

Focus Auto Pte Ltd
UEN No. 201004495R
GST Reg. No. 201004495R
Tel : 6886 9097 Fax : 6481 9095
Email : claims@focusauto.com.sg

Date : 12/03/2021

BY E-MAIL / MAIL

Your ref : GBK8189E

Our ref : SLR2815R

WITHOUT PREJUDICE

M/S India International Insurance Pte Ltd
64 Cecil Street, #04/60-00, IOB Building
Singapore 049711

Dear Sir/Madam,

ACCIDENT INVOLVING : (SLR2815R & GBK8189E) ALONG SERVICE ROAD BESIDE BLK 350 ANCHORVALE ROAD
DOA: 21/02/2021 TIME: 1500 HOURS

We refer to the above matter and write on behalf of TW PREMIUM AUTOMOBILE PTE LTD, the registered owner of SLR2815R in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving / or management of your insured vehicle. Your insured's vehicle GBK8189E collided onto the rear portion of our client vehicle SLR2815R. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows :-

1. Cost of Repair (\$2100 + 7% GST)	\$	2,247.00
2. Loss of Rental (8 days x \$120)	\$	960.00
3. Buy 3rd Party's GIA report	\$	29.00
4. Buy 3rd Party's LTA Search Fee	\$	7.45

Total Amount: \$ 3,243.45

Enclosed are the following documents for your perusal.

- 1) Driver's driving license / Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) GIA Search (GBK8189E)
- 5) Original repair claim
- 6) Car Rental Agreement / Receipt

The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,


Jenny Koh
Claims Executive
HP: 8139-9800

Jenny Koh

Focus Auto Pte Ltd

Business Reg. No: 201004495R

GST Reg. No: 201004495R

No 1 Kaki Bukit Ave 6 Autobay

#02-50 Singapore 417883

Date : 12/03/2021

TW PREMIUM AUTOMOBILE PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : SLR2815R

MAZDA 3 SEDAN 1.5 AT EU6

REPAIR CLAIM

S 2,100.00

LUMP SUM

Sub-total: S 2,100.00

7% GST: S 147.00

Total: S 2,247.00

SINGAPORE DOLLARS : TWO THOUSAND TWO HUNDRED AND FORTY-SEVEN ONLY.

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	22/02/2021 15:37 (SGT)
Date of Accident	21/02/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERVICE RD BESIDE BLK 350 ANCHORVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2815R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Company Reg No	2XXXXX430G
Email Address	jennyk766@gmail.com
Mobile Phone No	(Phone) +65-81279818
Alternative Phone No	+65-81279818

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA / MAZDA3 SEDAN 1.5 AT EU6
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	Yes
Policy Number	5103230061-02
Cover Note Number	-

DRIVER

Name of Driver	KOH CHWEE BOK
NRIC No	SXXXX552F
Date Of Birth	15/10/1968
Occupation	Outdoor

Date Of Driving Pass	31/07/1996
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81279818
Alt. Phone Number	-
Email Address	jennyk766@gmail.com
Address	BLK 271 TAMPINES STREET 21 #05-115
Address complement	-
Postcode	520271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER 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	GBK8189E
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / HIACE VAN TURBO 5DR MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD SHAFFIL BIN MOHD NOOH
NRIC No	SXXXX8206
Contact Number	(Phone) +65-88288360
Address	-
Address complement	-
Postcode	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of Injured person	KOH CHWEE BOK
Address	BLK 271 TAMPINES STREET 21 #05-115
Address Complement	-
Post Code	520271
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLR2815R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
5. Any false reporting may be referred to the Police for investigation
6. The report will be forwarded by the insurers of the CIA 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.

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.



Policyholder's Signature / Date & Time

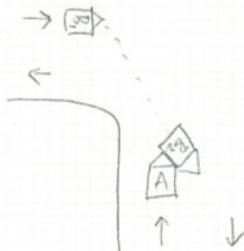
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackh@idacom.com.sg

Witnessed by Reporting Centre Personnel

22 FEB 2021

Sketch Plan



VEH (A) SLR 2815R

VEH (B) GBK 8189E

Describe Circumstances of the Accident

On stated date & time, I, Vehicle A, was travelling below Blk 350 Anchorvale Road, intending to exit said Carpark. As I was approaching the bend before the gantry, Vehicle B, made a sharp right turn, while travelling along the opposite direction at the same bend. I stopped my vehicle immediately upon seeing him but Vehicle B was too fast and collided into my front right portion after encroaching into my path.

Declaration

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

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacib@idac.com.sg

Witnessed by Reporting Centre Personnel

22 FEB 2021

FOR CLAIMS &
GIA REPORTING ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6839552F



Name: KOH CHWEE BOK

Race: CHINESE

Date of Birth: 15-10-1968 Sex: M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S6839552F

Name: KOH CHWEE BOK

Birth Date: 15 Oct 1968

Issue Date: 08 Sep 2003

900016171D

Land Transport Authority

VOCATIONAL LICENCE



License No.: S6839552F

Name: KOH CHWEE BOK

Issue Date: 8/9/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

FOR CLAIMS &
GIA REPORTING ONLY

3048399



NRIC No. S6839552F

Residence: APT BLK 271 TAMPINES STREET 21 #05-115 SINGAPORE 520271

Date of Issue: 13-10-1998

NRIC No. S6839552F Date: 13-03-2006 No. 5317862

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	PASS DATE
Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS ONE TONNE CHECKED FOR REGISTRATION	24 Jul 1996
Class 4 BESTY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS ONE TONNE	28 Mar 2016

NRIC No. S6839552F

S / No. 9000248300

TP 425A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Bin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	17/02/2003
03	BUS VL	08/09/2016
04	BUS ATTENDANT	08/09/2016





RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Date of Request: 22/02/2021

Your Ref No: SLR 2815 R

Dear Sir/Madam,

Date of Accident: 21/02/2021 00:00 (SGT)

Vehicle No: SLR2815R

Place of Accident: 350 Sengkang E Way, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$S)	QTY	AMOUNT (\$S)
GBK8189E	350 Sengkang E Way, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Feb 2021 / 12:20:23

Receipt Date/Time : 22 Feb 2021 / 12:20:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210222-001741

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - GBK8189E As at 21 Feb 2021/15:00:00 Insurance Co: INDIA INTL INS PTE LTD				
1	Insurance Enquiry - GBK8189E Enquiry Fee 20210222121907492058	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				
	20210222121926136	Direct Debit: eNETS Debit (Internet Banking)		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.