ASS, REC. BY  SULVEYOR  CUS  FOR (Person	REF CS FCI18015327/124d3 Special Enstruction:  MUMU ASSIGNMENT (Office)  FCT Date/Time 23/8/160 2-04pm
to Inspect Ve at Workshop a of	## SGD 54344 Insured: SHD 7087 M  ## Soon Hong Auto Tel: 967 11737  BIK 13 Detu Lang 10 # 01-430
Policy No: Sum Insured: Make of Veh:	Excess:  D.O.A. 19108 2018
	REP. / REV 24 HRS Cup 24/8/18 Morning H.O.D. Endorsement:
Date/Time	Action/Instruction (X) Estimate Insp. (KB)  SGD 5434 U-X  SHD 7087 M-X
28/8/8	Hereper

(08/11/13) wef REF:	2./
ASS. REC. RY: MOVILLS	ASSIGNMENT
From: Date:	Veh No: 560 8 4344 Yr Regn: 2,06
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD /TP /WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SGD SYS42	Make: 2040/6 V.OS c.c 1497
at Workshop m/s Swan her	Colour S. her A/C: Insured / Std / NI / NA
of 02-(3	Sp.Reading P > 7.74 T/Radio: Insured / Std / NI / NA
Insured: MR /aw	Eng/No:
Policy No. 967//7	177 CNO: MRD(-3/1/4-204/7420
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or/
54.07-0.000	Tyre Size: F: 175-/65-22(4
(Policy Condition)	R:
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Continent
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19/8/18 D.O.I. 2 4/8/18
Lum Sum: % 3 Val.: Yes or No.	Survey held at @ (2.39).
CA / REV / REP. / 24 HRS Care VO Vehicles IN	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	1
No settle 419	
ask repaired for bit	9 2/15.6ml.
دوري م	
711	
31/8/18 In Smit 7/63 Repog	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Z) Add	Fee:; Site Insp (\$)s+Rs,si
E2 20 10 10 10 10 10 10 10 10 10 10 10 10 10	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weekend (\$ )
	TOTAL



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

	, 但为自己的。	Anniated to redefation intern	nationale Des Experts En Autom	iobile
FIRS	ST CAPITAL INSUI	RANCE LTD	Ref : CS3/FCI18015	327/Uz4d3
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 23-08-2018 Code: FCI2	
1.	Transport of the	Policy Particula	rs :- (THIRD PARTY CLA	IM)
	Insured Veh.	SHD 7087M	Veh. Inspected	SGD 5434U
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18006260MFSH	Excess (\$)	0.00
	Assign From	CWS (JOANNE YONG)	Assign Date	23/08/2018
2.		Vehicle Pa	articulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer -		Steering	
	Brakes		Modification	
	General			
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		Descr	iption of Damages	
5.	Somos No. 181	Gen	eral Information	and the second of the
	Accident Date	19/08/2018	Inspection Date	24/08/2018
	Survey held at	SOON HENG AUTO SERVI	CE	
		BLK 13 DEFU LANE 10 #01-430 SINGAPORE 53919	94	
5a.	STORES OF STREET		Remarks	



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

21-08-2018

Our Ref No. D18006260MFSH

**Accident Date** 

19-08-2018

Claim Type. Third Party

Insured Vehicle

SHD7087M

Third Party Vehicle. SGD5434U

Survey Location

BLK 13 DEFU LANE 10 #01-430

Contact Person.

MR LOW

Contact No.

96711737/96711737

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

**Contact Person** 

NA

Fax No. 68416315

Contact Number.

NA

#### FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc: Workshop

SOON HENG AUTO

Attention, NIL

100

VISION LAW LLC

SERVICES

TP Solicitor Fax No. NA

Officer Incharge

Cc: TP Solicitor

JOANNEY

### IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

# Nivitha (LKK Auto)

From:

Sent:

Thursday, 23 August 2018 12:23 PM

To:

'Claim Workflow System'

Cc:

Joanneyong@msfirstcapital.com.sg

Subject:

RE: Our Ref: D18006260MFSH; Pre-Repairs Assessment Request for SGD5434U-

accident involving with SHD7087M

# **IMMEDIATE ATTENTION**

WITHOUT PREJUDICE Our ref: SGD 5434 U

Dear Sir/Mdm

We refer to our email of 21.08.2018 wherein the workshop address is incorrect.

Please be informed that the said vehicle can be inspected at:

SOON HENG AUTO SERVICE

Venue

1 Kaki Bukit Avenue 6

#02-13 Autobay Singapore 417883

Contact Person

Mr. Low @ 9671 1737 (Please call before going)

Regards,

Prestina Moh (Secretary) Vision Law LLC 133 New Bridge Road #18-01/02 Chinatown Point

Singapore 059413

Tel: 6534-2811 (Ext. 146)

Fax: 6535-6802

From: Prestina Moh [mailto:prestinamoh@visionlawllc.com]

Sent: Tuesday, 21 August, 2018 7:02 PM

To: 'Claim Workflow System'

Cc: 'Joanneyong@msfirstcapital.com.sg'

Subject: RE: Our Ref: D18006260MFSH; Pre-Repairs Assessment Request for SGD5434U- accident involving with

SHD7087M

WITHOUT PREJUDICE Our ref: SGD 5434 U

Dear Sir/Mdm

Please see attached our reply of even date.

Regards,

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

nivieodiu.	
	ACCIDENT STATEMENT
Date Of Report	20/08/2018 12:27
Date Of Accident	19/08/2018 21:30
Exact Location Of Accident	X BEDOK NORTH RD & BEDOK AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD5434U
Insured/Policyholder	
Name Of Registered Owner	TAN AIK HIN MICHAEL
NRIC No	S0116336A
Email Address	AIKIN10@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97676194
Alternative Phone No	OFFICE-97676194
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No. Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2018-V8008246
Cover Note Number	
Driver Triber Tr	
Name of Driver	TAN AIK HIN MICHAEL
NRIC No	S0116336A
Date Of Birth	27/07/1948
Occupation	INDOOR

MALE

29/09/1977

40 YEARS AND 10 MONTHS

(LOCAL) +65-97676194

AlKIN10@HOTMAIL.COM

OFFICE-97676194

Page 1 of 27

Address

BLK 30 NEW UPP CHANGI RD #14-784 SE461030

Postcode

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

100

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ADAM CHENG

GENDER:

: MALE

**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 TO ATTACHED REPORT

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 Witness 1** 

Name

WONG CHEE KHIAM

Phone Number

98567108

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHD7087M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NA

NRIC/Passport Number

Contact Number

NA

Address

NA NA

Page 2 of 27

Postcode

NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 .
  - 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.:

KETCH PLAN	
10 to	
The state of the s	
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-X'X \	
CGD SH	M 4804 a
562	
\	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Stop to look out fer an a	me costas treffic.
2: = 1102 = 2	1 50 11 0
showery I went in per	et trong the rear
and realized that SHD 70	1854 Les collisses
and the rear of my cor.	
7	
-14-6	
The state of the s	
	INSURFR Great Eenten
	VEHICLE: SGD 5434 U
	VEHICLE: SG カ 5 4 3 4 U DOA: 17 月18 .
	VEHICLE: SG D S 434 U  DOA: 17 8 18 '  CLAIM TYPE: TP.
	VEHICLE: SGD 5 434 U  DOA: 17 8/18  CLAIM TYPE: TP.  WORKSHOPKIN Leave Im
	VEHICLE: SGD S 434 U  DOA: 17 818 CLAIM TYPE: TP
ECLARATION	VEHICLE: SGD 5434 U  DOA: 17 818  CLAIM TYPE: TP.  WORKSHOPEN Leong Tan
ECLARATION We declare the foregoing particulars are true in every respect.	VEHICLE: SGD 5 434 U  DOA: 17 818  CLAIM TYPE: TP.  WORKSHOPE'N Leans Tan  - Savices.
We declare the foregoing particulars are true in every respect.	VEHICLE: SGD S 434 U  DOA: 17 8 18  CLAIM TYPE: TP.  WORKSHOPKIN Leong Tam  - Sonices.
	VEHICLE: SGD S 434 U  DOA: 17 818  CLAIM TYPE: TP.  WORKSHOPKIN Leong Tan  - Sanices.
We declare the foregoing particulars are true in every respect.	VEHICLE: SG D S 434 U  DOA: 17 818  CLAIM TYPE: TP.  WORKSHOPKIN Leong Tan  - Sonices.

Service and the service of

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO116336A





TAN AIK HIN 陳 奕 皆

CHINESE

CHINESE

CALL OF BIRTH

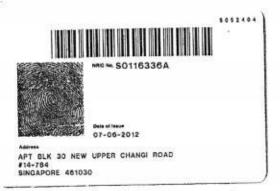
27-07-1948

M

COUNTY OF BIRTH

SINGAPORE

50118336A





# Certificate of Insurance



ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

· Consider the Control of the Contro

FORM MX1

Policy No. : 2018-V8008246-VDP-R001 Policy Type : Drive And Save Plus

DESCRIPTION OF VEHICLES:

Risk# : 0001 Cover : Third Party Only

Vehicle Registration : SGD5434U Vehicle Make & Model : TOYOTA - VIOS

Name of Insured : TAN AIK HIN MICHAEL

Period of Insurance : 21-02-2018 (0000 HRS ) to 20-02-2019

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

(a) The Policyholder.
The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her

employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

(c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Use for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

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.

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)

Signed for and on behalf of the Company

Authorised Signature

27-02-2018

GPCSTY4

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 29 Sep 1977

Of the driver; and other motor vehicles =< 2500kg

Licence No. S0116336A



#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	20/08/2018 11:05
Date Of Accident	19/08/2018 21:30
Exact Location Of Accident	SLIP ROAD FROM BEDOK NORTH AVE 3 TO BEDOK NORTH RO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD7087M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS HYBRID 4G
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	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver Park Market State Control of the Control of	
Name of Driver	WEE KEE LIANG
NRIC No	S1640131E
Date Of Birth	24/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83281118

DIAMONDGLORY64@GMAIL.COM

Address

**BLK 47 JALAN TIGA** 

#01-40

Postcode

390047

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR

Type Of Accident Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

1

#### **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?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SGD5434U

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN AIK HIN

NRIC/Passport Number

S0116336A

Contact Number

97676194

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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  interested parties.
- 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 aforesald.
- 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:
  - 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.

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

ei Yieng

Name:

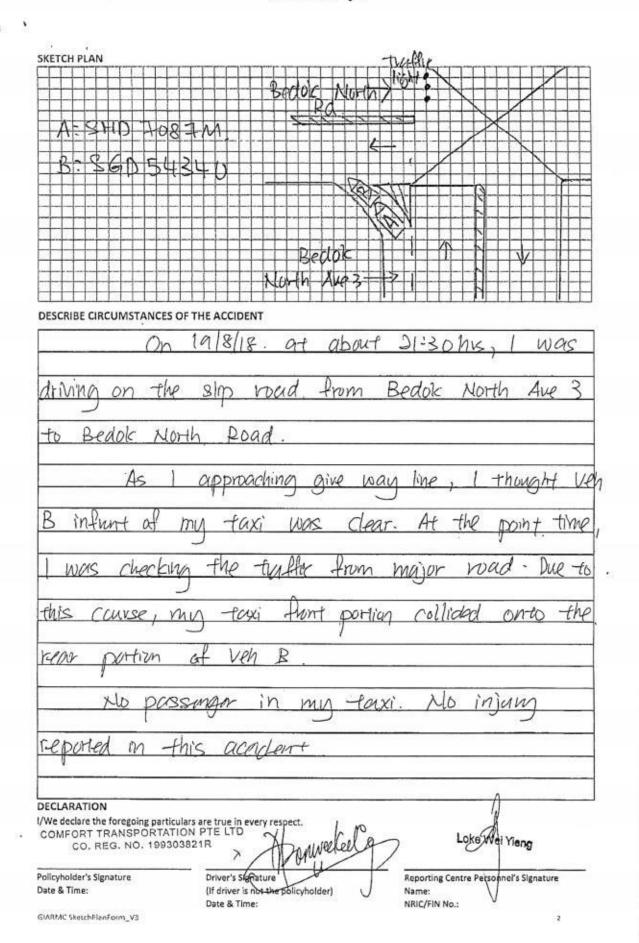
NRIC/FIN No.:

GIARAC SketchPlanForm\_V3

1

[ ]

## Sketch Plan Pg. 2



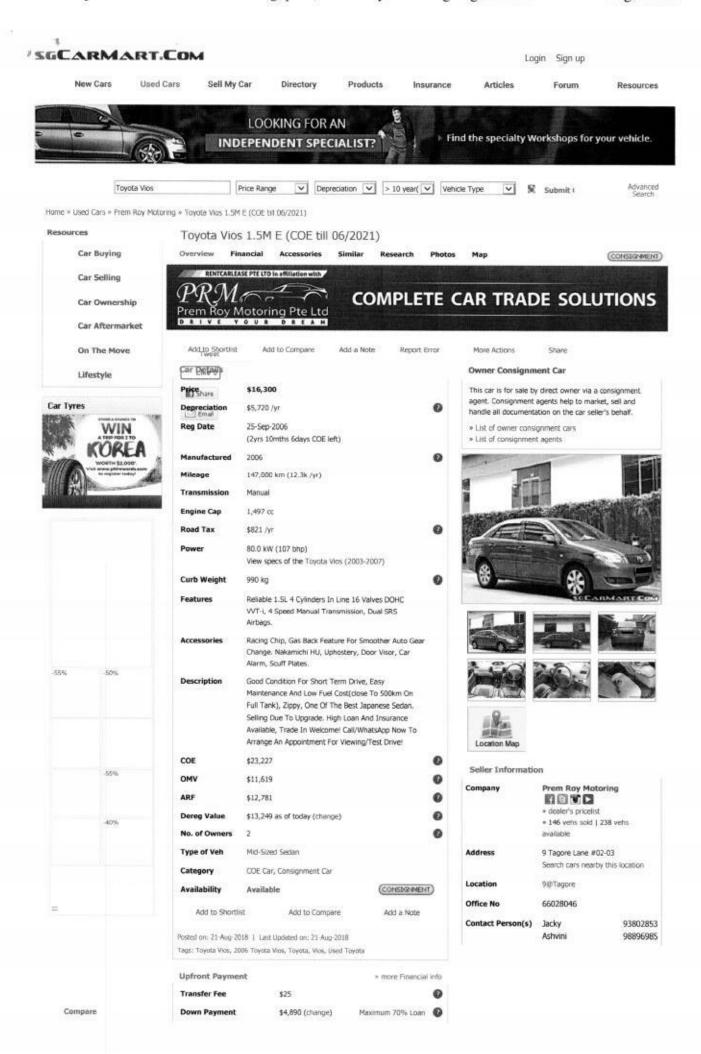
# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

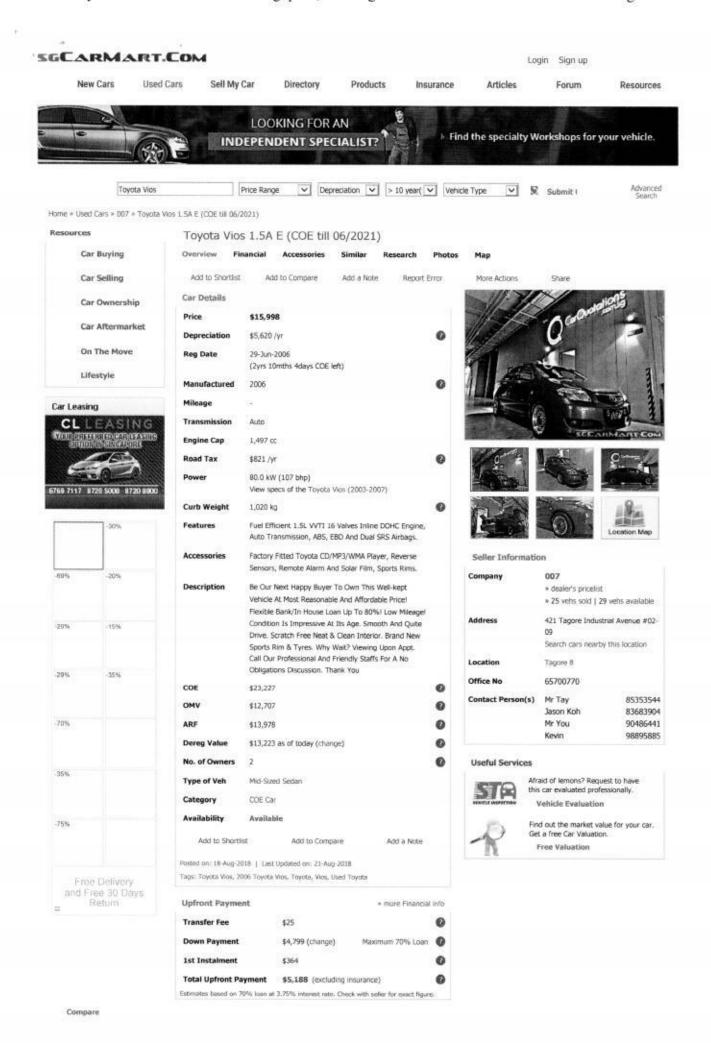
Vehicle Owner Particulars	Major sale territori e aprili conveniga magnetic
Owner ID Type:	Singapore NRIC
Owner ID:	6336A
Vehicle Details	
Vehicle No.:	\$GD5434U
Vehicle to be Exported:	No
ntended De-registration Date:	31 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E M
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1NZX371527
Chassis No.:	MR053HY4204174205
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,271.00
Original Registration Date:	21 Feb 2006
First Registration Date:	21 Feb 2006
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$13,499.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	20 Feb 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$26,900.00
COE Rebate Amount:	\$13,321.00
Total Rebate Amount: Message	\$13,321.00
	hicle cannot be further renewed. The vehicle must the vehicle reaches its statutory lifespan (if

The information contained herein is correct as at 31 Aug 2018

ОК









## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

FID	T CADITAL INCLU		NSPECTION REPORT  Ref. CS3/FCI18015327	7/11=4=42=2
	ST CAPITAL INSUI	RANCELID	Date: 01-09-2018	
70.7		INGAPORE 068877	Date. 01-05-2010	
			Code: FCI2	
1.		Policy Particu	lars :- (THIRD PARTY CLAIN	
	Insured Veh.	SHD 7087M	Veh. Inspected	SGD 5434U
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18006260MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	23/08/2018
2.		Vehicle	Particulars & Condition	
	Make & Model	TOYOTA VIOS	c.c	1497
	Engine No.	HIDDEN	Year of Reg.	2006
	Chassis No.	MR053HY4204174205	Colour	SILVER
	Odometer	82238 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Co	enditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	175/65R14	CONTINENTAL	6 mm
	L/H Front Tyre	175/65R14	CONTINENTAL	6 mm
	R/H Rear Tyre	175/65R14	CONTINENTAL	6 mm
	L/H Rear Tyre	175/65R14	CONTINENTAL	6 mm
4.		Desc	cription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	E REAR PORTION.	
5.		Ge	neral Information	
	Accident Date	19/08/2018	Inspect Date / Time	24/08/2018 ( 12:30 PM )
	Survey held at	SOON HENG AUTO SERVI	CE	
		BLK 13 DEFU LANE 10 #01-430 SINGAPORE 5391	94	
5a.			Remarks	
	B) THE REPAIR E THE REPAIRER V	STIMATE WAS NOT PRESEI WAS TOLD TO PREPARE THI EASE FIND DAMAGED VEH		

Report Ref No. CS3/FCI18015327/Uz4d3s2

Inspected By

CHUA KANG SENG Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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