



08th June 2020

China Taiping Insurance (Singapore) Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SMM 6539 B (Our Ref) and GBF 5034 P (Your Ref)
Dated 08TH JUNE 2020, Time around 11:20HRS
@ HOUGANG AVE 8

We represent our client; AL AUTORENT PTE LTD, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMM 6539 B and your insured's vehicle registration number: GBF 5034 P. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against GBF 5034 P 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.

Contact Person	Eric Lee	8269 9999
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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

PH: Yes

Date of Accident: 08/06/2020 (dd/mm/yy) Time of Accident: 11 : 20 (24-HR-FORMAT)
 Vehicle No.: SMW6539B Vehicle Make & Model: Toyota AH15
 Exact location of Accident: Hougang Ave 8
 Policyholder's Name / IC No.: AL AUTORENT PTE LTD 201832693N
 Driver's Name / IC No.: Hong Kok Keong / S00215766 (As Above) ☐
 Driver's Contact No.: 9369 1170 Company Contact No.: _____
 Driver's Address: 210 TURF CLUB #LOT B01 The GrandStand S(287995)
 Insurance Company: NTUC Income Email address (if any): _____

Relationship between Owner & Driver: Hirer

or Others specify: _____

What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Exact purpose for which the vehicle was being used at time of accident?**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor☐ Private use / ☒ Work purpose**No. of Passengers (Including Driver):** 01
Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your Car Camera? ☐ Yes / ☒ No**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Hong Kok Keong

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____**The Other Party(s) Details:**1. Driver's Name / IC No: _____ Vehicle No: G1BF5034P

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

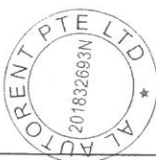
SKETCH PLAN

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 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.

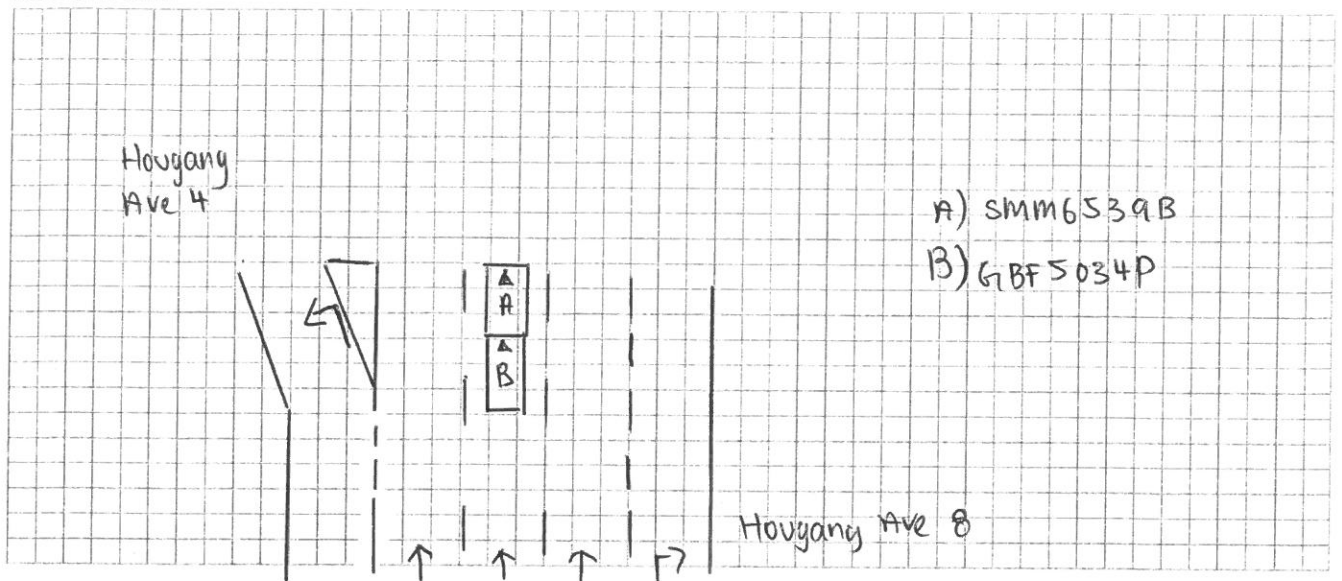


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SMM6539B was travelling on the stated venue. I was travelling straight in my lane and came to a stop as traffic was red. While waiting, suddenly I felt a huge impact on my vehicle rear portion. Shortly I got out and realised it was vehicle GBF5034P collided against my stationary vehicle rear portion.

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/FIN No.:



SINGAPORE POLICE FORCE



T/20200608/7015

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200608/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 16:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HONG KOK KEONG			Address: APT BLK 82A LORONG 4 TOA PAYOH #09-490 SINGAPORE 311082		
ID Type / ID No.: NRIC NO / S0021576G			Contact No.: Home/Office:		Mobile: 93691170
Nationality: SINGAPORE CITIZEN			Email: HONGKOKKEONG1952@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 13/03/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2020 11:20	Type of Location: Straight Road
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5034P	Car					0
SMM6539B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200608/7015

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200608/7015

CONTINUATION OF REPORT

Driver			
Name	HONG KOK KEONG	ID No.	S0021576G
Related Vehicle	SMM6539B (Car)	Contact No.	93691170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2020	Date Discharge	08/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATED AND TIME, I VEHICLE SMM6539B WAS TRAVELLING ON THE STATED VENUE. I WAS TRAVELLING STRAIGHT IN MY LANE AND CAME TO A STOP AS TRAFFIC WAS RED. WHILE WAITING, SUDDENLY I FELT A HUGE IMPACT ON MY VEHICLE REAR PORTION. SHORTLY I GOT OUT AND REALIZED IT WAS VEHICLE GBF5034P COLLIDED AGAINST MY STATIONARY VEHICLE REAR PORTION. LATER I FELT PAIN AROUND MY NECK AND I WENT TO SEEK DOCTOR AND I WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200608/7015

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200608/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/06/2020 16:19

Classification Of Case:

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 08 Jun 2020 / 16:41:21

Receipt Date/Time : 08 Jun 2020 / 16:41:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200608-003030

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBF5034P				
As at 08 Jun 2020/11:20:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBF5034P Enquiry Fee 20200608164022065422	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				
426569XXXXXX8855		eNETS Credit Card		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.