

ASS. REF. BY:

REF: CS/FCI18004657 / T/rd361 Special Instruction:

Surveyor: Taulrich

From (Person): Karen Tan

Estimated Cost:

ASSIGNMENT (Office)

of FCI

Date/Time: 9/3/18 @ 5:13pm

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

To Inspect Vehicle No:

SJZ 1777 E

at Workshop m/s

Insured: SHD 48867

of

E-hoz Group

Tel: 96248656

Policy No:

30 Bkt Bayok Crescent

Sum Insured:

Claim No: D18001931MFSH

Make of Veh:  
(Client's Record)

Excess:

CA / REV / REP. / REV 24 HRS (PS)

D.O.A. 05/03/2018

Date/Time: 10/10/2018

Person Contacted:

Shah

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJZ 1777 E-X

SHD 48867-CS/FCI17003453/RTH302

D.O.A: 23/11/17

Sent pelli thru email

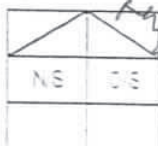
- called Shah, he agree to repair US not more than \$32K

ASSIGNMENT

Report No. \_\_\_\_\_ Date **12/3/18**  
 Estimated Cost \_\_\_\_\_  
 OD (TP/NS/TP RES/OD RES/EVA/INV/MV)  
 To inspect Vehicle No. **SJZ 1777E**  
 at Workshop/s **Ethoz Group**  
 of **30 Bkt Butok Crescent**  
 Insured \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_  
 Clients Record **Shah @ 9624 86 66**  
 Make of Van \_\_\_\_\_

(Policy Condition)

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



Ball or Market Value **\$82K.**  
 IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs \_\_\_\_\_ days Res: Yes or No  
 Sum Sum \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date \_\_\_\_\_ Person Contacted \_\_\_\_\_ Vehicle IN/OUT **Shah**

Date Time Action / Instruction

E-mail shah repair limit \$32K.

11/7/18 Confirm L/s \$32K @ 10 days  
 Rod: 822,242.22, 411.

RECEIVED 12 JUL 2018

Gen No **SJZ1777E** Reg **2011 Jan**  
 Type **Car** Model **Mercedes Benz** Year **2011** Prime Model  
 Truck / Trailer \_\_\_\_\_  
 Make **Mercedes Benz** Cabriolet **E250** Cn1 **1796**  
 Colour **Grey** A.I. Insured Std. V. No.  
 Sp. Pecking \_\_\_\_\_ T. Paid Insured Std. V. No.  
 Eng No \_\_\_\_\_  
 C No **WDD 207 447 2 F0 79418**  
 Gen Cond **Good** Fair / Poor / Burnt  
 Steering In order / Jammed / Leaked / Burnt or  
 Brake In order / Jammed / Leaked / Burnt or  
 Mod **NH / S / STD A / Rim or**  
 Tyre Size **235/40 R18**  
 BS / DUN / EXNOVA / GS / PS / UZA / MIC / HTSL / **EE** / SUM  
 TOYO / YOKO or  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R.Ba **6** --- R.Ba **6** ---  
 L.Ba **6** --- L.Ba **6** ---  
 DOA \_\_\_\_\_ DO **12/3/18**  
 Survey report **Ethoz BMT BTK**  
 Des of Damages **Fr. Rear DS / NS / UC / Rejected or**  
**Fr + o/s, u/c.**  
 The UIC / Chassis frame Body Structure affected due to collision

Date Time File Pass to: ☐ Prel. Report  
☒ Final Report  
 Date Time File Return to:

Days Of Repair **10**  
 Resurvey No. of Trip **1**

Add Fee: ☐ Site Fee \$  
☐ Material \$  
☐ Transport \$  
☐ Other \$

Report Format **TP**  
 Total Sum **\$32K**

11x15  
 170 + 660  
 50  
 50  
 201  
**580**  
**057**  
**13/1/18**  
**1131**




# 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				
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18004657/T1rd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 12-03-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 4886T	Veh. Inspected	SJZ 1777E	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18001931MFSH	Excess (\$)	0.00	
Assign From	CWS (KAREN TAN )	Assign Date	12/03/2018	
<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	05/03/2018	Inspection Date	12/03/2018	
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075			
<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.				

**MOTOR SURVEY ASSIGNMENT**

Date	07-03-2018	Our Ref No. D18001931MFSH
Accident Date	05-03-2018	Claim Type. Third Party
Insured Vehicle	SHD4886T	Third Party Vehicle. SJZ1777E
Survey Location	30 BUKIT BATOK CRESCENT	
Contact Person.	SELAMATSHAH ZAINAL	
Contact No.	66547519/ 96248656	Fax No. 65547543
Survey Type	DIRECT SETTLEMENT:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	ETHOZ GROUP LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.



Job Sheet (/ClaimWS/Surveyor/JobSheet/235714)



PRI Documents



Close



## PRI Header Details

Claim No	D18001931MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ETHOZ GR
Workshop Name	ETHOZ GROUP LTD (Contact Person : SELAMATSHAHH ZAINAL)	Survey Location & Contact Details	30 BUKIT BATOK CRESCENT Mobile: 96248656 , Phone: 66547519 , Fax: 6554754: EmailId: SELAMATSHAHH.ZAINAL@ETHOZGROUP.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD4886T	TP Vehicle No	SJZ1777E
PRI Recieved Date	08-03-2018 08:07:29 PM	Surveyor Appointed Date	09-03-2018 05:12:53 PM	Surveyor Accept Date	09-03-2018 0

## Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	09-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

## Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

## Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18001931MFSH

Our Ref: CS/FCI18004657/T1rd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

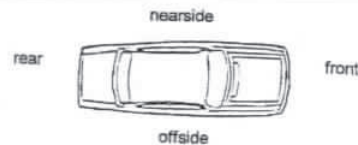
**INITIAL INSPECTION REPORT OF VEHICLE NO. SJZ 1777E .**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/03/2018 at the premises of M/s ETHOZ GROUP PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>46,862.20</u> .
Revised Estimate Amount	: S\$ <u>30,284.00</u> .
"Check" Items Amount	: S\$ <u>16,933.10</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

**Description of Damage:**

The vehicle sustained damages at front o/s portion. The undercarriage affected due to collision.



Yours faithfully  
TAUFIKH  
Automotive Assessor

## Janice Lee (LKKAUTO)

---

**From:** Janice Lee (LKKAUTO)  
**Sent:** Tuesday, March 20, 2018 4:59 PM  
**To:** 'Claim Workflow System'  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001931MFSH/1  
**Attachments:** SJZ 1777E.pdf

Dear Sir/ Madam,

Enclosed preliminary revised for **SJZ 1777E**.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAUTO)  
**Sent:** Monday, March 12, 2018 9:09 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** KARENTAN@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001931MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Friday, 9 March 2018 5:13 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [KARENTAN@MSFIRSTCAPITAL.COM.SG](mailto:KARENTAN@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18001931MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0444G
Vehicle Details	
Vehicle No.:	SJZ1777E
Vehicle to be Exported:	No
Intended De-registration Date:	13 Mar 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E250 CGI A
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	27186030133907
Chassis No.:	WDD2074472F079418
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$56,963.00
Original Registration Date:	26 Jan 2011
First Registration Date:	26 Jan 2011
Transfer Count:	1
Actual ARF Paid:	\$56,963.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jan 2021
PARF Rebate Amount:	\$34,177.00
Intended COE Rebate Details	
COE Expiry Date:	25 Jan 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$42,889.00
COE Rebate Amount:	\$12,290.00
Total Rebate Amount:	\$46,467.00

The information contained herein is correct as at 13 Mar 2018

OK



**Mercedes-Benz E-Class E250** **\$93,800** **\$19,760 /yr** **08-Jun-2011** **1,796 cc** **83,000 km** **Sports** **A**

**CGI Cabriolet**



**Mercedes-Benz E-Class E250** **\$92,000** **\$18,080 /yr** **12-Jul-2011** **1,796 cc** **143,000 km** **Sports** **A**

**CGI Cabriolet**

Elegant And Sporty E250 Cabriolet In Black And Beige Interior Now Up For Grabs. Extremely Well Taken Care By Meticulous Owner Who Washes Very Regularly. If You Are Looking To Arrive In Style, This Is ...

Posted: 31-Jan-2018 Tags: 2011 Mercedes-Benz E250, Mercedes-Benz E250, Mercedes-Benz, E250, Used Mercedes-Benz



**Mercedes-Benz E-Class E250** **\$77,777** **\$15,460 /yr** **28-Sep-2011** **1,796 cc** **73,000 km** **Luxury** **A**

**CGI**

1 Owner, Low Mileage. Fully Serviced And Maintained By Reputable Workshop Since Day One.

Posted: 29-Jan-2018 Tags: 2011 Mercedes-Benz E250, Mercedes-Benz E250, Mercedes-Benz, E250, Used Mercedes-Benz



**Mercedes-Benz E-Class E250** **\$98,800** **\$19,860 /yr** **21-Sep-2011** **1,796 cc** **90,000 km** **Sports** **A**

**CGI Cabriolet**

1 Owner, Flexible Loan Interest And Loan Amount, Ex-Bankruptcy And Bad Credit Welcome, Low Mileage Done, High Trade In.

Faster Auto Trading

Posted: 27-Jan-2018 Tags: 2011 Mercedes-Benz E250, Mercedes-Benz E250, Mercedes-Benz, E250, Used Mercedes-Benz



**Mercedes-Benz E-Class E250** **\$84,800** **\$19,290 /yr** **19-Jan-2011** **1,796 cc** **71,729 km** **Sports** **A**

**CGI Coupe**

\$3,000 C&C Service Credit, C&C Unit. 1 Year Mercedes-Benz Preowned Vehicle Warranty, 33 Points Vehicle Inspection, 1 Owner, Maintained At C&C, Low Mileage Done, Enjoy Exclusive Interest Rates At 2.78%...

Republic Auto

Posted: 21-Jan-2018 Tags: 2011 Mercedes-Benz E250, Mercedes-Benz E250, Mercedes-Benz, E250, Used Mercedes-Benz



**Mercedes-Benz E-Class E250** **\$78,800** **\$17,520 /yr** **06-Jan-2011** **1,796 cc** **94,900 km** **Luxury** **A**

**CGI Coupe**

High Specification Avantgarde Model With Front Adjustable Climate Control/Lumbar Support Seats. Beautiful White On Black Interior With Red Leather Seats. Fully Stock Condition With Sporty Rims. Daytim...

Posted: 10-Jan-2018 Tags: 2011 Mercedes-Benz E250, Mercedes-Benz E250, Mercedes-Benz, E250, Used Mercedes-Benz

Save this search criteria, to get email alerts whenever a match is found.

Make      Model      Price      Depreciation      Reg Date      Eng Cap      Mileage      Veh Type      St

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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	06/03/2018 13:29
Date Of Accident	05/03/2018 21:50
Exact Location Of Accident	DUNEARN ROAD TWDS CITY NEAR KING ALBERT PARK MRT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1777E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN HOW HSUNG
NRIC No	S7780444G
Email Address	HOWHSUNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98768147
Alternative Phone No	OTHERS-98768147

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ E250-
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01000565
Cover Note Number	

### Driver

Name of Driver	CHIN CHEE WEI
NRIC No	S8370306G
Date Of Birth	21/07/1983
Occupation	INDOOR
Date Of Driving Pass	22/03/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97478791
Fax Number	
Contact Number	
Email Address	M1SSCHIN83@HOTMAIL.COM



Address	259 ARCADIA ROAD #03-01
Postcode	289852
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 ON COLLISION
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?	YES
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)	2
Passenger 1	NAME: : CHIN YU YEN REISS
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 103 BUKIT BATOK CENTRAL , POSTCODE: 650103 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5639999 - FAX NO: 66655794
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T20180306/2109.

#### 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	SHD4886T
Vehicle Make/Model/Colour	HYUNDAI COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MAT ISA BIN SALLEH
NRIC/Passport Number	S2013409G
Contact Number	
Address	
Postcode	



Insurance Company Name

\*\* Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHIN CHEE WEI

Approximate Age

Injuries Sustain 4 DAYS MC

Injured person in which vehicle? SJZ1777E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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 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.

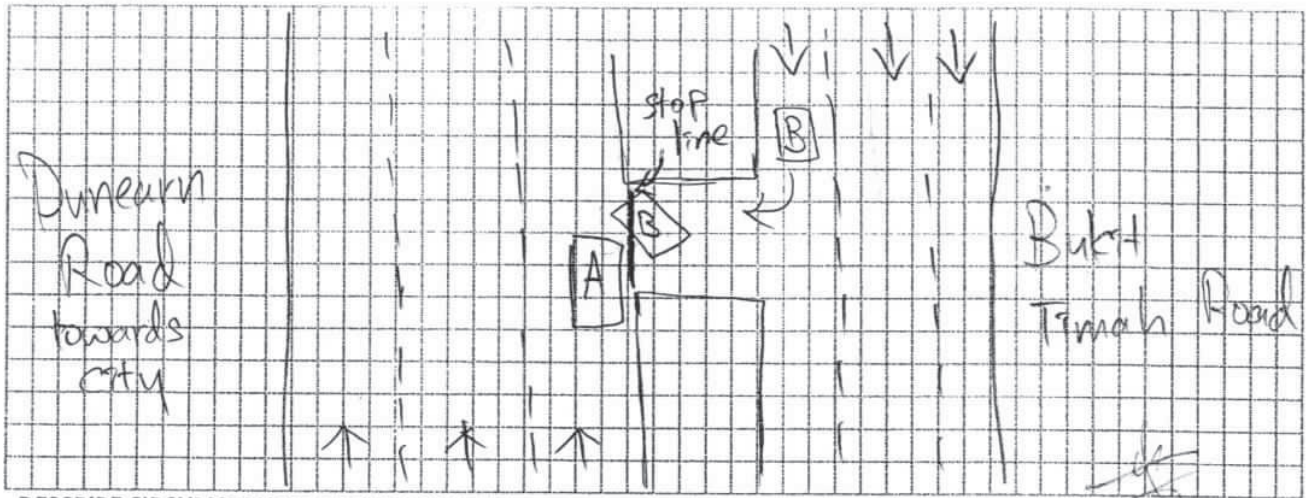
Policyholder's Signature  
Date & Time:

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

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

A: SJZ 1777E  
B: SHD 4886T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- |   |                                  |
|---|----------------------------------|
|   | - Reporting Only                 |
|   | - Claim OD                       |
| ✓ | - Claim TP                       |
|   | - Claim OD/ TP at other workshop |

DECLARATION

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

\_\_\_\_\_  
Policyholder's signature  
Date & Time

\_\_\_\_\_  
Driver's Signature  
(if driver not the policyholder)  
Date & Time

06/03/18 1400

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.