Rainbow Centre c/o Blk. 1009, #01-90, Bukit Merah Lane 3, Singapore 159273.

6<sup>th</sup> March 2018

without prejudice

Great American Insurance Co Motor Claims Dept

Dear Sirs,

ACCIDENT INVOLVING PC 3529 S AND PC 5036 J ON 4.4.2018

I refer to the above matter.

I am the owner/driver of PC 3529 S who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of PC 5036 J.

Please be informed that I am now holding your insured driver responsible for all my outlays as a result of the accident. In line with the new implementation on 1st May 2011, kindly instruct your adjuster to carry out a pre-repair assessment at Shu Fatt Auto Works, Block 1009, #01-90, Bukit Merah Lane 3, Singapore

I will appoint my own adjuster and claim survey costs in addition to my other disbursements if:=

My vehicle is not surveyed within 2 working days

There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

This confirmation is very important to me as I will have to revert to own damage claim with survey report from my insurer's panel should your insured or his/her driver breached policy condition/s or for

Please arrange for survey as soon as possible and confirm liability and I look forward to your early

Please also let me have a copy of your insured's report as soon as possible otherwise the GIA report fee of \$29.00 if incurred will be included in the claim accordingly.

Yours faithfully,

Encs

MSFA18045610 / Shu Feit Auto Works - HQ ENTRY DATE & TIME; 05/04/2019 16:32 SUBMITTED BY: CONNIE WONG POH LENG

## 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 witholding 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	05/04/2018 16:32
Date Of Accident	04/04/2018 13:15
Exact Location Of Accident	TRAFFIC JUNCTION OF QUEENSWAY & C'WEALTH AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholdet	PC3529S
Name Of Registered Owner	RAINBOW CENTRE-MARGARET DRIVE SCHOOL
Co Reg No	NA
Email Address	ABDULRAMAT@RAINBOWCENTRE.ORG,SG
Mobile Phone No	(LOCAL) +65-85710673
Alternative Phone No	OFFICE-83496116
Véhicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used a time of accident	TRANSPORTING
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 Insurance Company	COMMERCIAL VEHICLE
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number B28928148MKC

Cover Note Number

TENENTES

### Driver

Name of Driver NG KWEE HENG

NRIC No S0108615D

Date Of Birth 31/12/1952

Occupation OUTDOOR

Date Of Driving Pass 13/10/1970

Driving Experience 47 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83496116

Fax Number

Contact Number

EMail Address ADBULRAHMAT@RAINBOWCENTRE.ORG.SG

I

Salatakan markan berbera

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

PC5036J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DEVARAJAH S/O THARMARAJAH

S8628021C

# 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 partles.
- 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:

- 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 malling of correspondence, statements, involces, 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 Purboses; 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.
- 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.
- 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

APPM

(ii) for complying with requirements under any regulations, laws or court orders.

Ms Tan Sae Wee

Executive Director

Rainbow Centre, Singapore Policyholder's Signature

Thee Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Cad

Rannot

Date & Time:

C/O 501 MARGARET DRIVE

NO

YES

YE\$

8

MARGARET DRIVE SPECIAL SCHOOL

Postcode 149306

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

Address

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Training of the state of the st

Passenger 1 NAME: : PASSENGER

GENDER: : MALE

Passenger 2 NAME: : PASSENGER

GENDER: : MALE

Passenger 3 NAME: ; PASSENGER

GENDER: : MALE

Passenger 4 NAME: : PASSENGER

GENDER: ; MALE

Passenger 5 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 6 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 7 NAME: ; PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

SKETCH PLAN

A-Claimant: Verice: PC 35295, Rainbow Centre ( My Kurec Henry)	
Location of Accident : Queensway, at traffic light surviven to Communicable premue.  Dannopel To Vehicle Colaimant): Back door of van deformed e mable to open Extensive details  of lamages to be submitted by the Workship.  A. Claimant: vericle: PC 3529.S. Rainbow Centre ( rig Kivee Hamy)  B. Offenser: Vehicle: PC 50365, Devarajan Slo That marrajan ( lee although sor driver details)  Chronology of Events:  (1) Claimant, PC 3529.S. was Stationary at the Queensway traffic light junction opposite of Commonwealth avenue when the traffic light indication was red.  (2) Offenser, PC 50365, Suddenly crashed into the claimant, PC 3529.S. when the Claimant was Stationary e when the traffic light indication was Still red.  (3) Claimant was Corrying proflement during the time of the accident. If Students,  2. Teachers e I Parent was on board the vehicle at the time of the accident.  (4) Driver, teachers, Students e parent (Passengual of accimant, Vehicle) where unharmed during the mishap.	Dake of Accident: 04/04/2018
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departing the incident site.	CS) Both drivers exchanged particulars I took opposes of both vehicles before
	departing the incident site.
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**DECLARATION** 

I/We declare the foregoing p

Ms Tan Sze Wee

Executive Director

Rajnbow Centre, Singapore

NA KWEE HON

Date & Time:

Rammas (RC)

Reporting Centre Personnel's Signature

Driver's Signature (if driver is not the policyholder)

Name: NRIC/FIN No .:

Date & Time:

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