



01ST FEBRUARY 2021

India International Insurance Pte Ltd

Attn : Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SMP 928 K (Our Ref) and SLN 6133 U (Your Ref)
Dated 21ST JANUARY 2021, Time around 1845HRS
@ YISHUN AVE 2 TOWARDS CANBERRA LINK

We represent our client; WESTERN RING INTERNATIONAL to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SMP 928 K and your insured's vehicle registration number: SLN 6133 U. Enclosed herewith a copy of the Singapore Accident Statement filed for your reference.

We hereby give you **NOTICE** that we are claiming against SLN 6133 U 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



Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming Autocity Singapore 575722

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

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 Submission	25/01/2021 16:56 (SGT)
Date of Accident	21/01/2021 18:45 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	ALONG YISHUN AVENUE 2 TOWARDS CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP928K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WESTERN RING INTERNATIONAL
Company Reg No	5XXXX867A
Email Address	anthonychoon@gmail.com
Mobile Phone No	(Phone) +65-88086123
Alternative Phone No	(Office) +65-88086123

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112305302-01
Cover Note Number	-

DRIVER

Name of Driver	CHOON YIH MENG
NRIC No	SXXXX029I
Date Of Birth	01/11/1964
Occupation	Outdoor

Date Of Driving Pass	18/07/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88086123
Alt. Phone Number	-
Email Address	anthonychoon@gmail.com
Address	APT BLK 654 WOODLANDS RING ROAD
Address complement	#10-370 SINGAPORE
Postcode	730654
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED

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	SLN6133U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUSERI BIN ABDULLAH
NRIC No	SXXXX701G

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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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.



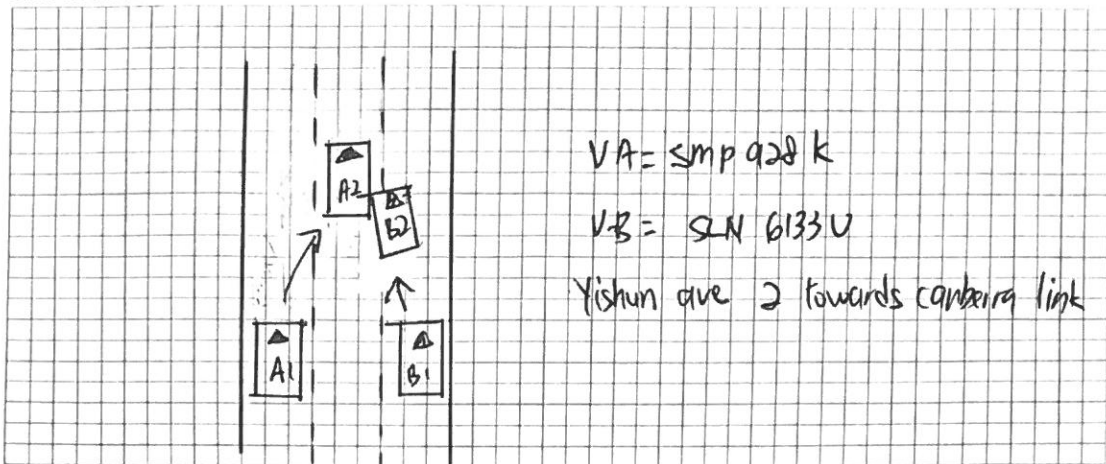
Policyholder's Signature
Date & Time:

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

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

GIA RMC Sketch Plan Form_v3.0

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated
venue. I was travelling straight on lane '3' and have intention to change
to lane '2', I have giving signal and make sure the road is clear.
When I had changed into lane '2', I feel a sudden impact from my
right portion. I alighted and realised that vehicle 'B' was
collided against my vehicle right portion.

DECLARATION

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

Shun Hing
Policyholder's Signature
Date & Time:

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

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

CC-0 RMC Sketch Plan Form V3