

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 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. 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	24/10/2018 16:15
Date Of Accident	22/06/2018 16:20
Exact Location Of Accident	WILKIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7553D
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Insured/Policyholder

Name Of Registered Owner	LEE KAH SOON
NRIC No	S0790817B
Email Address	ONGCHINYONG1990@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81283913
Alternative Phone No	OTHERS-91823972

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P0986645
Cover Note Number	01/08/2017 - 31/07/2018

Driver

Name of Driver	LIM AH GUEK
NRIC No	S1545474A
Date Of Birth	17/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91823972
Fax Number	
Contact Number	OTHERS-97496655
Email Address	ONGCHINYONG1990@YAHOO.COM.SG

Address	BLK 209A COMPASSVALE LANE #02-110
Postcode	541209
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	CHAIN 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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT AND POLICE REPORT T/20180710/7011. STATEMENT WAS FILED BY OWNER AS DRIVER IS WHEELCHAIR BOUND AFTER SUFFERING FROM STROKE. POLICE REPORT WAS FILED BY DRIVER'S SON - MR JOSEF ONG HP - 97496655 ON DRIVER'S BEHALF. ARC NOTE - DRIVER HAD A FIRST ACCIDENT JUST BEFORE THIS 2ND ACCIDENT. BUS WAS COMPOUNDED AT TRAFFIC POLICE AND PHOTO ATTACHED WAS THAT OF THE BUS AFTER THE 2 ACCIDENTS. WE ALSO ATTACHED ACCIDENT SCENE PHOTOS PROVIDED BY OWNER WHEN OWNER WENT TO ACCIDENT SCENE.

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	SLQ6217X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR6263T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM AH GUEK
Approximate Age
Injuries Sustain SUFFER STROKE
Injured person in which vehicle? CB7553D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

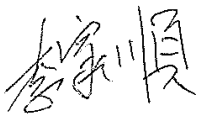
2nd accdt.

IMPORTANT NOTICE

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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)**

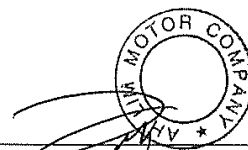
I understand, acknowledge, agree and consent that:

- (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:

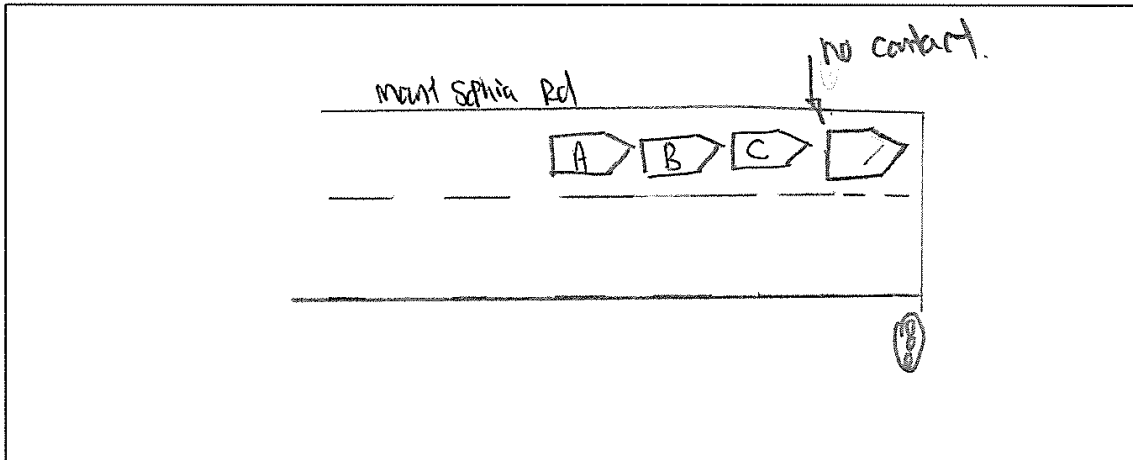
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 22/06/2017 Time: 16:20 Location: ~~10 Wilkie Rd.~~ ~~10 Wilkie Rd.~~ ~~10 Wilkie Rd.~~
My Vehicle A: CB 753D Vehicle B: SLQ 6217X Vehicle C: SFR 6263T
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am the owner of the said Bus. The driver of the bus is my staff Lim Ai Goh S1545434A. She is picking up children from the "Alphabet Playhouse". There was no other staff on the bus with her. There are 4 children on the bus. She had a stroke around the time of the accident. We were informed by a friend who saw the accident bus and ~~as~~ my son went to the accident scene to and saw that our bus was involved in a chain collision. The bus is the last of 3 vehicle behind the traffic light. The Driver was conveyed to the hospital by ambulance and was hospitalised. She was discharge end July and is wheelchair bound and unable to communicate well due to the stroke.

The BUS is still controlled by the traffic police.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : noemail

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

李秉順

Policyholder's Signature

Date & Time:

Driver's Signature

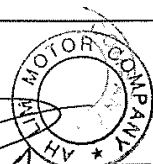
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ALLIM MOTOR COMPANY


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



Report No: T/20180622/0088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
10/07/2018 19:48

Vide Report No
E/20180622/0088

Informant's Particulars

Name of Informant
LIM AH GUEK

Address
APT BLK 209A COMPASSVALE ESTATE #02-115 SINGAPORE
541209

ID Type / ID No.
NRIC NO / S1545474A

Contact No
Home/Office 17224 31223372

Nationality:
SINGAPORE CITIZEN

Email
ongchinyong1990@gmail.com

Sex: Female Age: 55 Date of Birth: 17/09/1962

Type of Informant
Driver

Race:
Chinese

Language English Institution / School Name

Occupation:
N.A.

Driving Licence Information
Class 3,4 Date of Expiry

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2018 16:24	Type of Road: Straight Road
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Location:

WILKIE ROAD

The road outside Wilkie Edge

Weather:	Road Surface	Road Speed Limit
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Traffic Flow:	Traffic Control:	Traffic Volume
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Type of Collision:	Anyone conveyed by ambulance Yes
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Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
CB7653D		TOYOTA	hiace	Silver		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing NA

Signature of Informant
Signature of Officer
Signature of Officer

Yat Hwee Choo
CSO Traffic Police
Date: 24/07/2018



**SINGAPORE
POLICE FORCE**



T/20180710/7011

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 68470000

2 of 2

Report No: T/20180710/7011

CONTINUATION OF REPORT

Driver			
Name	LIM AH QUEK	ID No.	S1545474A
Related Vehicle	CBT553D	Contact No	91823972
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

Ref: E/20180622/0088

I was travelling down Wilkie Road at 4.24pm on 22 June 2018, I suddenly felt giddy and the next moment I just realised I collided into the front vehicle.

After the accident, I was subconscious and therefore I was conveyed to Tan Tock Seng Hospital via ambulance.

I am currently in general ward and I was informed that the accident was highly caused due to post stroke effect.

Certified True Copy
pursuant to Sec. 76 of the
Evidence Act, Cap 97.

Yat Hwee Choo
SSD Traffic Police
Date:

24 SEP 2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1545474A



Name

LIM AH GUEK



林巧梅

Race

CHINESE

Date of Birth

17-09-1962

Sex

F

Country of Birth

SINGAPORE



1520716



NRIC No. S1545474A



Blood Group

AB+

Date of issue

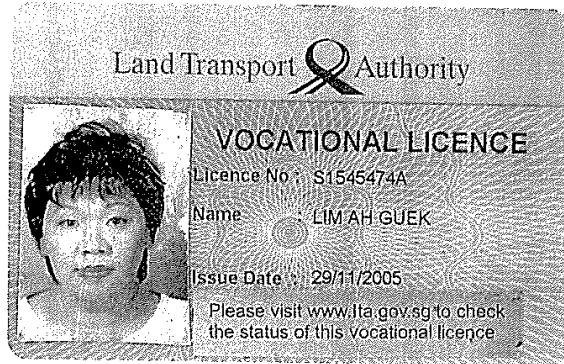
18-12-1993

APT BLK 209A COMPASSVALE LANE #02-110
SINGAPORE 541209

NRIC No: S1545474A

Date: 19/11/2010

No: 6026720



\$600

LKS

CPF

\$162

OD - \$102 - OWNER

WC - \$60 - DRIVER

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	17/12/1991






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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Sep 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Jan 2002

NP 428A



 Tan Tock Seng HOSPITAL	TAN TOCK SENG HOSPITAL 11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011	
	HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY	

LIM AH GUEK | S1545474A | 55Y 9M | F | Chinese | 1218602043H | 22-Jun-2018 | 14-Jul-2018

ADMISSION DETAILS		
Admission Date: 22-Jun-2018	DOB: 17-Sep-1962	Age: 55Y 9M (as of admission)
Ward: WARD 10D	Room: ROOM 02	Bed: BED 117
Patient Type: Inpatient	Patient Class: Class C	
Attending Dr: KEVIN TAN (07775E)	Medical Service Code: TTSH Neurology	

DISCHARGE DETAILS		
Discharge Date/Time: 14-Jul-2018 09:10		
Discharge Status: Follow Up at SOC	Condition at Discharge:	Improved - Condition better than at time of admission

DIAGNOSIS

STROKE

PROCEDURE

Not Applicable

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert
No medical alert

The drug allergy data is accurate as at 14-Jul-2018 09:14

CLINICAL SUMMARY

Follow up
Not Applicable

Discharge Medication

The discharge medication data is accurate as at 13-Jul-2018 17:18


Route	Medication Name	Dosage Regimen	Instructions
PO	Atorvastatin Tab	40 mg every morning 1 month	
PO	gliPlizide Tab	5 mg 2 times per day with meal(s) 1 month	
PO	Lactulose Mixture	10 mL 3 times per day 2 weeks	
Rectal	bisACODYL Suppository	10 mg when necessary 1 week	BNO 2/7
Inhalation	Salbutamol Inhaler	2 puff 4 times per day when necessary 1 month	Shortness of breath.
Inhalation	Beclometasone Inhaler	2 puff 2 times per day 1 month	
PO	Omeprazole Cap	20 mg 2 times per day 1 month	
Topical	Betamethasone/	1 apply 2 times per day 5 days	

By : LONG SHANN(62777A)

Date : 14-Jul-2018 09:14

This is a computer-generated summary of information available and correct at point of print
Please refer to your doctor for further information or clarification

Printed by: LONG SHANN (62777A)
Printed Date/Time: 14-Jul-2018 09:14

 Tan Tock Seng HOSPITAL	TAN TOCK SENG HOSPITAL 11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011	
	HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY	

LIM AH GUEK | S1545474A | 55Y 9M | F | Chinese | 1218602043H | 22-Jun-2018 | 14-Jul-2018

	Clotrimazole/ Gentamicin Cream	
PO	Apixaban Tab	5 mg 2 times per day 1 month
PO	Ferrous Sulfate Compound Tab	1 tab 2 times per day 1 month
PO	metFORMIN HCL Tab	850 mg 2 times per day with meal(s) 1 month

Medical Certificate

MC Number	: TTSH18160838	Issued by	: LONG SHANN
Leave Type	: Hospitalization Leave	Fit to attend court	: Yes
Unfit for duty	: 22-Jun-2018 to 14-Jul-2018	Fit for light duty	:
Remarks	:		

Future Appointment
Not Applicable

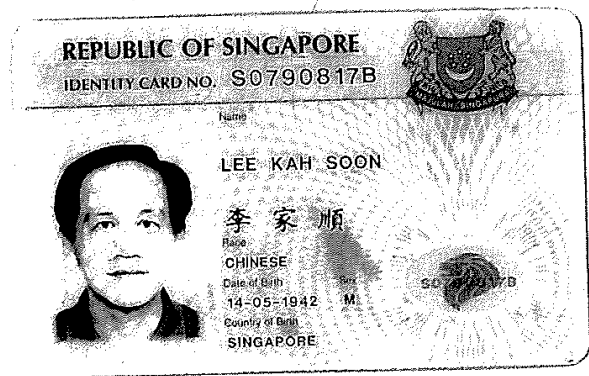
Planned Orders
Not Applicable

By : LONG SHANN(62777A)

Date : 14-Jul-2018 09:14

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification

Printed by: LONG SHANN (62777A)
Printed Date/Time: 14-Jul-2018 09:14

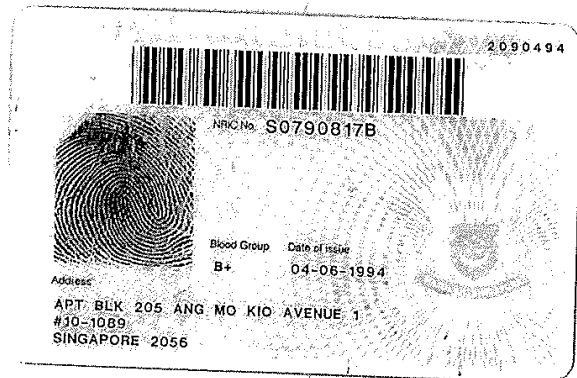


-HP: 81283913

-DRB34

-No injury

-the Victim - SD with TP



* Son - Lee peng Siang

HP:



Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

28 Mar 2015

Our ref 2803150501N052499-189

LEE KAH SOON
APT BLK 205 ANG MO KIO AVE 1
#10-1089
SINGAPORE 560205

Dear MR LEE KAH SOON

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. CB7553D

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20150328093344119261. You are the registered owner of the vehicle with effect from 28 Mar 2015.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | |
|----------------------------|--|
| 1. Name | : LEE KAH SOON |
| 2. Identification No. Type | : Singapore NRIC |
| 3. Identification No. | : S0790817B |
| 4. Place Of Passport Issue | : - |
| 5. Vehicle No. | : CB7553D |
| 6. Vehicle Type | : S20 - School Transport Bus/Coach/Minibus |
| 7. Vehicle Scheme | : School Bus without AWC |
| 8. Vehicle Make | : TOYOTA |
| 9. Vehicle Model | : HIACE MANUAL |
| 10. Remarks | : The vehicle will be de-registered upon reaching its statutory lifespan on 19 Sep 2025. This is a public service vehicle. |

Annex A

Transaction ref 20150328093344119261

The owner and vehicle particulars for Vehicle No. CB7553D as at 28 Mar 2015 are as follows:

1. Name	: LEE KAH SOON
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: S0790817B
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB7553D
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 28 Mar 2015
8. Original Registration Date	: 20 Sep 2005
9. First Registration Date	: 20 Sep 2005
10. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11. Vehicle Scheme	: School Bus without AWC
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE MANUAL
17. Year of Manufacture	: 2005
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 11
21. Chassis/Trailer Chassis No.	: JTFJS02P605001057 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 2KD1304479 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2494 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 1800

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #S1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE NO. : VFX/P0986645 Account No. : 03681
 Coverage : Third Party Fire & Theft Only
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : LEE KAH SOON
 Vehicle Registration No. : CB7553D
 Period of Insurance : From 01/08/2017 To 31/07/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their permission

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.

LIMITATIONS AS TO USE*

- a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
 b) Use only in the Republic of Singapore.

The Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(14)

EXCESS :

Sect II-Used In Singapore Only : SGD 1,500.00

* 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, 1967 (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, 1967 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAKAS2 on 07/08/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

To Whom It May Concern,

Accident involving my vehicle no. CB 7531 on 22/06/2017 (date) with
SLQ 627X (other vehicle no) along Mount Sophia Road / Wilkie Rd

I, LEE KAH SION Nric No. S0790217B

Owner of vehicle no. C875531 am aware of the accident of my vehicle on
22/06/2017 (Date) while car was driven by LIM AM GUER

Nric No. _____. I hereby, authorise him / her to make the report.

X 李卓賢

Name LEE KAH SION

Date:

.....
..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X _____

Name

Date:

N/A



redefining / insurance

Date: 1/08/2018

To: Owner of Vehicle Number: CB 7SS3D

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - () You had been advised by the workshop on the liability and merits of the case accordingly.
 - () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - () There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - () The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
 - () You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
 - () For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
 - () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others Reporting only

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

Accident Photo



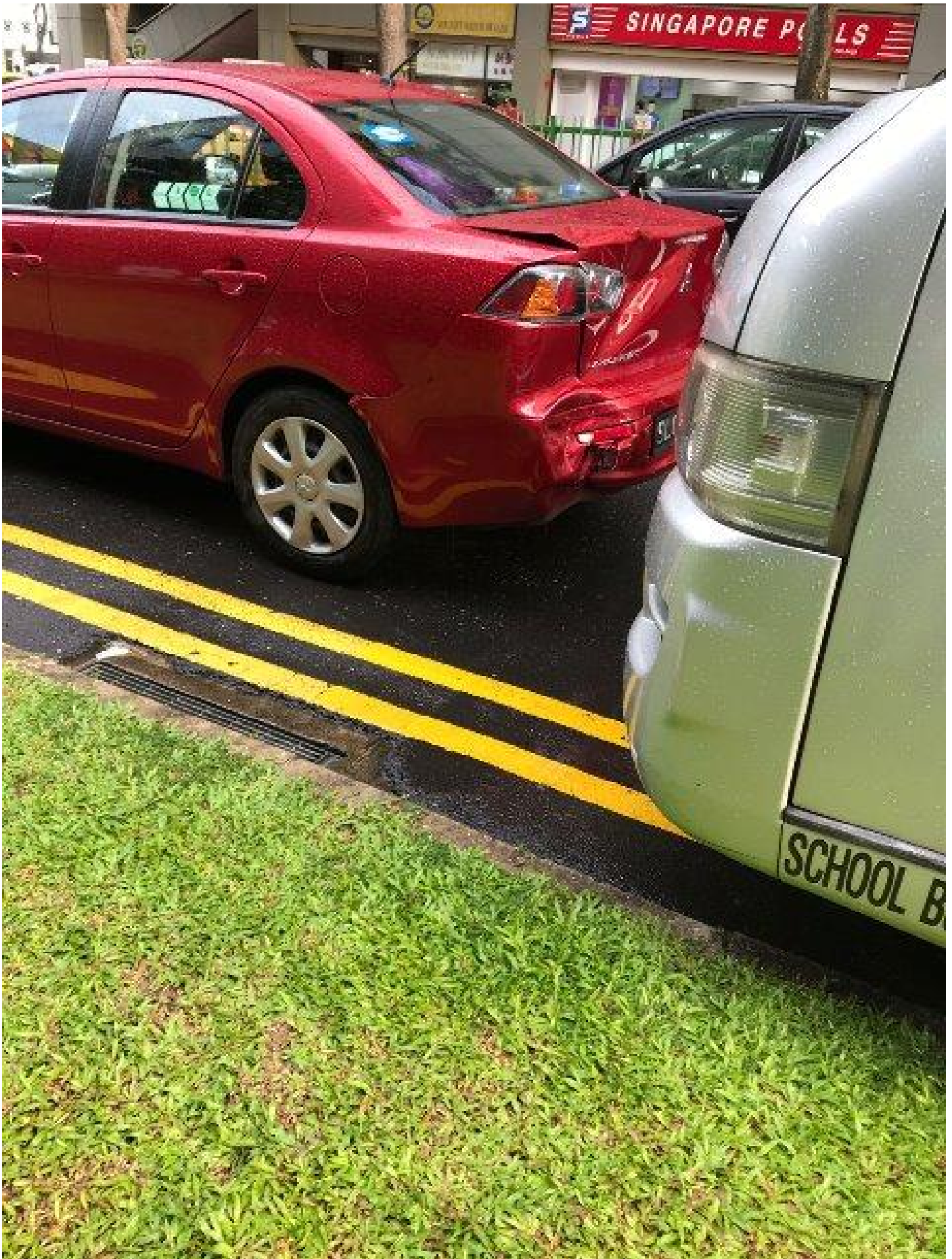
Accident Photo



Accident Photo



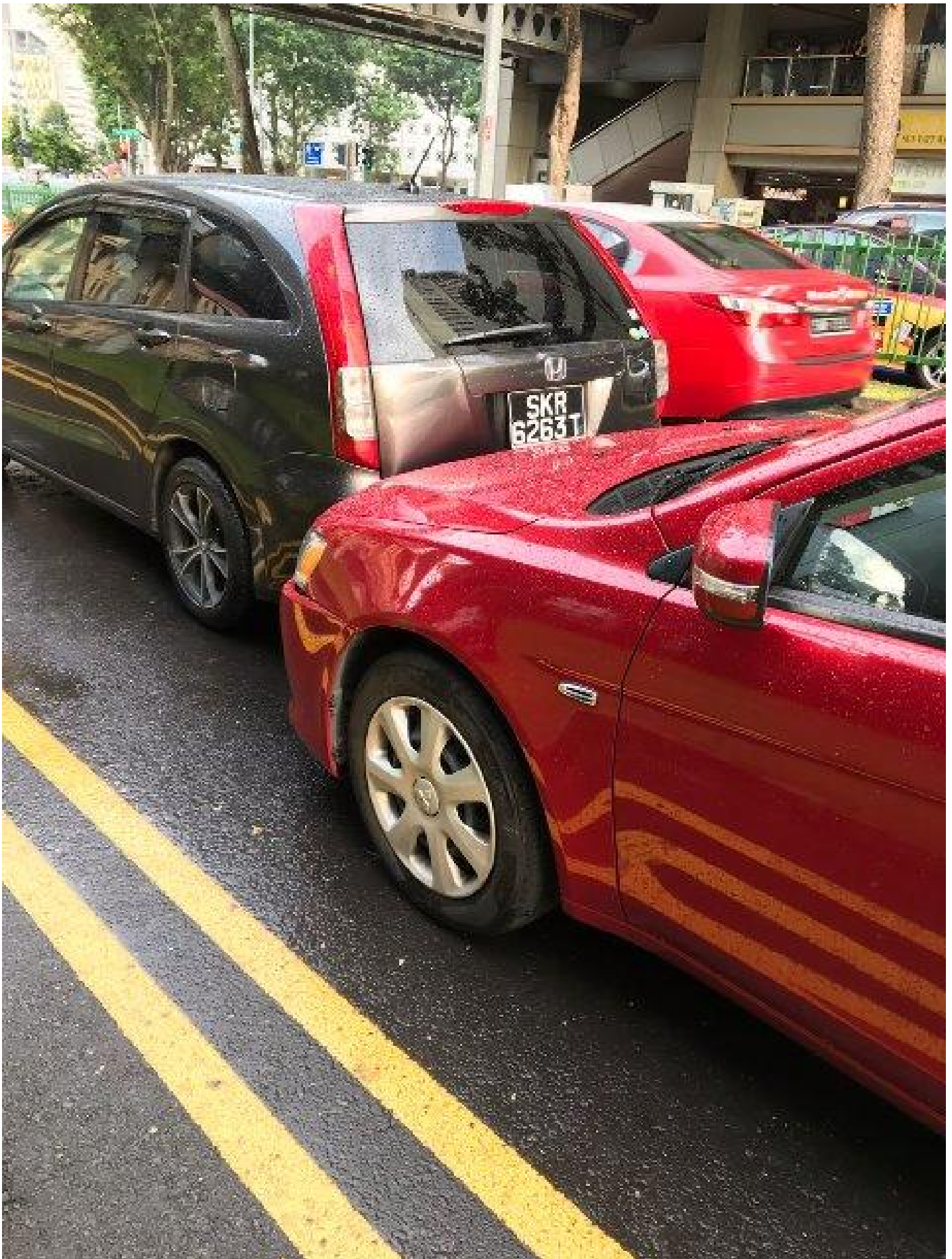
Accident Photo



Accident Photo



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