

Notification Letter

Date : 24/10/2019

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**
64 CECIL STREET, #04 / #05
IOB BUILDING
049711

Dear Sir / Madam,

We are instructed by **ETHOZ PROTECT PTE LTD** to notify you of a road traffic accident on **22/10/2019** at about **00:00** at **INFRONT OF BLK 439 JURONG** involving our client's/ customer vehicle registration number **SJY-6380-M** and vehicle registration number **YP1918R** driven by you at the material time.

A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we 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, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 24/10/2019

To : INDIA INTERNATIONAL INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ALLAN TAN JEE HIAN

: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED

Certificate No : P10079911R01

Accident Date : 22/10/2019

Vehicle No : SJY-6380-M

Make & Model : PROTON EXORA 1.6L AT (M-LINE) ABS D/AB

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	FRONT BUMPER	465.50	
1	FRONT BUMPER RETAINER RH	85.50	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT FENDER RH	437.00	
	Sub Total	1038.00	
	Discount 10% On Parts	(103.80)	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	500.00	
	TO RESPRAY AFFECTED AREAS	500.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	

Date : 24/10/2019

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**
ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ALLAN TAN JEE HIAN

: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED

Certificate No : P10079911R01

Accident Date : 22/10/2019

Vehicle No : SJY-6380-M

Make & Model : PROTON EXORA 1.6L AT (M-LINE) ABS D/AB

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	50.00	
	Sub Total	1080.00	

Remarks:

2,014.20

SUB TOTAL

GST 7.0 % 140.99

TOTAL 2,155.19

Surveyor's name: _____

Principal's name: ALLAN TAN JEE HIAN

Survey Date & Time: _____

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 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. 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	22/10/2019 12:47
Date Of Accident	22/10/2019 00:30
Exact Location Of Accident	INFRONT OF BLK 439 JURONG WEST AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6380M
Insured/Policyholder	
Name Of Registered Owner	ALLAN TAN JEE HIAN
NRIC No	S6876152B
Email Address	ALLANTJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93275268
Alternative Phone No	OFFICE-93275268

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10079911R01
Cover Note Number	21/09/2019-20/09/2020

Driver

Name of Driver	ALLAN TAN JEE HIAN
NRIC No	S6876152B
Date Of Birth	13/09/1968
Occupation	INDOOR
Date Of Driving Pass	23/10/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93275268
Fax Number	
Contact Number	OFFICE-93275268
EEmail Address	ALLANTJ@HOTMAIL.COM

Address	BLK 439 JURONG WEST AVE 1 #02-498
Postcode	640439
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	0

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 SKETCH PLAN

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	SLU7789J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW BENG CHUAN
NRIC/Passport Number	S7235270Z
Contact Number	90218867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP1918R
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Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD ADHAM BIN DAUD
NRIC/Passport Number	S9240754C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

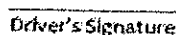
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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 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 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:

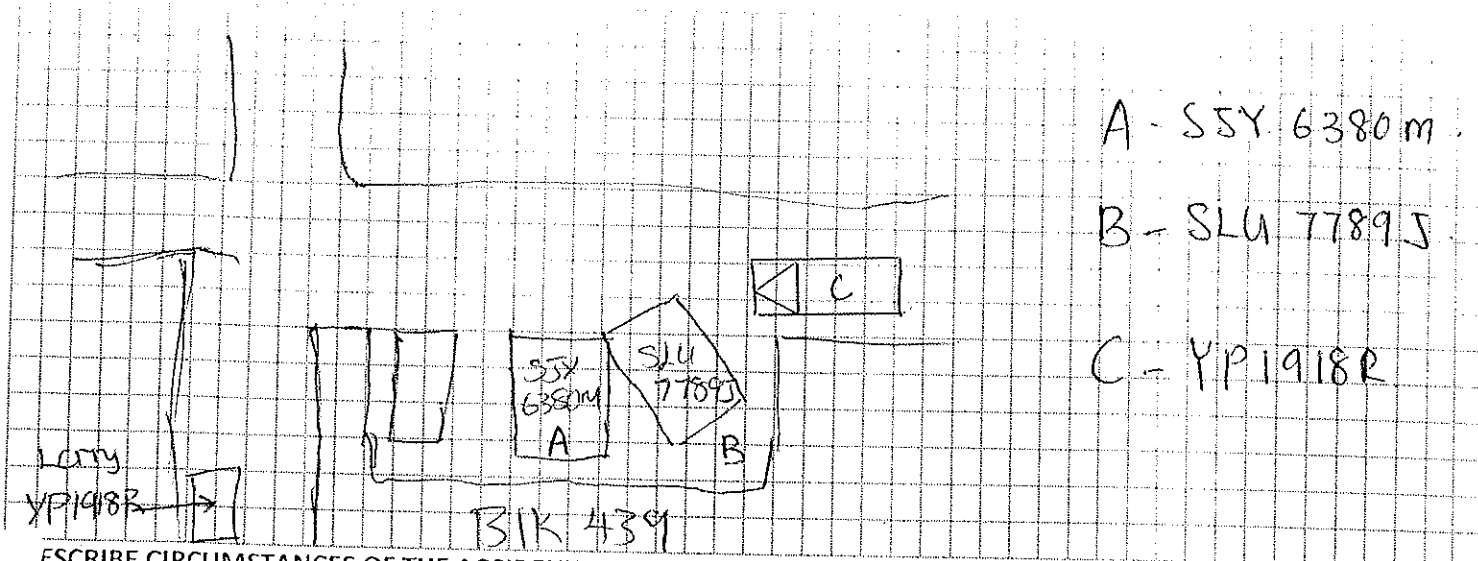
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Lakshman Arund
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The lorry driver drove into SLU 7789J. As I was parked next to SLU 7789J, the impact from the lorry (YP1918R) caused SLU 7789J to bang the front right of my car (SSX 6380M).

The lorry driver claimed that he had brake problem and hence did not stop immediately. He made one round around the carpark before stopping some distance away.

* TP was informed. We they arrived and verified, they informed us to inform insurers. No report filed as there was no injuries.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: Pakeswarin Anand

Nric/Fin No.