

10/15/2005

ASS. REC. BY

REF: CI/MSG18004996/NC

Special Instructions

ASSIGNMENT (Office)

Date/Time: 9/2/2018

From (Person): Nabilah Rasol

of MSIG

Bill to:

Estimated Cost:

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

Insured: SKL 6125R

To Inspect Vehicle No:

SKL 4333H

Tel:

at Workshop m/s

of

Claim No:

582371

Policy No:

Excess:

D.O.A. 6/10/2017

Sum Insured:

Make of Veh:
(Client's Record)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Vehicle IN / OUT

Date/Time:

Person Contacted:

Date/Time	Action/Instruction
	SKL 4333H - X

8007-8

From: Nabilah Rasol [mailto:nabilah_rasol@sg.msig-asia.com]
Sent: Friday, 9 February, 2018 11:54 AM
To: 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>
Cc: Catherine Thia <catherine_thia@sg.msig-asia.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: Our Ref: 532371 - OI veh: SKL6125R - TP : SLL4333H - DOA:06/10/2017

Hi Catherine,

As such, please proceed to do height measurement report on an urgent basis as insured is disputing on the damages.





We have attached the accident report, Formteam survey report & photos of third party vehicle and photos provided by our insured for your reference.

Thank you.

Have a nice day!

Nabilah Rasol (Ms)
Admin Officer, Claims Services (Motor)
Direct line +65 6643 1335 | Direct fax +65 6225 7402 | nabilah_rasol@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

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

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	07/10/2017 15:23
Date Of Accident	06/10/2017 22:00
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4333H
Insured/Policyholder	
Name Of Registered Owner	POH XUAN WEI
NRIC No	S8432968A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516988
Alternative Phone No	OFFICE-98516988

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100502470
Cover Note Number	

Driver

Name of Driver	POH XUAN WEI
NRIC No	S8432968A
Date Of Birth	27/10/1984
Occupation	INDOOR
Date Of Driving Pass	14/08/2006
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98516988
Fax Number	
Contact Number	OFFICE-98516988
Email Address	NOEMAIL

Address	BLK 251 TAMPINES STREET 21 #07-438
Postcode	520251
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?	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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20171007/2070.

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	SKL6125R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 INJURED PERSON 1

Name POH XUAN WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLL4333H

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

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 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.:



**SINGAPORE
POLICE FORCE**



T/20171007/2070

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20171007/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2017 13:32		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: POH XUAN WEI			Address: APT BLK 251 TAMPINES STREET 21 #07-438 SINGAPORE 520251		
ID Type / ID No.: NRIC NO / S8432968A			Contact No.: Home/Office: Mobile: 98516988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 27/10/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANK MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2017 22:00	Type of Location: X-Junction	
Location: BUKIT TIMAH ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL6125R	Car				No Damage	3
SLL4333H	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED & NAV)	Grey	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20171007/2070

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20171007/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLL4333H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100502470	25/02/2017	24/02/2018

Brief Details.

On 06/10/2017 at 2200Hrs I was driving my veh, SLL4333H with one passenger, travelling along Bukit timah road. My veh came to a complete stop at the X-junction as it was a red light. A veh, SKL6125R stopped behind me, suddenly SKL6125R, move forward and hit my veh frm the rear. Both drivers alighted and exchange particulars, when I question why did his veh moved forward, he inform me that his foot slipped off.

No Ab and traffic police attended the scene.

On 07/10/2017 at 1100hrs I went to see a doctor and receive MC for 3 days 07/10/17 - 09/10/2017 due to whiplash.

My veh sustain scratches and dents to the rear bumper.
I do not know if anyone else was injured.

SKL6125R
2-3 passengers.
LEE KEEN YOONG
S6907033G
97200972
23 HUME AVENUE #09-07 SINGAPORE 598729



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20171007/2070

3 of 3

Report No. T/20171007/2070

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 2 IVANNA GOGNIAT TAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No: 65476219

S14 680

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/10/2017 13:32

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

NAME: POH XUAN WEI (FU XUANWEI)

DATE OF BIRTH: 27 Oct 1984

DATE OF ISSUE: 14 Aug 2008

IDENTITY CARD NO. S8432968A

Barcode: 001428414P

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8432968A

NAME: POH XUAN WEI (FU XUANWEI)

RACE: CHINESE

DATE OF BIRTH: 27-10-1984

COUNTRY/PLACE OF BIRTH: SINGAPORE

Sex: M

Barcode: S8432968A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 5000kg

PASS DATE

14 Aug 2008

Barcode: Licence No. S8432968A

NP438A

Barcode: S8432968A

DATE OF BIRTH: 19-10-2015

Address: APT BLK 251 TAMMNER STREET 21 607-438 SINGAPORE 620251



HOTLINE TEL: (65) 6416 3080
FAX: (65) 6415 3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Y.S

AUDI AUTO PROTECTOR

CERTIFICATE NO. 2100502470-00000

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2000)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLI4333H

2) NAME OF INSURED

POH XUAN WEI (FU XUAN WEI)

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

25 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

24 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured;

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

1. Audi Customer Service Centre - 55 Ubi Road 1 (Tel: 63662323)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDesign Engrs - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684301)

4. Entoz - 30 Bukit Nanyang Cres (Tel: 66547777) 5. Glass-Fix - 32 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Deft Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64338110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62713892) 9. Progressive Automotive - 3022A Ubi Rd (Tel: 67413336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476106)

LOSS OF USE Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre

NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD
EMPLOYER'S LOAN

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 2 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

304125-234
PREMIUM LEASING - AYP
281 ALEXANDRA ROAD AUDI CUSTOMER SERVICES
CENTRE SINGAPORE 159938

AUTHORISED REPRESENTATIVE

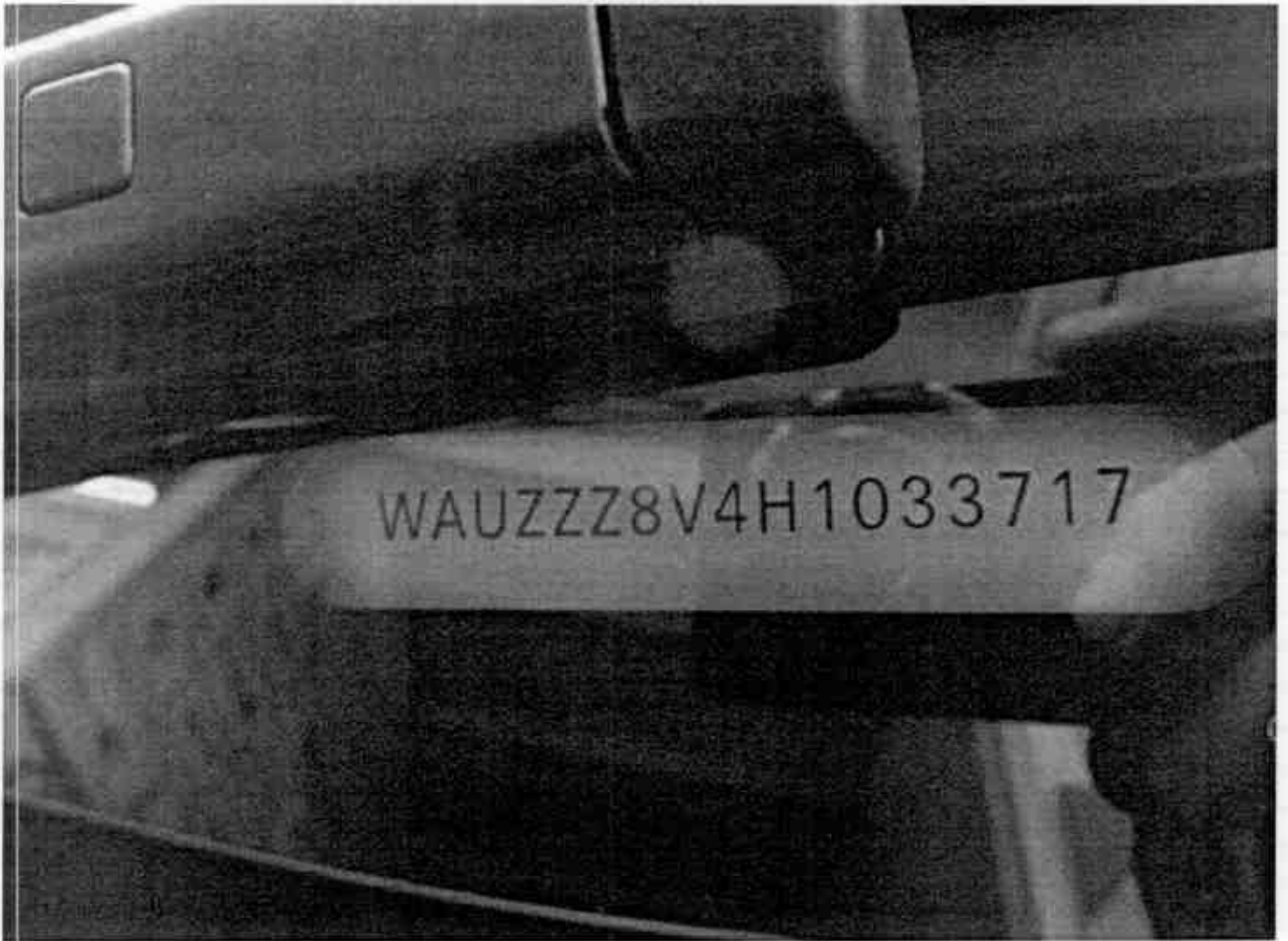
ORIGINAL

PHILLY

Cu. Reg. No. 3010056344

CIN-04102/13

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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.
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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 09/10/2017 11:57
Date Of Accident 06/10/2017 22:30
Exact Location Of Accident BUKIT TIMAH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL6125R

Insured/Policyholder

Name Of Registered Owner TRIANGLE AUTO PTE LTD
Co Reg No NA
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-97200972

20 TAMM AVE 2

1 62105813 (Ms Lillian)

Vehicle Particulars

Manufacturer TOYOTA
Model ESTIMA
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 B 27902412 MCX
Cover Note Number

Driver

Name of Driver LEE KEEN YOONG
NRIC No S6907033G
Date Of Birth 05/02/1969
Occupation OUTDOOR
Date Of Driving Pass 07/04/1988
Driving Experience 29 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97200972
Fax Number
Contact Number
Email Address NOEMAIL

Address	23 HUME DRIVE #09-07
Postcode	598729
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
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.	NO
Number of Passengers (Including Driver)	4

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 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	SLL4333H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	POH XUAN WEI
NRIC/Passport Number	S8432968A
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

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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

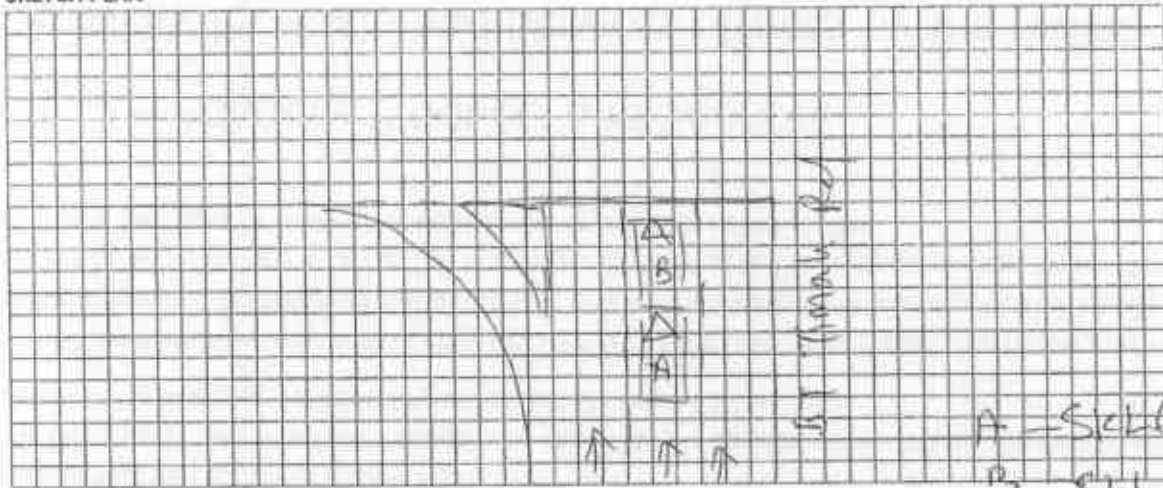


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both cars stationary waiting at red traffic lights. My car accidentally rolled forward and touched the rear of vehicle B.

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:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

