
NRIC No	S1440176H
Email Address	MICHAEL.LAUHK@GMAIL.COM
Mobile Phone No	(Phone) +65-98809088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP319829

DRIVER

Name of Driver	LIM BOON GOEN LYDIA
NRIC No	S1401562J
Date Of Birth	17/03/1960
Occupation	Indoor

Date Of Driving Pass	01/08/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94505800
Alt. Phone Number	-
Email Address	LYDIALBG@GMAIL.COM
Address	82 HILLVIEW AVE #05-07
Address complement	-
Postcode	669581
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2469S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN SING KEONG
NRIC No	S7602101E

SKETCH PLAN 2

Date of accident: 29/01/23 Time: 3.35pm Location: Greenridge Shopping Centre
My Vehicle A: SDY 5200X Vehicle B: GBJ 2469S Vehicle C:

SKETCH PLAN
Describe Circumstances of the Accident

While driving to the carpark exit of Greenridge Shopping centre, Vehicle B suddenly reversed from his lot and hit the left back rear of my car. I did not sustain any injury.

Note : Please take note that your insurer have 14 day's timeframe for you to submit your damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

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

30/01/2023

Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

AL
Vehicle : SDY5800K
20/01/2023

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, any 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' loss-adjusting firms, the Motor Insurers' Bureau of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with any 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 any 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 information on the envelope or cover for the delivery of the same as well as on the external cover of envelopes/mail packages); and/or

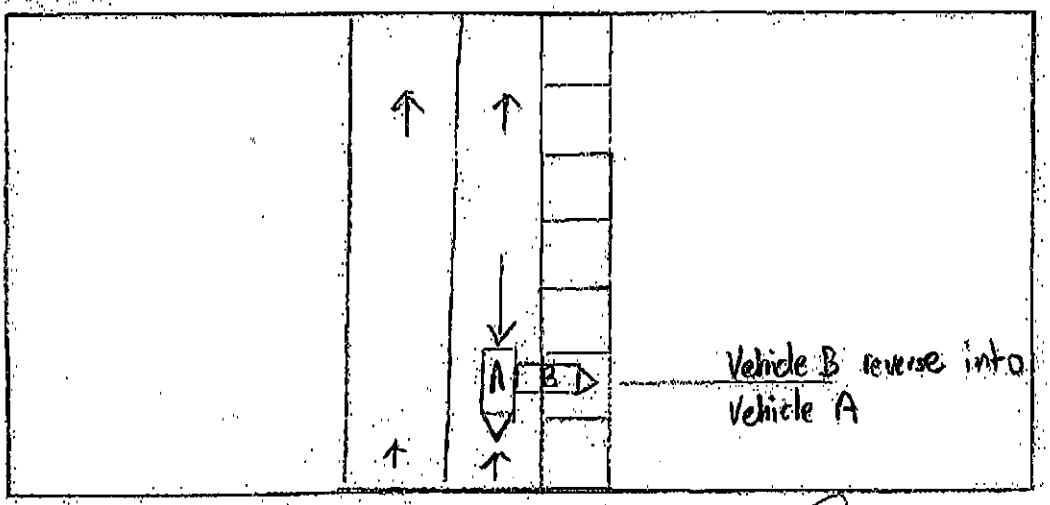
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim,

(collectively the "Purposes")

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' loss-adjusting 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/are to be disclosed by any of the Insurers and/or GIA to 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.

Sketch Plan:



20/01/2023

MOTOR CO (S'PORE) PTE. LTD. SINGAPORE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Contact Number	(Phone) +65-89142839
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-