



22nd August 2019

India International Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving [JLU 2415] (Our Ref) and [SMM 4972 X] (Your Ref)
Dated 22nd August 2019, Time around 11:00HRS
@ YIO CHU KAND ROAD TWDS FERNVALE

We represent our client; NG CHOON HEE to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: JLU 2415 and your insured's vehicle registration number: SMM 4972 X. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SMM 4972 X for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within 2 working days from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least ten (10) motor surveyors.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

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Contact Person	Alan Koh	9092 7279
Email Address	teamautopl@gmail.com	
Survey Address	160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722	

Kindly cc a copy of this letter to your insured for his/her acknowledgement.

Authorized Signatory



Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #01-14 Sin Ming Autocity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com



SINGAPORE POLICE FORCE



T/20190822/2046

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190822/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 12:35		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: NG CHOON HEE			Address: 65 UPPER PAYA LEBAR ROAD #07-01 GUANG MING INDUSTRIAL BUILDING SINGAPORE 534817		
ID Type / ID No.: FIN NO / G7804750Q			Contact No.: Home/Office: Mobile: 88128377		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 34	Date of Birth: 12/07/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: AIRCON SERVICE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/08/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD TOWARDS FERNVALE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JLU2415	Car				Slightly Damaged	1
SMM4972X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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2 of 3

Report No. T/20190822/2046

CONTINUATION OF REPORT

Driver				
Name	NG CHOON HEE		ID No.	G7804750Q
Related Vehicle	JLU2415 (Car)		Contact No.	88128377
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 22/08/2019, between 11.00am-11.30am, I was driving my car JLU2415 along the said road. There was another car (SMM4972X) just in front of my vehicle at that point of time. At a traffic light along the said road, both car stopped due to red light. However the car in front of me overshot the white stop line as such the driver reversed slowly to align the car correctly. When the light turn green, instead of moving forward, the car reversed onto my car front portion causing an accident. No one got hurt during the accident. My vehicle got no camera. Purpose to lodge this report is for insurance claim.



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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20190822/2046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
E /
Sr Staff Sgt AZMI BIN MOHAMED HAMZAH

Signature Of Informant:

Ng

Signature Of Interpreter:
Not applicable

Date/Time:
22/08/2019 12:35

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No: 65476204

Classification Of Case:

SN 061

Authentication Stamp
NP168

SIGNATURE