

ASS. REC. BY: REF: CS3/MSG18013393/Usd37 Final Instruction

Supervisor: Mercus ASSIGNMENT (Office)

From (Person): Chia Nyuk pi of MSIG Date/Time: 24/09/2018

Estimated Cost: Bill to:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No: SLQ 7063R Insured: SJT 7315Y

at Workshop m/s: BW workshop Tel: 6745 8800

of 30 Ubi Rd 4

Policy No: A504563850MX Claim No: 565688

Sum Insured: Excess:

Make of Veh: D.O.A. 20/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS lup H.O.D. Endorsement:

Date/Time: 100clm @ 24/7/18 Person Contacted: Shafrah Vehicle ☒ IN/OUT

Date/Time	Action/Instruction	Estimate
	SLQ 7063R - NA/INC/8013201/K4	DOA: 20/7/18
	SJT 7315Y - NA/INC/8013201/K4	DOA: 20/7/18
25/7/18	Disman fixed	
27/7/18	After repair	

28/7/18 Sumit P/P \$ 4161.64 4h.
(\$ 3,338.36 Red - 45%)

* Attention when type labour pricing.

RECEIVED 01 OCT 2018

gen info: waf

ASS REC BY: *MORIS*

REF:

msic/

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 () / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: *SLQ7063R*
 at Workshop rms: *3w*
 of: _____
 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.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: *4* Consistent?: Yes or No
 Est. Repairs: *4* days Res: Yes or No
 Lump Sum: *13.1* % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

LTAS-1368

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SLQ7063R* Yr Reg: *7 17*
 Type: *(C)* M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or *(C)*
 Make: *Honda Freed Hybrid* 1496
 Colour: *Blue* A/C: Insured / Std / Nil / NA
 Sp. Reading: *03.805* T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: *GB7 1029955*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: _____ R: *185/65-R15*
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *Continental*
 Front: _____ Rear: _____
 R/Bal: *7* mm R/Bal: *7* mm
 L/Bal: *7* mm L/Bal: *7* mm
 D.O.A: *20/7/18* D.O.I: *24/7/18*
 Survey held at: _____
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<i>No effort. PRS rising 27-7-18</i>
	<i>3-4k. photo 62 pss.</i>
<i>7/8/18</i>	<i>submit PRS report</i>

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS - \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Nivitha (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Monday, 24 September 2018 2:29 PM
To: 'Chhia Nyuk Pui'
Cc: 'SUR'; assignments@lkkauto.com
Subject: RE: Our ref: 565088

Dear Nyuk Pui,

Thank you for the email.

Dear Assignment Team,

Kindly assist.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

From: Chhia Nyuk Pui [mailto:NyukPui_Chhia@sg.msig-asia.com]
Sent: Monday, 24 September 2018 2:22 PM
To: SUR <sur@lkkauto.com>
Cc: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Our ref: 565088

Dear LKK

***SLQ7063R (565088) [SJT7315Y]**

Please do a paper re for us. We have sent back via Merimen.

Thanks.

Chhia Nyuk Pui
Senior Executive, Claims Services
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | nyukpui_chhia@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | www.msig.com.sg | Follow us on @MSIG_SG

A member of **MS&AD** INSURANCE GROUP

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Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

REG / CS / PAY / FA

03 SEP 2018

Daniel Poon Choon Kow
LL. B. (Hons), LL.M

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6226-2679
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.10569.18.BW

Your Ref: -----

Please quote our reference number when replying

DATE: 29 AUG 2018

CHEAH WOO YANG
80 ANSON ROAD
SINGAPORE 079907
OWNER OF SJT 7315Y

WITHOUT PREJUDICE
CERTIFICATE OF POSTING

Dear Sir,

MD SHAFULAH B SELAMAT (OWNER OF SLQ 7063R)
BLK 160 YUAN PING ROAD

#05-39

SINGAPORE 610160

ACCIDENT ON 20 JULY 2018 INVOLVING SLQ 7063R AND SJT 7315Y
ALONG JURONG TOWN HALL ROAD

We are instructed by the above named to claim damages (only material damage on our client's vehicle and without prejudice to our client's injuries, if any.) against you/your driver in connection with the above road traffic accident.

We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **SJT 7315Y**. 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. Cost of repair	\$ 8,025.00
2. Loss of use (10 days @ \$100.00 per day)	\$ 1,000.00
3. Survey fee	\$ 500.00
4. Cost at this stage	\$ 900.00
5. GIA/ LTA/ROC/ police search fee &/reports	\$ 36.49
6. Postages, transport and other incidentals	\$ 50.00
	<u>\$10,511.49</u>

... 2/-

Date: 29 AUG 2013

A copy each of the following supporting document has been sent to your insurer:

- 1) Our client's GIA report with sixteen (16) copies of coloured scanned photographs;
- 2) LTA search on vehicle number S/T 7315Y;
- 3) Repair bill;
- 4) Survey report + invoice;
- 5) Sixty-two (62) copies of scanned coloured photographs showing damage to our client's vehicle.
- 6) Accident video footage captured by our client's in-car camera.

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

Please note that you should send 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.

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,



cc. Client (SLQ 7063R)

c.c. With enclosures to your INSURER:

M/S MSIG INSURANCE (S) PTE LTD
4 SHENTON WAY
#23-01 SGX CENTRE 2
SINGAPORE 068807
ATTN: MOTOR CLAIMS DEPARTMENT

PDX 8009 (BY HAND)





Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Cheon Kow
LL. B. (Hons), LL.M

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.10569.18.BW
Your Ref: -----
Please quote our reference number when replying

DATE: 29 AUG 2018

CHEAH WOO YANG
80 ANSON ROAD
SINGAPORE 079907
OWNER OF SJT 7315Y

WITHOUT PREJUDICE
CERTIFICATE OF POSTING

Dear Sir,

MD SHAIFULAH B SELAMAT (OWNER OF SLQ 7063R)
ACCIDENT ON 20 JULY 2018 INVOLVING SLQ 7063R AND SJT 7315Y
ALONG JURONG TOWN HALL ROAD

We act for, MD SHAIFULAH B SELAMAT the owner of motor vehicle bearing registration number SLQ 7063R.

We are instructed that on the abovementioned date and at the abovementioned location, at about 0745 hours, our client's said vehicle was involved in a collision with a motor vehicle bearing registration number SJT 7315Y.

Our search with the Land Transport Authority reveals that at the material time of the said collision, you were the registered owner of the said vehicle number SJT 7315Y.

We have our client's instructions to make a claim against the driver of your said vehicle at the material time for loss and damage sustained by our client.

If you were not the driver of the said vehicle number SJT 7315Y at the material time, and the driver of your said vehicle was not your servant or agent, kindly let us have the full name, NRIC number and current address of the driver within seven (7) days hereof.

If we do not receive any reply from you, we will apply the principle of law that you were the presumed driver at all material time. In the event that you deny that you were the driver, and that the driver was neither your servant nor agent, but refuse to disclose his or her full particulars, we will proceed to take up an application in court for an interrogatory against you. In which event, we will have no alternative but to ask the court to order costs of our application against you.

Yours faithfully,

c.c. M/S MSIG INSURANCE (S) PTE LTD
ATTN: MOTOR CLAIMS DEPARTMENT

PDX 8009 (BY HAND)

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	20/07/2018 12:38
Date Of Accident	20/07/2018 07:45
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7063R
Insured/Policyholder	
Name Of Registered Owner	MD SHAFULAH B SELAMAT
NRIC No	S7434128D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080975
Alternative Phone No	OTHERS-90080975

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5092416599-01
Cover Note Number	

Driver

Name of Driver	MD SHAFULAH B SELAMAT
NRIC No	S7434128D
Date Of Birth	03/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080975
Fax Number	
Contact Number	OTHERS-90080975
EMail Address	NOEMAIL

Address	BLK 160 YUNG PING ROAD
	#05-39
Postcode	610160
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
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NIL
	GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT7315Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEAH WOO YANG
NRIC/Passport Number	S8861958G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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/ID No

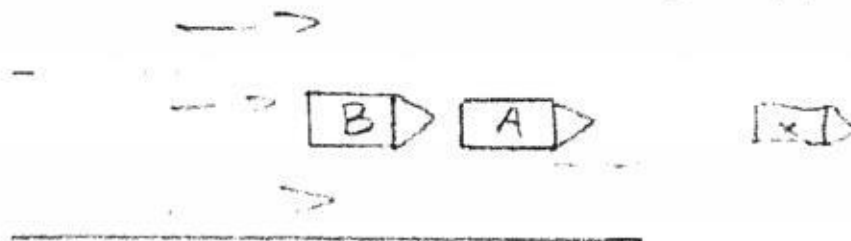
Sketch Plan #2

SKETCH PLAN

Jurong Town Hall Rd

A-SLQ 7063R

B-SJT 7315Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B was driving away from Town Hall Rd
Vehicle C did not stop
Vehicle A tried to turn right to avoid collision
Vehicle C hit vehicle A from the rear

DECLARATION

ly/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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



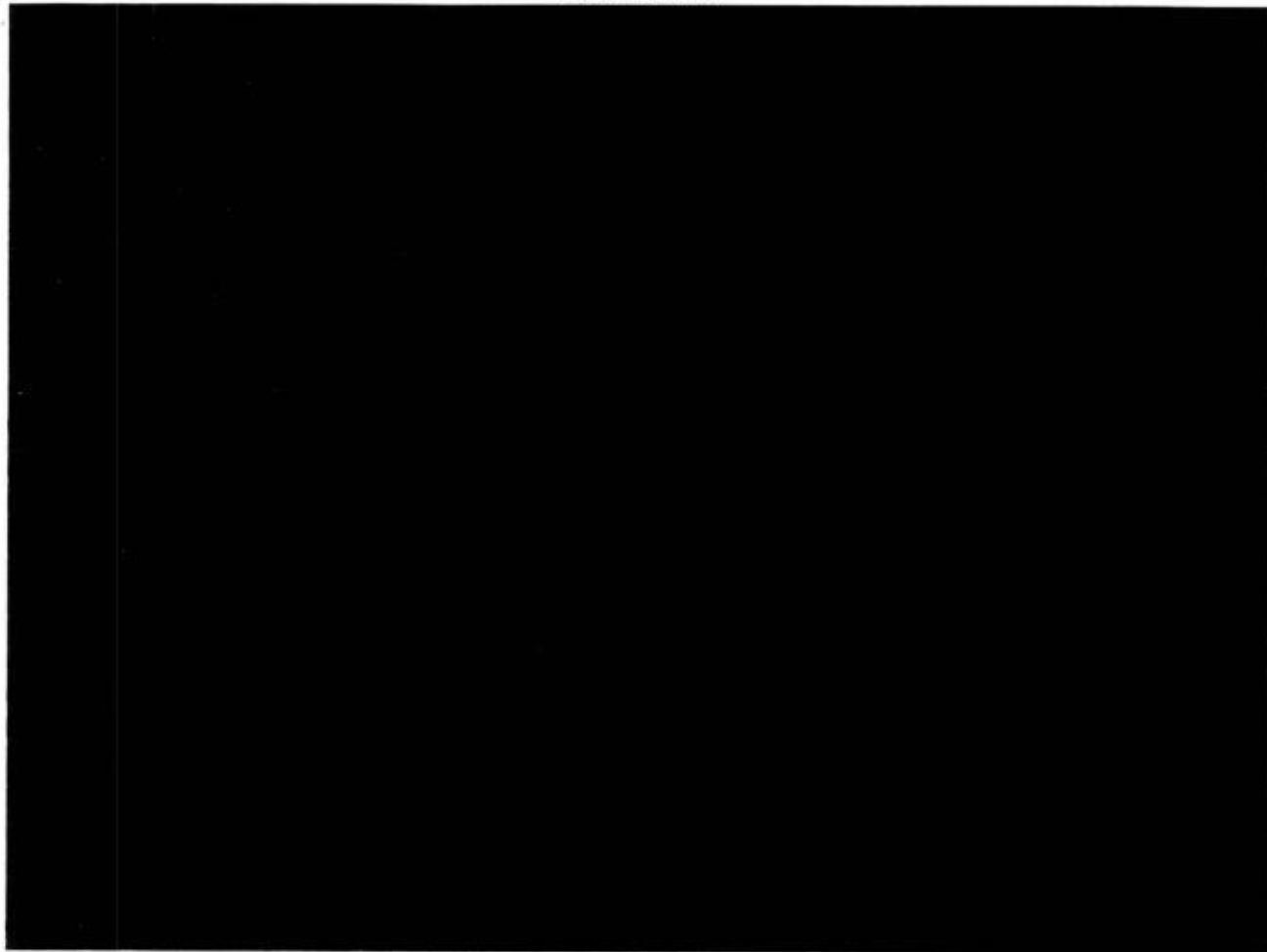
Accident Photo



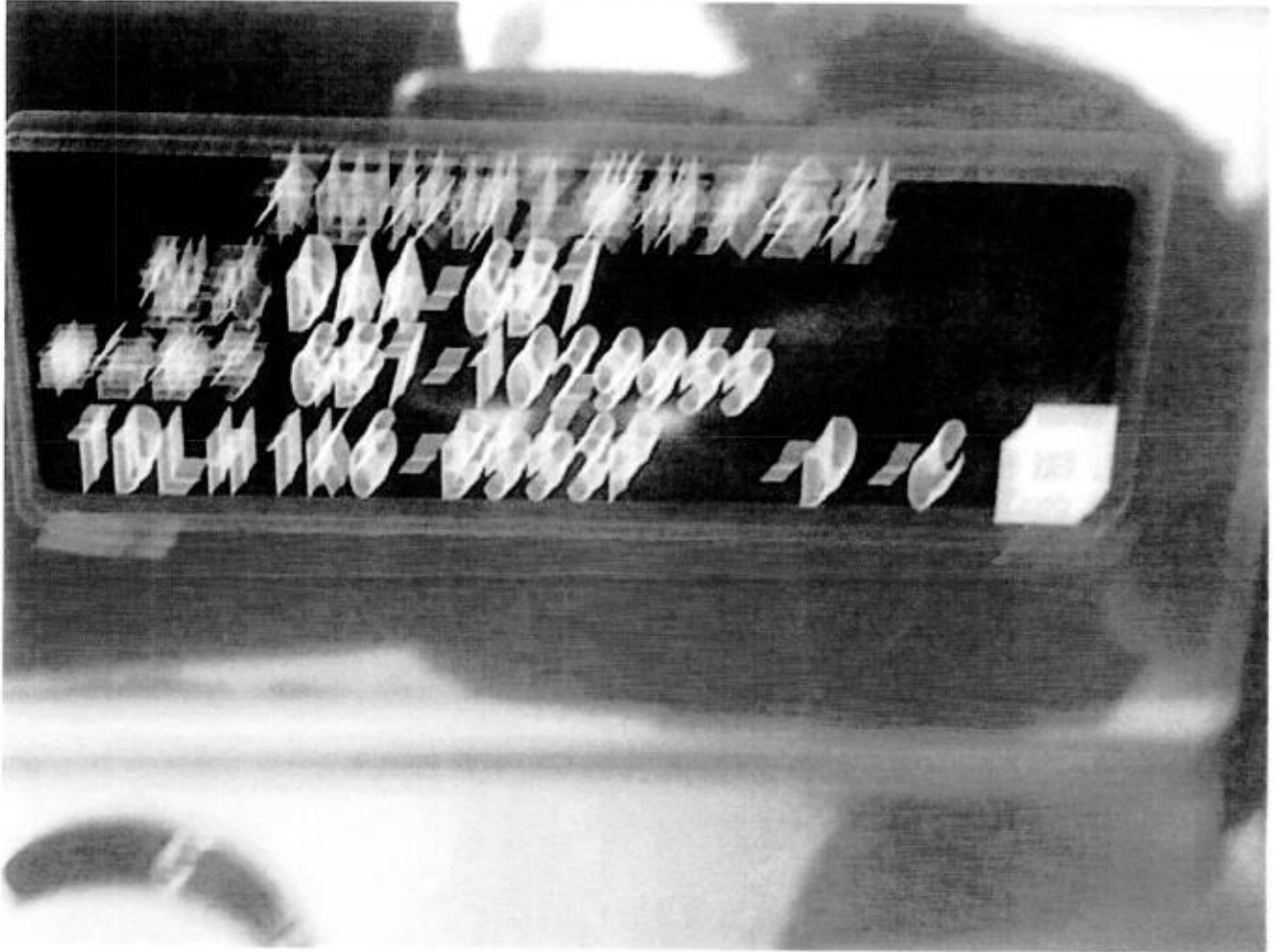
Accident Photo



Accident Photo



Accident Photo

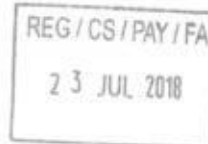


Accident Photo





Daniel Poon & Co.
Advocates & Solicitors
Commissioners for Oaths



Daniel Poon Choon Kow
LL. B. (Hons), LL.M

133 New Bridge Road
#11-02 Chinatown Point
Singapore 069413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.isk.sl.10569.18.BW
Your Ref: -----
Please quote our reference number when replying

Date: 23 JULY 2018

M/S MSIG INSURANCE (S) PTE LTD
4 SHENTON WAY
#23-01
SGX CENTRE 2
SINGAPORE 068807
ATTN: MOTOR CLAIMS DEPARTMENT

FAX (6225-7402) ONLY

DEAR SIRs,

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO: SJT 7315Y
ACCIDENT ON 20 JULY 2018 INVOLVING SLQ 7063R AND SJT 7315Y
ALONG JURONG TOWN HALL ROAD

We are instructed by Md Shaifulah B Selamat to notify you of a road traffic accident on 20th July 2018 at about 07:45 along Jurong Town Hall Road involving our client's vehicle registration number SLQ 7063R and vehicle registration number SJT 7315Y driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair inspection of the vehicle, by the attached list of eight (08) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a pre-repair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S BW WORKSHOP SERVICES PTE LTD
30 UBI ROAD 4
SINGAPORE 408615
ATTN: AH QUAN (TEL: 6745-8800/ FAX: 6868-2120)

... 2/-

Page 2

Date: 23rd July 2018

Messrs Daniel Poon & Co.

Our Ref: DP.isk.sl.10569.18.BW

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

A. J. P. L.

c.c M/S BW WORKSHOP SERVICES PTE LTD

FAX (6858-2120) ONLY

NAME OF MOTOR SURVEYOR

- ~~1) CHANG FUH KEONG, DAVE (SINCERE APPRAISAL SERVICES)~~
- ~~2) HOO JOO LOONG, DANNY (HJL AUTO APPRAISAL SERVICES)~~
- 3) HOW ANDREW (PROMINENT APPRAISER SERVICES)
- 4) ANG GUEA KIANG (CA APPRAISAL PTE LTD)
- 5) LEE KOK WENG (LEE AUTOMOBILE APPRAISERS SERVICES)
- 6) NG SOON AIK FRANCIS (PRESTIGE APPRAISER SERVICES)
- 7) ONG AH KENG, KENT (KTO AUTOMOBILE ASSESSORS)
- 8) ONG POH MENG (AEON AUTO CONSULTANTS LLP)
- 9) PHILIP FOO (PRECISION APPRAISAL SERVICES)
- 10) NG SOON CHUAN LOUIS (PRESTIGE APPRAISER SERVICES)

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	20/07/2018 12:38
Date Of Accident	20/07/2018 07:45
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7063R
Insured/Policyholder	
Name Of Registered Owner	MD SHAFULAH B SELAMAT
NRIC No	S7434128D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080975
Alternative Phone No	OTHERS-90080975

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5092416599-01
Cover Note Number	

Driver

Name of Driver	MD SHAFULAH B SELAMAT
NRIC No	S7434128D
Date Of Birth	03/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080975
Fax Number	
Contact Number	OTHERS-90080975
Email Address	NOEMAIL

Address	BLK 160 YUNG PING ROAD #05-39
Postcode	610160
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
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT7315Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEAH WOO YANG
NRIC/Passport Number	S8861958G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN

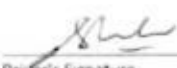
IMPORTANT NOTICE


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.:

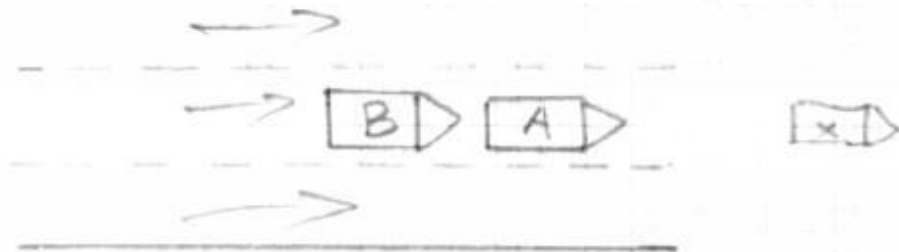
Sketch Plan #2

SKETCH PLAN

Jurong Town Hall Rd

A-SLQ7063R

B-SJT 7315Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Turing Town Hall Rd.
Vehicle X did an emergency brake.
Vehicle A braked in time to avoid collision.
Vehicle B hit vehicle A from the rear.

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.:

Accident Photo



Accident Photo

