

REF: CS3/ICS17017860/M1Vb-1 Days & range

From (Person): Liord Chua of ECICS Date/Time: 22/01/2018

Estimated Cost: SGE1969P

OD (TP/WS/TP RES/OD RES/EVA/INV/MV/CS) SGE1969P

To Inspect Vehicle No: Yi Mei Motor Repair Insured: SGY1820D

at Workshop n/c: 160 Sin Ming drive #06-07 575722 Tel: 6459 6183

Policy No: DMPV1700099H

Sum Insured: 18/1/17 @ after 9:30 am

Make of Veh: Alvin Yeo D.O.A. 9/9/2017

(Client's Record): 15/9/2017 2:49pm H.O.D. Endorsement

CA / REV / REP / REV 24 HRS 'up' Person Contacted Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SGE1969P-SC6/AIG11020213/Us 3q2-DWA 23 1L
	SGY1820D-X
	Dismantle Part: 18092017
	After repair: 22092017

29/1/18 Submit LS \$3200 (Red 1200, 2770), 7 days

*[Signature]*  
29/1/2018



PRS  
Surrey

REF: TCS

### ASSIGNMENT

From: Date: 18092017

Estimated Cost:

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

To Inspect Vehicle No: SHE 1969P

at Workshop m/s

of 160 Sin Ming Drive # 06-07

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: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHE 1969P Yr Regn: JUN 12016

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

Truck / Trailer or

Make: SUZUKI APV cc 1590

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 200095 T. Radio: Insured / Std / NI / NA

Eng/No:

C/No: M149DN710302208

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: 15 70/214

R:

BS / DUN / EXNOVA / GY / FS / LIZA / HOHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 8 mm Bal. 8 mm

L/Bal. 8 mm Bal. 8 mm

D.O.A. 9/9/2017 D.O.I. 18/9/2017 @

Survey held at Yi Mei 2:24pm

Des. of Damages: Frt / Rear / O/S / U/C / Rooftop or

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

Date / Time Action / Instruction

3500 - 4500 6-7 days

Date/Time, File Pass to?

1) 20102017

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Report Format: PRS

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

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL






# 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			
ECICS LTD		Ref : CS3/ICS17017860/M1vb-1	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 27-01-2018	
		Code : ICS	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SGY 1120D	Veh. Inspected	SGE 1969P
Policy No.		Coverage (\$)	0.00
Claim No.	DMPU1700495H	Excess (\$)	0.00
Assign From	LIONEL CHUA	Assign Date	27/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	09/09/2017	Inspection Date	27/01/2018
Survey held at	YI MEI MOTOR REPAIR & SPRAY PAINTING BLK 16 SIN MING ROAD #01-77 SIN MING INDUSTRIAL ESTATE, SECTOR A SINGAPORE 575674.		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Cath

Your ref: CS3/ICS17017860/M1be2  
Our ref : DMPU1700495H

**BY FAX: 6256 4315 & POST**

18 January 2018

**WITHOUT PREJUDICE  
SAVE AS TO COSTS**

M/s LKK Auto Consultants Pte Ltd  
51 Ubi Avenue 1  
#01-25 Paya Ubi Ind. Park  
Singapore 408933

Dear Sirs,

**ACCIDENT INVOLVING SGY 1820D & SGE 1969P ON 09.09.2017**

We refer to the above accident.

We wish to inform that we have received a third party claim brought in by third party solicitors in respect of the abovementioned claim.

We understand that you/your surveyor have rendered a Pre-Repair Inspection on vehicle bearing registration number SGK 641J, however we have yet to receive any recommendations from you and/or your surveyor on following of the Pre-repair survey conducted at repairer, M/s Yi Mei Motor Repair & Spray Painting at No. 160, Sin Ming Drive, #06-07 Sin Ming Autocity Singapore 575722.

We are pleased to enclose a copy of the said third party survey report by Allied Auto Appraisal for your ease of reference. Please check if the damage is consistent with the third party survey report and let us have your opinion on the best sum derived from your recommendation for this claim. We would appreciate it, if you could provide us a breakdown list, if possible.

Please take note that the Third-party lawyer is pestering us for an offer, failing which they will commence legal proceedings within the time frame stipulated in NIMA protocol.

Your kind assistance toward this matter would be greatly appreciated.

Yours faithfully,



\_\_\_\_\_  
Lionel Chua  
Operation & Claims  
DID: 6303 0167  
Fax: 6338 9267





## 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	11/09/2017 16:00
Date Of Accident	09/09/2017 16:00
Exact Location Of Accident	ALONG BUKIT BATOK AVE 6 TOWARD JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1969P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM SWEE CHOO
NRIC No	S7022435F
Email Address	SIMERICH@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91474438
Alternative Phone No	OTHERS-91474438

### Vehicle Particulars

Manufacturer	SUZUKI
Model	APV
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100214778-07000
Cover Note Number	

### Driver

Name of Driver	LIM THOU LIANG
NRIC No	S1734597D
Date Of Birth	23/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81213248
Fax Number	
Contact Number	
Email Address	SIMERICH@SINGNET.COM.SG

Address	BLK 513 JURONG WEST ST 52 #10-48
Postcode	640513
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	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)	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

PLEASE REFER TO SKETCH PLAN.

#### 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	SGY1820D
Vehicle Make/Model/Colour	MITSHIBISHI LANCER
Details Of Properties	
Name of Driver	TAN LEE WEE KENT
NRIC/Passport Number	S8611130F
Contact Number	93909322

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

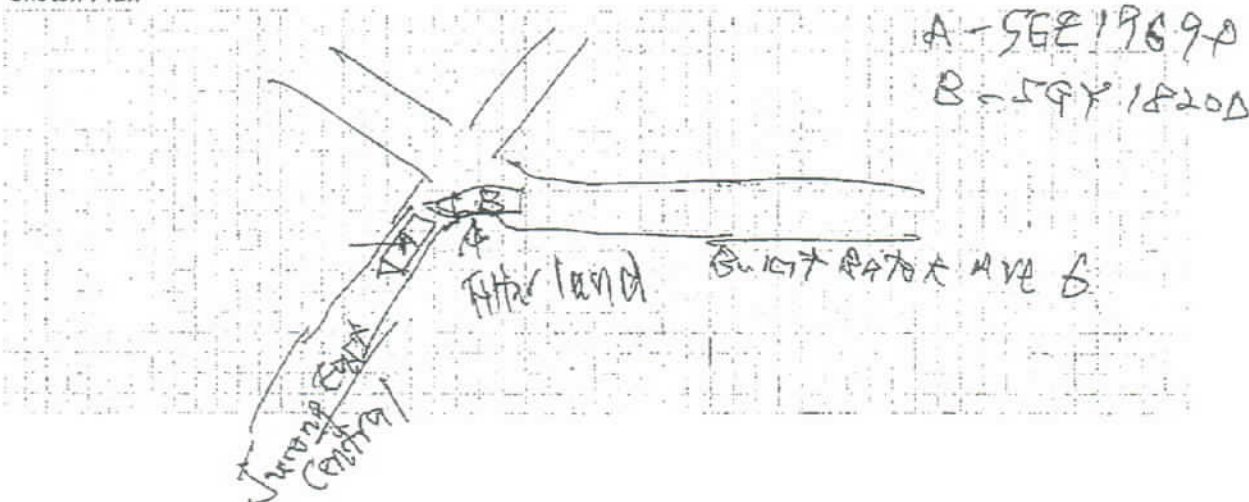
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 11 Sep 2017  
Policyholder's Signature / Date &  
Time 16 00

*[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 11 Sep 2017 16 00

*[Signature]*  
Witnessed by Reporting Centre  
Personnel

Sketch Plan







Describe Circumstances of the Accident


I am driving my car SE19 6TH to  
 Alford and to main road to Jurney  
 Central. A car follow me from  
 behind and hit my car back bumper.  
 Time - 1559 hrs  
 Date - 5/9/2017

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

  
 Witnessed by Reporting Centre  
 Personnel

# YI MEI MOTOR REPAIR & SPRAY PAINTING

160 Sin Ming Drive  
#06-07 Sin Ming Autocity  
Singapore 575722

Invoice No: 6401

Date: 26 September 2017

Ms Sim Swee Choo  
C/o 160 Sin Ming Drive  
#06-07 Sin Ming Autocity  
Singapore 575722

Dear Madam

**Re: Vehicle Registration Number SGE 1969 P (Suzuki APV)**

Final repair cost under lump sum basis is **S\$4,400.00**.



**Yi Mei Motor Repair & Spray Painting**



Our Ref : 17/0097/TP  
Your Ref : Not Advised

Date: 18 September 2017

Ms Sim Swee Choo  
C/o 160 Sin Ming Drive  
#06-07 Sin Ming Autocity  
Singapore 575722

### ACCIDENT DAMAGED VEHICLE INSPECTION REPORT (WITHOUT PREJUDICE)

Detailed accounts of our inspection are as follows:

#### (1) REFERENCE

Name of Claimant	: Ms Sim Swee Choo	Date of Request	: 18 September 2017
Policy Number	: 2100214778-07000	Referred By	: Insured
Claim Number	: Not Advised	Date of Inspection	: 18 September 2017
Accident Date	: 9 September 2017	Date of Re-inspection	: 19 September 2017
Repairer	: Yi Mei Motor Repair & Spray	Sum Insured	: Not Applicable
	Painting	Excess Amount	: Not Applicable
	160 Sin Ming Drive	3 <sup>rd</sup> Party Vehicle	: SGY 1820 D
	#06-07 Sin Ming Autocity	3 <sup>rd</sup> Party Insurer	: ECICS Limited
	Singapore 575722		

#### (2) PARTICULARS OF VEHICLE

Registration Number	: SGE 1969 P	Mileage	: 200,095 km
Make & Model	: Suzuki APV 1.6 (A)	Chassis Number	: MHYGDN71V00302208
Date of Registration	: 17 June 2010	Engine Number	: G16AID165601
Colour	: Grey	Engine Capacity	: 1,590 cc

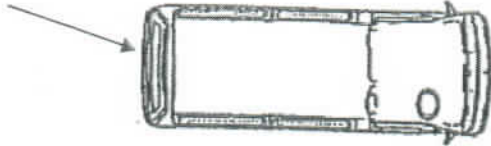
#### (3) PRE-ACCIDENT CONDITION (STATIC TEST ONLY)

Steering	: In order	Paint Work	: Good
Foot-brake	: In order	Modification	: Nil
Hand-brake	: In order	General Condition	: Average

#### (4) TYRE CONDITION

	Remaining Thread Depth (%)	Make	Size
Front right tyre	90%	Yokohama	185/70R14
Front left tyre	90%	Yokohama	185/70R14
Rear right tyre	90%	Yokohama	185/70R14
Rear left tyre	90%	Yokohama	185/70R14

**(5) POINT OF IMPACT**

<p>Mainly on the rear near-side portion.</p>	
--	--

**(6) GENERAL DESCRIPTION OF DAMAGES**

The impact of the collision has damaged/affected back door, left rear combination lamp, left rear body panel, rear end panel, rear bumper face, spare wheel carrier lock and etc. Please refer to the Annex for a detailed account of the damages and photographs taken.

**(7) RECOMMENDATION**

We have inspected thoroughly the actual damages found on the vehicle before we conclude as to whether the parts needed replacement or repairs. The estimated cost of repair submitted by the repairer is **\$6,582.60**. We have adjusted the cost to **\$5,489.50** and recommend that the repairs to be taken on a lump sum basis of **\$4,400.00**. In our opinion, the damaged parts are consistent with that caused by the accident.

**(8) REMARKS**

We have not authorised the repairs. However, for information, under normal circumstances, the period of repair should not exceed 8 working days.

This inspection was conducted on a "**Without Prejudice**" basis.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Appraisal Report and photographs.

Allied Auto Appraisal

  
H. C. Ng  
Motor Vehicle Appraiser



**ANNEX**

**REPAIR DETAILS (SGE 1969 P)**

Recommended Parts

No	Qty	Particulars	Condition	Repairer's Amount	Adjuster's Amount
1	1	Back Door Assembly	N/s Badly Dented	931.65	931.65✓
2	1	Back Door S Emblem	Necessary	16.75	16.75✓
3	1	Back Door APV Emblem	Necessary	18.05	18.05✓
4	1	Back Door Outer Chrome Garnish	Holder Cracked	138.70	138.70✓
5	1	Back Door Inner Lock	Dented/Bent	177.20	177.20X N/A
6	1	Rear Combination Lamp - N/s	<del>Len</del> -Cracked	180.85	180.85✓
7	1	Rear End Outer Panel	N/s Badly Dented	147.85	147.85✓
8	1	Back Door Lock Striker	Bent/Twisted	32.95	32.95X N/A
9	1	Back Door Entrance Weather-strip	Serviceable	153.00	0.00
10	1	Rear Bumper Face	Dented/Deformed	665.85	665.85✓
11	4	Rear Bumper Clip @\$3.50 each	Necessary	14.00	14.00✓
12	1	Rear Bumper Reflector - N/s	Serviceable	14.75	0.00
13	1	Spare Wheel Carrier	Serviceable	118.25	0.00
14	1	Spare Wheel Carrier Locking Bolt	Bent/Twisted	28.50	28.50X N/A
				2,638.35	2,352.35
				Less 15%	395.75
				Sub-Total	2,242.60
					1,999.50
<u>Special Nett Items</u>					
15	1	Back Door Inner Sealant	Necessary	80.00	60.00✓
16	1	Back Door Windshield Glass Sealant	Necessary	80.00	60.00✓
17	1	Back Door Windshield Rubber Dam	Necessary	60.00	45.00X N/A
18	1	Rear License Plate With Casing	Dented	70.00	60.00X N/A
19	1	Rear End Outer Panel Joint Sealant	Necessary	80.00	60.00✓
20	1	Rear Body Panel Window Glass Sealant - N/s	Necessary	80.00	60.00X N/A
21	1	Reverse Sensor Set	N/s Dented	300.00	250.00✓
<b>Total Parts (S\$)</b>				<b>2,992.60</b>	<b>2,594.50</b>

Recommended Labour

No	Particulars	Repairer's Amount	Adjuster's Amount
1	To cut/weld rear end outer panel to renew and repair left rear body panel including replacement of the left rear accident damaged parts.	1,500.00	800 1,200.00
2	To remove/install back door windshield glass to facilitate the replacement of the back door panel include performing water leakage test.	150.00	100 120.00
3	To transfer back door locking mechanism and other components to new back door panel include checking components for function.	120.00	60 80.00
4	To remove/install trunk compartment panel trim finishers, garnishes and upholstery to facilitate the replacement of the rear end outer panel.	300.00	X 225.00

Our Ref: 17/0097/TP  
Vehicle No: SGE 1969 P

**Allied**  
Auto Appraisal

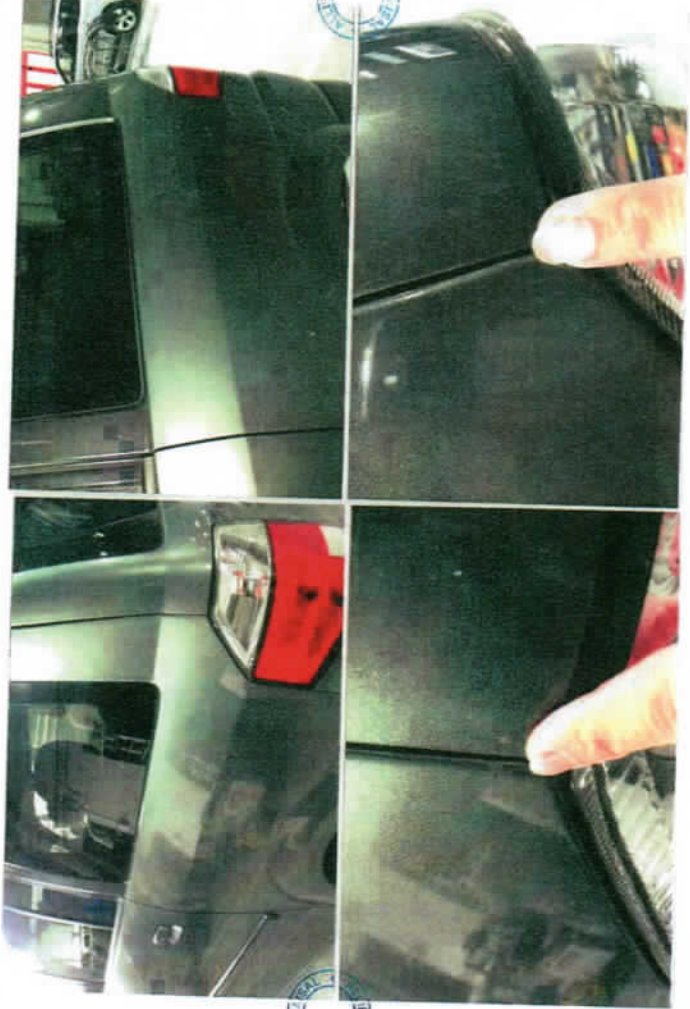
5	To check rear lightings and electrical wiring systems include performing water leakage test.	80.00	30 50.00
6	To remove/install left rear body panel window glass to facilitate the repairing of the left rear body panel include performing water leakage test.	120.00	X 80.00
7	To install rear bumper reverse sensors to new bumper face include testing for functions.	80.00	✓ 60.00
8	To putty and re-spray painting on back door, rear end outer panel, left rear body panel and rear bumper face.	1,120.00	700 1,000.00
9	Rust-proofing on the left rear accident affected portions.	120.00	40 80.00
<b>Total Labour (S\$)</b>		<b>3,590.00</b>	<b>2,895.00</b>
<b>Total Repair Cost (S\$)</b>		<b>6,582.60</b>	<b>5,489.50</b>

**Adjusted Repair Cost (Lump sum basis)**

**S\$4,400.00**

*7-10 days*











SGE 1969P



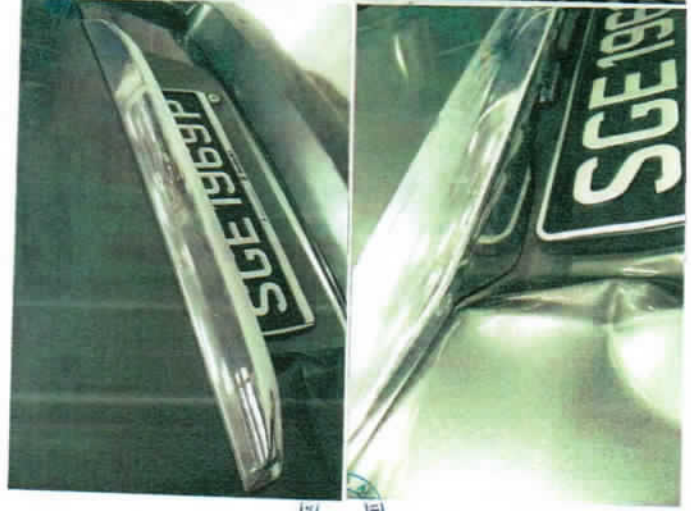
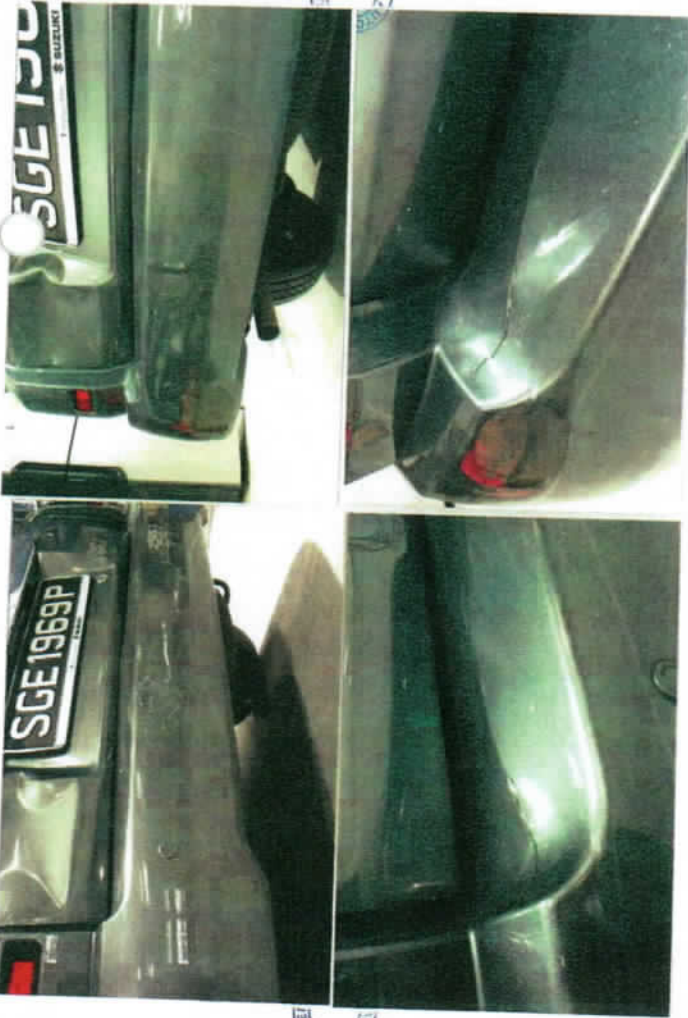
SGE 1969P



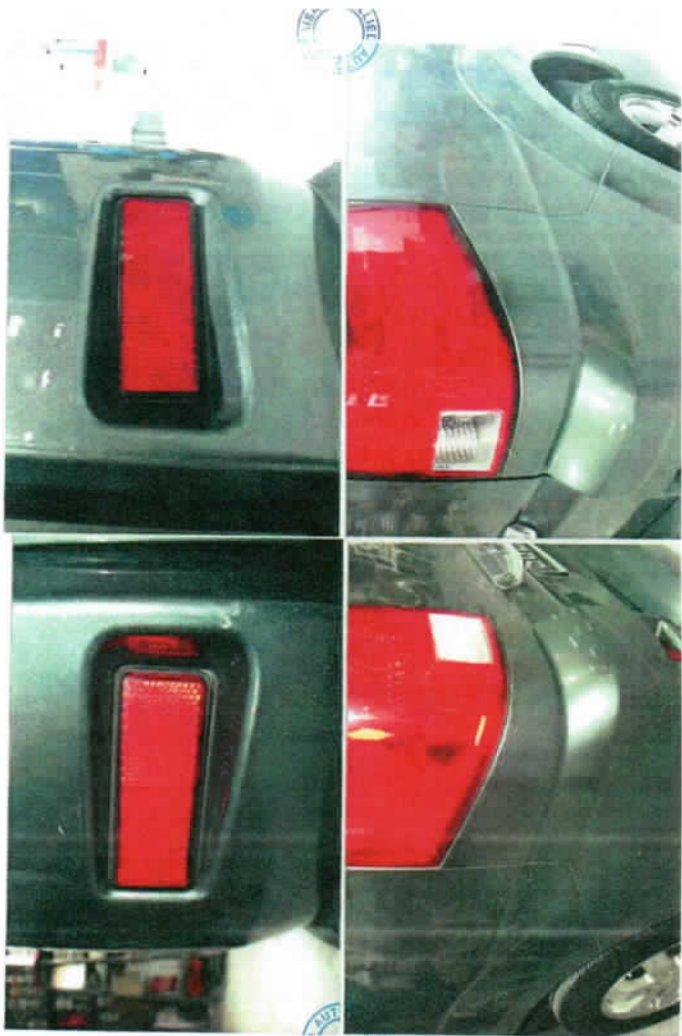
SGE 1969P













SGE1969P





## 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	12/09/2017 08:54
Date Of Accident	09/09/2017 16:10
Exact Location Of Accident	BUKIT BATOK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1820D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVIA TRANSPORT SERVICES
Co Reg No	53329851B
Email Address	DAV.AVIATRANSPORT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98321500
Alternative Phone No	OFFICE-98321500

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4A/T (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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00122100
Cover Note Number	

### Driver

Name of Driver	TAN CEE WEE, KENT (CHEN SIWEI)
NRIC No	S8611130F
Date Of Birth	26/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93909322
Fax Number	
Contact Number	OFFICE-93909322
EMail Address	NOEMAIL

Address	BLK 969 HOUGANG STREET 91 #09-182
Postcode	530969
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	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?	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 ATTACH SKETCH PLAN

#### 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	SGE1969P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM THOU LIANG
NRIC/Passport Number	S1734597D
Contact Number	81213248
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




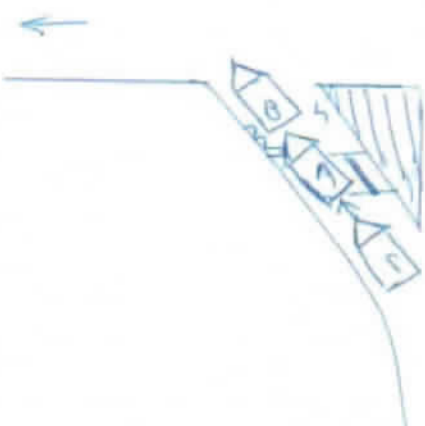
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
<b>Sketch Plan</b>		
<p>St Batuk Ave 1</p>  <p>Batuk Batuk East Ave 6</p> <p>A) SG4 18200 B) SGE 1969P C) unknown</p>		



## Sketch Plan #2

### Describe Circumstances of the Accident

I had exited into the slip road of Bt Batok East Ave 6 to Bukit Batok Ave 1.  
 Veh (B) was stationary in front of me waiting for the traffic along Bukit Batok Ave 1 to clear. I stopped behind Veh (B).  
 When the traffic was clear, Veh (B) accelerated. I turned my head to check the traffic again, ~~not~~ Veh (B) suddenly brake. I was unable to stop in time & collided onto Veh (B). The vehicle behind me subsequently hit onto the rear of my car, we then drove our vehicles to the roadside & check the damages & exchange particulars.  
 As there was no damage to my vehicle's rear & Veh (C), we agreed no compensation & thus did not exchange particulars, & the driver of Veh (C) left. However Veh (B) sustained damages on the rear.

### Declaration

We declare the foregoing particulars are true in every respect.

**AVIA TRANSPORT SERVICES**  
 UEN: 53329851B  


Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel