

# 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 Actual 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 .....	24/02/2023 12:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/02/2023 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC8018R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PEH CHING BOCK
NRIC No .....	YAHOO.

Alternative Phone No .....	-
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### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5123405233-01

### DRIVER

Name of Driver .....	PEH CHING BOCK
NRIC No .....	
Date Of Birth .....	
Occupation .....	Outdoor

Date Of Driving Pass .....  
 Driving experience ..... MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +6  
 Alt. Phone Number ..... -  
 Email Address ..... .SG  
 Address .....  
 Address complement ..... -  
 Postcode .....  
 Is the driver the policyholder? ..... Yes  
 If No, Relationship of the Driver with the Insured ..... -  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 3  
 Was anybody injured in the Accident? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... Yes  
 Was any other vehicle 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  
 Translator's name ..... -  
 Translator's ID ..... -  
 Translator's phone number ..... -  
 Translator's email ..... -  
 Original language used in the statement ..... -

#### PASSENGER 1

Name ..... HAN BING QIAN CRYSTAL (GRAB PASSENGER)  
 Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Choa Chu Kang Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18007659999  
 Alt. Police Station Phone No ..... (Fax) +65-67644104  
 Police Station Address ..... No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

#### 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 ..... ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLH2907L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	QUAH KIM HYE
NRIC No .....	
Contact Number .....	(Phone) +6
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLL681D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	FAN WAH SING
NRIC No .....	
Contact Number .....	(Phone)
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	HAN BING QIAN CRYSTAL (GRAB PASSENGER)	
Gender .....	Female	
Phone No .....	(Phone) +	2
Address .....	-	
Address Complement .....	-	
Post Code .....	-	
Approximate Age Years Old .....	30	
Injuries Sustained .....	-	
Injured person in which vehicle? .....	SNC8018R	
Were seat belts worn? .....	No	
Was this injured conveyed to hospital by ambulance? .....	Yes	

##### INJURED 2

Name of injured person .....	-
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLL681D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 3

Name of injured person .....	PEH CHING BOCK
Gender .....	Male
Phone No .....	(Phone) +65
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	56
Injuries Sustained .....	MEDICAL LEAVE 7 DAYS FROM 24022023 TO 02032023 SUFFERED INJURIES TO HAND AND BACK
Injured person in which vehicle? .....	SNC8018R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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## 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.

*Law*

24/2/23  
1230HRS

Policyholder's Signature / Date & Time

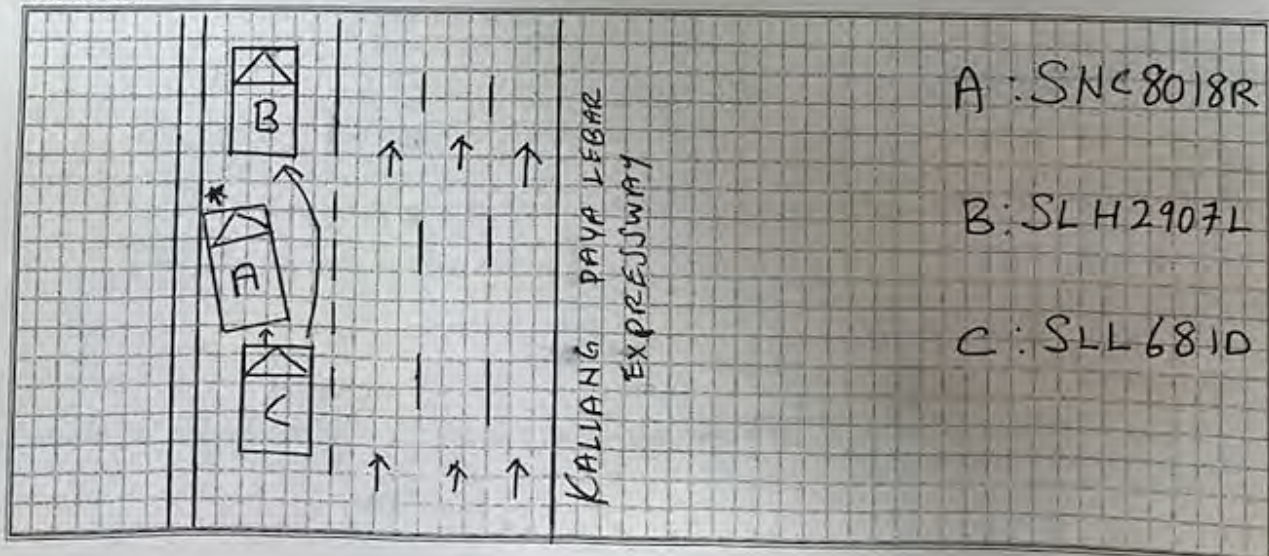
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

*Suman S*  
*5990968*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan






Describe Circumstance of the Accident

REFER TO GEARS FOR ACCIDENT STATEMENT.


Declaration

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

 24/2/23  
1230HRS

Policyholder's Signature / Date & Time

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

 Suman.S  
S990968

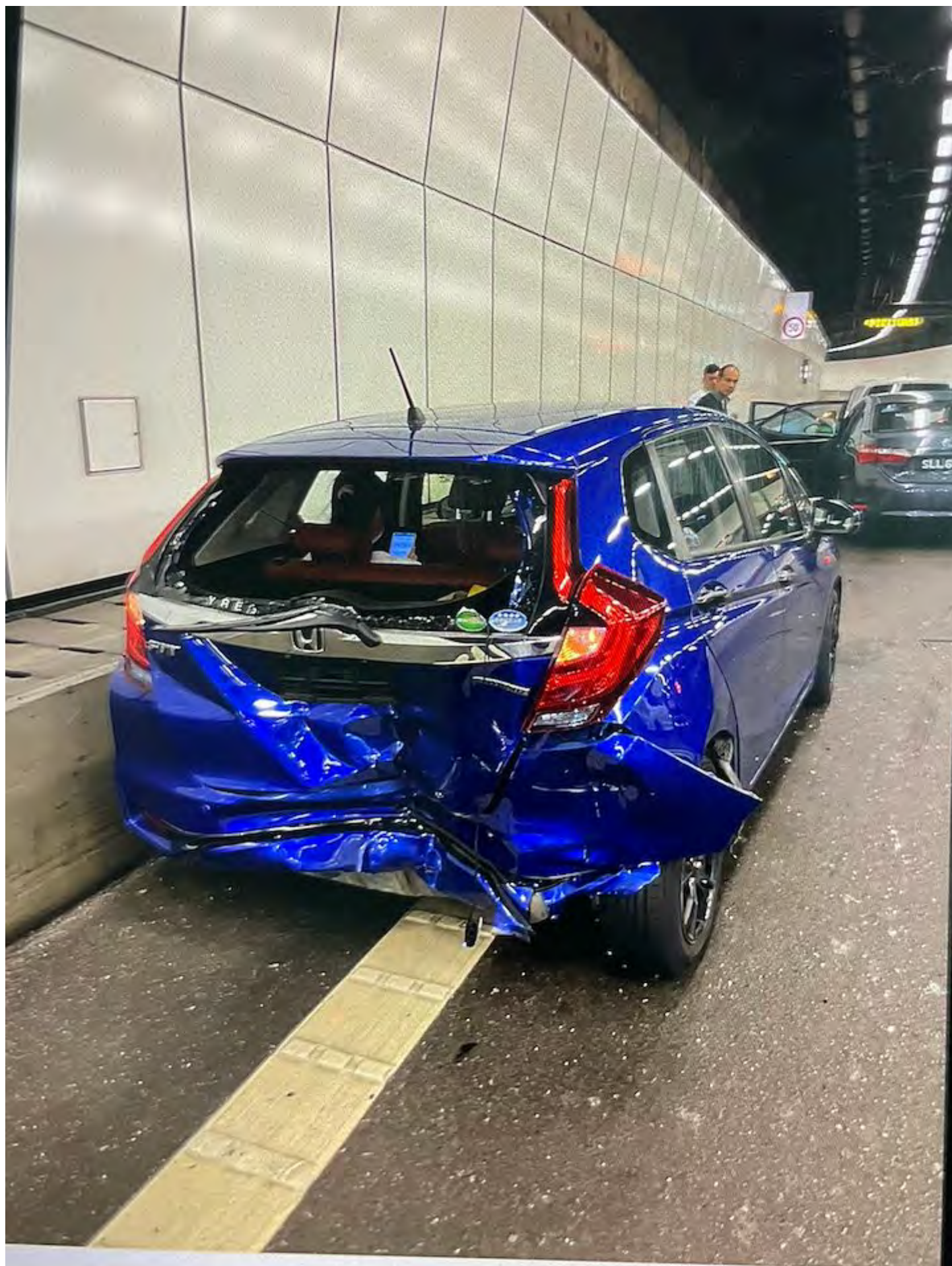
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)







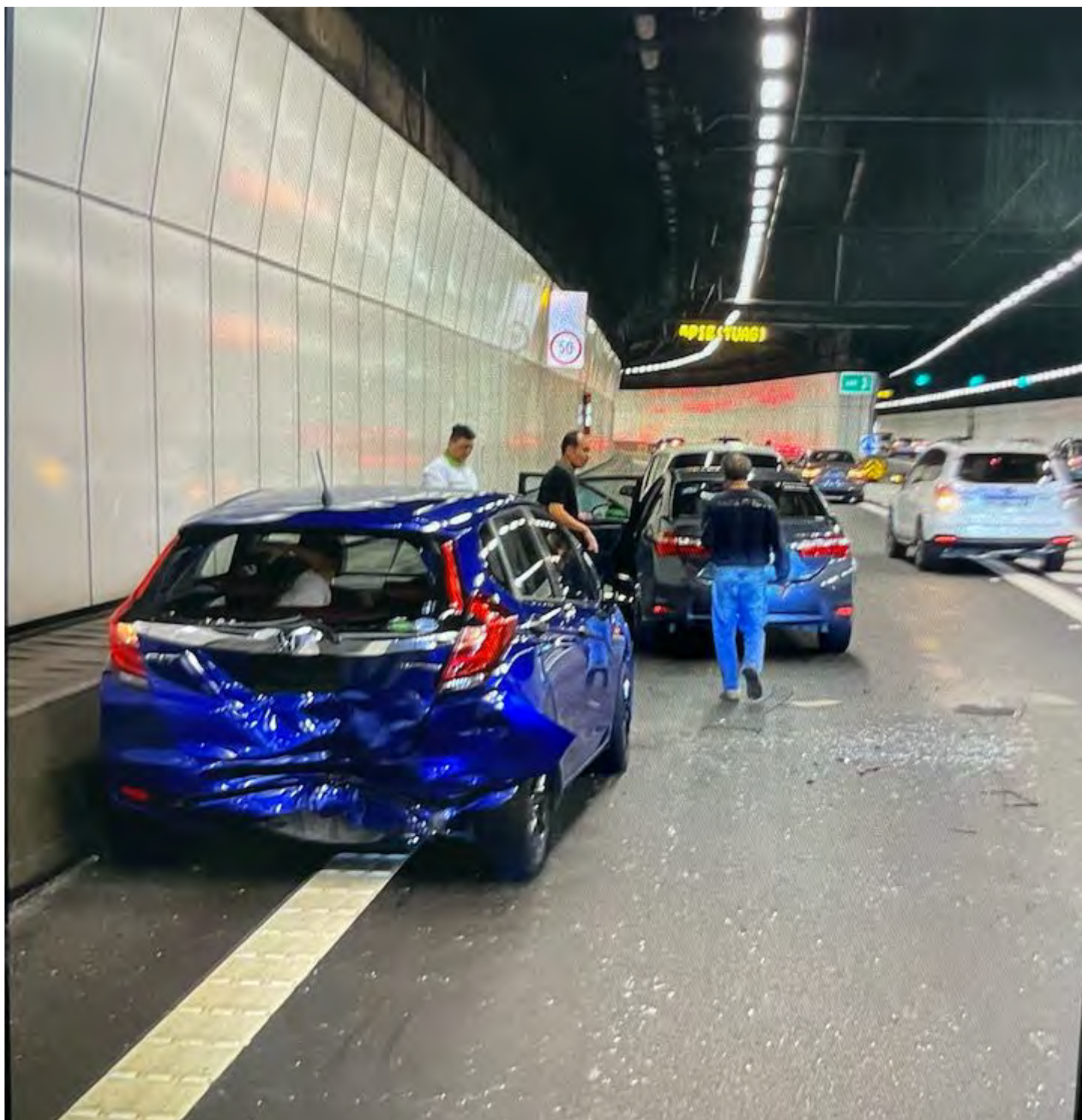




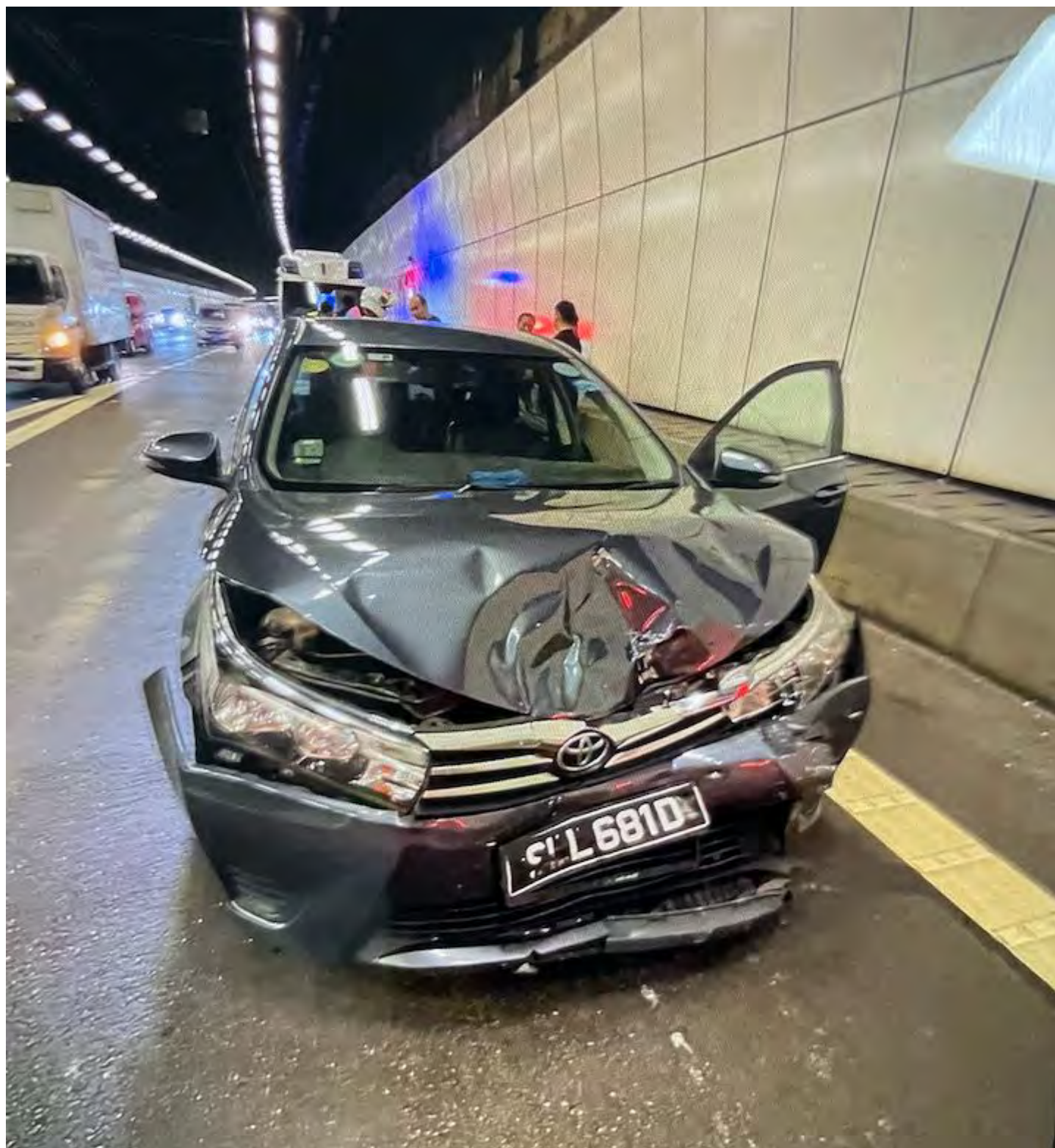










































# SINGAPORE POLICE FORCE



T/20230224/2004

1 of 4

Report No. T/20230224/2004

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
24/02/2023 00:52

Vide Report No.:  
G/20230223/0148

Station Diary No.:  
16

### Informant's Particulars

Name of Informant:  
PEH CHING BOCK

Address:

ID Type / ID No:

NRIC No:

Contact No.:

Home/Office:

Mobile:

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

MACHINIST

Driving Licence Information:

Class: 2B, 2A, 3, 4, 5

Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 18:30	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH2907L	Car				Seriously Damaged	0
SLL681D	Car				Seriously Damaged	1
SNC8018R	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230224/2004

2 of 4

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20230224/2004

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC8018R	NTUC Income Insurance Co-Operative Limited	5123405233-01	22/11/2022	21/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUAH KIM HYE	ID No.	
Related Vehicle	SLH2907L (Car)	Contact No.	
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

Driver				
Name	FAN WAH SING	ID No.	[REDACTED]	
Related Vehicle	SLL681D (Car)	Contact No.	[REDACTED]	
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	

Passenger				
Name	HAN BING QIAN CRYSTAL	ID No.	NIL	
Related Vehicle	SNC8018R (Car)	Contact No.	[REDACTED]	
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	





# SINGAPORE POLICE FORCE



T/20230224/2004

Police Station Of Origin:  
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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230224/2004

## CONTINUATION OF REPORT

Driver			
Name	PEH CHING BOCK		ID No. [REDACTED]
Related Vehicle	SNC8018R (Car)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

### Brief Details.

On 23/02/2023 at 1830hrs, I was driving my vehicle bearing registration SNC8018R along KPE and was slowing down as there was vehicle in front of me slowly stopping at the exit towards Exit 3 (PIE). As I was slowing down, a vehicle bearing SLL681D from behind hit my vehicle from the rear. As a result, my vehicle was pushed to the side and the front left of my vehicle hit onto the Tunnel Wall Kerb.

After SLL681D hit onto me, the vehicle continued to accelerate forward and hit onto another vehicle bearing registration number SLH2907L.

After the accident, I made a check on my "Grab" passenger namely Han Bing Qian Crystal (HP: [REDACTED]), as she complained of pain. Thereafter, I came down and exchanged particulars with the rest of the drivers. Subsequently, Police and Ambulance attended to me. The Police Report is G/20230223/0148. My passenger was also conveyed to hospital as she complained of pain.

I wished to state that the rear of my vehicle SNC8018R was dented severally, and the front left of my vehicle was also dented. I wished to state that SLL681D front bumper was dented and cracked. I also wished to state that SLH2907C rear bumper suffered dent and cracks.



**SINGAPORE  
POLICE FORCE**



T/20230224/2004

4 of 4

Report No. T/20230224/2004

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:  
J /  
SGT 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/02/2023 00:52

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT NUR HAFIZAH BINTE NORIZAN  
Contact No.: 96189347

Classification Of Case:

NP168





# Precise Appraiser Pte Ltd

Reg no. 201924041Z

## Invoice

To: Peh Ching Bock

Invoice No: **2023/INV/ 0319**

CC: TCRP PTE. LTD.

Your Reference:

**1 Bukit Batok Crescent #04-40**

Our Reference: **2023/02126**

**WCEGA Plaza**

Date : **15/5/2023**

**Singapore 658064**

Description	Amount S\$
<b><u>Particulars</u></b>	
Vehicle No: <b>SNC8018R</b>	
Accident Date : <b>23/2/2023</b>	
Date of Inspection: <b>24/2/2023</b>	
<b><u>Service:</u></b>	
Assessment with report (inclusive of photographs and transport charges etc)	\$1,198
Total Amount:	<b>\$1,198</b>

### Payment Details:

- 1) Cheque: Kindly make all cheques crossed and payable to **PRECISE APPRAISER PTE LTD**
- 2) Online Banking: **Maybank 041-9107653-9**
- 3) Paynow UEN: **201924041Z**



**Precise Appraiser Pte Ltd**

Our Reference : 2023/02126

Your Reference:

Vehicle Number : SNC8018R

S/N	Qty	Description	Condition	Repairer Estimate (\$\$)	Our Assessment (\$\$)
		<b>Parts</b>			
1	1pcs	Front bumper	Deeo Cut	713.80	713.80
2	1pcs	Front bumper side retainer	Serviceable	30.80	-
3	1pcs	Front lh fender	Repair	348.60	-
4	1pcs	Front lh fender inner shield	Serviceable	86.80	-
5	1pcs	Rear bumper	Dented	496.90	496.90
6	1pcs	Rear bumper center garnish	Deformed	87.80	87.80
7	2pcs	Rear bumper side garnish @78/pcs	Deformed	156.00	78.00
8	2pcs	Rear bumper reflector @25.4/pcs	Rh Broken	50.80	25.40
9	2pcs	Rear bumper retainer @25.4/pcs	Torn	50.80	50.80
10	2pcs	Rear bumper sponge @81.9/pcs	Lh Missing	163.80	81.90
11	2pcs	Taillamp @507.2/pcs	Rh Broken/ Lh Grazed	1,014.40	507.20
12	1pcs	Tailgate	Dented	1,209.10	1,209.10
13	1pcs	Tailgate emblem "Fit"	Necessary	35.10	35.10
14	1pcs	Tailgate emblem "Hybrid"	Necessary	74.10	74.10
15	2pcs	Tailgate reflector @468.8/pcs	Grazed	937.60	-
16	1pcs	Tailgate inner lock	Dented	117.00	117.00
17	1pcs	Tailgate outer chrome	Crack	327.60	-
18	1pcs	Tailgate inner rubber	Kinded	97.50	97.50
19	1pcs	Tailgate inner trim	Deformed	120.90	120.90
20	1pcs	Tailgate inner pull pocket	Deformed	15.60	-
21	1pcs	Rear end panel	Dented	487.50	487.50
22	1pcs	Rear end panel inner trim	Deformed	165.80	165.80
23	2pcs	Rear fender @829/pcs	Dented	1,658.00	1,658.00
24	2pcs	Rear fender inner trim @230.1/pcs	Deformed	460.20	460.20
25	1pcs	Spare tyre panel	Dented	820.90	820.90
26	1pcs	Rear windscreen	Shattered	1,072.50	1,072.50
27	1pcs	Rear windscreen moulding	Necessary	97.50	97.50
28	1pcs	Hybrid battery	Dented	9,803.50	9,803.50
29	1pcs	Hybrid battery inlet duct	Deformed	253.80	253.80
30	1pcs	Hybrid battery outlet duct	Deformed	185.30	185.30
31	1pcs	Keyless antenna	Crack	93.60	93.60
32	1pcs	Keyless buzzer	Crack	126.80	126.80

<b>Total</b>	21,360.40	18,920.90
<b>Less 20%</b>	4,272.08	3,784.18
<b>Parts Sub Total</b>	17,088.32	15,136.72

**Special Nett**

33	1sets	Front bumper clips	Necessary	80.00	50.00
34	1sets	Front lh fender inner shield clips	Necessary	80.00	50.00
35	1sets	Rear bumper clips	Necessary	80.00	50.00
36	2sets	Rear fender inner trim clips	Necessary	160.00	100.00
37	1sets	Rear end panel trim clips	Necessary	60.00	30.00
38	1sets	Reveser sensor	Dented	250.00	250.00
39	1sets	Rear windscreen sealant	Necessary	80.00	60.00
40	1sets	Rear windscreen inner seal	Necessary	60.00	40.00
41	1sets	Rear windscreen primer	Necessary	80.00	60.00
42	1sets	Rear end panel sealant	Necessary	80.00	60.00
43	1sets	Tailgate sealant	Necessary	80.00	60.00
44	1sets	Rear rh fender sealant	Necessary	80.00	60.00
45	1sets	Rear lh fender sealant	Necessary	80.00	60.00
46	1pcs	PHV sticker	Necessary	30.00	30.00
47	1pcs	Rear windscreen solar flim	Necessary	300.00	300.00



**Total** 1,580.00 1,260.00

<b>Labour</b>			
1	To check wiring sytsem.	100.00	50.00
2	To reprogramme and reset after repair.	200.00	150.00
3	To r&r hybrid battery and reset the system.	500.00	300.00
4	To r&r rear windscreen glass.	200.00	150.00
5	To r&r rear triming and carpet for hot work repair.	200.00	200.00
6	To r&r rear exhaust pipe and realign the same.	150.00	100.00
7	To transfer tailgate attachments.	150.00	100.00
8	To r&r fuel tank for hot work repair.	100.00	100.00
9	To r&r front bumper, front lh fender and realign the same.	500.00	400.00
10	To putty and respray on front bumper, front lh fender and accident affected areas.	800.00	600.00
11	To cut & weild on rear both fender, spare tyre panel, rear end panel. To panel beat& straighten on rear chassis menber. To r&r rear bumper, tailgate, taillamp others attachements.	3,000.00	2,500.00
12	To putty and respray on rear bumper, tailgate, rear both fender, rear lh door, rear end panel, spare tyre panel and accident affected areas.	2,000.00	1,500.00
10	Rustproofing	200.00	200.00
<b>Labour Total</b>		8,100.00	6,350.00
<b>Sub Total (labour and parts)</b>		26,768.32	22,746.72

#### Adjustment / Recommendations

Note: For **Lump Sum** Repair

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or use of ex-stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted **Lump Sum** contract amount is **S\$18,200**.

Under normal circumstances, the repair period would be about **30** working days.

Our Ref: 2023/02126  
Vehicle No.: SNC8018R

### INSPECTION PHOTOS





Our Ref: 2023/02126  
Vehicle No.: SNC8018R

### INSPECTION PHOTOS



Our Ref: 2023/02126  
Vehicle No.: SNC8018R

### INSPECTION PHOTOS





Our Ref: 2023/02126  
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### INSPECTION PHOTOS





Our Ref: 2023/02126  
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### INSPECTION PHOTOS



Our Ref: 2023/02126  
Vehicle No.: SNC8018R

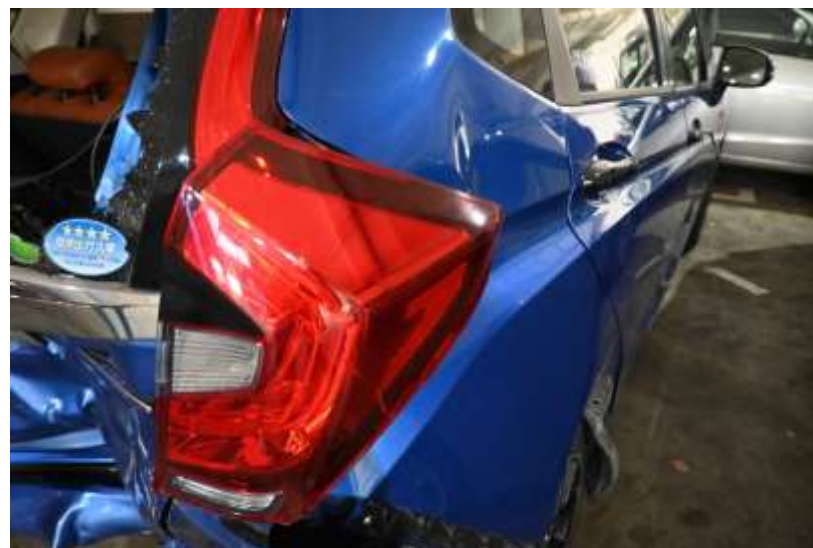
### INSPECTION PHOTOS





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Vehicle No.: SNC8018R

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Vehicle No.: SNC8018R

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Our Ref: 2023/02126  
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### INSPECTION PHOTOS





Our Ref: 2023/02126  
Vehicle No.: SNC8018R

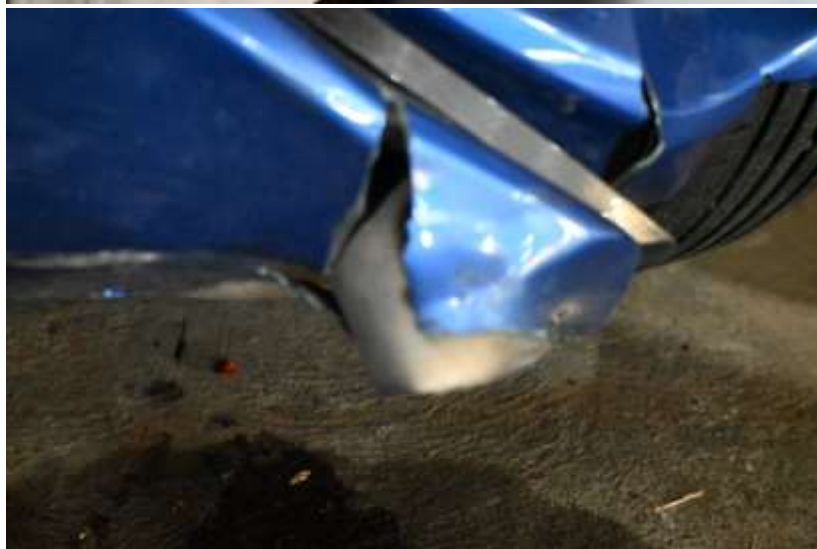
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### INSPECTION PHOTOS





Our Ref: 2023/02126  
Vehicle No.: SNC8018R

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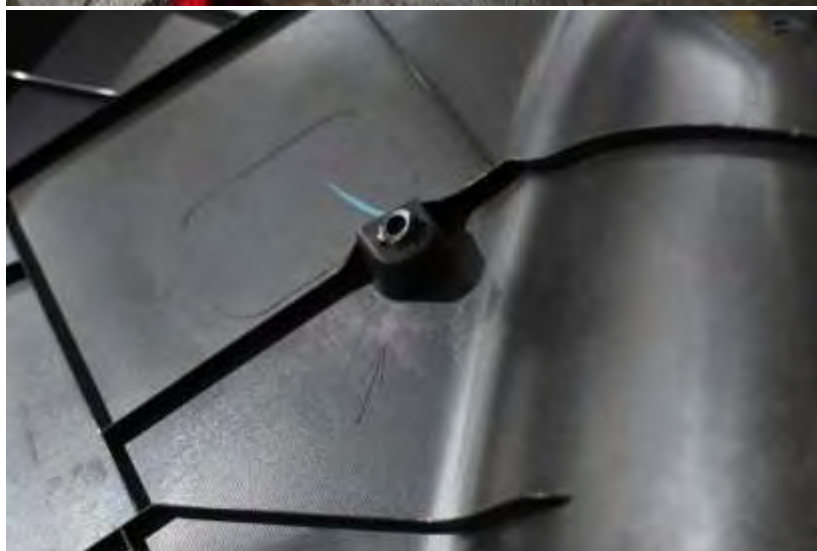
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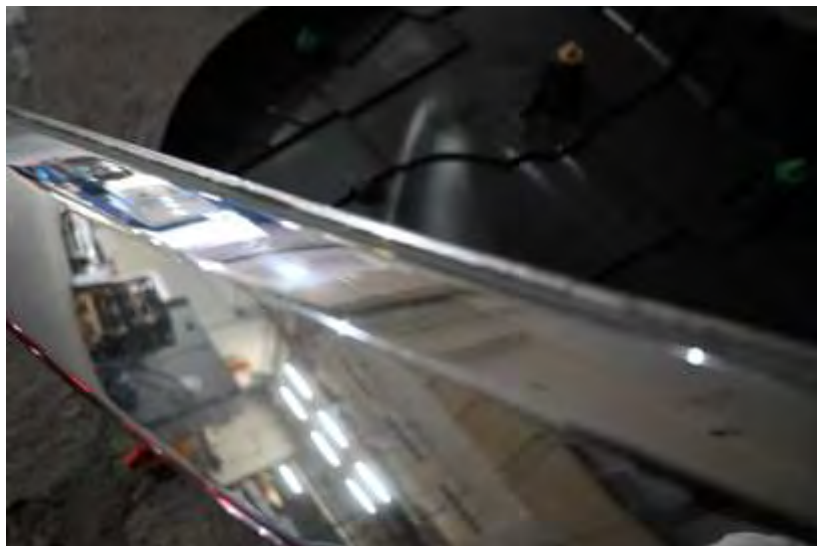
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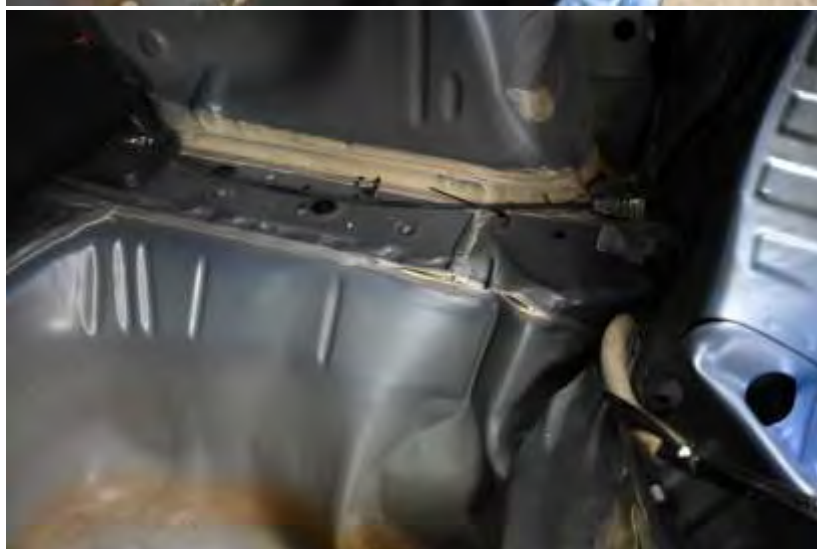
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### INSPECTION PHOTOS





Your Ref : **SLH 2907L**  
Our Ref : **JP/SW/23/SNC 8018R/JCM**  
Date : 24 February 2023

Fax : 6538 3708  
Tel : **3152 0985**  
Email : [jiapei@kscgp.com](mailto:jiapei@kscgp.com)

**Income Insurance Ltd.**

BY EMAIL ONLY

**DATE OF ACCIDENT: 23 FEBRUARY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SNC 8018R to notify you of a road traffic accident on 23 February 2023 at about 6.30 p.m. along Kallang Paya Lebar Expressway, involving our client's vehicle registration number SNC 8018R, vehicle registration number SLL 681D and vehicle registration number **SLH 2907L** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*f sw*

Enc.

Your Ref : SLL 681D  
Our Ref : **JP/SW/23/SNC 8018R/JCM**  
Date : 24 February 2023

Fax : 6538 3708  
Tel : **3152 0985**  
Email : [jiapei@kscgp.com](mailto:jiapei@kscgp.com)

**India International Insurance Pte. Ltd.**

BY EMAIL ONLY

**DATE OF ACCIDENT: 23 FEBRUARY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SNC 8018R to notify you of a road traffic accident on 23 February 2023 at about 6.30 p.m. along Kallang Paya Lebar Expressway, involving our client's vehicle registration number SNC 8018R, vehicle registration number SLH 2907L and vehicle registration number **SLL 681D** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*f sw*

Enc.



Your Ref : **SLL 681D**  
Our Ref : **JP/SW/23/SNC 8018R/JCM**  
Date : 24 February 2023

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**India International Insurance Pte. Ltd**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 23 FEBRUARY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Anthony Lim	Precise Appraisers Pte Ltd
2.	Nicky Seah	Absolute Appraisal Services Pte Ltd
3.	Andrew How	Prominent Appraiser Services Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : JCM Rental Pte. Ltd.  
1 Bukit Batok Crescent  
#04-40 WCEGA Plaza  
Singapore 658064

Contact Person/Tel : Li Shun / HP: 9099 1505

Yours faithfully,

*SW*

Enquire Vehicle's Insurance Particulars ( As At 23 Feb 2023 / 18:30:00 )

Vehicle No.:

**SLH2907L**

Make Description/Model:

**TOYOTA / SIENTA HYBRID 1.5G A**

Insurance Company Name:

**INCOME INSURANCE LIMITED**

Business Transaction Reference No.:

**20230224141501285383**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).



Enquire Vehicle's Insurance Particulars ( As At 23 Feb 2023 / 18:30:00 )

Vehicle No.:

**SLL681D**

Make Description/Model:

**TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20230224141705990895**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).



# Thank you







You have successfully logged out.

Your last login date and time was 24 Feb 2023, 14:14:06.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(S\$) 	Log Date/Time 
1	Vehicle	SLL681D	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	24 Feb 2023 / 14:17:06
2	Vehicle	SLH2907L	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	24 Feb 2023 / 14:15:01