

Surveyor:
mammen

REF: CS3 / AXA 16022871 / Ayp3-1

Special Instruction:

US: \$ 9300.00

ASSIGNMENT (Office)

From (Person): Vale On of AXA Date/Time: 28092017

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: PAA Automotive

Workshop: N-51 Automotive

OD (TP Re-inspection) / Evaluation

To Inspect Vehicle No: SKW 14666 Insured: SHC 5608D

at Workshop m/s N-51 Automotive Tel: 6842 0051

of 2 Kaki Bukit Ave 2 #01-17

Policy No: Claim No: C0410026MC / VO

Sum Insured: Excess:

Make of Veh: D.O.A. 26.11.2016

(Client's Record)

05.10.2017 (Thursday) @ 12pm

H.O.D. Enforce/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 8 days)

Date/Time: Submit Final Fig days (Red \$ / %; Original days)

| Date/Time | Action/Instruction |
|-----------|---|
| | SKW 14666 - CS3 / AXA 16022871 / Ayp3-2 |
| | SHC 5608D - X |
| | DA: 26.11.16 |
| | RECEIVED 2 - NOV 2017 |
| | W/11/17 |
| | Survey Fee \$150.00 |

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

200

1) Date/Time File Pass to

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKW1466G Yr Regn: 2015 / OctType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Altis C.C. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 172133 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104537680Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 205/55R16R: 205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/10/17Survey held at NSIDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|-------------------------------|
| | <u>TP AXA Reinspection</u> |
| | <u>US \$3,800/-</u> |
| | <u>Red (\$7,113.25 / 65%)</u> |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. _____ SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

(08/11/13) . wef

REF: **FAA**

ASS REC BY:

meffman**ASSIGNMENT**

From:

Date: **12/12/2016**

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKW1466G

at Workshop m/s

N-51 Automotive

of

2 Kaki Bukit Ave 2 #01-17

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

after 11am

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? **Yes** or No

GIA / PR Seen:

Consistent? **Yes** or No

Est. Repairs:

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No**CA / REV / REP. / 24 HRS WPI**Vehicle: **IN / OUT**

Date:

Person Contacted:

Veh No:

SKW1466G

Yr Regn:

2015 10CTType: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make:

Toyota Altisc.c. **1598**

Colour:

SilverA/C: **Insured / Std / NI / NA**

Sp. Reading:

102462T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No:

MROS3REH10453780Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt or**Brake: **Inorder / Jammed / Leaked / Burnt or**Modi: **Nil / S/Rim / STD A/Rim or**

Tyre Size:

F: 205/55R16

R:

205/55R16**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO or**

Front

Rear

R/Bal.

06 mm

R/Bal.

06 mm

L/Bal.

06 mm

L/Bal.

06 mm

D.O.A.

D.O.I.

12/12/16

Survey held at

NSIDes. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or****The U/C / Chassis frame / Body Structure affected due to collision.**

Date / Time

Action / Instruction

TPAFA

Date/Time, File Pass to?

☐**Preli. Report**

1)

☐**Final Report**

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$)

INS CASE OWNER:

Vax.

CS3/AXA160

22871, A yg 3/2

LKK:
IDAC:

Surveyor:

Gamin

DOI:

ASSIGNMENT

Date / Time:

30/11/16

Registered in Merimen:

1/12/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SAC 3008D

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : \$5

5,000.00

D.O.A. 26/11/16

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

C0440026

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SKW1466G



INSRS:

WSP:

Tel:

Liability:

RMKS:

H-51



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

13/3
Tas.
8/3

Please proceed to reject TP's claim as
driver claiming not involving if not,
DLOU ask to provide better evidence or
scene pic

TP did not provide evidence of passed
lawyer handle.

To submit P.R.I.

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call OI

After call ltr to OI

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI

Authorisation To Act

Release Voucher

Final Repair Bill

Car Rental Invoice

Towing Invoice

LTA / GIA

Medical Bill

PIR

Mandate/Reject Instruction

LOD

Payment Breakdown Form

Post-Repair Photos

Others

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(\$

x

days)

Loss of Income (LOI):

\$5

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

Total:

\$5

Global Sum \$5

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$100/

Catherine Chong (LKK Auto)

From: Celine Fong (LKKAuto) <celinefong@lkkauto.com>
Sent: Thursday, 28 September, 2017 11:47 AM
To: OH Vale; SUR; assignments
Cc: 'annatan@visionlawllc.com'
Subject: RE: YOUR REF: C0410026MC/VO - ACCIDENT INVOLVING SKW 1466 G AND SHC 5608 D ON 26-NOV-16

Dear Vale,

Thank you for the email.

Dear Catherine,

Please assist.

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: OH Vale [mailto:vale.oh@axa.com.sg]
Sent: Thursday, 28 September, 2017 11:12 AM
To: SUR <sur@lkkauto.com>
Cc: 'annatan@visionlawllc.com' <annatan@visionlawllc.com>
Subject: FW: YOUR REF: C0410026MC/VO - ACCIDENT INVOLVING SKW 1466 G AND SHC 5608 D ON 26-NOV-16

Hi Celine

Pls proceed to conduct a re-inspection of TP's vehicle, thanks.

*Please note we have terminated our fax-line. Hence, please send in your correspondences to our two common mail boxes instead. For OD/TP survey, send it to motor.survey@axa.com.sg and other correspondences send it to motor.doc@axa.com.sg, thanks.

Best Regards

Vale Oh/A.Manager – Motor Claims

AXA Insurance Pte Ltd/ 8 Shenton Way, #24-01 AXA Tower, Singapore 068811/www.axa.com.sg

vale.oh@axa.com.sg

Customer Care No. 1800 8804741



We are all born to protect, but for me it's a calling.

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redefining / insurance



**GLOBAL INSURANCE
BRAND
FOR THE 8TH
CONSECUTIVE YEAR**

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Please consider the environment before printing this email

From: Anna Tan [<mailto:annatan@visionlawllc.com>]

Sent: Wednesday, September 27, 2017 9:57 AM

To: OH Vale <vale.oh@axa.com.sg>

Cc: SG AXA Insurance SM Motor Doc <motor.doc@axa.com.sg>

Subject: YOUR REF: C0410026MC/VO - ACCIDENT INVOLVING SKW 1466 G AND SHC 5608 D ON 26-NOV-16

URGENT

without prejudice save as to cost

OUR REF: AKN-atv-INS-N63-102326-17

Dear Vale,

We refer to the above matter.

We have made an arrangement for our client's vehicle **SKW 1466 G** to be available for a re-inspection on the following date, time and venue:

(a) Date : 5th October 2017 [Thursday]

(b) Time : 12pm[Sharp]

(c) Place : N-51 AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

1 Kaki Bukit Avenue 2 #01-17/18

Singapore 417921

(d) Tel : 6842-0051 [Contact: Emily]

Please note that our client will not accede to any further requests for a physical reinspection thereafter.

Kindly ensure that your appointed surveyor attends to the above without fail.

Please also let us have your written confirmation on the above arrangement.

Regards,

Ms Anna Tan
VISION LAW LLC
Tel: 65342811 ext 124
Fax: 65356802

cc. client (By fax 6741-0510 only – SKW 1466 G)

VISION LAW LLC
Advocates & Solicitors
(Incorporated with limited liability)
Unique Entity No. 200721148H
Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413
Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490

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VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN

Unique Entity Number: 200721148H

HEAD OFFICE:
TEL : (65) 65342811 (Hunting)
FAX : (65) 65356802 (General)

PAUL CHOW CHAI YAN

ANNA CHOW CHAI YAN

SEAN CHOW CHAI YAN

TIMOTHY ANANDARAJU

SHUBH PATEL

ONG BOON HEE

ANG KIM MEE HIAN

RAJENDRA KRISHNASAMI

TAY HAO LIN

JASJIT SINGH

✓Head Office:

133 New Bridge Road

#18-01/02 Chinatown Point

Singapore 0594 1333

Branch:

490 Toa Payoh Lorong 5

#03-11 HDB Hub

Singapore 310410

Branch:

133 New Bridge Road

#10-03 Chinatown Point

Singapore 059411

E-MAIL: anniston@visionlawllc.com

BRANCH

BRANCH

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this

Our Ref : AKN-atv-Ins-N63-102326-17

Your Ref : SHC 5608 D

Date: 31 May 2017

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claims Department

TRANS-CAB SERVICES PTE LTD

2 Ang Mo Kio Street 63

Singapore 569111

URGENT

61081887

**WITHOUT PREJUDICE
BY HAND**

RECEIVED
02 JUN 2017

CERTIFICATE OF POSTING
[For your information only]

Dear Sir,

CLAIMANT : TWINCAR LEASING PTE LTD

ACCIDENT INVOLVING SKW 1466 G & SHC 5608 D ON 26-NOV-2016 ALONG STEVENS ROAD TOWARDS PIE AT ABOUT 0035HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **26-NOV-2016 ALONG STEVENS ROAD TOWARDS PIE AT ABOUT 0035HOURS** involving our client's vehicle registration number **SKW 1466 G** and vehicle registration number **SHC 5608 D** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and/or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

| | | |
|-----|---|------------|
| 01. | Cost of Repair | \$9,951.00 |
| 02. | Loss of Hire for 8 days at \$120.00 per day | \$ 960.00 |
| 03. | Additional 2 days loss of hire for pre repair | \$ 240.00 |
| 04. | Survey report fees | \$ 782.00 |
| 05. | Police & LTA search / report fees | \$ 43.35 |
| 06. | Cost Contribution (at this stage) | \$2,675.00 |
| 07. | Disbursements (at this stage) | \$ 50.00 |

TOTAL \$14,701.35

.../2 to be continued next page

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VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AKN-atv-Ins-N63-102326-17
Your Ref : SHC 5608 D

Date: 31 May 2017

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claims Department

TRANS-CAB SERVICES PTE LTD

2 Ang Mo Kio Street 63
Singapore 569111

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA and Police report lodged by driver of SKW 1466 G;
 - (b) Video footage of accident;
 - (c) LTANet Search;
 - (d) Certificate of Insurance;
 - (e) Registration Card;
 - (f) Final Repair Bill;
 - (g) Surveyor's report & invoice; and
 - (h) **57 coloured photographs** depicting the damages to motor vehicle SKW 1466 G.
- (P.S:- Original photographs will be sent to insurance co. only)


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

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully


(HEAD OFFICE)
Enc. (By PDX Only)

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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 ability.
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 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 Report | 29/11/2016 17:11 |
| Date Of Accident | 26/11/2016 00:35 |
| Exact Location Of Accident | STEVEN RD TOWARDS PIE BEFORE BUKIT TIMAH JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|--|-----------------------------------|
| Vehicle Registration Number | SKW1466G |
| Insured/Policyholder | |
| Name Of Registered Owner | TWINCAR LEASING PTE LTD |
| Co Reg No | 201533046C |
| Email Address | SALES@N51.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | Office-68420051 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 CLASSIC CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | No |
| If No, Please state action to be taken | Third Party |
| Vehicle Category | Private Car |
| Insurance Company | |
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | SD16V13469/VPZ/R01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOW SWEE KUAN |
| NRIC No | S7221970H |
| Date Of Birth | 29/05/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/11/1993 |
| Driving Experience | 23 Years And 0 Months |
| Gender | Male |
| Mobile Number | (Local) +65-93895193 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 890B TAMPINES AVE 1, #07-329 |
| Postcode | 522890 |
| Was driver an employee of the Insured's Company | No |
| If No, Relationship of the Driver with the Insured | Other - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------|
| Type Of Accident | Hit and run |
| Weather Conditions | Raining |
| Road Surface | Wet |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | No |
| Was any body injured in the Accident? | Yes |
| Was any other material or property damaged? | Yes |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | No |
| Number of Passengers (Including Driver) | 2 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| If Yes, Please state which Police Station | |
| Police Station Name | Traffic Police Division Hq |
| Police Station Address | ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO. T/20161126/2108

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHC5608D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|--|---------------|
| Name | LOW SWEE KUAN |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SKW1466G |
| Were seat belts worn? | |
| Was injured conveyed to hospital by ambulance? | No |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
2. The Form must be completed by the Policyholder and/or the Authorised 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. 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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.



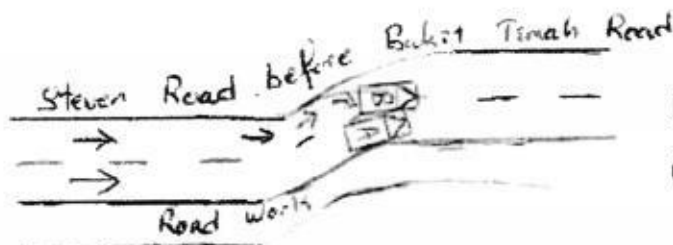
Policyholder's Signature / Date & Time

Sketch Plan

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

24/11/16

Witnessed by Reporting Centre Personnel



(A) SKW 1466G

(B) SHC 5608D

Signature

Sketch Plan #2

Describe Circumstances of the Accident

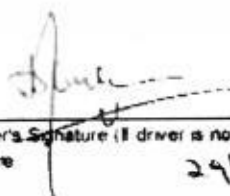
Pls Refer To Police Report
No T/2016/1126/210A

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

29/11/16



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20161126/2108

1 of 3

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

Report No. T/20161126/2108

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 26/11/2016 15:59 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LOW SWEE KUAN | | | Address: APT BLK 890B TAMPINES AVE 1 #07-329 SINGAPORE 522890 | | |
| ID Type / ID No.: NRIC NO / S7221970H | | | Contact No.: Home/Office: Mobile: 93895193 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 29/05/1972 | Type of Informant: Driver | | |
| Race: | | | Language: | | Institution / School Name: |
| Occupation: DRIVER (GRAB CAR) | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 26/11/2016 00:35 | Type of Location: Straight Road |
| Location: Along Road 1 STEVENS ROAD BEFORE BUKIT TIMAH JUNCTION | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| 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 | Condition | No of |
|-------------|------|------|-------|-------|------------------|-------|
| SHC5608D | Car | | | | | 0 |
| SKW1466G | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20161126/2108

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

2 of 3

Report No. T/20161126/2108

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Driver | | | |
| Name | LOW SWEE KUAN | ID No. | S7221970H |
| Related Vehicle | SKW1466G (Car) | Contact No. | 93895193 |
| 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 |

Brief Details.

ON THE ABOVE DATE AND TIME, I WAS IN THE EXTREME RIGHT LANE OF TWO LANES. A RED TAXI ON MY LEFT RECKLESSLY AND AGGRESSIVELY CUT INTO MY LANE, WITHOUT SIGNAL, IN FRONT OF ME, AND HIT THE FRONT LEFT SIDE OF MY CAR WHILE DOING SO. THE TAXI THEN SPED OFF AND CHANGED LANE TO THE EXTREME LEFT AND TURNED ONTO BUKIT TIMAH AND WENT OFF, HE KEPT APPLYING HIS BRAKE WHILE DOING SO. MY CAR SUFFERED SOME SCRATCHES, DENTING AND PAINT TRANSFER ON THE FRONT LEFT SIDE. I WAS NOT INJURED. THAT'S ALL.



**SINGAPORE
POLICE FORCE**

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



T/20161126/2108

3 of 3

Report No. T/20161126/2108

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
TP /
SARHAN SAYED HASSAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ZAINI BIN MOHAMED SALLEH
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/11/2016 15:59

Classification Of Case:

SINGAPORE
POLICE FORCE

Signatures:



Accident Photo



Accident Photo



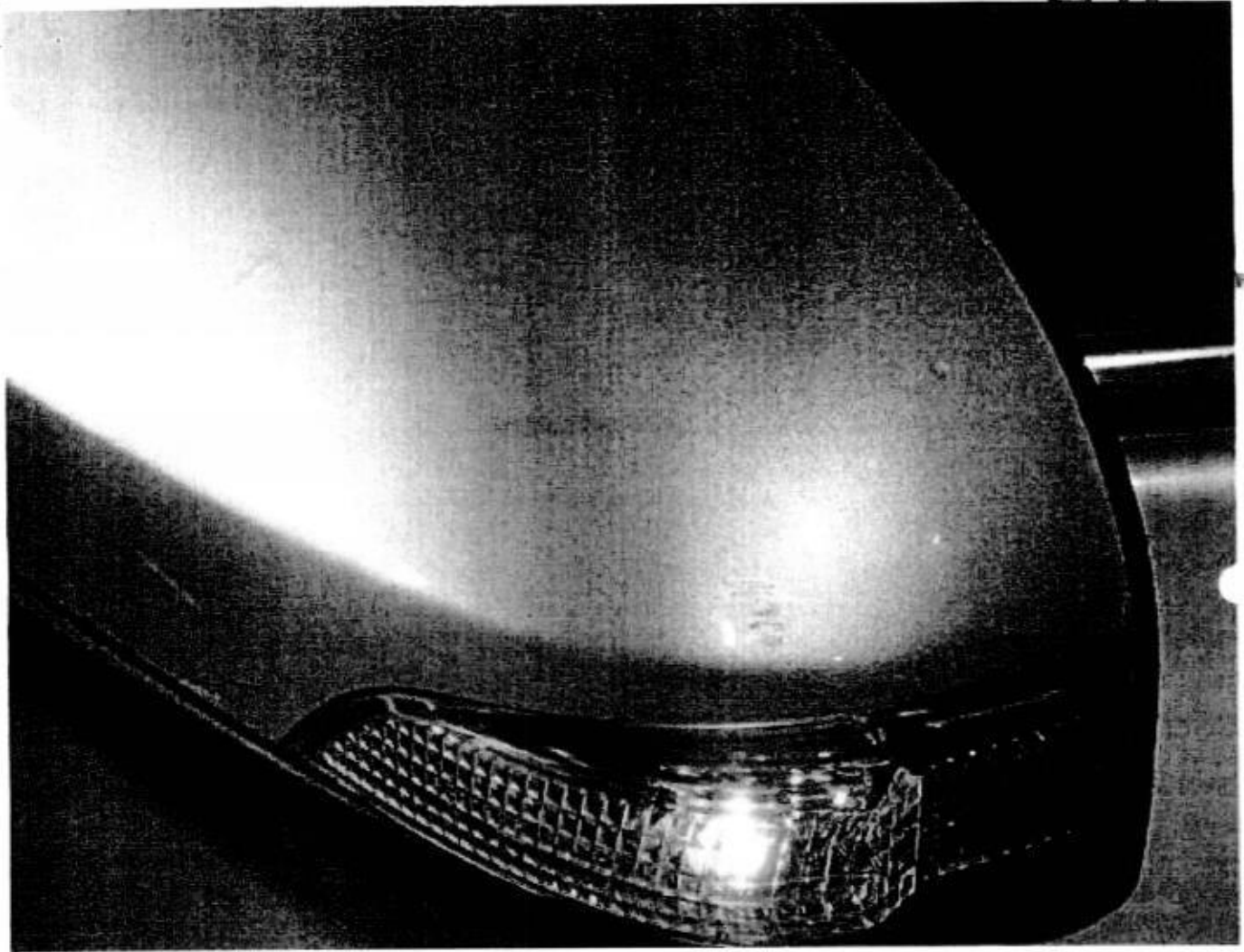
Accident Photo

BW



Chassis No

| TOYOTA MOTOR CORPORATION | | | | |
|---|-------------------|-------|---------|----|
| MODEL | ZRE171R-GEXGKZ | | | |
| ENGINE | 1ZR-FE | | | |
| FRAME No. | MR053REH104537680 | | | |
| COLOR | TRIM | PLANT | GVM(kg) | |
| 1D4 | FB21 | Z35 | 1598 mL | |
| TV/A/BUILT | K313 | -09A | JUL | 15 |
| MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND | | | | |



Accident Photo



Accident Photo





SINGAPORE POLICE FORCE



T/20161126/2108

1 of 3

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

Report No. T/20161126/2108

REPORT OF A TRAFFIC ACCIDENT

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|--|------------|------------------------------|---|----------------------------|--|
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| Informant's Particulars | | | | | |
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| ID Type / ID No.: NRIC NO / S7221970H | | | Contact No.: Home/Office: Mobile: 93895193 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 29/05/1972 | Type of Informant: Driver | | |
| Race: | | Language: | | Institution / School Name: | |
| Occupation: DRIVER (GRAB CAR) | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

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| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
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Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------|------|-------|-------|------------------|-------|
| SHC5608D | Car | | | | | 0 |
| SKW1466G | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |