

2-4-18

India International Insurance Pte Ltd  
64 Cecil Street #05-00  
10B Building  
Singapore 049711

Attn: motor claims Dept

Accident on 11-8-17 at Newton Circus  
involving vehicle nos SKT1813D & SHA26214

→ LKK.

I am giving you notice of the above accident involving my vehicle no. SKT1813D  
and vehicle no. SHA26214 insured by your company.

As the accident was caused solely by the negligence of your insured driver, I  
hold your company fully responsible for all damages sustained by me as a  
result of the said accident.

My vehicle is presently lying at M/s. King's Auto Spray Paint Pte Ltd  
Blk 160 Sin Ming Drive #05-05 Singapore 575722

Tel 96532526 AH HUA

I would appreciate if you could arrange your assessor to inspect my vehicle  
at the said garage.

I look forward to your kind assistance and co-operation in this matter.

Yours faithfully



CHIA PETER JOE



2-4-18

King's Auto Spray Paint Pte Ltd  
81K160 Sin Ming Drive #05-10  
Sin Ming Autocity Singapore 575722

CHIA PETER JOE

Re: Estimate cost for SKT 1813D SUZUKI  
SUPPLY OF PARTS:

1pc front bumper	
1pc front bumper cover	
1pc front bumper sport lamp	\$659.55
1pc front bumper sport lamp cover	29.15
1pc front sport lamp cover reflector	160.20
1pc front bumper beam	40.00
2pc front bumper brackets @ 20	90.00
2pc front bumper side retainers @ 20	345.00
1pc front head lamp	40.00
1pc front head lamp lower garnish	480.45
1pc front grille	16.00
1pc front fender	320.15
1pc front fender inner trim	346.55
10pc front fender inner trim clips @ 3.00	85.80
1pc front sport rim	30.00
	<u>\$ 480.00</u>
	\$ 3152.85

### LABOUR:

To check wheel alignment - computerise	* 80.00
To remove the above mentioned parts Knocking, cutting, welding & straighten damaged parts	
Spray painting	\$ 700.00
	<u>\$ 650.00</u>
	\$ 4592.85

## 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 Authorised 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 ability.
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 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 Report 11/08/2017 15:43  
Date Of Accident 11/08/2017 12:30  
Exact Location Of Accident NEWTON CIRCUS  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT1813D  
**Insured/Policyholder**  
Name Of Registered Owner CHIA PETER JOE  
NRIC No S0158734Z  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96958531  
Alternative Phone No OFFICE-96958531  
**Vehicle Particulars**  
Manufacturer SUZUKI  
Model SWIFT  
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  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE CAR  
**Insurance Company**  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5071723811-01  
Cover Note Number  
**Driver**  
Name of Driver CHIA PETER JOE  
NRIC No S0158734Z  
Date Of Birth 28/04/1935  
Occupation INDOOR  
Date Of Driving Pass 04/08/1962  
Driving Experience 55 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96958531  
Fax Number  
Contact Number OFFICE-96958531  
Email Address NOEMAIL

Address BLK 69 #16-83 MOULMEIN ROAD  
 Postcode 300069  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I SIGNALLED FOR A VERY LONG TIME THAT I WANTED TO TURN LEFT IN THE ROUNDABOUT. I WAS ABOUT TO COME OUT OF THE ROUNDABOUT WHEN A TAXI CUT INTO MY LANE AND HIT THE FRONT LEFT FENDER OF MY CAR.  
 (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2621U  
 Vehicle Make/Model/Colour COMFORT DELGRO / BLUE  
 Details Of Properties  
 Name of Driver MOHAMAD BIN DOLLAH  
 NRIC/Passport Number S7432715Z  
 Contact Number 81612874  
 Address BLK 389 YISHUN AVE 6 #02-1042  
 Postcode 760389  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)  
 Details of Witness  
 Name  
 Phone Number  
 Email Address

**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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 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.
  - (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.

*AK* 1 AUG 2017

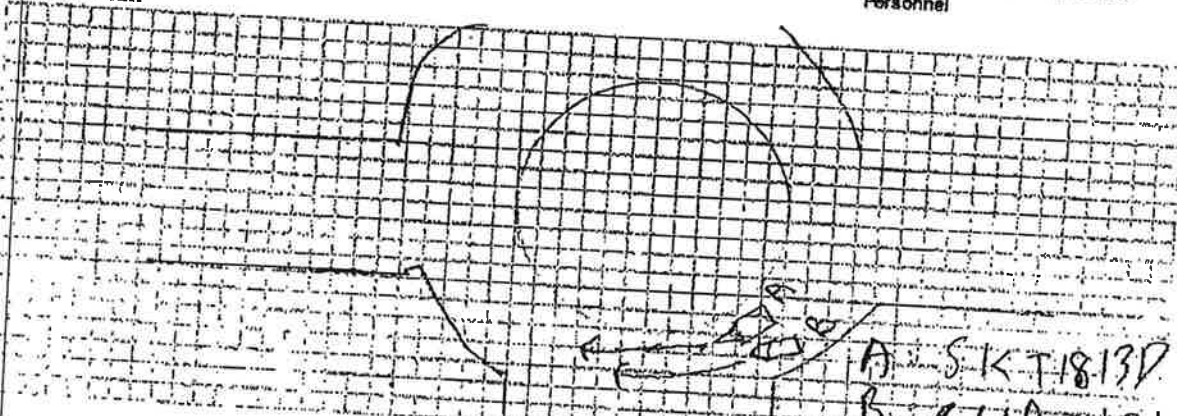


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SKT1813D  
B: 511A2621U

**Sketch Plan #2 Pg. 1**

**Describe Circumstances of the Accident**

[illegible]

### Declaration

**We declare the foregoing particulars are true in every respect.**

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

