

2/10/2018

ASS. REC. BY:

REP: CS 3 / III 18014453 <sup>B</sup> <sup>SE</sup> <sub>v6 j1</sub>

Special Instruction:

Surveyor  
Person (Person):

*Joel Nah*  
*Joel Nah*

ASSIGNMENT (Office)

of III

Date/Time: 18092018

Estimated Cost:

Bill to:

OD / IP WS / TP RES / OD RES / EYA / INV / MV / CS

To Inspect Vehicle No:

*SGU 698T*

Insured:

*SHC 3945T*

at Workshop no:

*Demick Motor Works*

Tel:

*9633 3593*

of

*Blk 9002, Tampines 81 93 #101-72*

*Tampines Ind. Perka*

Policy No:

Claim No:

*MCT18080200*

Sum Insured:

Excess:

Make of Veh  
(Client's Record)

D.O.A.

*7/8/18*

CA / REV / REP. / REV 24 HRS

*up*

*10/08/18*

H.O.D. Endorsement:

Date/Time:

*3:06pm @ 8/8/18*

Person Contacted:

*Jeremy*

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	<i>SGU 698T - X</i>
	<i>SHC 3945T - NSI#NC14010940/H19bw2</i> <i>DOA: 8/6/18</i>
<i>24/9/18</i>	<i>Submit LS \$ 3150 (Red 3250, 50%)</i>

RECEIVED 24 SEP 2018

*Jeremy*  
*21/9/2018*

*Repair days 4*

*TGUM*  
*lim*  
*21/9/18*



## Catherine Chong (LKK Auto)

---

**From:** Joel Nah Shern Ern <JoelNah@iii.com.sg>  
**Sent:** Tuesday, 18 September, 2018 3:10 PM  
**To:** Olivia Lau (olivialau@lkkauto.com); 'Catherine Chong (LKK Auto)'  
**Cc:** Pooi Chin Han Daniel; Manivel Priyadarshini; Mekavathanan Sarangapani  
**Subject:** RE: our ref : MCT18080200

Dear all,

Rights have been granted for this LOD.

Joel Nah

**Motor Claims Department**  
**India International Insurance Pte Ltd**

64 Cecil Street #04-02 IOB Building  
Singapore 049711  
Tel: 6347 6100 Ext 206 Fax: 6224 4174

---

**From:** Mekavathanan Sarangapani  
**Sent:** Monday, 17 September, 2018 9:12 AM  
**To:** Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>  
**Cc:** Joel Nah Shern Ern <JoelNah@iii.com.sg>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>; Manivel Priyadarshini <manivel@iii.com.sg>  
**Subject:** our ref : MCT18080200

Paper survey by lkk .

Vision law with a S\$6.4 K costs of repairs claim??

Meka



Case	Notified	Est Submitted	Adj Assigned	Adj Submitted
Main	14 Aug 2018		08 Aug 2018 00:00	20 Aug 2018 13:45 S\$0.00 (S\$96.30)

<b>Main</b>	<b>Offer Processing</b>	<b>Claim Details</b>	<b>Adjuster's Details</b>
-------------	-------------------------	----------------------	---------------------------

### CLAIM SUBFOLDER DETAILS

[Created by a]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	LIM CHUN KHIM, ID: S7475616F		
Vehicle Reg. No.:	SGU698T	Date of Loss:	07/08/2018 07:00 [66 Months and
Claim Type:	TP / MCT18080200	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	SHC3945T	Policy No. (Claimant):	
		Excess:	
Repairer:	Messrs Derrick Motor Works (HQ) <b>PROFILE</b> BLK 9002 TAMPINES ST 93, #01-72, TAMPINES IND PAR		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final R		

### CLAIM REGISTERED

Clm. No (Clm Reg Date)	MCT18080200 (17/08/2018)	Intimation (Notify Date)	
Registration Type	[Manually registered]	Claim Status	
Incurring TP			
S\$	0.00		
Subfolder	SubCode	Reg. No / Claimant	Person-in-Charge
TP		SGU698T / LIM CHUN KHIM	Priya

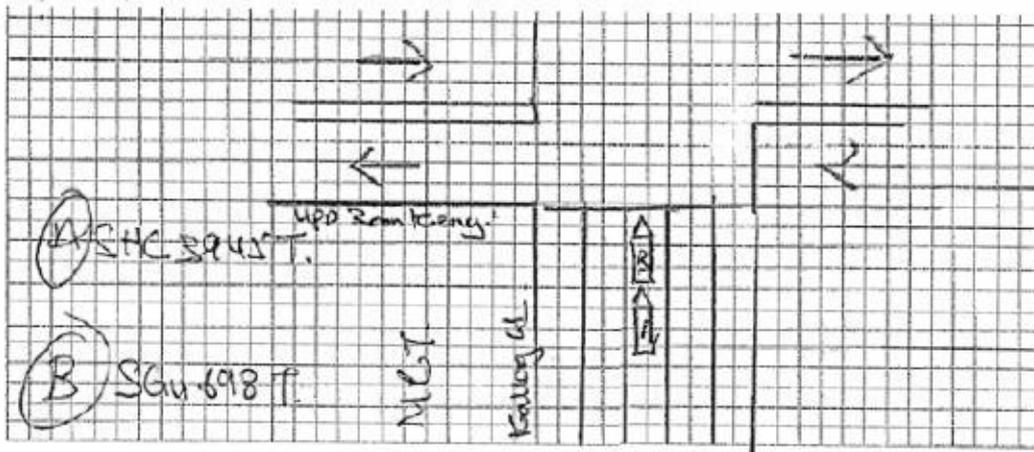
### ASSOCIATED MAIL RECEIVED

- LKK\_HQ (20/08/2018): Alert: Final Report (SGU698T)

### ALL ASSOCIATED TASKS

[View All](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By
No results.						



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7.8.2018 @ 06.45 hr I VEH A  
 was driving along the above location.  
 I suddenly VEH B slow down and  
 stop I VEH A cannot stop in time  
 I manage VEH A stop due to the road was  
 wet and it skid and hit VEH B Rear.

**Printing Options**

- Hide Company Header - Leave  lines blank
- Print continuously - Do not break pages

**LKK Auto Consultants Pte Ltd** (Co. Reg. No: 199807198R)51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park  
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto

**VEHICLE DAMAGE INSPECTION REPORT**Our File No:  
Date:**REFERENCE**

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	MCC
Claimant Vehicle No :	SGU698T	Insured Vehicle No :	SHC
Date of Loss:	07/08/2018	Nature of Claim:	TP

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SGU698T
Make & Model:	MERCEDES-BENZ C180, 1.8 CGI (A)
Reg. Date:	04/02/2013 (Man. Year: 2012)
Colour:	White
Engine Capacity:	1595 cc
Market Value/New Car Price:	N/A
Sum Insured (S\$):	Market Value/New Car Price

**CONDITION OF VEHICLE AT THE TIME OF SURVEY**

General Condition:	Good	Steering (Serviceable):	Yes	Foot
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-

**CONDITION OF TYRES**

Front Tyre Size:	225/45ZR17	Rear Tyre Size:
Front Left Side:	Michelin 6 mm	Rear Left Side:
Front Right Side:	Michelin 6 mm	Rear Right Side:

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster
Parts	0.00	0.0
Miscellaneous Items	0.00	0.0
Labour	0.00	0.0
Paintwork Labour	0.00	0.0
Taxi	0.00	0.0

Best Regards,

Mekavathanan

HOD

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174



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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India International Insurance Pte Ltd.

Registration No. 198703792-K

No	Subject Matter	Current	Revised	Remarks
1	Reserves			
	TPPD	PRESERVE	411	
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees		3000	
	Legal Fees			
	Others			
	Fraud Check			
	Upload to merimen			
	Grant Rights			
	Payment			

\*\*\*\*\*  
 \*\*\* FAX TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

JOB NO. 2924  
 DESTINATION ADDRESS 965356802  
 SUBADDRESS  
 DESTINATION ID  
 ST. TIME 11/09 14:31  
 TX/RX TIME 00' 22  
 PGS. 1  
 RESULT OK



## VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
 Agents for Trade Marks  
 (Incorporated with limited liability)

ERIC NG CHING BOON  
 RAYNEY WONG KENG LEONG  
 AUDREY WONG SU-HSIEN  
 PAUL YAP TAI SAN  
 ANJALI DIO MUNIANDY  
 SEGA PARAM  
 TIWARY ANURADHA  
 ONG BOCK KEE  
 DIANE ANG KIM NOI  
 RAVENDRA KRISHNASAMY  
 TAY HAO RAN  
 JANICE HAN JIA LIN  
 SELWYN TAN YINGXIAN

Unique Entity Number: 200721148H

### ✓HEAD OFFICE

133 New Bridge Road  
 #18-01/02 Chinatown Point  
 Singapore 059413

Branch: 490 Toa Payoh Lorong 6  
 #03-11 HDB Hub  
 Singapore 310490

### ✓HEAD OFFICE

TEL : (65) 65342811 (Hunting)  
 FAX : (65) 65356802 (General)  
 ✓: (65) 65355906 (Litigation)  
 E-mail : yvonnelim@visionlawllc.com

### BRANCH

TEL : (65) 63580703  
 FAX : (65) 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - PLEASE REPLY TO HEAD OFFICE FOR THIS MATTER

Our Ref : JH1-y/v-Ins-D11-107584-18-er  
 Your Ref : SHC 3945 T

5 September 2018

### INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street  
 #04/06-00 IOB Building  
 Singapore 049711  
**Attention: Motor Claims Department**

### COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive  
 Gas Building  
 Singapore 575717

Dear Sirs,

CLAIMANT : LIM CHUN KHIM

ACCIDENT INVOLVING SGU 698 T & SHC 3945 T ON 07-AUG-2018 ALONG SIMS AVENUE  
 TOWARDS LORONG 1 GEYLANG AT ABOUT 0705 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **07-Aug-2018 ALONG SIMS AVENUE TOWARDS LORONG 1 GEYLANG AT ABOUT 0705 HOURS** involving our client's vehicle registration number **SGU 698 T** and vehicle registration number **SHC 3945 T** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1.	Costs of Repair	\$ 6,400.00
2.	Loss of Use (5 days x \$120.00 per day)	\$ 600.00
2.	Pre-accident loss of Use (3 days)	\$ 360.00

# URGENT

BY HAND



CERTIFICATE OF POSTING  
 (For your information Only)

# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
 Agents for Trade Marks  
 (Incorporated with limited liability)

ERIC NG CHING BOON  
 RAYNEY WONG KENG LEONG  
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 ANJALI DIO MUNIANDY  
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Unique Entity Number: 200721148H

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 ✓ : (65) 65355905 (Litigation)  
 E-mail : yvonnelim@visionlawllc.com

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 Your Ref : SHC 3945 T

5 September 2018

**URGENT**

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 Cecil Street  
 #04/06-00 IOB Building  
 Singapore 049711

**Attention: Motor Claims Department**

BY HAND

**COMFORT TRANSPORTATION PTE LTD**

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We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1.	Costs of Repair	\$ 6,400.00
2.	Loss of Use (5 days x \$120.00 per day)	\$ 600.00
3.	Pre-repair Loss of Use (3 days)	\$ 360.00
4.	LTA/GI/TP report/search fees	\$ 39.00
5.	Survey report fees	\$ 678.00
6.	Costs (with GST)	\$ 1,284.00
7.	Incidentals (with GST)	\$ 128.40
	<b>TOTAL:-</b>	<b>\$ 9,489.40</b>



Our Ref: MCT/18080200  
 Png 11/9/2018

.../2 to be continued next page

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Our Ref : JH1-yiv-Ins-D11-107584-18-er  
Your Ref : SHC 3945 T

5 September 2018

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 Cecil Street  
#04/06-00 IOB Building  
Singapore 049711

**Attention: Motor Claims Department**

**COMFORT TRANSPORTATION PTE LTD**

383 Sin Ming Drive  
Gas Building  
Singapore 575717

We enclose a copy of each of the following documents for your consideration:-

- (a) Police/GIA report lodged by driver of SGU 698 T & SHC 3945 T;
- (b) LTANet Search;
- (c) Final Repair Bill;
- (d) Surveyor's report & invoice; and
- (e) **78 original photographs** depicting the damages to motor vehicle SGU 698 T.
  - (P.S:- **Original photographs will be sent to insurance co. only**)
  - (P.S:- **Kindly return us all original photographs within 7 days hereof**)

We have notified your insurers of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurers.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

  
JANICE HAN  
(HEAD OFFICE)  
Encl.

cc: SGU 698 T - By fax: 6787 0105 only  
(As per your instruction we have submitted your claim as set out above to the third party insurance company.  
Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges  
and/or loss of use as soon as possible. Thank you.)

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## 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report 07/08/2018 14:53  
Date Of Accident 07/08/2018 07:05  
Exact Location Of Accident SIMS AVE > LOR 1 GEYLANG  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU698T  
Insured/Policyholder  
Name Of Registered Owner LIM CHUN KHIM  
NRIC No S7475616F  
Email Address JEROMYNG@GMAIL.COM  
Mobile Phone No (LOCAL) +65-96878941  
Alternative Phone No OFFICE-96878941

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C 180

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

Vehicle Category THIRD PARTY  
PRIVATE CAR

### Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA086396/1

Cover Note Number 04/02/2018-03/02/2019

### Driver

Name of Driver LIM MAY LING  
NRIC No S7170580C  
Date Of Birth 28/05/1971  
Occupation INDOOR  
Date Of Driving Pass 21/07/2003  
Driving Experience 15 YEARS AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-96878941  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address 80 JELICOE ROAD  
#33-04

Postcode 208766

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

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

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO SIZE TOO LARGE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC3945T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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.
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.

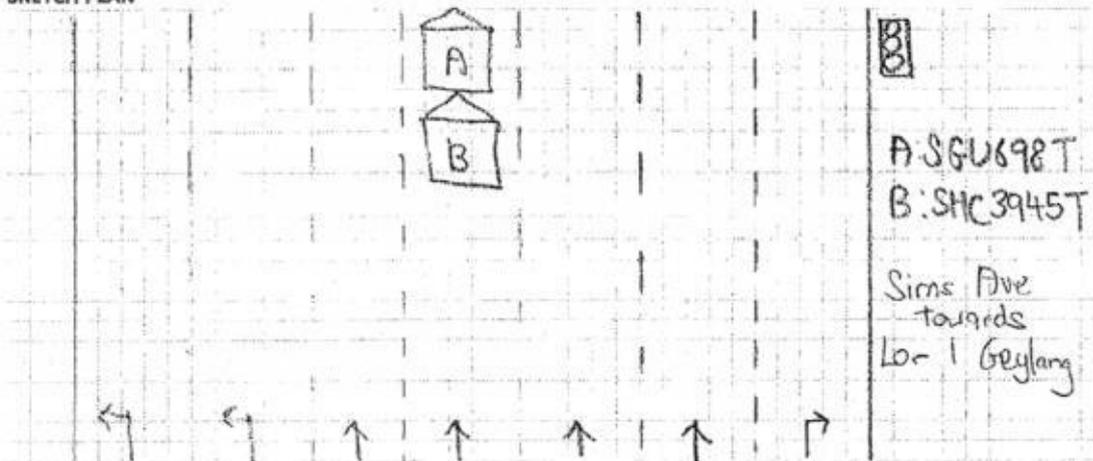
Policyholder's Signature  
Date & Time:

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

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

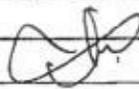
Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Sims Ave towards Lor 1 Geylang when the traffic light turned red. I slowed down my vehicle A and came to a stop. All of a sudden, I felt a bang from the rear of my vehicle. Vehicle B had collided with the rear of my vehicle.

 ✓ CLAIM AT OTHER WORKSHOP.

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/FIN No.

Sketch Plan Pg. 3



redefining / insurance

Date: 01/08/18

To: Owner of Vehicle Number: SG4698T

The following has been advised to you via your workshop, Jonathan through their staff, Jonathan



Please tick the applicable box if you had been advised 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 \_\_\_\_\_

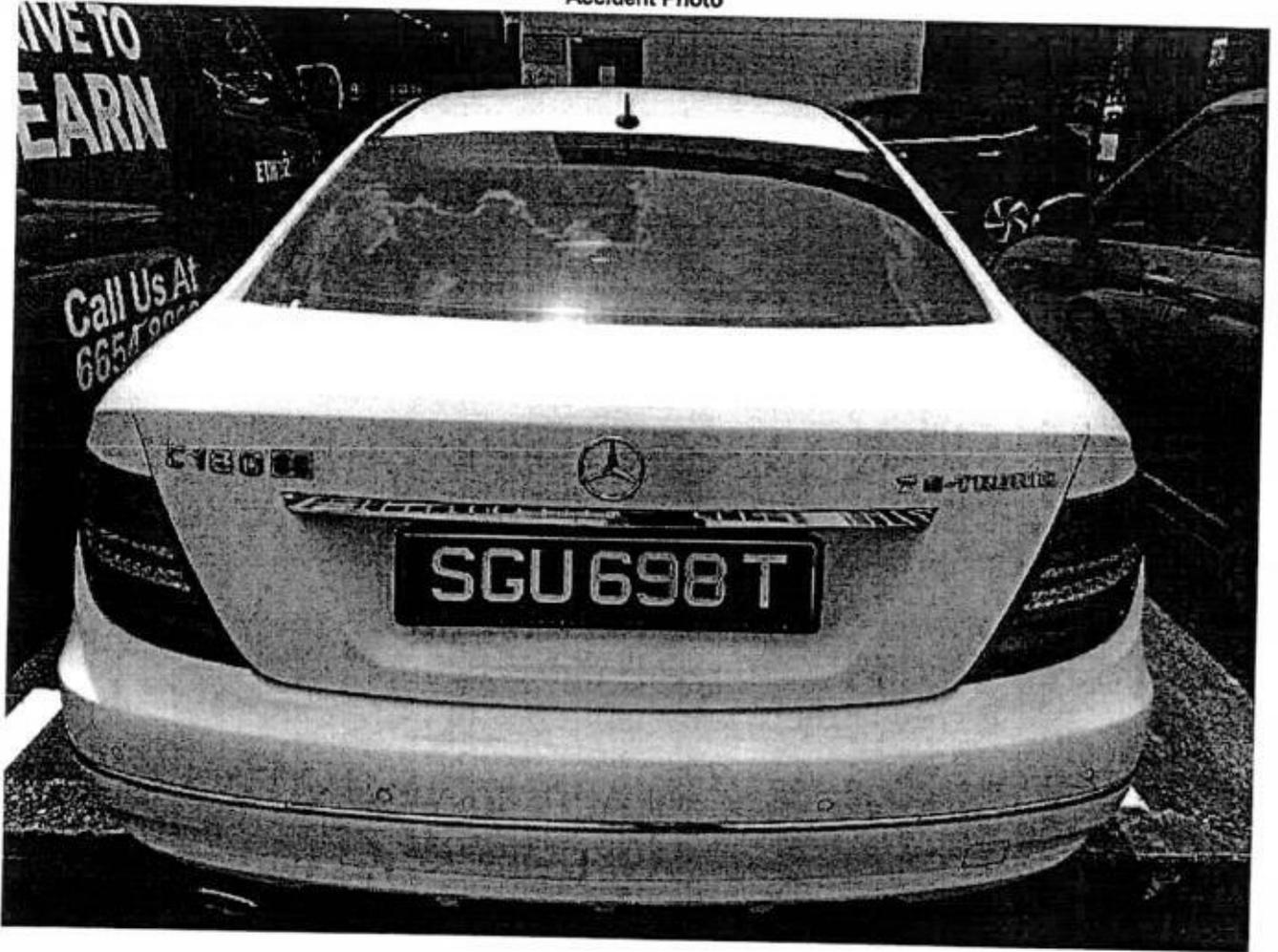
Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/authorised driver

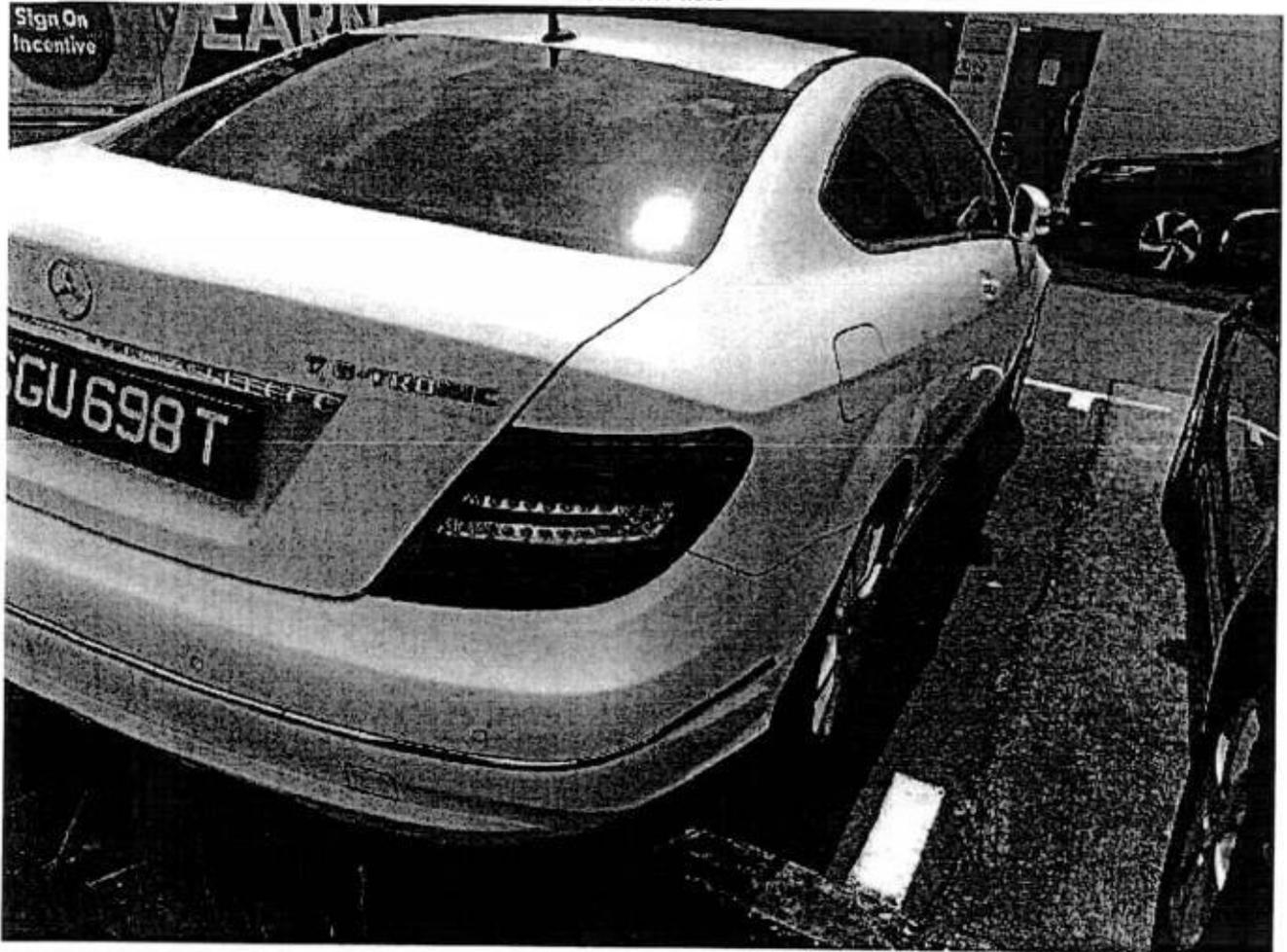
[Signature]  
Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	07/08/2018 17:10
Date Of Accident	07/08/2018 06:45
Exact Location Of Accident	KALLANG RD TWDS SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3945T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TENG KENG HWEE(DING JINHUI)
NRIC No	S7115665F
Address	513 06-271 BEDOK NORTH AVENUE 2

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING

### 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
Number of Passengers (Including Driver)	1

### Circumstances of Accident

SEE ATTACH.

### 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