

REF: CS/GAL17020666/Gd02

Special Instruction:

L/S: \$ 25700.00

Third Parties:

Claimant:

Surveyor: Sincere Appraisal

Workshop: Xin Yun Auto

From (Person): Sharon Ng of GAL Date/Time: 17.10.2017
Estimated Cost: _____ Bill to: _____

OD(TP Re-inspection) / Evaluation

To Inspect Vehicle No: SKV B962U Insured: SLN 1901C
at Workshop m/s Xin Yun Auto Tel: 9389 1666 (Fubian)
of Blk 1 Kaki Bukit Ave 6 #01-59

Policy No: _____ Claim No: CLMOMYC000000868

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24.05.2017

(Client's Record)

31.10.2017 (Tuesday) @ 10.30am

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 10/11/2020 Confirmed with 10 Final Fig _____, _____ days (Red S _____/____%; Original 14 days)

Date/Time: 19/12/17 Submit Final Fig 15200, 12 days (Red \$ 10500, 41 %; Original 4 days)

Date/Time	Action/Instruction
	BK 8 Kaki Bukit Ave 4 #05-73
	SKV 596211 - CC4 / DAI 17010344 / mip63g2 SLN F01C - NA / DAE F010 BKS / h4 L
	DCA: JH05A DOA: JH05A

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

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

RECEIVED 20 DEC 2014

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

450

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 _____

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.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. 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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

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

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

Survey Fee:

Transportation

) \$ - RS \$

) Photos

) Others

TOTAL

[Signature]

19/12/2017




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI17020666/qb	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 30-10-2017	
Code : GAI			
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SLN 1901C	Veh. Inspected	SKV 5962U
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000000868	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	17/10/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	24/05/2017	Inspection Date	31/10/2017
Survey held at	8 KAKI BUKIT AVE 4 #05-23		
Repairer	XIN YUN AUTO PTE LTD		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Catherine Chong (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Tuesday, 17 October, 2017 11:50 AM
To: Catherine Chong (LKK Auto)
Cc: assignments@lkkauto.com; Tan, Angela
Subject: TP RE-INSPECTION TO SKV5962U - Our insd. SLN1901C - Our ref: CLMOMVC000000868
Attachments: Insd - SLN1901C (4th - last vehicle).PDF; TP - SHD3394C (2nd vehicle).PDF; TP - SKE8194P (1st vehicle).PDF; TP - SKV5962U (3rd vehicle).PDF

Dear Catherine

TP RE-INSPECTION to SKV5962U

Please contact Huiling from RIAZ LLC at Tel: 6534 0110 for this assignment.

Will forward the survey report and photographs to you shortly.

Thank you.

Regards
Sharon Ng
Great American
DID: 6804 7845

From: Ng, Sharon
Sent: Tuesday, October 17, 2017 11:45 AM
To: 'Huiling' <riaz@justice.com.sg>
Cc: Tan, Angela <Angela.Tan@sg.gaig.com>
Subject: RE: Your ref: CLMOMVC000000868 (SLN 1901C) OUR REF: 509632.V

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Huiling

As spoken, you confirmed that Writ has been issued and **you will hold hands from serving the Writ against our insured and driver.**

We are arranging for the reinspection to be conducted to your client's vehicle no. SKV5962U and will inform LKK Auto Consultants to make the necessary arrangement with you/your client.

In the meantime, please forward us a copy of the Writ too.

Regards
Sharon Ng
Great American

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Catherine Chong (LKK Auto)

From: Huiling <riaz@justice.com.sg>
Sent: Tuesday, 24 October, 2017 2:11 PM
To: 'Ng, Sharon'
Cc: 'Tan, Angela'; 'catherine'; 'Xin Yun Auto'
Subject: RE: Your ref: CLMOMVC000000868 (SLN 1901C) OUR REF: 509632.V

WITHOUT PREJUDICE

Dear Sharon,

We refer to your below email.

Please note that the RI have been schedule as follow:

Date: 31.10.2017
Time: 10.30 am
Venue: xinyun auto pte ltd

Contact: 8138 5524 owner / 9389 1666 mr fabian.

Please let us have your confirmation urgently

Thanks and Best Regards,

HUILING

RIAZ LLC
133 NEW BRIDGE ROAD
09-09 CHINATOWN POINT
SINGAPORE 059413
TEL : 6534-0110 FAX : 6534-0220

**** DISCLAIMER****

THIS EMAIL AND ANY FILES TRANSMITTED WITH IT ARE CONFIDENTIAL AND SUBJECT TO LEGAL PROFESSIONAL PRIVILEGE AND INTENDED SOLELY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHO THEY ARE ADDRESSED. IF YOU HAVE RECEIVED THIS EMAIL IN ERROR PLEASE NOTIFY THE SYSTEM MANAGER. THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION AND IS INTENDED ONLY FOR THE INDIVIDUAL NAMED. IF YOU ARE NOT THE NAMED ADDRESSEE YOU SHOULD NOT DISSEMINATE, DISTRIBUTE OR COPY THIS EMAIL. PLEASE NOTIFY THE SENDER IMMEDIATELY BY EMAIL IF YOU HAVE RECEIVED THIS EMAIL BY MISTAKE AND DELETE THIS EMAIL FROM YOUR SYSTEM. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE NOTIFIED THAT DISCLOSING, COPYING, DISTRIBUTING OR TAKING ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED.

From: Huiling [mailto:riaz@justice.com.sg]
Sent: Tuesday, 17 October, 2017 12:03 PM
To: 'Ng, Sharon' <Sharon.Ng@sg.gaig.com>
Cc: 'Tan, Angela' <Angela.Tan@sg.gaig.com>
Subject: RE: Your ref: CLMOMVC000000868 (SLN 1901C) OUR REF: 509632.V

WITHOUT PREJUDICE

Dear Sharon,

We already sent to you on last week ya.



Xin Yun Auto Private Limited

辛运汽车服务有限公司

Fabian Teo 张智强

Operation Manager

HP: +65 9839 1666

- Insurance Claim
- Spray Painting & Panel Beating
- Repair & Servicing
- Car / General Insurance

Tel: 6634 0858 Email: xinyunauto1@gmail.com
Address: Blk 8 Kaki Bukit Avenue 4 #05-23 Premier
@ Kaki Bukit Singapore 415875

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	26/05/2017 13:13
Date Of Accident	24/05/2017 19:35
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8194P
Insured/Policyholder	
Name Of Registered Owner	PREMIER RENT A CAR PTE LTD
Co Reg No	200612929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62141101

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	B 28944751 TMC
Cover Note Number	

Driver

Name of Driver	SEOW WEE HIONG
NRIC No	S2188417J
Date Of Birth	14/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84998658
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RENTAL

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION- CHAIN COLLISION

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH

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 SHD3394C

Vehicle Make/Model/Colour COMFORT TAXI

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV5962U

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN

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

Sketch Plan

SKETCH PLAN

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 willful misreporting or withholding of material facts may allow insurance companies to reassess 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 to the Risk Policy Management Centre (RPWC) under the Motor Insurance Association of Singapore (MIA) for archiving and that copies of the report will from time to time 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 be 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 my "Personal Information") and disclose and transfer such Personal Information to all individual(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in the 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 in responding to enquiries by me;
(iv) administering my claims (including the making of correspondence, statements, enquiry reports or information) which could involve disclosure of certain personal data about me to my insurer, Insurers, Insurers' lawyers-law firms, relevant government agency/authority, 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 who are asked 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.

PREMIER RENT A CAR PTE LTD
23 CHANGI SOUTH AVE 2
01-03
SINGAPORE 496443
TEL : 6214 1101

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A	A: SHERWIN H P
B	B: SHIP33 INC
C	C: SHIP33 INC
D	D: JUAN H W W

Sketch Plan #2

Describe Circumstance of the Accident.

ON THE DAY 24.05.17 @1937HRS, I WAS DRIVING MY VEHICLE SKE8194P, TRAVELING ALONG AYE TOWARDS TUAS ON LANE 2.

TRAFFIC WAS CONGESTED AND SLOW MOVING DURING THE POINT OF TIME. SUDDENLY I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE.

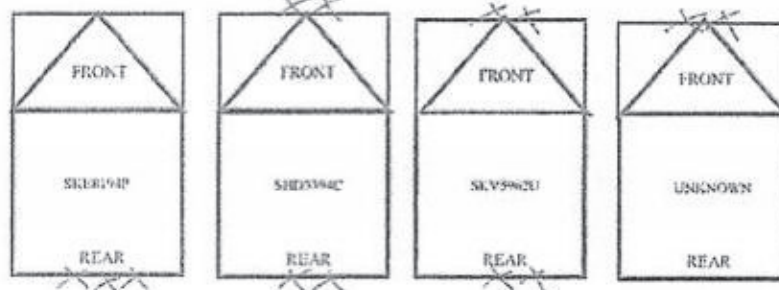
UPON ALIGHTING, I NOTICED CHAIN COLLISION INVOLVED. VEHICLE B(SHD3394C) HIT ONTO THE REAR PORTION OF MY VEHICLE, AND BEHIND VEHICLE B THERE ARE 2 MORE VEHICLES- C & D

DUE TO THE IMPACT, MY VEHICLE WAS DAMAGED ON THE REAR PORTION.

NO INJURIES INVOLVED.

VEHICLE B GOT 2 PASSENGERS ONBOARD, I AM NOT SURE THE NO. OF PASSENGER ONBOARD VEHICLE C & D.

DAMAGES FOUND ON VEHICLE A, B, C & D



X
Driver's Signature
5/26/2017 10:19 AM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	25/05/2017 14:44
Date Of Accident	24/05/2017 19:45
Exact Location Of Accident	AYE TWDS JURONG NEAR CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3394C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	LIM CHOON HONG
NRIC No	S1236794E
Date Of Birth	30/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1982
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	115B #03-827 YISHUN RING ROAD
Postcode	762115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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 [OTHER]	CHANGI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV5962U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	81385524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE8194P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	84998658
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 3

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

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LIM CHOON HONG
Approximate Age	60
Injuries Sustain	NECK,BACK,SHOULDER,GIDDY
Injured person in which vehicle?	SHD3394C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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 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.

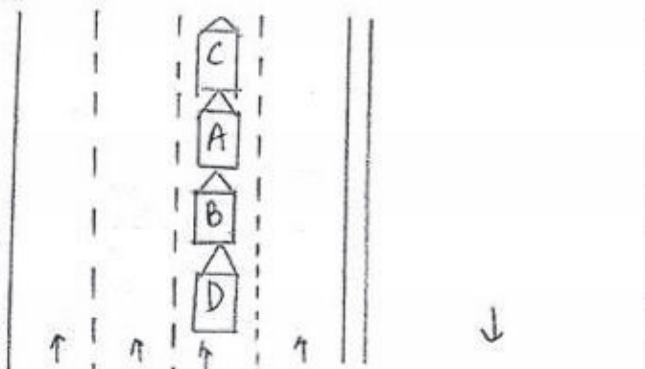
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 25.05.2017 @ 14:30 Hrs

Rubbini
Witnessed by Reporting Centre Personnel

Sketch Plan



Along AYE Towards Jurong Near Clementi Road Exit



**SINGAPORE
POLICE FORCE**



T/20170525/2054

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

*Report No. T/20170525/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2017 11:50		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: LIM CHOON HONG			Address: APT BLK 115B YISHUN RING ROAD #03-827 SINGAPORE 762115		
ID Type / ID No.: NRIC NO / S1236794E			Contact No.: Home/Office: Mobile: 92952430		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 30/10/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2017 19:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE/Jurong				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3394C	TAXI				Slightly Damaged	1
SKE8194P						0
SKV5962U						0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20170525/2054

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20170525/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHD3394C	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0016	01/01/2015	31/12/2017

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHOON HONG		ID No. S1236794E
Related Vehicle	SHD3394C (TAXI)		Contact No. 92952430
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/05/2017		Date Discharge 24/05/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 24/05/2017 at about 1945hrs, I was travelling along AYE/Jurong when the vehicle (SKE8194P) which was at the front of my vehicle started to slow down. I then followed after. Later, one vehicle (SKV5962U) that was travelling at a fast speed hit onto the rear of my vehicle and causing my vehicle to move forward and hit onto the rear of the vehicle (SKE8194P) which was at the front.

We then went out of our said vehicles to take photos of the accident and also to exchange particulars. I then proceeded to Mount Alvernia Hospital to consult a doctor and was given 5 days MC. I sustained pains on my back.



**SINGAPORE
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T/20170525/2054

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Report No. T/20170525/2054

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: G / Sgt SHAHIZWAN BIN SHAH BUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2017 11:50
Officer In Charge Of Case: TP / AEIT / SSI NEO CHENG BEET, CECILIA Contact No.: 65476184	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	SN T60

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	25/05/2017 13:45
Date Of Accident	24/05/2017 19:30
Exact Location Of Accident	AYE TWDS TUAS B4 BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5962U
Insured/Policyholder	
Name Of Registered Owner	NEO TIAU HWEE
NRIC No	S8004372D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81385524
Alternative Phone No	OFFICE-81385524

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00323591
Cover Note Number	-

Driver

Name of Driver	NEO TIAU HWEE
NRIC No	S8004372D
Date Of Birth	07/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81385524
Fax Number	
Contact Number	OFFICE-81385524
Email Address	NOEMAIL