



Date : 12/02/2025

Your Ref : **SLP5574B**

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SNN6805R & SLP5574B ON 27/11/2024 AT ALONG HONG KAH FLYOVER.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.**258019 @ S\$9,156.00 (Inclusive of 9% GST)**
- 2) Loss of Use @ **S\$2,400.00 (8 Days x S\$300)**
- 3) LTA Search @ **S\$27.25**
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,

Co. Reg No. 201538764H

Co's Stamp & Authorised Signature

HP: 8121 1373

E-mail: ca3services@gmail.com



CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Ave 4, VICOM Inspection Centre, #04-01 Singapore 415933
Tel: 6243 1373 Fax: 6243 1376 (Co. Reg. No. 201538764H)

MOTOR CLAIM DISCHARGE VOUCHER

I / We YIN SIEW MOI

the owner of the vehicle no. SNN6805R hereby confirm that I / we have taken delivery of vehicle from the repairers **Chia Auto Services Pte Ltd** and that all repairs necessary as a result of an accident in which the said vehicle was involved on or about the 27 day of 11 2024 have been completed to my / our satisfaction. Save for my / our rights under the Warranty set out below, I / we have no further claim on the above company in respect of such repairs.

Signature of Policyholder

Company Stamp (if applicable)

28/11/2024 - PPI
01/12/2024 - Sunday

Vehicle In - 28/11/2024
Vehicle Out - 05/12/2024
Lau = 8 days x \$300
= \$2,400

> [Back to OneMotoring](#)



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Nov 2024 / 15:53:57

Receipt Date/Time : 28 Nov 2024 / 15:53:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241128-003053

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLP5574B As at 27 Nov 2024/22:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SLP5574B Enquiry Fee 20241128155312343770	25.00	2.25	27.25
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	Paid By			
	523682XXXXXX8079		eNETS Credit Card	27.25
	Total			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORITY

Name : YIN SIEW MOI

Address : APT BLK 954 HOUGANG AVENUE 9
#16-538 SINGAPORE 530954

Contact No : _____

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SNN6805R AND SLP 5574B
ON 27/11/2024 AT/ALONG HONG KAH FLYOVER

I/We, YIN SIEW MOI, am/are the registered
owner of motor car no. SNN 6805R

Please note that I have assigned all compensations monies due to me/us in the above said
accident to **M/S CHIA AUTO SERVICES PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-
mentioned accident to **M/S CHIA AUTO SERVICES PTE LTD** and forward your settlement
cheque to **M/S CHIA AUTO SERVICES PTE LTD** whom I had authorized to collect the said
compensation monies.

Thank you.



Signature of Claimant



Witness By

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report **correctly** the details of the accident to speed up the claims process.
- This Form must be **completed by the Policyholder and/or the Actual Driver**
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.**
- 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.
- 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 First Submission	28/11/2024 17:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/11/2024 22:00 (SGT)
Exact Location of Accident	Hong Kah Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6805R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YIN SIEW MOI
NRIC No	S7583150A
Email Address	RONCZFENG@GMAIL.COM
Mobile Phone No	(Phone) +65-82823774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2494
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142200123

DRIVER

Name of Driver	RON CHEW ZHENG FENG
NRIC No	T0415248J
Date Of Birth	07/06/2004
Occupation	Indoor
Driving Pass Date	06/03/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86009469
Alt. Phone Number	-
Email Address	RONCZFENG@GMAIL.COM
Address	BLK 954 HOUGANG AVE 9 #16-538
Address complement	-
Postcode	530954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241128/7084.

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	SLP5574B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YJ7506M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RON CHEW ZHENG FENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNN6805R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. This report falls within the domain of the Insurers' Act and the related insurance law.
2. This report will be prepared by the Insurers' Association of Singapore.
3. Information provided must be as accurate and complete as possible. Any intentional misrepresentation or withholding of material facts may affect insurance coverage and/or result in legal proceedings.
4. The issue and acceptance of this report by the Insurers' Association does not constitute any liability on the part of the Insurers' Association.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded to the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will not be made available upon application by interested parties. By the **issuance** of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

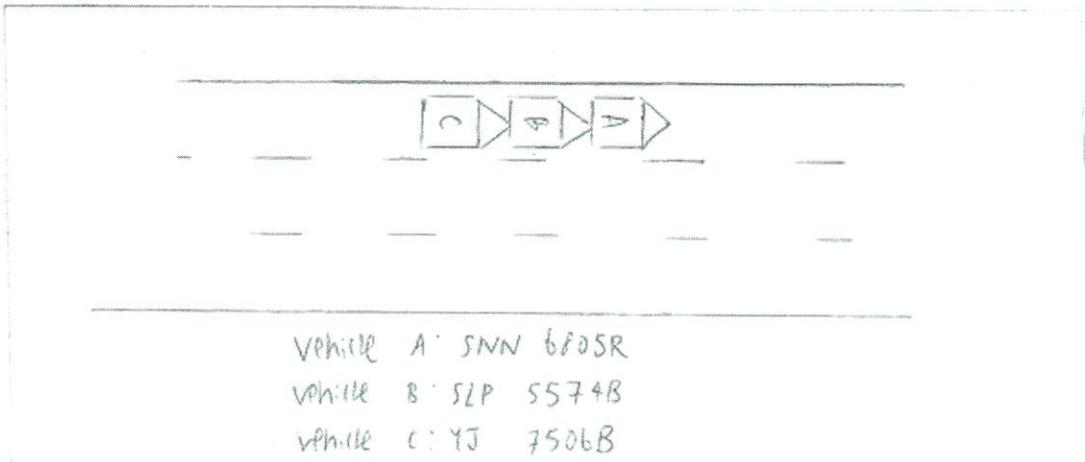
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information"), and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Registrar, 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 my claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries to me;
 - (iv) administering my claims including the making 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 claims as well as of the external cover of envelopes and postmarks; and/or
 - (v) complying with applicable law, administering, processing, handling and/or dealing with my claims.
 (collectively, the "Purposes");
 - (b) all insurers, who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may be 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 be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes.


 Policyholder's signature, date & time


 Insurer's Representative (if different to the policyholder), date & time

Witnessed by Reporting Centre Personnel
 (Name as in PDPA card)

Sketch Plan



Describe Circumstances of the Accident

Refer to TP NO.
T/2024 1128/7084

Declaration

I declare the foregoing facts are true to the best of my knowledge.



Name of the driver



Name of the witness

Name of the witness



**SINGAPORE
POLICE FORCE**



T/20241128/7084

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20241128/7084

CONTINUATION OF REPORT

Driver			
Name	RON CHEW ZHENG FENG	ID No.	T0415248J
Related Vehicle	SNN6805R (Motor car)	Contact No.	86009469
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

Brief Details.

ON 27/11/2024 AT ABOUT 2200 HOURS AT ALONG HONG KAH FLYOVER. I WAS TRAVELLING STRAIGHT ON THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT.

SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 07 DAYS MC FOR MY INJURY.

(A) SNN6805R
(B) SLP5574B
(C) YJ7506M



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241128/7084

3 of 3

Report No. T/20241128/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 28/11/2024 15:44
Classification Of Case:

NP168