

**KIAN TEONG AUTO CENTRE**

*Blk 176 Sin Ming Drive #01-08, Sin Ming AutoCare
Singapore 575721*

Tel: 64556268 Fax: 64555166



TO: INDIA INSURANCE

DATE: 30/11/2017

ATTN:MOTOR CLAIM DEPT

OUR REF: KT/8054/2017

TEL:

FAX:

RE: PRE-REPAIR SURVEY - SLS8054A

Please find attached accident report for your reference and kindly arrange your surveyor to drop by our workshop at the above address for pre-inspection. Our insured vehicle is SLS8054A, your insured vehicle number SHA3205G. As your authorized workshop, direct settlement is our priority.

Your kind assistance on above matter would be appreciated

Thanks & Regards,

Wendy Siew

Hp: 91786498

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Dec 2017 / 12:09:36

Receipt Date/Time : 01 Dec 2017 / 12:09:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171201-000792

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 - SHA3205G As at 25 Nov 2017/23:59:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHA3205G Enquiry Fee 20171201120740260822	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	xxxxxxxxxxxx2042 Credit Card: Visa/MasterCard			5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

MAI17155822 / Autolulion Industrial Pte Ltd - Ubi
ENTRY DATE & TIME: 25/11/2017 11:22

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 willful 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 25/11/2017 11:22
Date Of Accident 25/11/2017 10:30
Exact Location Of Accident ALONG SERANGOON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS8054A
Insured/Policyholder
Name Of Registered Owner TAN CHEH NGEN
NRIC No S0016825D
Email Address PANCHEHNGEN@GMAIL.COM
Mobile Phone No (LOCAL) +65-96354252
Alternative Phone No HOME-65562124

Vehicle Particulars

Manufacturer NISSAN
Model QASHQAI-1.2 DIG-T (J11) (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 1700062338
Cover Note Number 06/10/2017 - 05/10/2018

Driver

Name of Driver TAN CHEH NGEN
NRIC No S0016825D
Date Of Birth 28/09/1953
Occupation INDOOR
Date Of Driving Pass 24/04/1975
Driving Experience 42 YEARS AND 7 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96354252
Fax Number
Contact Number HOME-65562124
Email Address PANCHEHNGEN@GMAIL.COM

Address 43 CHUAN GARDEN
 Postcode 558500
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

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. NO
 Number of Passengers (Including Driver) 1

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 ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

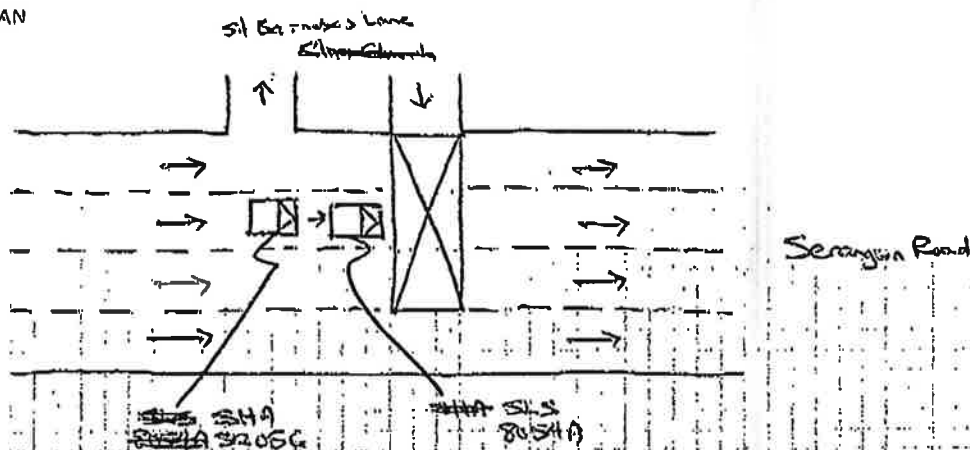
Vehicle Registration Number SHA3205G
 Vehicle Make/Model/Colour HYUNDAI I40 COMFORT BLUE TAXI
 Details Of Properties
 Name of Driver QUEK CHIN CHONG
 NRIC/Passport Number S0169508H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Serangoon Road towards Upper Serangoon Road when suddenly a vehicle in front of mine made an emergency brake. I tried to stop my vehicle to avoid collision and manage to stop in time but the taxi SIA 3205C could not and hit the back of vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/11/17

GIATM SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6446 7483

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2


Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time: 25/11/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: