

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

6th 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 159723 (Tel: 6273-0119/Fax : 62707065).

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

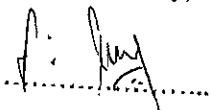
1. My vehicle is not surveyed within 2 working days
2. There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

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 reason/s unknown to me now.

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

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 Fatt Auto Works - HQ
 ENTRY DATE & TIME: 05/04/2018 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 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	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	PC3529S
Insured/Policyholder	
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

Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28928148MKC
Cover Note Number	

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

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 COMMERCIAL VEHICLE
Name of Driver DEVARAJAH S/O THARMARAJAH
NRIC/Passport Number S8628021C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- 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.:

Address C/O 501 MARGARET DRIVE
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 -
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. YES
Number of Passengers (Including Driver) 8

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? NO

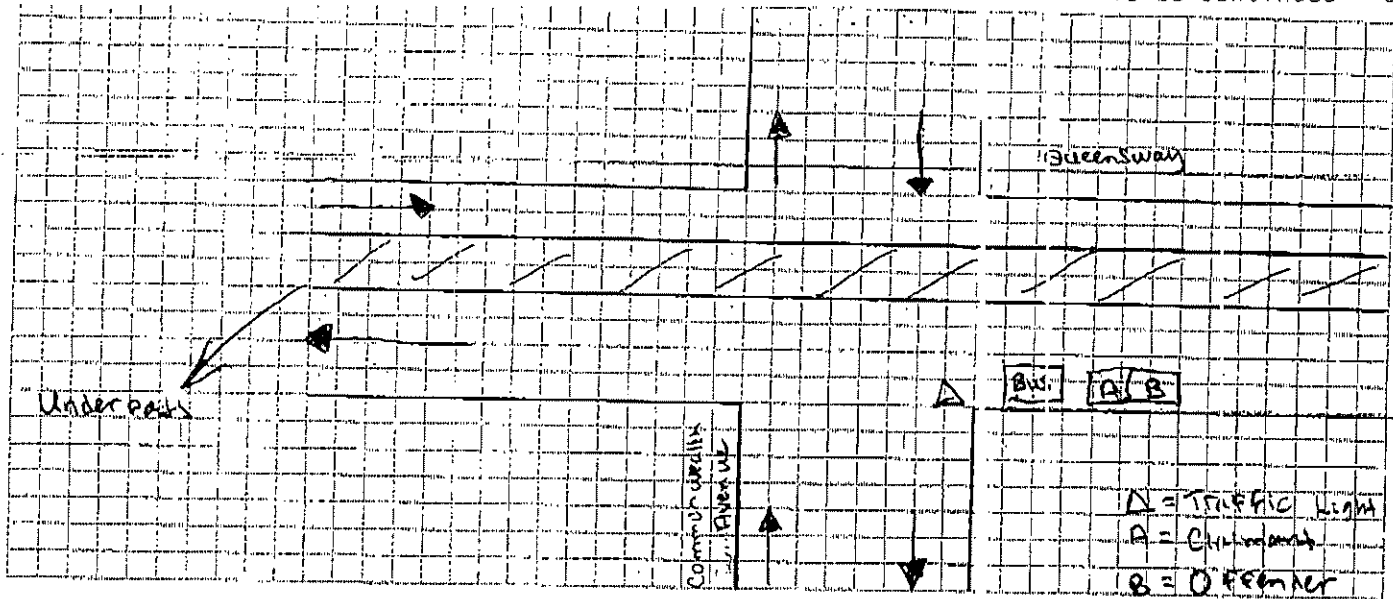
If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident : 04/04/2018

Approximate Time of Accident : 1316hrs

Location of Accident : ^{4-way} Queensway, at traffic light junction to Commonwealth Avenue.

Damaged To Vehicle (Claimant) : Back door of van deformed & unable to open. Extensive details of damages to be submitted by the Workshop.

A-Claimant : vehicle: PC 3529S, Rainbow Centre (Ng Kwee Heng)

B-Offender : vehicle: PC 5036J, Devanarajah S/O Tharumarajah (See attached for driver details)

Chronology of Events :

- (1) Claimant, PC 3529S was stationary at the Queensway traffic light junction opposite of Commonwealth Avenue when the traffic light indication was red.
- (2) Offender, PC 5036J, suddenly crashed into the claimant, PC 3529S when the claimant was stationary & when the traffic light indication was still red.
- (3) Claimant was ^{carrying} ~~carrying~~ passengers during the time of the accident. 4 Students, 2 Teachers & 1 Parent was on board the vehicle at the time of the accident.
- (4) Driver, teachers, students & parent (passengers ^{at} in claimant vehicle) were unharmed during the mishap.
- (5) Both drivers exchanged particulars & took photos of both vehicles before departing the incident site.

DECLARATION

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

X Ms Tan Sze Wee
Executive Director
Rainbow Centre, Singapore
Policyholder's Signature
Date & Time:

Ng Kwee Heng, Abdul Rahman (EC)
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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