



方商昭噴漆
POON SIANG SEOW

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No: 05396600K

Our ref.: SDN1111K

Date: 5/7/2023

Time: 11AM
AUTO & GENERAL INSURANCE SINGAPORE PTE
FAX: 67250853

Attn.: Motor Claims Department

Dear Sirs

ACCIDENT ON 05/07/2023 INVOLVING SJH8626G AND SDN1111K
ALONG TOA PAYOH RISE

We are instructed by CHNG LEE HUANG, the owner
of SDN1111K

You are the insurers of motor car no. SJH8626G

We are instructed to give you 48 hours Notice for the per- repair inspection under NIMA
Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY
NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722
Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

AH LIM MOTOR COMPANY

Data Collection for Accident Reporting

Please write clearly

Insurance Company- DIRECT ASIA OD/ TP / Reporting Only

Date Of Accident- 5 July 2023 Time Of Accident- around 7:40 AM

Exact Location of Accident Tea Payoh Rise

Weather - Clear / Dry / Raining / Drizzling / After Rain / Wet / Others CC

Vehicle Number- SDN-1111 K Vehicle Model- Merc CLA Auto/Manual

Policy Holder Name - CHNG LEE HUANG

Policy Holder NRIC/Fin No - S118508812 Email Address huanchoon@gmail.com

Policy Holder HP - 96283660 Alt Phone No. _____

Home Address - 306 SHUNFU ROAD #04-117 S(570306)

Driver Name - CHNG LEE HUANG Relation with owner _____

Driver NRIC / Fin - S118508812 Policy Holder HP - 96283660 Alt Phone _____

Date Of Birth - 29/5/56 Licence Pass date 13/2/1976 Occupation Indoor / Outdoor

Email Address huanchoon@gmail.com

Home Address - 306 SHUNFU ROAD #04-117 (570306)

Injury - Yes / No - Conveyance to Hosp Y / N - Video In Car Yes / No _____

No. Of Pax In Own Car - ONE Names / Gender CHNG LEE HUANG M/F

Names / Gender _____ M/F

Names / Gender _____ M/F

Third Party's Particulars: Vehicle No. SJA 8626G HP# 9149 5259 Name
: LEE BOON ANN Nric/Fin S6824276 B

Third Party's Particulars: Vehicle No. _____ HP# _____ Name
: _____ Nric/Fin _____

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

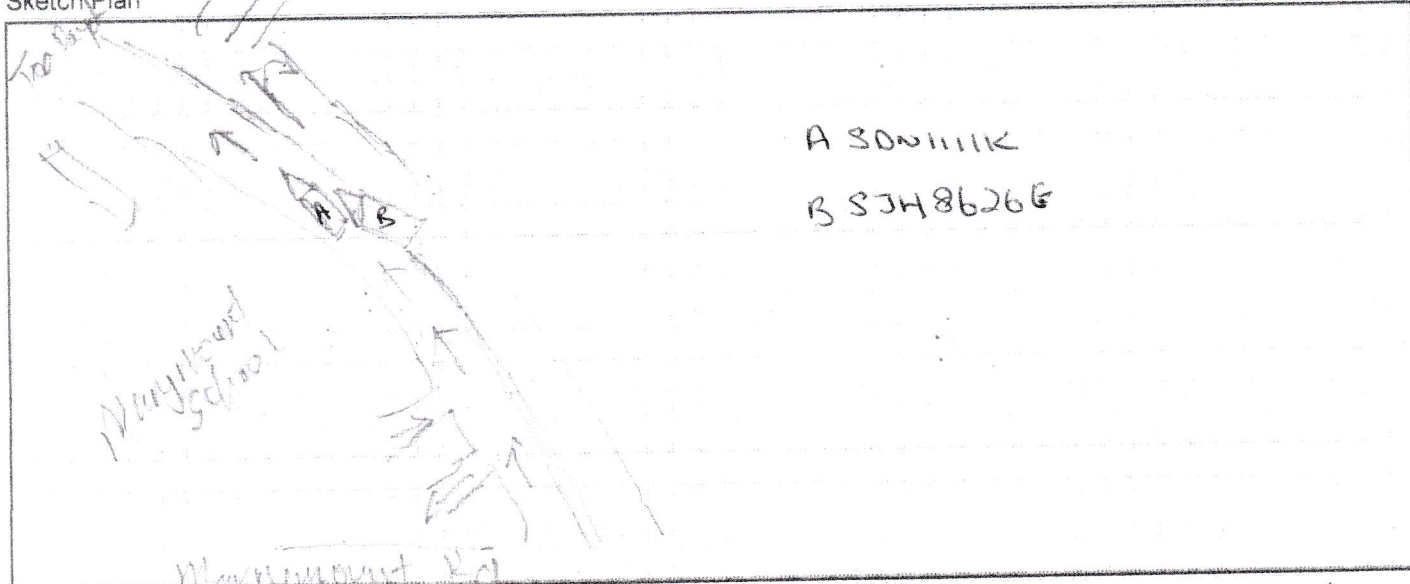
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Toa Payoh Rise @ around 7.40am
I was keeping at mine own left lane towards Toa
Payoh

All of a sudden, this car from my right lane just
cut into my lane, & bang onto my car.

I was shock, dont even know what's hit me
because I was just travelling straight within my
lane.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)