

22/03/2001

ASS. REC. BY:

REF:

CS/MSG18000094/N-1

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Irene Tan

of

MEIG

Date/Time: 8/1/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHB 7549H

Insured: SKN 66728

at Workshop m/s

Tel:

of

Policy No:

Claim No: 542842

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time Action/Instruction ( ) Estimate

9/10/2017 SHB 7549H - CC3/FCI12019303/KVN DOA: 25/9/2012

27/11/2017 SHB 7549H - CC3/AXA17022558/Kyb3 DOA: 16/11/2017

8800r

Veron Chen (LKKAUTO)

---

**From:** Bryan Ang (LKKAUTO)  
**Sent:** Monday, 8 January, 2018 6:11 PM  
**To:** Irene Tan; KKLau; SUR; Naz (LKKAUTO)  
**Cc:** Veron Chen (LKKAUTO); Shiao Chan (LKKAUTO); Admin-D (LKKAUTO); assignments  
**Subject:** RE: Mr Kenneth Kong's survey on taxi SHB7549H and our new additional instruction for your Consistency Damage report; Our claim no.: 542842/IT

Dear Naz

In view of the no collision claim by the insured, please proceed to carry out a height measurement report.

To arrange a meeting with the insured driver and to inspect the insured vehicle.

Documents can be found in Merimen.

Best Regards,

**Bryan Ang**

**LKK Auto Consultants Pte Ltd**

phone: 6256-3561 | email: [bryanang@lkkauto.com](mailto:bryanang@lkkauto.com) | fax: 6741-4108

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



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**From:** Irene Tan [mailto:[irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)]

**Sent:** Monday, 8 January 2018 2:17 PM

**To:** KKLau <[kklau@lkkauto.com](mailto:kklau@lkkauto.com)>; Bryan Ang (LKKAUTO) <[bryanang@lkkauto.com](mailto:bryanang@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Cc:** Veron Chen (LKKAUTO) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>; Shiao Chan (LKKAUTO) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>; Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Subject:** FW: Mr Kenneth Kong's survey on taxi SHB7549H and our new additional instruction for your Consistency Damage report; Our claim no.: 542842/IT

**Importance:** High

Good afternoon Mr Lau & Bryan,

**Our insured's driver: Ms Mak Ya Ting**

**Insured's vehicle no.: SKN6672S**

Further to our instruction email as below, please see our insured driver's email informing that she would co-operate as below:

**From:** tingting mak <tingtingmak@gmail.com>  
**Sent:** Monday, 8 January, 2018 2:05 PM  
**To:** Irene Tan  
**Cc:** Victor Chu  
**Subject:** Re: Road accident on 27.12.17 involving taxi SHB7549H; Our claim no.: 542842/IT

Dear Irene,

Many thanks for escalating my doubt to the surveyor. Will be cooperate by providing as much information as possible when LKK Auto Consultants reaches out.

Best regards,  
Yating

On Mon, Jan 8, 2018 at 1:47 PM, Irene Tan <[irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)> wrote:

Dear Ya Ting,

Thanks for your email of this morning which has been forwarded to our surveyor in M/s. LKK Auto Consultants Pte Ltd to investigate into the points raised by you in your accident report and your suspicion that the taxi driver is making a false claim with a pre-existing damage.

Do expect a phone call from a staff from M/s. LKK Auto Consultants Pte Ltd for an appointment and please inform your husband who is the car owner to expect same.

Please render your usual full co-operation and assistance when called upon.

Best Regards

Irene Tan

Senior Executive, Claims Services (Motor)

Direct line +65 6594 2541 | Direct fax +65 6225 7402 | [irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)



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2016

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9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | [msig.com.sg](http://msig.com.sg)



A Member of **MS&AD** INSURANCE GROUP

**From:** Irene Tan

**Sent:** Monday, 8 January, 2018 1:37 PM

**To:** KK Lau <[kklau@lkkauto.com](mailto:kklau@lkkauto.com)>; 'Bryan Ang (LKKAuto)' <[bryanang@lkkauto.com](mailto:bryanang@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Cc:** Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>; Shiau Chan (LKKAuto) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>

**Subject:** Mr Kenneth Kong's survey on taxi SHB7549H and our new additional instruction for your Consistency Damage report; Our claim no.: 542842/IT

**Importance:** High

**FOR YOUR IMMEDIATE ACTION, PLEASE**

Good afternoon Mr Lau & Bryan,

**Insured's driver: Ms Mak Ya Ting**

**Insured's vehicle no.: SKN6672S**

**Our insured: Mr Chu Jyh Jeng**

Mr Kenneth Kong had indicated the revised amount on the total repair costs @\$200 in his Preliminary Advice dated 4.1.18.

But please see our insured driver's comments in her email below and refer to her accident scene pictures enclosed with her late accident report. See attached.

Thereafter, please investigate and let us have your consistency damage report.

Insured driver can be contacted @98629141 and her husband (car owner/policyholder) can be contacted @93807089.

We shall give written notice to insured driver and/or her husband to expect a call from your Company and to render full co-operation when called upon.

Meanwhile, please acknowledge receipt of this new instruction for your consistency damage report asap.

Best Regards

Irene Tan

Senior Executive, Claims Services (Motor)

Direct line +65 6594 2541 | Direct fax +65 6225 7402 | [irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)



Insurer Claims  
Team of the Year  
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | [msig.com.sg](http://msig.com.sg)



A Member of **MS&AD** INSURANCE GROUP

**From:** tingting mak [<mailto:tingtingmak@gmail.com>]

**Sent:** Monday, 8 January, 2018 11:03 AM

**To:** Irene Tan <[irene\\_tan@sg.msig-asia.com](mailto:irene_tan@sg.msig-asia.com)>

**Subject:** Re: Road accident on 27.12.17 involving taxi SHB7549H; Our claim no.: 542842/IT

Hi Irene,



Thanks for providing the information of TransCab's accident department. However, after much consideration, I've decided not to go for private settlement as **I insist that I didn't hit on the taxi and deny the claims against me.** I've written in my report clearly that **I didn't feel any collision or knock on the other party's car, there was also no scratch or dent** when we inspected the car on the spot. **I am doubtful about the damage amounting to S\$200 lodged against me and I reserve the right to suspect that the driver is making a false claim against me with a pre-existing condition (damage) in the vehicle.**

I'd like to know the assessment of the surveyor in terms of the damages and repair required before agreeing to pay the other party's damage. Kindly advise the necessary.

Appreciate if you could get back to me on the above issue raised. Thank you.

Best regards,  
Yating

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CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

CP

GIA Report

MTC51717000 / Trans-Cab Services Pte Ltd - HQ  
 ENTRY DATE & TIME: 27/12/2017 16:58  
 SUBMITTED BY: ROEL O. CRUZ

## 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 27/12/2017 16:58  
 Date Of Accident 27/12/2017 08:50  
 Exact Location Of Accident BISHAN MRT STATION TAXI STAND  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7549H  
 Insured/Policyholder  
 Name Of Registered Owner TRANS-CAB SERVICES PTE LTD  
 Co Reg No 200303878K  
 Email Address CLAIMS@TRANSCAB.COM.SG  
 Mobile Phone No  
 Alternative Phone No OFFICE-62876666

## Vehicle Particulars

Manufacturer CHEVROLET  
 Model EPICA-2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (A)  
 Exact Purpose for which vehicle was being used at time of accident HIRE AND REWARD  
 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 AXA INSURANCE PTE LTD  
 Type Of Coverage THIRD PARTY  
 Fleet Policy YES  
 Policy Number VPX/P1680520  
 Cover Note Number

## Driver

Name of Driver WANG HUI-LIH  
 NRIC No S2220654J  
 Date Of Birth 08/01/1962  
 Occupation OUTDOOR  
 Date Of Driving Pass 22/12/1999  
 Driving Experience 18 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-90089658  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

01 SKN66729 ALLEGED COLLIDED  
 WITH  
 SHB7549H

Address BLK 809 WOODLANDS STREET 81  
 #04-165  
 Postcode 730809  
 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 -  
 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  
 Number of vehicles involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? 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

On the 27.12.2017 at about 0849 hours, I was travelling straight on the 3rd lane along Bishan Road with the intention to inch into the taxi stand after checking for oncoming vehicles and signalled left but before entering taxi stand I felt an impact from my rear. I alighted to check and realised that Vehicle B(SKN6672S) front portion had hit onto my taxi's rear portion.

#### 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 SKN6672S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver MAK YA TING  
 NRIC/Passport Number S8575232D  
 Contact Number 98629141  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

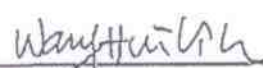
SKETCH PLANIMPORTANT NOTICE

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 regulate 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.

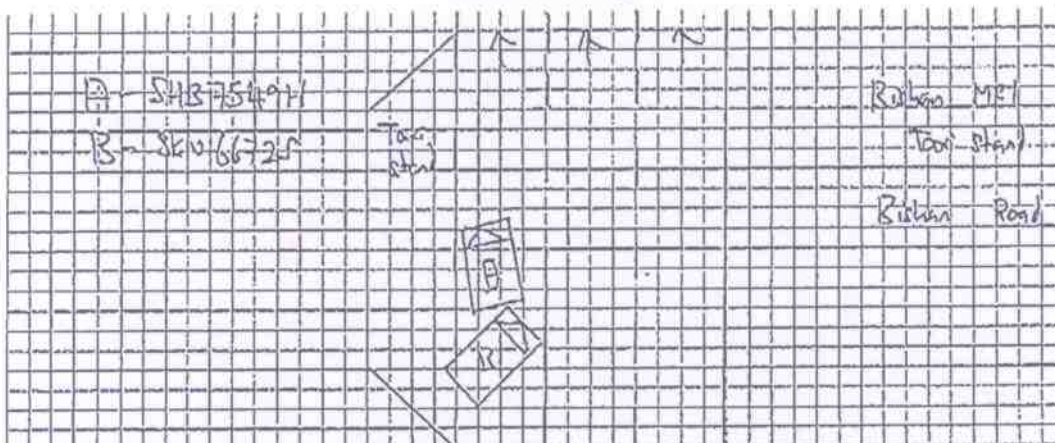
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Sketch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to. GAA report -

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

Wang Hui Lih  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIH No.:

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

### Vehicle Details

Vehicle No.: SHB7549H

Vehicle to be Exported: Yes

Intended De-registration Date: 28 Dec 2017

Vehicle Make: CHEVROLET

Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR  
TURBO

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S14S4440K

Chassis No.: KL1LA69RJBB091670

Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$14,361.00

Original Registration Date: 30 Mar 2012

First Registration Date: 30 Mar 2012

Transfer Count: 0

Actual ARF Paid: \$14,361.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Mar 2020

PARF Rebate Amount: \$10,052.00

### Intended COE Rebate Details





## 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	03/01/2018 15:24
Date Of Accident	27/12/2017 08:40
Exact Location Of Accident	BISHAN DROP-OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6672S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHU JYH JENG
NRIC No	S8475957J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93807089
Alternative Phone No	Others-93807089

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	54500010

### Driver

Name of Driver	MAK YA TING
NRIC No	S8575232D
Date Of Birth	11/12/1985
Occupation	INDOOR
Date Of Driving Pass	02/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98629141
Fax Number	
Contact Number	
EMail Address	TINGTINGMAK@GMAIL.COM

Address	BLK 346 ANG MO KIO AVENUE 3, #02-2260
Postcode	560346
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

see attached.

#### 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	SHB7549H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WANG HUI LIN
NRIC/Passport Number	S2220654J
Contact Number	90089658
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan


### SKETCH PLAN

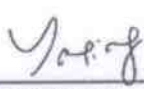
#### IMPORTANT NOTICE

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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 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: 3/1/18 1:15pm

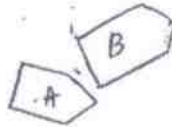
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/1/18 1:15pm

  
Reporting Officer's Signature  
Name: [illegible]  
NRIC/FIN [illegible]  




# SKETCH PLAN

TAXI PICK-UP POINT



A: SKN6672S

B: SHB7549H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle <del>B</del> <del>was moving</del> cutting	(toward the most right lane)
Vehicle A (I) was moving out from the middle lane with a right signal	
and as vehicle B (Taxi driver) was cutting in from the most right lane	
to the most left lane. The car in the most left lane had moved forward	
Another	
and there was a space <del>but</del> for vehicle B to move in. <del>vehicle</del> As vehicle	
B was moving into the most left lane and I (vehicle A) was moving toward	
most right, vehicle B abruptly stopped in my lane instead of continue	
with the moving, hence I made an emergency brake and the car	
had stopped before it hit onto the vehicle B. I didn't feel any collision	
or even light knock during the incident; <del>we</del> but driver of vehicle B	
stayed in the car for few minutes and <del>came</del> only <sup>got down from</sup> <del>came</del> <del>out</del> of the car	
when I pressed the horn. And she asked to check the damage of the cars	
so we took a few pictures on the spot. Then we moved aside to check	
the cars and <del>we</del> saw no scratch / dent on both of the cars. There	
was also no injury to either party. The whole incident took about 15	
minutes.	

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
3/1/18 1:15pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
3/1/18 1:15pm

Reporting Centre's Signature  
Name: J W  
NRIC/FIN No.: 8604 7600



general view



Accident Photo





Accident Photo



Accident Photo



Accident Photo





chassis no



accident site photo



accident site photo

