

53 Ubi Avenue 1 #01-56 Paya Ubi Industrial Park Singapore 408934

Tel: 6747-4454 | Fax: 6747-7752 | Email: claims@unitedsg.com.sg

Register No: 201729521C | GST No: 201729521C

23rd Apr 2019

Our reference: USG-201806-14

Your reference: SHA1771B

India International Insurance Private Limited

64 Cecil Street

#04/05/06-02 IOB Building

Singapore 049711

Attn: Motor Claims Department

BY MAIL

Dear Sir/ Madam,

Claimant : WON YI DA

Address : 63 JALAN SONGKET SINGAPORE 537434

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **11 JUNE 2018** along **CAIRNHILL ROAD TOWARDS ORCHARD ROAD** involving our client's vehicle registration number **SKJ8612Z** and vehicle registrations number **SHA1771B** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$4,815.00
Loss of Rental	:	\$960.00
LTA Search Fee	:	\$7.45
Total	:	<u>\$5,782.45</u>

A copy of each of the following supporting documents are enclosed:-

- | | |
|---|----------------------------|
| a) Our client's Accident Report/Police Report | b) COE/PARF Certificates |
| c) Owner / Driver's IC & Driving License | d) LTA Search |
| e) Satisfaction | f) Letter Of Authorisation |
| g) Invoice | h) Rental Invoice |

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



United SG Automobile Pte Ltd

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 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	12/06/2018 15:30
Date Of Accident	11/06/2018 20:05
Exact Location Of Accident	CAIRNHILL RD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8612Z
Insured/Policyholder	
Name Of Registered Owner	WON YIDA
NRIC No	S8623709A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98171592
Alternative Phone No	OFFICE-98171592

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5085225793-01
Cover Note Number	

Driver

Name of Driver	WON YIDA (WEN YIDA)
NRIC No	S8623709A
Date Of Birth	12/08/1986
Occupation	INDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98171592
Fax Number	
Contact Number	OFFICE-98171592
EMail Address	NOEMAIL

Address	63 JALAN SONGKET
Postcode	537434
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1771B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan


SKETCH PLAN


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7. By the lodgment 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.
- (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 (d) 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/IN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Cairnhill road towards Orchard road. I was turning left towards Orchard road. Suddenly I felt a huge impact from the left side of my vehicle. I got down and realised that vehicle B (SHA1771B) tried to cut into my lane and hit onto me on my own lane.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SLAB001: Sketched/Completed, 3/1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3709A
Vehicle Details	
Vehicle No.:	SKJ8612Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Apr 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	P520370320
Chassis No.:	JM6BM42A8G0344074
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,390.00
Original Registration Date:	27 Oct 2016
First Registration Date:	27 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$14,390.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Oct 2026
PARF Rebate Amount:	\$10,792.00
Intended COE Rebate Details	
COE Expiry Date:	26 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,991.00
COE Rebate Amount:	\$38,284.00
Total Rebate Amount:	\$49,076.00

The information contained herein is correct as at 23 Apr 2019

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8623709A



Name

WON YIDA
(WEN YIDA)

溫 易 達

Race

CHINESE

Date of birth

12-08-1986

Country/Place of birth

SINGAPORE

Sex

M

S8623709A



NRIC No. S8623709A

5726612



Date of issue

08-04-2017

Address

63 JALAN SONGKET
SINGAPORE 537434

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8623709A

Name:

WON YIDA
(WEN YIDA)

Birth Date: 12 Aug 1986

Issue Date: 11 Apr 2007



001491823D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 11 Apr 2007



Licence No: S8623709A

NP 428A

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Jun 2018 / 15:49:51

Receipt Date/Time : 12 Jun 2018 / 15:49:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180612-001624

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 - SHA1771B As at 11 Jun 2018/20:05:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHA1771B Enquiry Fee 20180612154913549555	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0343		Credit Card: Visa /MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	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.

MOTOR CLAIM DISCHARGE

INSURED: Don L. Don CAR/LORRY/CYCLE: REG. NO: ST 86122

ACCIDENT: CLAIM NO: POLICY NO:

I / We confirm that I/we have taken delivery of Car / Lorry / Motor Cycle

Registered No. ST 86122 from the repairers,

Messrs United R Automobile Rte Ltd.

and that all repairs necessary as a result of an accident in which the said vehicle was

involved on or about 11 (DD) June (MM) 2018 (YY) have been

completed to my / our satisfaction; and that I / we have no further claims on the above

Company in respect thereof.

DATE / TIME 20 June 2018 SIGNATURE OF INSURED: [Signature]

PLEASE SIGN AND RETURN

Date 23 APR 2019

Attn: Motor Claims Dept

TH

Dear Sir/Mdm

ACCIDENT ON

11 June 2018

INVOLVING VEHICLE NOS:

SKJ86122 L

SHA 1771B

ALONG

Cairnhill Road Lwareb Orchard Road

I/We the registered owner/driver of vehicle regn. no.
in the above accident with motor vehicle regn no.

SKJ86122

which was involved
insured by you.

SHA 1771B

I/We also hereby authorise that any payment due to me/us from the aforesaid claim be
paid to M/s UNITED SG AUTOMOBILE PTE LTD.

I/We hereby indemnify M/s United SG Automobile Pte Ltd against all claims and/or
damages which may arise from all action taken for and on my/our behalf.

I/We hereby affirmed that above-mentioned statement to be true and correct.

Yours faithfully

Owner Signature

(Company's stamp if applicable)

Name in Full :

Don Y Oa

NRIC No :

S8623709 A

Address :

63 Jalan Bukit

Singapore 534434

INVOICE

S-26 AUTO
31 JURONG PORT ROAD #01-27/28
JURONG LOGISTICS HUB SPORE 619115

Date: 20-Jun-18
Receipt #: 526-1033

Bill To: WON YI DA
63 JALAN SONGKET
SINGAPORE 537434
98171592

Vehicle Number	Make Model	Rental Vehicle Number
SKJ8612Z	MAZDA 3	SJJ9350J

No Of Days	Item #	Duration	Unit Price	Discount	Total
8		12 JUNE 2018 - 20 JUNE 2018 0900 HRS - 1200 HRS	\$ 120.00		\$ 960.00

Total Discount	\$0.00
Subtotal	\$960.00
Total \$	960.00

Thank you for your business!

United SG Automobile Pte Ltd

"We are always in your journey"....

53 Ubi Avenue 1 #01-56 Paya Ubi Industrial Park Singapore 408934

Tel : 6747-4454 | Fax : 6747-7752 | Email: claims@unitedsg.com.sg

UEN No : 201729521C | GST No : 201729521C

TAX INVOICE

INDIA INTERNATIONAL INSURANCE SINGAPORE

64 Cecil Street

#04/05/06-02 IOB Building

Singapore 049711

ATTN: MOTOR CLAIMS DEPARTMENT

Invoice number

Date

Vehicle numner

Make Model

Accident date

Reference number

UI-1132

23-Apr-19

SKJ8612Z

MAZDA 3

11-Jun-18

USG-201806-14

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump Sum Repair		4500.00
GST @ 7%		315.00
	Total	4815.00

Singdollars: Four Thousand Eighty Hundred and Fifteen



UNITED SG AUTOMOBILE PTE LTD