

29th March 2022

China Taiping Insurance (Singapore) Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

Road Traffic Accident Involving SLZ 8906 E (Our Ref) and SMW 1635 L (Your Ref) Dated: 28 March 2022, Time around 1625 HRS
@ PIE Towards Changi After Paya Lebar Exit

We represent our client; 3 CAR LEASING SERVICES, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: SLZ 8906 E and your insured's vehicle registration number: SMW 1635 L. 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 SMW 1635 L 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.

Survey Address	teamautopl@gmail.com 160 Sin Ming Dr, #01-14 Sin Ming AutoCity Singapore 575722				
Email Address					
Contact i Cison	Elle Ecc	0203 3333			
Contact Person	Eric Lee	8269 9999			

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Accident Details		Market Market						
Date of Accident:	28,	/ 03	/	2022 (DD/MM/YY)				
Time of Accident:		16 :	25	(24 Hr Format)				
Exact Location of Accident:		PIE Towards Changi After Paya Lebar Exit						
Weather & Road Conditions:	Clear & Dr	Clear & Dry / Raining & Wety / After-Rain & Wet / Drizzling & Wet						
Vehicle Details	A TEST WILLIAM SE		1.799% "147	District Control				
Vehicle No.:	SLZ 8906 E	Ti	ransmission:	Manual (Auto)				
Vehicle Category:	P	rivate Car / Privat	e Hire / Comme					
Vehicle Make & Model:		Mazda 3		CC: 1496				
Insurance Company:		Allianz						
Policy No.:		SPM	F1000000513					
Type of Coverage:	Thi	rd Party / Third P	arty & Theft (Co	omprehensive				
Type of Claim:		Own Damage (Th	The second name of the second na					
Policy Holder / Vehicle Own	ner's Pacticulars	ELAME C.	有解放性。 16	Birramana ka				
Name (As Shown at NRIC):	3 Car Leasing Se	ervices						
NRIC/FIN/Reg No.:	53330312E							
Contact No.:	93	84-0086 (Hp)		(0)				
Email Address:		i@3car.sg						
Driver's Pacticulars (If Not F	Policy Holder)		1	As Above (Fill in *)				
Name (As Shown at NRIC):	Wang Joo Yih							
NRIC/FIN/Reg No.:	S7218156E							
* Date of Birth:	26-05-72	Driving Pa	ss Date:	20-03-97				
Contact No.:		4-0086 (Hp)		(0)				
Email Address:			@3car.sg	107				
* Address:	E	Blk 9 Holland Avenue #13-68 Singapore (272009)						
* Occupation (Nature of Job):		Outdoor / Indoor						
Relationship:	Spouse / Chi	Spouse / Child / Employee / Hirer / If Others: Owner						
Purpose Of Use:		Private Use / Employment / Private Hire)						
No. Of Passengers:		2 (Included driver)						
Passeng	er Name: Unknown GRAB male passenger							
Passeng	ger Name:							
Any Police Report Filed?	Yes Nø	If Yes, When	re?					
Any Video/Audio Captured?	Yes (No)	Any Witne	ss?					
Any Injuries? Who?	Yes / No	If Yes, Who	?					
Third Party's Vehicle Details								
Vehicle B Carplate No.:	SMW 1635 L	Make & M	odel:					
Vehicle B Driver Name:	Mr. Kevin Ho		Contact No.:	9777-4322				
Vehicle C Carplate No.:	Unknown	Make & M	odel:					
Vehicle C Driver Name:			Contact No.:					
Vehicle D Carplate No.:	Unknown	Make & M	odel:					
Vehicle D Driver Name:			Contact No.:	The state of the s				

Contact No.:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SEAL CONTROL OF SIGNATURE / Date of Signature

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Towards Change After Page Lebox EXT

To the Veh A & 5LZ 8906 E

Let Veh B & SMW 1635 L

Weh C & Unknown

DDDIEDIBDIAD TO 4 Veh D & Unknown

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Venue	. When I saw front vehicles braked to stop, I followed to brake.	tor
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impa	et son my rear that by vehicle B. Meter than I realized if way a	
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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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

29 Mar 2022 / 12:03:17

Receipt Date/Time: 29 Mar 2022 / 12:03:17

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220329-001501

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 - SMW1635L				
As at 28 Mar 2022/16:25:00	- (01) (0.10 0.00 0.00 0.00 0.00 0.00 0.00 0.0			
Insurance Co: CHINA TAIPING INSURANC	E (SINGAPORE) PTE LTD			
1 Insurance Enquiry - SMW1635L Enquiry Fee		7.00	0.49	7.49
20220329120126986853		7.00	0.43	7.40
	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			
	426569XXXXXX8100	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.