

ASS REC BY:

REF: CS3/LPC17023528/B v03-1

DATE:

ASSIGNMENT (Office)

From (Person): Ong Li Hi of Lpc Date/Time: 05/09/2018

Estimated Cost: Bill to:

OD (IP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLS4348D Insured: SLS6565E

at Workshop m/s: N-SI Automotive Tel: 68420051

of 2 Kaki Bukit Ave 2, # 01-18 417921

Policy No: Claim No: 17/17/17 / VP05 / 020268

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 10/12/2017

CA / REV / REP. / REV 24 HRS (up)

Date/Time: 907pm @ 12/12/17 Person Contacted: Melody H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time Action/Instruction (X) Estimate

SLS4348D-X

SLS6565E-X

Dismantle: 13/12/17

After paint: 18/12/17

23/12/17 Submit PRS

[Signature]
7/9/2018

10/1/18 LS \$ 5650 (Red 6950, 5590), 7 days

RECEIVED 10 SEP 2018

No bill
By email first

Tatim

lim

6/9/18

PRS
Wilson
REF: ~~QTE~~ LPe

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle No: SHS 4348 A
 at Workshop in: NSI
 of: Kaki Bukit Ave 2 # 01-18
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.



Bel. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 3/4 PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res. Yes or No
 Lump Sum: _____ % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle IN / OUT

Date / Time Action / Instruction

Veh No: SHS 4348 A Page: 09 of 17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Toyota CC: 1797
 Colour: Silver Insured / Std / NI / NA
 Sp Reading: 19088 T Rado Insured / Std / NI / NA
 Eng No: _____

C No: ZV 40-0026200
 Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NR / S/Rim - STD A/Rim or

Tyre Size F: 205/60R16
 R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Yokohama

Front		Rear	
R/Bal	<u>4</u> mm	R/Bal	<u>4</u> mm
L/Bal	<u>4</u> mm	L/Bal	<u>4</u> mm

DOA: 10/12/2017 DOI: 12/12/2017
 Survey held at: At Above 12:40pm

Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

RECEIVED 23 DEC 2017

Time File Pass to: ☐ : Preli. Report
☐ : Final Report

Time File Return to: 23/12-typrst

Days Of Repair:
 Resurvey No. of Trip:

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Weekend \$

Survey Fee
 Transport \$
 S+R \$
 Photos \$
 Other \$
 Total \$

Report Format: PRS
 Lump Sum / I.B.K. \$

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 5 September 2018 10:01 AM
To: Nivitha (LKK Auto); assignments@lkkauto.com
Cc: MT_Claim_SG; 'SUR'
Subject: RE: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
Attachments: 20268 TPD SURVEY REPORT.pdf

Dear Nivitha

Attached is the TP survey report.

Please let us have your surveyor's comment.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 12 December, 2017 9:09 AM
To: ERIC WOO JUN KIAT; assignments@lkkauto.com
Cc: MT_Claim_SG; 'SUR'
Subject: RE: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ERIC WOO JUN KIAT [mailto:ericwoo@lonpac.com]
Sent: Monday, 11 December, 2017 6:12 PM
To: assignments@lkkauto.com
Cc: MT_Claim_SG
Subject: FW: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Catherine,

Please refer to email below.

Thank you.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

From: ERIC WOO JUN KIAT
Sent: Monday, 11 December, 2017 6:08 PM
To: 'Chin Hui Xin'
Cc: MT_Claim_SG
Subject: RE: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Hui Xin,

Thank you for your list of surveyors.

We regret we are not agreeable to your panel of surveyor as listed.

We shall be assigning to Wilson Teo from LKK Auto Consultants Pte Ltd to conduct the survey on your client's vehicle No: SLS 4348D.

Dear Catherine,

FYA.

Thank you.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

From: Chin Hui Xin [<mailto:huixin@n51.com.sg>]
Sent: Monday, 11 December, 2017 5:08 PM
To: ERIC WOO JUN KIAT
Cc: MT_Claim_SG
Subject: Re: Our Ref: 17/17/17/VP05/020268 SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

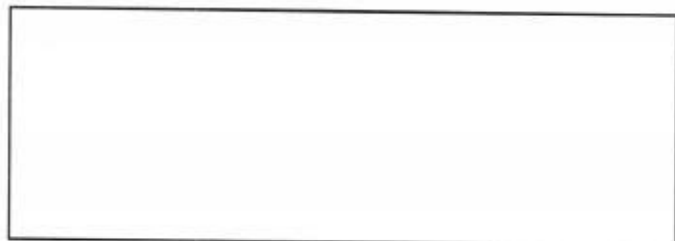
We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you

Regards,
Melody Chin
N-51 Automotive Pte Ltd
Office : 6842 0051
Fax : 6741 0510
www.n51.com.sg



On Mon, Dec 11, 2017 at 4:45 PM, ERIC WOO JUN KIAT <ericwoo@lonpac.com> wrote:

Dear Melody,

We will proceed to conduct a pre-repair survey of the damage to your client's vehicle jointly with your workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert. (Please see attached).

Please let us know within 2 working days whether you are agreeable to the appointment of any of the motor surveyors provided to you as a single joint expert. You may select one of the listed motor surveyors.

Best Regards,

Eric Woo

Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6279 9253 | Fax: (65) 6296 3767

From: Chin Hui Xin [mailto:huixin@n51.com.sg]

Sent: Monday, 11 December, 2017 4:02 PM

To: MT_Claim_SG

Subject: SLS4348D & SLS6565E - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you...

Regards,

Melody Chin

N-51 Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



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	11/12/2017 17:02
Date Of Accident	10/12/2017 15:50
Exact Location Of Accident	ORCHARD RD TOWARDS SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4348D
Insured/Policyholder	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	AMOSTOH@N51.COM.SG
Mobile Phone No	(LOCAL) +65-84815151
Alternative Phone No	OFFICE-68420051

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA-1.8 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V08976/VPZ/R00
Cover Note Number	

Driver

Name of Driver	TAN KOK HENG
NRIC No	S1396355Z
Date Of Birth	14/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92212345
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 586 WOODLANDS DR 16, #10-118
Postcode	730586
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own 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
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)	3

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6565E
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	TAN KOK HENG
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SLS4348D

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested 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:

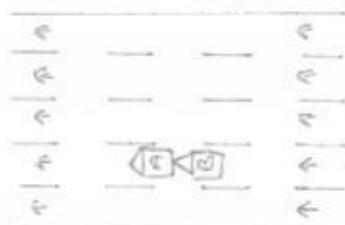
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Orchard Road Toward Scott's Road (outside Shaw Lido)



A - SLS 43481

B - SLS 6565E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date and time, I was driving along Orchard road toward
 Scott's road on the 4 lane of a 5 lanes road. Somewhere outside of
 Shaw Lido, vehicle ahead of me slowed down and stopped. As such I
 applied brake to slowed down and stopped. Out of the sudden vehicle B
 (SLS 6565E) came from the rear and collided directly onto the rear portion
 of my vehicle.

DECLARATION

I/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:

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

Accident Photo



Accident Photo



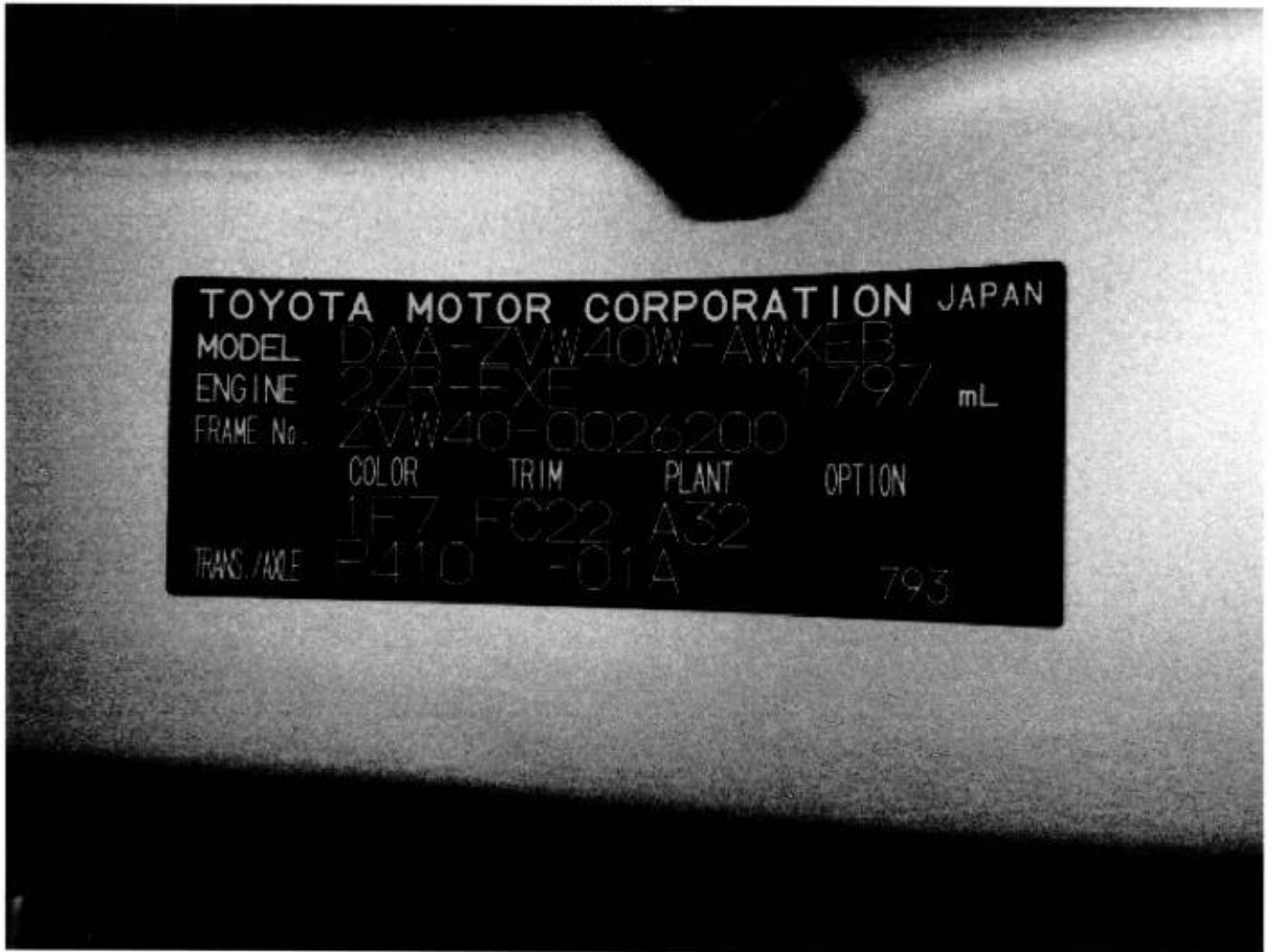
Accident Photo



Accident Photo



Chassis No.



Accident Photo



Frt Pte Hire Decal



Rear Pte Hire Decal



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	12/12/2017 17:03
Date Of Accident	10/12/2017 15:30
Exact Location Of Accident	ALONG ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6565E
Insured/Policyholder	
Name Of Registered Owner	LIM KEE HOU JONATHAN
NRIC No	S8005689C
Email Address	JONATHAN.LKH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92998789
Alternative Phone No	OFFICE-92998789

Vehicle Particulars

Manufacturer	FIAT
Model	BRAVO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/17/VP05/014593-001
Cover Note Number	

Driver

Name of Driver	LIM KEE HOU JONATHAN
NRIC No	S8005689C
Date Of Birth	25/02/1980
Occupation	INDOOR
Date Of Driving Pass	20/01/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92998789
Fax Number	
Contact Number	OFFICE-92998789
Email Address	JONATHAN.LKH@GMAIL.COM

Address	BLK 661C EDGEDALE PLAINS #14-646
Postcode	823661
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

ON 10/12/2017 AT ABOUT 1530HRS, I WAS DRIVING MY VEHICLE (SLS6565E) ALONG ORCHARD ROAD. I WAS FOLLOWING BEHIND VEHICLE B (SLS4348D) WITH SAFETY DISTANCE. WE WERE TRAVELLING ON LANE 5. SUDDENLY, VEHICLE B MADE AN EMERGENCY BRAKE AND STOPPED IN THE MIDDLE OF THE ROAD. I ALSO APPLIED E-BRAKE BUT COULDN'T STOP AS FAST AND COLLIDED ONTO VEHICLE B. AT THAT POINT, I REALISED VEHICLE C MADE A LANE CHANGE FROM ANE 5 TO LANE 6. VEHICLE C DID NOT COMPLETE THE LANE CHANGE. I WAS UNABLE TO MAKE THIS REPORT ON 11 DEC 17 WAS DUE TO WORK COMMITMENT AND MEETING APPOINTMENTS.

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	SLS4348D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	TAN KOK HENG
NRIC/Passport Number	S1396355Z
Contact Number	92212345
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

SKETCH PLAN

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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.: