



ComfortDelGro Engineering

PTE/SLG2881G/20180927/DS-CL

03/04/2019

Lonpac Insurance Berhad  
300 Beach Road  
#17-04/07, The Concourse  
Singapore 199555  
Attn: Motor Claims Department

Without Prejudice

Dear Sirs

**ACCIDENT ON 27/09/2018 INVOLVING SLG2881G & SJJ1583G ALONG CTE BEFORE EXIT LENTOR**

We are the authorised repair workshop for the owner of vehicle, SLG2881G, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SJJ1583G, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	2,403.67
2. 7.0 days Loss of Use @ \$120	840.00
3. Hirer's Loss of Income	1,260.00
4. Hirer's Medical Fee	121.00
5. Hirer's Transport Expenses	29.25
6. TP/GIA Fee	2.00
7. Passenger's Medical	221.00
	-----
(E&OE)	4,876.92

We enclose the following documents to support the claims: -

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill            | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report                          | <input checked="" type="checkbox"/> Power of Attorney     |
| <input type="checkbox"/> Coloured Photographs                     | <input type="checkbox"/> Car Rental Bill                  |
| <input checked="" type="checkbox"/> GIA/Police Report(s)          | <input checked="" type="checkbox"/> Medical Bill          |
| <input checked="" type="checkbox"/> GIA/TP Search                 | <input type="checkbox"/> Witness Statement                |
| <input checked="" type="checkbox"/> Others: <u>Taxi's receipt</u> |   |

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully  
Cecilia Lee  
CDGE Claims Department  
DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701  
Mainline +65 6383 6280  
Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

**Braddell**  
205 Braddell Road  
Singapore 579701  
Tel 6383 8110

**Loyang**  
59 Loyang Drive  
Singapore 508969  
Tel 6214 8300

**Pandan**  
45 Pandan Road  
Singapore 609286  
Tel 6338 8778

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717  
Tel 6553 0400

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791  
Tel 6369 7369

**Ubi**  
320 Ubi Road 3  
Singapore 408649  
Tel 6848 5721

www.SPARKcarcare.com

A member of

**COMFORTDELGRO**





\*\*\*\* PAYMENT ACKNOWLEDGEMENT \*\*\*\*  
Patient's Name : MOHAMED FAZALL BIN MOHAMED  
Ext. Pat. Id. : S7731492Z

Date : 28.09.2018  
Receipt No. : 1800053664  
Case No. : 6718780907E

Payer's Name : MOHAMED FAZALL BIN MOHAMED, AL  
Payment Type : CASH  
Payment Amount : \$121.00  
Cheque Number :  
Cheque Date : . .

GST - INCLUSIVE

NOTE: THIS IS THE ORIGINAL COPY

GADNWJ

GST REG NO. : M90368910N

# TAX INVOICE

28.09.2018 / GADNWJ SGH

MOHAMED FAZALL BIN MOHAMED ALI  
525 WOODLANDS DRIVE 14  
#08-433  
SINGAPORE 730525

EXTERNAL ID/NRIC : S7731492Z  
CASE NUMBER : 6718780907E  
CUSTOMER NUMBER : 3022832180  
VISIT DATE : 27.09.2018 23:13  
LOCATION : GEMD GCAE  
BILLING DATE : 28.09.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
A&E ATTENDANCE FEE	241.00	121.00
X-RAY INVESTIGATIONS	91.40	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	7.22	0.00
TOTAL CHARGES	339.62	
GOVERNMENT GRANT	218.62-	
AMOUNT PAYABLE BEFORE TAX		121.00
ADD : 7% GST		8.47
AMOUNT PAYABLE AFTER TAX		129.47
LESS : GST ABSORBED BY THE GOVERNMENT		8.47-
NET AMOUNT PAYABLE		121.00
<b>PAYMENTS</b>		
MOHAMED FAZALL BIN MOHAMED		121.00-
<b>TOTAL DUE AFTER PAYMENTS</b>		
AMOUNT DUE : MOHAMED FAZALL BIN MOHAMED		0.00
TYPE OF SUPPLY: CASH/CREDIT		

**PAYMENT - Please pay immediately on receipt of the bill.** Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at <https://ePay.singhealth.com.sg/sgl> or vBOX at [www.vbox.com.sg](http://www.vbox.com.sg), AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.

COMFORT TRANSPORTATION  
0106713M

TRIP NO 09200153  
START 28/09/2018 01:55  
END 28/09/2018 02:19  
DISTANCE 600 20 KM

METL. FEE	\$	19.50
LATE NIGHT	\$	9.75
TOTAL FARE	\$	29.25
AMOUNT PAID	\$	29.25

勇昇保健与保健品企业  
EVERRISE TRADITIONAL HEALTHWAY SERVICES  
756, Upper Serangoon Road  
#04-34 Upper Serangoon Shopping Centre  
Singapore 534626  
Tel : 6343 0513

CASH SALE

No: Passenger Area

Messrs: Sin Mahammad Fadhly  
IC : S8306184/G

DATE: 28/9/18

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	Tcm Tui-Na treatment			100.00
	Tcm Reg. No: T1002643C			
	勇昇保健与保健品企			
	EVERRISE TRADITIONAL HEALTHWAY SERVICES			
	756, Upper Serangoon Road			
	#04-34 Upper Serangoon Shopping Centre			
	Singapore 534626			
	Tel : 6343 0513			
			SUB TOTAL :	
			:	
			TOTAL :	100.00

ISSUE BY: \_\_\_\_\_



GST REG NO. : M90368910N

## TAX INVOICE

Adjusted

<b>28.09.2018 / QOPEPY</b>	
SIM MUHAMMAD FADHLY	EXTERNAL ID/NRIC : S8306184G
233 COMPASSVALE WALK	CASE NUMBER : 8118911517B
#06-480	CUSTOMER NUMBER : 3023769365
SINGAPORE 540233	A&E VISIT : 27.09.2018 23:12
	LOCATION : QEMD QCAEZ
	BILLING DATE : 28.09.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
A&E ATTENDANCE FEE	237.00	121.00
DRUGS / PRESCRIPTIONS / INJECTIONS	3.00	0.00
X-RAY INVESTIGATIONS	274.20	0.00
<b>TOTAL CHARGES</b>	<b>514.20</b>	
<b>GOVERNMENT GRANT</b>	<b>393.20-</b>	
<b>AMOUNT PAYABLE BEFORE TAX</b>		<b>121.00</b>
<b>ADD : 7% GST</b>		<b>8.47</b>
<b>AMOUNT PAYABLE AFTER TAX</b>		<b>129.47</b>
<b>LESS : GST ABSORBED BY THE GOVERNMENT</b>		<b>8.47-</b>
<b>NET AMOUNT PAYABLE</b>		<b>121.00</b>
<b>PAYMENTS</b>		
SIM MUHAMMAD FADHLY		121.00-
<b>TOTAL DUE AFTER PAYMENTS</b>		
<b>AMOUNT DUE : SIM MUHAMMAD FADHLY</b>		<b>0.00</b>

**PAYMENT- Please pay immediately** on receipt of the bill. Payment can be made via internet at [www.singhealth.com.sg/PayOnline](http://www.singhealth.com.sg/PayOnline), SAM web at <https://www.mysam.sg/>, AXS (mobile & Internet) at [www.axs.com.sg](http://www.axs.com.sg), SAM Mobile apps, SAM Kiosks, AXS Stations, DBS Internet banking, DBS PayLah! and Singapore Post Office Branches. Cheque payments should be crossed and made payable to "Sengkang General Hospital Pte. Ltd.". Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail it to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532.

**REFUND**-will be processed within 1 month from Final Bill date.



Date : 28.09.2018  
Receipt No. : 1800006736  
Case No. : 8118911517B

\*\*\*\* PAYMENT ACKNOWLEDGEMENT \*\*\*\*  
Patient's Name : SIM MUHAMMAD FADHLY  
Ext. Pat. Id. : S8306184G

Payer's Name : SIM MUHAMMAD FADHLY  
Payment Type : CASH  
Payment Amount : \$121.00  
Cheque Number :  
Cheque Date : . .

GST - INCLUSIVE

NOTE: 1.THIS IS THE ORIGINAL COPY.  
2.FOR PAYMENT MADE THROUGH CREDIT CARD, REFUND (IF ANY) WILL BE MADE  
TO THE SAME CREDIT CARD ACCOUNT.

QOPEPY

**ComfortDelGro Engineering Pte Ltd**

Corporate Office  
205 Braddell Road  
Singapore 579701  
Mainline + 65 6383 6280  
Facsimile + 65 6280 9755  
www.cdge.com.sg

Car Care Centres  
205 Braddell Road Singapore 579701  
59 Loyang Drive Singapore 508969  
45 Pandan Road Singapore 609286  
383 Sin Ming Drive Singapore 575717  
7 Sungei Kadut Way Singapore 728791  
320 Ubi Road 3 Singapore 408649  
www.SPARKcarcare.com

Tel: 6383 8110  
Tel: 6214 8300  
Tel: 6338 8778  
Tel: 6553 0400  
Tel: 6369 7369  
Tel: 6848 5721



ComfortDelGro Engineering  
COMPANY REG. NO: 199506048W  
GST REG. NO. M2-8921817

**TAX INVOICE**

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07

SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO  
SLG2881G

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID

DATE OF REG  
27.09.2016

CHASSIS CODE  
JTDKB3FU103534900

INVOICE NO./DATE  
91430507 07.03.2019

JOB NO.  
305218855

ODOMETER READING

Description : TP -AIG - LONPAC

S/No	Part No. Description	Oty	Unit Price		Net
01	20-501 LABOUR CHARGES	1 EAC	960.00	SGD	960.00
02	1979 REAR BUMPER	1 PC	317.92	SGD	317.92
03	1979 REAR BUMPER CENTER GUARD	1 PC	414.45	SGD	414.45
04	1979 REAR BUMPER COVER	1 PC	11.02	SGD	11.02
05	1979 REAR BUMPER CLIPS	10 PC	1.88	SGD	18.80
06	1979 REVERSE SENSOR SET (2PC)	1 PC	200.00	SGD	200.00
07	1979 REAR BUMPER REINFORCEMENT	1 PC	239.14	SGD	239.14
08	1979 REAR BUMPER FILLER RH	1 PC	85.09	SGD	85.09

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY (NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

**ComfortDelGro Engineering Pte Ltd**

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Blk C Ext 1 Level 2  
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91430507	2,403.67	



**ComfortDelGro Engineering Pte Ltd**

**Corporate Office**  
 205 Braddell Road  
 Singapore 579701  
 Mainline + 65 6383 6280  
 Facsimile + 65 6280 9755  
 www.cdge.com.sg

**Car Care Centres**  
 205 Braddell Road Singapore 579701  
 59 Loyang Drive Singapore 508969  
 45 Pandan Road Singapore 609286  
 383 Sin Ming Drive Singapore 575717  
 7 Sungei Kadut Way Singapore 728791  
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 www.SPARKcarcare.com

Tel: 6383 8110  
 Tel: 6214 8300  
 Tel: 6338 8778  
 Tel: 6553 0400  
 Tel: 6369 7369  
 Tel: 6848 5721



ComfortDelGro Engineering

COMPANY REG. NO: 199506048W  
 GST REG. NO. M2-8921817

**TAX INVOICE**

8010042

LONPAC INSURANCE BERHAD  
 THE CONCOURSE

300 BEACH ROAD #17-04/07

SINGAPORE SG 199555

VEHICLE NO  
 SLG2881G

MAKE  
 TOYOTA

MODEL  
 PRIUS HYBRID

DATE OF REG  
 27.09.2016

CHASSIS CODE  
 JTDKB3FU103534900

INVOICE NO./DATE  
 91430507 07.03.2019

JOB NO.  
 305218855

ODOMETER READING

Items total		2,246.42
Add GST @	7.000 %	157.25
Invoice amount		2,403.67

Issued by : SIEWHWA 07.03.2019 17:35:41  
 Repair type : CESO/52/5T  
 Payment Type/Term: /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
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**ComfortDelGro Engineering Pte Ltd**

A member of COMFORTDELGRO

Head Office should be crossed and made payable to  
 205 Braddell Road  
 Blk C Ext 1 Level 2  
 Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
"ComfortDelGro Engineering Pte Ltd"			

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

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

**Third Party Insurer Enquiry**

Our Ref No: GR-18-149966

Date of Request: 28/09/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 28/09/2018  
Enquiry By Kristy Tay Siew Hwa  
TP Vehicle No. SJJ1583G  
Accident Date 27/09/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJJ1583G	Lonpac Insurance Bhd	20/07/2018-19/07/2019	+65 62507388

Thank You.

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

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-149966

Date of Request: 28/09/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 28/09/2018

Enquiry By Kristy Tay Siew Hwa

TP Vehicle No. SJJ1583G

Accident Date 27/09/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## 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 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. 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	27/09/2018 16:57
Date Of Accident	27/09/2018 15:00
Exact Location Of Accident	224 LAMPOST CTE BEFORE EXIT LENTOR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2881G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	INSURANCE@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84017801

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
---------------------------	--------------------------------------

Type Of Coverage	COMPREHENSIVE
------------------	---------------

Fleet Policy	NO
--------------	----

Policy Number	SLG2881G
---------------	----------

Cover Note Number	
-------------------	--

### Driver

Name of Driver	MOHAMED FAZALL BIN MOHAMED ALI
----------------	--------------------------------

NRIC No	S7731492Z
---------	-----------

Date Of Birth	14/11/1977
---------------	------------

Occupation	OUTDOOR
------------	---------

Date Of Driving Pass	18/05/2015
----------------------	------------

Driving Experience	3 YEARS AND 4 MONTHS
--------------------	----------------------

Gender	MALE
--------	------

Mobile Number	(LOCAL) +65-84017801
---------------	----------------------

Fax Number	
------------	--

Contact Number	
----------------	--

EMail Address	MD.FAZALL.ALI@GMAIL.COM
---------------	-------------------------



Address BLK 525 WOODLANDS DRIVE 14 #08-433  
Postcode 730525  
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  
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: : FADHLY  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name WOODLANDS EAST N.P.C  
Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT

#### 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 FADHLY  
Phone Number 98502386  
Email Address

#### Details of Witness 2

Name GERALD  
Phone Number 93205900  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ1583G

Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KHAIRIL AMALI BIN MD KHALID
NRIC/Passport Number	S9542120B
Contact Number	98529545
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:

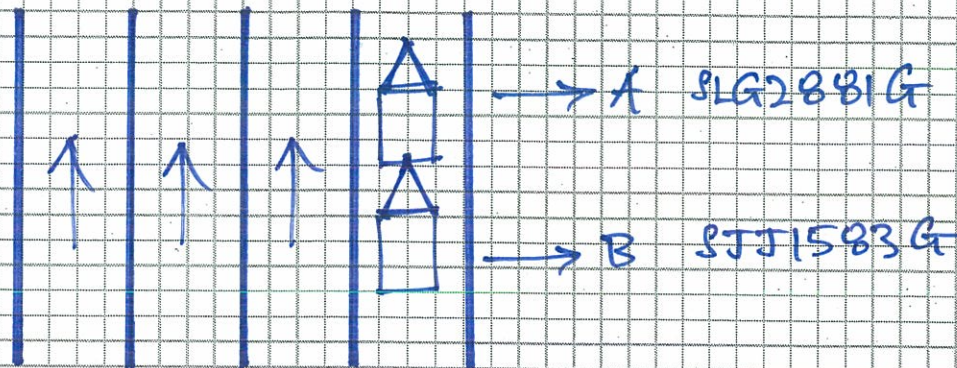
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

CTE/SLE BEFORE EXIT 3: LENTOR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

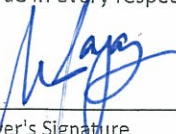
I WAS DRIVING AT A NORMAL SPEED, SENDING MY PASSENGER TO EXTRA SPACE BOOM KENG ALONG CTE/SLE WHEN I SAW MY VIEW MIRROR THAT AN ONCOMING VEHICLE, STJ1583G<sup>DRIVING</sup> AT A VERY HIGH SPEED. AT THAT MOMENT OF SPLIT SECOND THE CAR HIT HARD MY VEHICLE JLG2881G.

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.:





# SINGAPORE POLICE FORCE



T/20180928/2057

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20180928/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2018 12:29	Vide Report No.:	Station Diary No.: 125
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**Informant's Particulars**

Name of Informant: MOHAMED FAZALL BIN MOHAMED ALI			Address: APT BLK 525 WOODLANDS DRIVE 14 #08-433 SINGAPORE 730525		
ID Type / ID No.: NRIC NO / S7731492Z			Contact No.: Home/Office: Mobile: 84017801		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 14/11/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
On SLE (CTE) before Lentor exit. Lamp Post Number: 224				
Weather: Sunny	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ1583G	Car	TOYOTA	Wish		Seriously Damaged	0
SLG2881G	Car	TOYOTA	Prius Hybrid	White	Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



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2 of 3

Report No. T/20180928/2057

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD KHAIRIL AMALI BIN MD KHALID	ID No.	S9542120B
Related Vehicle	SJJ1583G (Car)	Contact No.	98529545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMED FAZALL BIN MOHAMED ALI	ID No.	S7731492Z
Related Vehicle	SLG2881G (Car)	Contact No.	84017801
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	27/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 27/9/2018 at about 1500hrs, I was driving a Grab passenger in my car (SLG2881G) on SLE (CTE), traveling along the rightmost lane. I then noticed from my rear view mirror that there was car speeding towards me. Before I had time to react, I felt a collision from behind. I applied intermittent brakes until my car came to a stop. I alighted from the car and was feeling nauseous. After making sure that my passenger did not require immediate medical attention, I went towards the car that collided into me (SJJ1583G) to check on the driver. He had also gotten off his vehicle and appeared to be uninjured. He was inspecting the damages on his car. I went over and got his particulars. Shortly after, Traffic Police and the ambulance arrived. EMAS asked us to move off if nobody required to be sent to the hospital. I did not have a chance to speak to the Traffic Police and moved off. I sent my passenger to his destination and afterwards, I went to report my accident to SPARK Car Care. After I went home, I felt pain in my neck and so decided to go to SGH for a check-up. The doctor put me under observation for a few hours, then gave me 5 days of MC. I am not sure if my passenger went to a clinic.

I did not manage to capture the footage of the accident, and I am not sure if the other party has any footage of the accident.



**SINGAPORE  
POLICE FORCE**



T/20180928/2057

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20180928/2057

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

YANG YUAN FAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff-Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Authentication Stamp

NP 168

Signature :

**Singapore Police Force**

Signature Of Informant:

Date/Time:

28/09/2018 12:29

Classification Of Case:



HOTLINE TEL: (65) 6419-3000

FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. SLG2881G

(The below excess is subject to GST)

ALL CLAIMS EXCESS S\$2000.00

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLG2881G

LCRF Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF  
INSURANCE FOR THE PURPOSES OF THE ACT

25 February 2018

4) DATE OF EXPIRY OF INSURANCE

24 February 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Insured's order or with their permission.

If You or Your Authorised Driver is below the age of 21 years old and/or has less than 1 year driving experience, the excess is S\$3,500(All Claims).

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.

6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Refer to Policy Terms and Conditions

\*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.

I / 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).

Issued in Singapore 13 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

030080-000  
Aon Singapore Pte Ltd  
2 Shenton Way  
#26-01 SGX Centre 1  
SINGAPORE 068804

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPAHN



**POWER OF ATTORNEY**

ACCIDENT INVOLVING (Owner's Vehicle No.) SLG2881G and (Third Party's Vehicle No.)  
STJ15839 on 27/9/18 along 224 Lampost Cte Before  
Exit Denton

Policy Nos: \_\_\_\_\_

BY THIS POWER OF ATTORNEY, \*I/We, LCRF PEO CoD \*NRIC/Passport

No. \_\_\_\_\_ (Address)\* \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ a company

incorporate in Singapore and having its registered office at (Address)\* \_\_\_\_\_

\_\_\_\_\_ owner of Vehicle Registered No. SLG2881G

\_\_\_\_\_ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a  
company incorporated in Singapore and having its registered office at \_\_\_\_\_

its agents or any person authorized by CDGE to be \*my/our Attorney and in \*my/our name(s) and on \*my/our behalf  
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which \*I/we may have against the other \*party/parties to the Accident and under the insurance \*policy/policies taken up by such \*party/parties or alternatively under Insurance Policy No. \_\_\_\_\_ taken up by \*me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by \*me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on \*my/our behalf as \*my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

\*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on \*my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by \*me/us in \*my/our own proper person(s) and \*I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

\*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

\*IN WITNESS WHEREOF. \*I/We have hereunto to set \*my/our hand and seal this day \_\_\_\_\_ of the month of

\_\_\_\_\_, Year Two Thousand - \_\_\_\_\_ (20\_\_\_\_)

Signed, Sealed & Delivered By



Customers Name:  
NRIC No.:  
Co's rubber Stamp

*delete as appropriate.* Insurance