

Surveyor  
Maimun

REF: CSI / III 18015103 / grbsv

Special Instruction:

LS: 26300.00

ASSIGNMENT (Office)

From (Person): Zuhaidah of III Date/Time: 20082018

Third Parties:

Estimated Cost: Bill to:

Claimant:

Surveyor: CL Appraiser

Workshop: Torque 5

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SKA 2464X Insured: SH 6611E

at Workshop m/s Torque 5 Tel:

of 8 Kaki Bukit Ave 4 #01-49

Policy No: Claim No: MCT 16120443

Sum Insured: Excess:

Make of Veh: D.O.A. 10-12-2016

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig, days (Red \$ / %; Original 16 days)

Date/Time: 24/8/18 Submit Final Fig 818,000.00, 14 days (Red \$ 8300 / 32 %; Original 16 days)

Date/Time	Action/Instruction
	SKA 2464 X - x
	SH 6611E - (S/TML/6025780) / MHT392
	DIA: 10/2/2016
	LS: 18,000.00
	Repair days 14
	TGTUIM
	23/8/2018

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 24 AUG 2018

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

450
10

- 1) Date/Time 24/8/18 File Pass to typist
- 2) Date/Time File Return to
- 3) Date/Time File Pass to
- 4) Date/Time File Return to
- 5) Date/Time File Pass to
- 6) Date/Time File Return to

## Catherine Chong (LKK Auto)

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**From:** Zuhaidah Samsuri <aida@iii.com.sg>  
**Sent:** Monday, 20 August, 2018 2:16 PM  
**To:** 'SUR'; Catherine Chong (LKK Auto); 'assignments'  
**Subject:** MCT16120443 - PAPER SURVEY OF SKA2464X

Dear LKK,

Please conduct paper survey for the TPV **SKA2464X**.

Supporting docs uploaded in Merimen.

Thanks.

Best Regards

**Aida Samsuri**

Motor Claims Dept

India International Insurance Pte Ltd

64 Cecil Street #04/#05 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 257 Fax: 6224 4174

Email: [aida@iii.com.sg](mailto:aida@iii.com.sg)

Co. Reg Number: 198703792K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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It may contain confidential and/or legally privileged information.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

**...CLAIM SUBFOLDER...(New Assignment)**

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	20 Aug 2018		20 Aug 2018 12:25 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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CLAIM SUBFOLDER DETAILS			
Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R <span style="float: right;">[Created by insurer]</span>		
Main Claimant:	TANG CHIU GEK, ID: F0291807L		
Vehicle Reg. No.:	SKA2464X	Date of Loss:	10/12/2016 14:00 - :59
Claim Type:	TP / MCT16120443	Policy/Cover Note No.:	MCOM0016 (Third Party Only)
Vehicle Reg. No. (Insured):	SH6611E	Policy No. (Claimant):	5077302647
		Excess:	
Repairer:	Torque 5 Bodyworks Pte Ltd (HQ) 8 Kaki Bukit Ave 4,, #01-49/50/51/52/53/54 Premier @ Kaki Bukit, 415875 Kaki Bukit - Tel:		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Zuhaidah Bte Samsuri - 6347 6070]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/08/2018]		

ASSOCIATED MAIL RECEIVED	
There are no mail for this case.	<a href="#">View All</a> <a href="#">Compose Case Mail</a>

ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



**Torque 5 Pte Ltd**  
No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-50 Singapore 415875  
Tel: +65 6452 4457 | Fax: +65 6452 4584 | Email: enquiry@torque5.com  
Co. & GST Reg. No.: 201313221G

**India International Insurance Pte Ltd**  
64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711

**Proforma Invoice**

Inv No. : PF51808030  
Date : 17 Aug 2018  
Ref : 10/12/2016  
Currency : SGD  
Terms : 30 Days  
Veh No. : SKA2464X

#	Description	Qty	UOM	U/P	Disc	Amt
1	TO SUPPLY SPARE PARTS AND LABOUR FOR ACCIDENT REPAIR PARTS LUMP SUM AMOUNT	1.00		26,300.00	0.00	26,300.00

*I agree to the price as listed above and affirm that the goods are received in good condition.*

(Customer's Signature and Company Stamp)

Subtotal : S\$ 26,300.00  
GST 7.0% : S\$ 1,841.00  
**Total : S\$ 28,141.00**

For **TORQUE 5 PTE. LTD.**



(Authorised Signature)



**LETTER OF AUTHORISATION**

Accident on 10/12/2016 along KPE (CEP)  
 Involving vehicles SKA2464X, SH6611E, SKW460314, SCA57944, SH8195

In consideration of **Torque 5 Pte Ltd, 8 Kaki Bukit Ave 4, Premier @ Kaki Bukit #01-50 Singapore 415875**, repairing my/our motor vehicle no SKA2464X at my request, I/We, TANH CHIU GEEK ("the claimant") of 8 Rivervale Link # 08-12 Park Green S (S450437) (address) bearing NRIC No F0291807L the owner of motor vehicle no SKA2464X, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

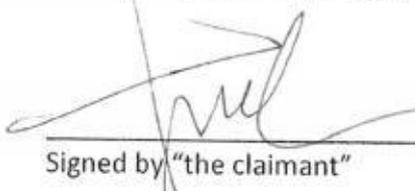
I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Torque 5 Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Torque 5 Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Torque 5 Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Torque 5 Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Torque 5 Pte Ltd** shall amount to a good discharge of **Torque 5 Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

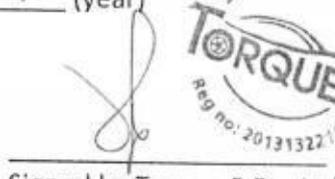
Dated this 16 day of 12 (month) 20 17 (year)

  
 Signed by "the claimant"

Name: Tang Chiu Geek

NRIC No: F0291807L

*\* my preferred solicitor as spoken to Eric*

  
 Signed by Torque 5 Pte Ltd

Name: Suzanne Tan



## SATISFACTION VOUCHER

I/We, TANGI CHIU GEK hereby confirm that repairs to my / our  
vehicle no. SKA 2464X have been completed to my / our satisfaction and  
that I / we have collected my / our said vehicle on the under-mentioned date.

Date in: 16/12/2016

Date out: 20/5/2017



Owner's Signature

Name: TANGI CHIU GEK

NRIC No.: F0291807L

Date: 20/5/2017

Time:



**24 HOUR RECOVERY SERVICES**  
**24 HRS HOTLINE : 8455 5669**

Co. Reg No: 53333929D



No. 0911

Date : 10-12-16

M/S : Terque-5 Bag

Vehicle No : SKA 2464X Model : Volkswagen Scirocco

From : TAI SENG AVE Time Start : 1705

To : TERQUE-5 Time End : 1730

Remarks : (A)

- Change Tyres / Jump Start  Accident  Use Car Carrier  Loaded
- Basement / Multi Carpark  Low Body Kit / Low Spoiler  Open Door
- Using King Dolley  Dismantle Brake / Shaft  Crane Up / Winch Out

AMOUNT S\$ 180/-

W-ee

Received By \_\_\_\_\_ for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdeemeanour to your vehicle whilst being transported.  
Address: 8 Kaki Bukit Ave 4 #01-49 Premier @ Kaki Bukit Singapore 415875. Tel: 6452 4457 Fax: 6452 4584



Land Transport Authority  
 10 Sin Ming Drive  
 Singapore 575701  
 GST Registration No. : M4-0006529-2

Print Date/Time : 16 Dec 2016 / 18:07:28

Receipt Date/Time : 16 Dec 2016 / 18:07:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-161216-001660

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SH6611E As at 10 Dec 2016/14:00:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SH6611E Enquiry Fee 20161216180700764442	5.00	0.35	5.35
	<b>Sub-Total</b>	5.00	0.35	5.35
	<b>Total Before Rounding</b>	5.00	0.35	5.35
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			5.35
	<b>Paid By</b>			
	xxxxxxxxxxxx8121		Credit Card: Visa/MasterCard	5.35
	<b>Total</b>			5.35
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			5.35
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-16-155109

Date of Request: 19/12/2016

Your Ref No: WALK IN ALEX

TORQUE 5 PTE LTD  
NO. 8 KAKI BUKIT AVE. 4, PREMIER, #01-50  
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: SKA2464X

Date of Accident: 10/12/2016

Place of Accident: KPE (ECP)

Involving Vehicle No: SH6611E,SLA5794L,SGT819S,SKW4603H

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

**TAX INVOICE**

Our Ref No: GR-16-155110  
Date of Request: 19/12/2016

Your Ref No: WALK IN ALEX

TORQUE 5 PTE LTD  
NO. 8 KAKI BUKIT AVE. 4, PREMIER, #01-50  
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 10/12/2016  
Vehicle No: SKA2464X  
Place of Accident: KPE(ECP)  
Involving Vehicle No: SH6611E

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH6611E	KPE(ECP)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-16-155112

Date of Request: 19/12/2016

Your Ref No: WALK IN ALEX

TORQUE 5 PTE LTD  
NO. 8 KAKI BUKIT AVE. 4, PREMIER, #01-50  
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 10/12/2016

Vehicle No: SKA2464X

Place of Accident: KPE(ECP)

Involving Vehicle No: SGT819S

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGT819S	KPE(ECP)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-16-155111

Date of Request: 19/12/2016

Your Ref No: WALK IN ALEX

TORQUE 5 PTE LTD  
NO. 8 KAKI BUKIT AVE. 4, PREMIER, #01-50  
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 10/12/2016

Vehicle No: SKA2464X

Place of Accident: KPE(ECP)

Involving Vehicle No: SLA5794L

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLA5794L	KPE(ECP)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

**TAX INVOICE**

Our Ref No: GR-16-155113  
Date of Request: 19/12/2016

Your Ref No: WALK IN ALEX

TORQUE 5 PTE LTD  
NO. 8 KAKI BUKIT AVE. 4, PREMIER, #01-50  
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 10/12/2016  
Vehicle No: SKA2464X  
Place of Accident: KPE(ECP)  
Involving Vehicle No: SKW4603H

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKW4603H	KPE(ECP)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque

MSI316159010 / STA INSPECTION PTE LTD - Boon Lay  
ENTRY DATE & TIME: 17/12/2016 10:59

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 17/12/2016 11:08**

## 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 17/12/2016 10:59  
Date Of Accident 10/12/2016 14:00  
Exact Location Of Accident KPE(ECP)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA2464X  
**Insured/Policyholder**  
Name Of Registered Owner TANG CHIU GEK  
NRIC No F0291807L  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-91230666  
Alternative Phone No Others-91230666

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
Model SCIRROCO  
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5077302647  
Cover Note Number

### Driver

Name of Driver TANG CHIU GEK  
NRIC No F0291807L  
Date Of Birth 10/10/1977  
Occupation OUTDOOR  
Date Of Driving Pass 11/08/2006  
Driving Experience 10 YEARS AND 3 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-91230666

Fax Number  
 Contact Number OTHERS-91230666  
 EMail Address NOEMAIL  
 Address 8 RIVERVALE LINK  
 #08-12 PARK GREEN  
 Postcode 545043  
 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- CHAIN COLLISION  
 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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name 10 UBI AVENUE 3  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:  
 SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH6611E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKW4603H

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLA5794L

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SGT819S

Vehicle Make/Model/Colour

Details Of Properties

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

TANG CHIU GEK

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SKA2464X

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

**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 Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
  4. The issue and acceptance of this Form 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 Center 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 center and to copies of the report being made available aforesaid.
- B. 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 processed 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; 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 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.

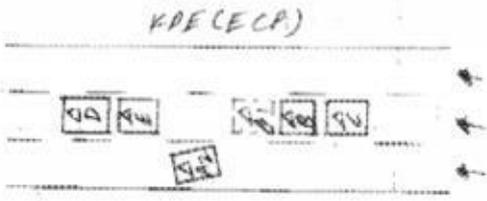
  
 Policyholder's Signature / Date & Time

  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Center Personnel

**Sketch Plan**

vehicle A: SKA2464X  
 vehicle B: SH6611E  
 vehicle C: SW4603H  
 vehicle D: SLA5794L  
 vehicle E: SG78195



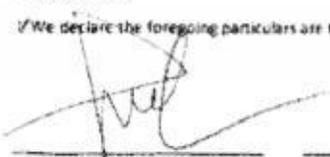
**Describe Circumstances of the Accident**

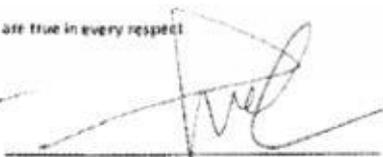
*Refer to police report.*

Lined area for describing the accident circumstances.

**Declaration**

We declare the foregoing particulars are true in every respect

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

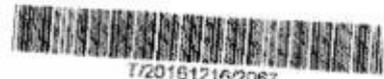
  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Center Personnel

**Common Statement**


**SINGAPORE  
POLICE FORCE**

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



T/20161216/2067

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Report No. T/20161216/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2016 12:22		Vide Report No.: F/20161210/0189		Station Diary No.	
<b>Informant's Particulars</b>					
Name of Informant: TANG CHIU GEK			Address: 114 SERANGOON NTH AVE 1 #03-541 HDB-SERANGOON EST SINGAPORE 550114		
ID Type / ID No.: FIN NO / F0291807L			Contact No. Home/Office: Mobile 91230666		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 39	Date of Birth: 10/10/1977	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class 3A		Date of Expiry:

**General information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2016 14:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE TOWARDS ECP 9.2KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT819S	Car				Slightly Damaged	0
SH6611E	Car				Slightly Damaged	0
SKA2464X	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Seriously Damaged	0
SKW4603H	Car				Slightly Damaged	0

Common Statement



**SINGAPORE  
POLICE FORCE**



T/20161216/2067

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

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Report No. T/20161216/2067

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA5794L	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA2464X	NTUC Income Insurance Co-Operative Limited	5077302647	31/01/2016	30/01/2017

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG CHIU GEK	ID No.	F0291807L
Related Vehicle	SKA2464X (Car)	Contact No.	91230666
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class. 3A Date of Expiry: NIL
Date Treatment	10/12/2016	Date Discharge	13/12/2016
No. of Days granted Medical Leave	19	Degree of Injury	Serious

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I(SKA2464X) WAS INVOLVED IN A CHAIN COLLISION WITH (SLA5794L, SGT819S, SH6611E, SKW4603H) . I WAS DRIVING ALONG KPE TOWARDS ECP 9.2KM AT THE CENTRE LANE, AND UNKNOWNLY TO ME THE CAR(SGT819S) INFRONT OF ME SUDDENLY BRAKE AND STOP, SO I JAM BRAKE IMMEDIATELY AND THEN I FEEL A HIT FROM THE TAXI BEHIND ME(SH6611E), MY CAR THEN SURGE FORWARD AND HIT THE CAR(SGT819S) INFRONT OF ME. UNKNOWNLY TO ME, AFTER THAT MY CAR WAS ALREADY MOVED ONTO THE INNER LANE. AFTER THAT I STAYED INSIDE MY CAR AS I FELT BLACKOUT IN MY HEAD AND I ALSO FELT INJURIES SUSTAINED ALL OVER MY BODY. I REMEMBERED DOING ALL THE SAFETY CHECK BEFORE DRIVING AND WEARING MY SEAT BELT, BUT SHOCKLY I DO NOT KNOW WHY THE AIRBAG OF MY CAR DID NOT OPEN. SHORTLY AFTER THAT THE POLICE AND AMBULANCE ARRIVE, I WAS THEN ADMITTED TO CHANGI GENERAL HOSPITAL BY THE AMBULANCE. I WAS DISCHARGED ON THE 13 OF DECEMBER AND GIVEN 19 DAYS OF MC. THAT'S ALL.

Common Statement



**SINGAPORE  
POLICE FORCE**

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



T/20161216/2067

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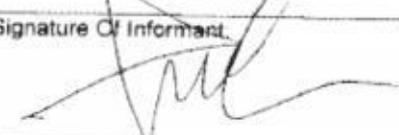
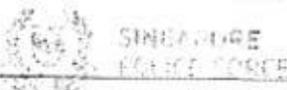
Report No. T/20161216/2067

**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. TP / <b>BENJAMIN TAN ZE WEI</b>	Signature Of Informant. 
Signature Of Interpreter: Not applicable	Date/Time 16/12/2016 12:22
Officer In Charge Of Case: TP / GIT / <b>Staff Sgt MOHAMED YAZID BIN MOHAMED YUSOFF</b> Contact No.: 65472075	Classification Of Case: 
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo

