

In reply please quote our reference Number

Our Ref: SH24-310.TWA/L (EG 388 K)

16 December 2024

BY FAX / EMAIL: [motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg) / [jacelynloh@iii.com.sg](mailto:jacelynloh@iii.com.sg)

India International Insurance Pte Ltd  
6 Raffles Quay  
#22-00  
Singapore 048580  
Motor Claims Dept  
(Vehicle No. GBD 543 H)

Dear Sirs

We are instructed by Chong Irene Mrs Irene Chen to notify you of a road accident on 07.12.24 at about 21:00 pm at / along St Thomas Suites Carpark involving our client's vehicle no. EG 388 K and vehicle registration number GBD 543 H 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) – (EG 388 K)

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 07 Dec 2024 / 21:00:00 )

## Vehicle Insurance Details

Vehicle No.:

**GBM543H**

Make Description/Model:

**NISSAN / NV350 URVAN PANEL VAN 5AT**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20241216152958933820**

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

Save as PDF

OK →

Print

# SKETCH PLAN

VEH NO EG 388 K  
INSURER Chong Irene Mrs. Irene Chong  
DATE OF ACC 7/12/24

## 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.

Irene Chong  
Policyholder's Signature / Date & Time

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

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

## Sketch Plan

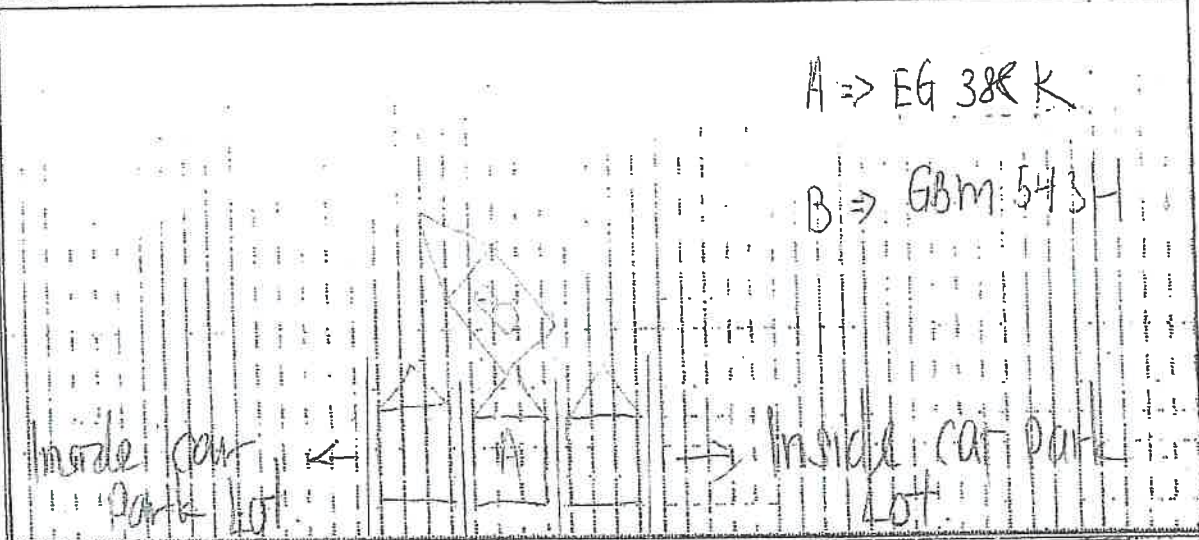
PLEASE	
TURN	
OVER	

Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only  
☒ Claim OD/ TP at other workshop ( )

Sketch Plan



I was parking at my condo car park, and I was not inside the car. I received a letter from vehicle B, he said the van auto reverse to hit my car front portion. And I also received a message from the police for my vehicle been involved in an accident. I will attach these two letter as evidence that he hit my car.

Declaration

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

*Jane Oms*

Policyholder's Signature / Date & Time

*Jane Oms*

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

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