



15th September 2020

India International Insurance Pte Ltd
Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SFF 38 P (Our Ref) and SHA 7265 G (Your Ref)
Dated 14TH SEPTEMBER 2020, Time around 2200HRS
@ GUILLEMARD ROAD

We represent our client; GOING PLACES to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SFF 38 P and your insured's vehicle registration number: SHA 7265 G. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SHA 7265 G 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.

For efficiency purpose, we are agreeable appoint - Vicom

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)

Date of Accident: 14/09/2020 (dd/mm/yy) Time of Accident: 22 : 00 (24-HR-FORMAT)
Vehicle No. : SFF 38 P Vehicle Make & Model: TOYOTA WISH 1.8X A
Exact location of Accident: GUILLEMARD ROAD
Policyholder's Name / IC No. : GOING PLACES 53357876X
Driver's Name / IC No. : LEE CHUANG-WEI MATTHEW (LI ZHUANGWEI) S7532930Z (As Above)
Driver's Contact No. : 9638 5138 Company Contact No: _____
Driver's Address: 573 ANG MO KIO AVE 3 #10-3305 S560573
Insurance Company: AXA Email address (if any): MATTHEW.LEE.CW@GMAIL.COM

Relationship between Owner & Driver: OWNER 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?**

Private use / Work purpose

Occupation (nature of job) Indoor/ Outdoor

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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: GEYLANG N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHA 7265 G

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.

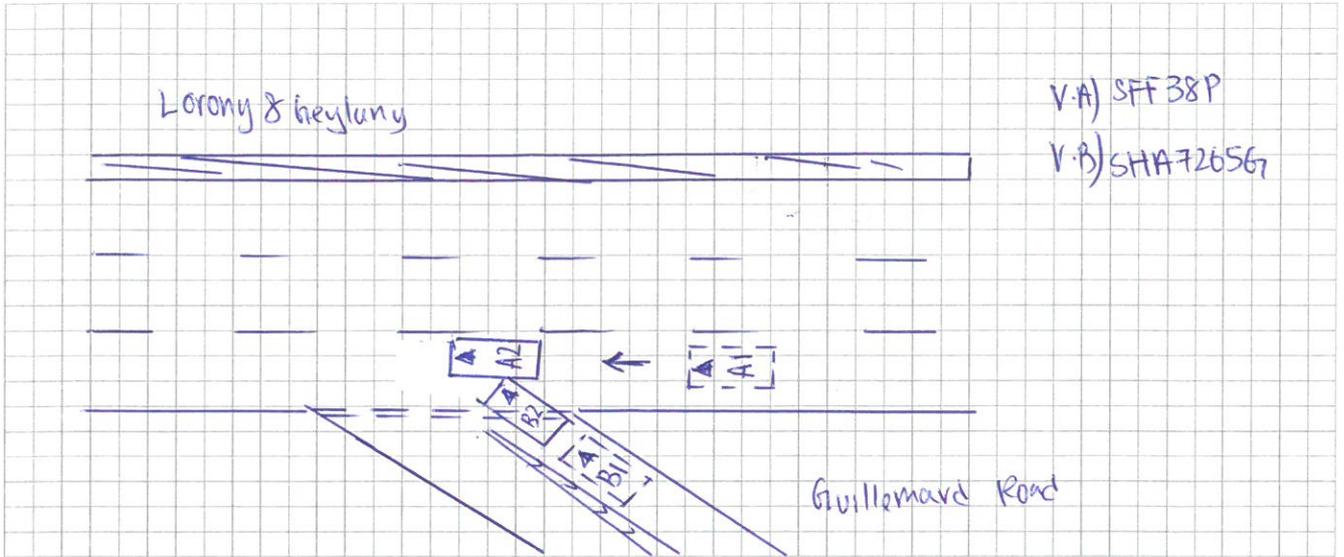
Policyholder's Signature
Date & Time:



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

Refer to police Report No. T/20200914/2179

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.:



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|----------------------------|
| Date/Time Report Made: 14/09/2020 22:50 | | Vide Report No.: | | Station Diary No.: 114 |
| Informant's Particulars | | | | |
| Name of Informant: LEE CHUANG-WEI MATTHEW | | Address: APT BLK 573 ANG MO KIO AVENUE 3 #10-3305 SINGAPORE 560573 | | |
| ID Type / ID No.: NRIC NO / S7532930Z | | Contact No.: Home/Office: | | Mobile: 96385138 |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 04/11/1975 | Type of Informant: Driver | |
| Race: Chinese | | Language: | | Institution / School Name: |
| Occupation: Private Hire | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|---|----------------------|---|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 14/09/2020 22:00 | Type of Location: X-Junction |
| Location: GUILLEMARD ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SFF38P | Car | | | | Seriously Damaged | 0 |
| SHA7265G | Car | | | | Slightly Damaged | 0 |

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



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Name | LEE CHUANG-WEI MATTHEW | ID No. | S7532930Z |
| Related Vehicle | SFF38P (Car) | Contact No. | 96385138 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date and time, while I was at the junction of Guillemard X Mountbatten Road, I was in the direction of City Centre trying to make a U-Turn towards Paya Lebar Raod. After I had made the U-Turn, I was travelling at lane 2 at Guillemard Road.

When I drove past the filter lane, I suddenly heard a loud bang and found out that a Comfort Delgro Taxi bearing the Registration Plate of SHA7265G had hit the left side of my vehicle after filtering out into Guillemard Road.

Me and the driver then got out off our vehicle, non of us are injured. The Chinese male taxi driver did not want to give me his particulars as he told me that it is not needed, and to claim from our own insurance company and drove off. My left passenger door was badly dented and scratched due to the accident.



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200914/2179

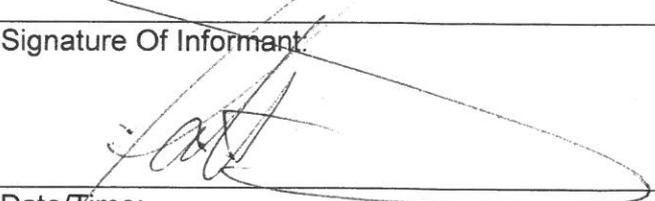
CONTINUATION OF REPORT

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: G / Sgt 1 CHUN KHANG YEE  |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 |

| |
|--|
| Signature Of Informant:  |
| Date/Time: 14/09/2020 22:50 |
| Classification Of Case: |

Authentication Stamp
NP168



SIGNATURE

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

Print Date/Time : 15 Sep 2020 / 13:40:06

Receipt Date/Time : 15 Sep 2020 / 13:40:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200915-001938

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 - SHA7265G
As at 14 Sep 2020/22:00:00
Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHA7265G
Enquiry Fee
20200915133854095605

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.