

FREESION AUTODRIVE

25 KAKI BUKIT ROAD 4 SYNERGY @KB #03-33 SINGAPORE 417800

TEL: 6702 3533 FAX: 6702 3577

Email: freesionautodrive@gmail.com

Date: 16/11/2021

To India International Insurance Pte Ltd

Motor Claims Department

64 Cecil Street #04/#05

IOB Building,

Singapore 049711

Tel: 6347 6100

Fax: 62244174

Email: motorclaim@iii.com.sg

Dear Sir/Mdm,

NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. SKH5335T and vehicle(s) no. SLQ2153Y had taken place at / along South Bridge Road on date 15.11.2021 at time 08:35AM.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please contact our workshop at 6702 3533 before attending the inspection.

Yours sincerely,



PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

DISMANTLED PARTS

Date / Time	
Surveyor	

AFTER REPAIR

Date / Time	
Surveyor	

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 15/11/2021 19:08 (SGT)
Date of Accident 15/11/2021 08:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information SOUTH BRIDGE RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH5535T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOH BOON HOCK LLP
Company Reg No TXXXXX145L
Email Address ALSONALSON1994@GMAIL.COM
Mobile Phone No (Phone) +65-91162968
Alternative Phone No (Home) +65-91162968

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5099750898-03
Cover Note Number -

DRIVER

Name of Driver ALSON LIM CHUN WEI
NRIC No SXXXX083C

Date Of Birth	26/04/1994
Occupation	Outdoor
Date Of Driving Pass	23/01/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91162968
Alt. Phone Number	-
Email Address	ALSONALSON1994@GMAIL.COM
Address	119A RIVERVALE DR #10-304
Address complement	-
Postcode	541119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 vehicle 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2153Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	ALSON LIM CHUN WEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKH5535T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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**.
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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.



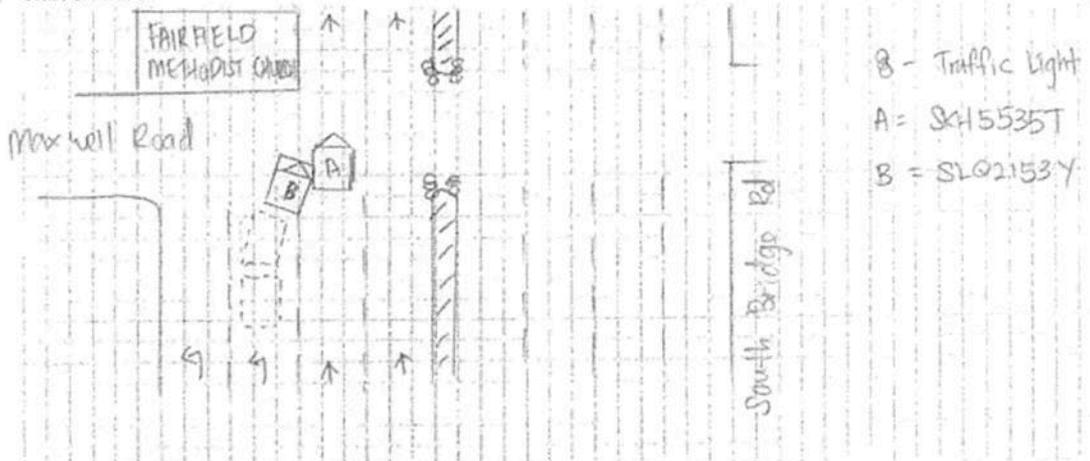
Policyholder's Signature
Date & Time:

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

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

1/20/2017 10:21:11 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

DECLARATION



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/IN No.:



**SINGAPORE
POLICE FORCE**

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



T/20211115/7025

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Report No. T/20211115/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 15/11/2021 14:08
Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211115/7025

1 of 3

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

Report No. T/20211115/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2021 14:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALSON LIM CHUN WEI			Address: 119A RIVERVALE DRIVE #10-304 SINGAPORE 541119		
ID Type / ID No.: NRIC NO / S9470083C			Contact No.:		Mobile: 91162968
Nationality: SINGAPORE CITIZEN			Email: alsonalson1994@gmail.com		
Sex: Male	Age: 27	Date of Birth: 26/04/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver/ PHD			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2021 08:35	Type of Location: T-Junction
Location: SOUTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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	Conditio	No of
SKH5535T	Car	HONDA	Civic	Gold	Slightly Damaged	1
SLQ2153Y	Car	HONDA	Vezel	Gold	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20211115/7025

2 of 3

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

Report No. T/20211115/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH5535T	NTUC Income Insurance Co-Operative Limited	5099750898-03	28/08/2021	28/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ALSON LIM CHUN WEI		ID No.	S9470083C
Related Vehicle	SKH5535T (Car)		Contact No.	91162968
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	15/11/2021		Date	15/11/2021
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	DHANUSKODI SENTHIL KUMAR		ID No.	S7760556H
Related Vehicle	SLQ2153Y (Car)		Contact No.	94883377
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

There are 4 lane on this road,
lane 1 and 2 is turn left only.(turn left to maxwell road)
Lane 3 and 4 is going straight only. (go straight to tanjong pagar road)

I (skh5535t) am driving at lane 3 roughly 30km/h to 35km/h going straight to tanjong pagar road, there is honda vezel (slq2153y) at lane 2 instead of turn left, he went straight and hit my rear fender and passenger door.

As i cant upload the video , please contact me at 91162968.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Nov 2021 / 09:41:56

Receipt Date/Time : 16 Nov 2021 / 09:41:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211116-000680

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 - SLQ2153Y As at 15 Nov 2021/08:35:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLQ2153Y Enquiry Fee 20211116094030190157	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				
	421808XXXXXX8547		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.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Nov 2021 / 09:41:56

Receipt Date/Time : 16 Nov 2021 / 09:41:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211116-000680

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 - SLQ2153Y As at 15 Nov 2021/08:35:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLQ2153Y Enquiry Fee 20211116094030190157	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				
	421808XXXXXX8547		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!

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