

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

VIA EMAIL

To	: Great American Insurance Company	Date	: 15 February 2023
Attention	: Motor Claims	From	: Mr Stanley Bay / Miss Pauline Ong
Your Ref.	: Insurer of YP 7231Z	Our Ref.	: SB/PO/Acc/2023-0001
Email	: MotorClaims@sg.gaig.com Sharon.Ng@sg.gaig.com	No. of Pages	: 6 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

PRE-REPAIR INSPECTION ACCIDENT INVOLVING SMW 1054M & YP 7231Z AT ORCHARD TURN ON 3.2.2023

We act for the owner of vehicle registration no. SMW 1054M.

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. YP 7231Z driven at the material time. A copy of our client's Singapore Accident Statement is enclosed herein.

As a result of the above accident, our client's said vehicle have been 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

Tri King Auto Solutions Pte Ltd
#01-15 Ubi Ave 1, 53 Paya Ubi Industrial Park, Singapore 408934
Person to contact: MARCUS – 8934-6142

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 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	06/02/2023 14:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 14:02 (SGT)
Exact Location of Accident	Orchard Turn, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1054M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SOK MENG
NRIC No	S1195740D
Email Address	tony.tan5669@gmail.com
Mobile Phone No	(Phone) +65-96657450
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004212200

DRIVER

Name of Driver	TAN SOK MENG
NRIC No	S1195740D
Date Of Birth	12/03/1956
Occupation	Outdoor

Date Of Driving Pass	27/03/1976
Driving experience	46 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96657450
Alt. Phone Number	-
Email Address	tony.tan5669@gmail.com
Address	314 UBI AVE 1 #11-437
Address complement	-
Postcode	400314
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	Collision - Head to Rear
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)	2
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	-

PASSENGER 1

Name	NIL
Gender	Male

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

FRONT CAR SLOW DOWN I FOLLOW SUIT, SUDDENLY I FELT AN IMPACT FROM REAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7231Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



A-Smw 1054M


B-YP 7231Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car slow down I follow
 suit, suddenly I felt an impact from
 rear

DECLARATION

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


 Reporting Officer's Signature
 Date & Time



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

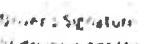

 Reporting Centre Personnel's Signature
 Name
 Date & Time

SKETCH PLAN

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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 lodging 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 or held 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 purposes 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 this 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) and all 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 experts (including the lawyers/law firms) which may be situated outside of Singapore for one or more of the above Purposes
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
 - (e) the information so collected under (a) above may be shared / disclosed
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders


Policyholder's Signature
Date & Time


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


Reporting Centre Personnel's Signature
Name
NRIC/ID No.