

22/03/2007

ASS. REC. BY:

REF: CS3/III18018455/GH6-1

Special Instruction:

Surveyor

GUD Oiang

ASSIGNMENT (Office)

From (Person):

Shelini

of

III

Date/Time: 05.11.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FY 7011U

Insured:

SHA 4122 E

at Workshop m/s

All Wheel Motoring

Tel:

8510 2102

of

BLK 5032, AMK Ind. Park 2 # 01-307

Policy No:

Claim No:

MCT18090633

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23/09/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

Imp?

H.O.D. Endorsement:

Date/Time:

11:38am @ 11/10/18

Person Contacted:

Ah Seng

Vehicle IN/OUT

Date/Time	Action/Instruction (x) Estimate
	FY 7011U-X
	SHA 4122E - CC3/AXA10025693/DW 242r1
	Dismantle: 12/10/2018
	\$650, 3 Days. (Red: 850, 56%)

11/12 - File pass to typist


 11/12/2018

RECEIVED 11 DEC 2018

250-120

Catherine Chong (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Tuesday, 4 December, 2018 1:27 PM
To: Hsiao Tong (LKKAuto); assignments; Admin A
Subject: FW: MCT18090633

From: Mekavathanan Sarangapani
Sent: Tuesday, 4 December 2018 1:26:19 PM (UTC+08:00) Kuala Lumpur, Singapore
To: Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Cc: Sherini Pillai; Zuhaidah Samsuri; Natalia Lim; Joel Nah Shern Ern
Subject: MCT18090633

Please carry out paper survey please

Aida – Please assess did TP party Motor biker squeeze thru between parked vehicle and our taxi . Contribution?

Meka



/09/2018

:58



Send Back Adj Rpt Wait for Documents Revert for Inhouse Survey Send Rpt for Repairer Change

Make Offer >>

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Submitted	Ins Auth
Main	25 Oct 2018		11 Oct 2018 00:00	29 Oct 2018 10:08 S\$0.00 (S\$139.10)	

Main

Offer Processing

Claim Details

Adjuster's Details

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	-	Co. Reg. No.:	-
Main Claimant:	-		
Vehicle Reg. No.:	FY7011U	Date of Loss:	23/09/2018 00:00 - :59 [165 Months and 16 D
Claim Type:	TP / MCT18090633	Policy/Cover Note No.:	MC00015
Vehicle Reg. No. (Insured):	SHA4122E	Policy No. (Claimant):	
		Excess:	
Repairer:	All Wheel Motoring (HQ) PROFILE Blk 5032 Ang Mo Kio Industrial Park 2, #01-307, 569535 Ang Mo		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sherini Pillai]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final		

CLAIM REGISTERED

Clm. No (Clm Reg Date)	MCT18090633 (13/11/2018)	Intimation (Notify Date)	From T
Registration Type	[Manually registered]	Claim Status	OPEN
Incurred TP			
S\$	0.00		
Subfolder	SubCode	Reg. No / Claimant	Person-in-Charge
TP		FY7011U / -	Sherini Pillai

Accident Photo



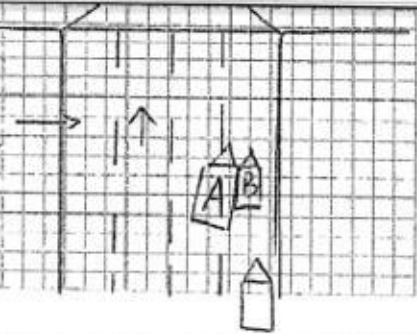
8.26 x 11.69 in



A: SHARIJJE

B: F7 70110

Jalan
Besar



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/9/18 at about 02:30 hrs, I was driving along Jalan besar before Kitchener road.

Shortly after a passenger waving hand, I switched on signal light and litter to right. In the midst, Veh B squeezed between the gap my taxi and another car parked at ^{road} side. Subsequently, Veh B hit onto the right front portion of my taxi and the rider sprawled on the road. As the rider has bruise on left leg, I called up ambulance and traffic police come to scene. TP Officer never request to file police report due to this accident.

		Driving Licence & Expiry Date	Date of Expiry: NIL
Date Treatment	23/09/2018		Date Discharge 23/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHNG CHOO SEN		ID No. S1343057H
Related Vehicle	SHA4122E (Car)		Contact No. 96390384
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/09/2018, at around 0200hrs, I was riding my motorcycle bearing registration number, FY7011U, on lane one along Jalan Besar Road. A taxi, bearing registration number SHA4122E, was driving on lane two.

While driving at moderate speed, the taxi suddenly cut into my lane because a passenger on the right side of the road was flagging for a cab. He collided onto the left side of my motorcycle and my motorcycle collapse onto the left side.

Due to the collision, I suffered abrasions on the left side of my arm and feet. Ambulance and traffic police attended to me, however, no one was conveyed to the hospital. I was given 3 days medical leave.

No government properties were damaged.

Date/Time Report Made: 23/09/2018 05:46	Vide Report No.:	Station Dis: 12
--	------------------	--------------------

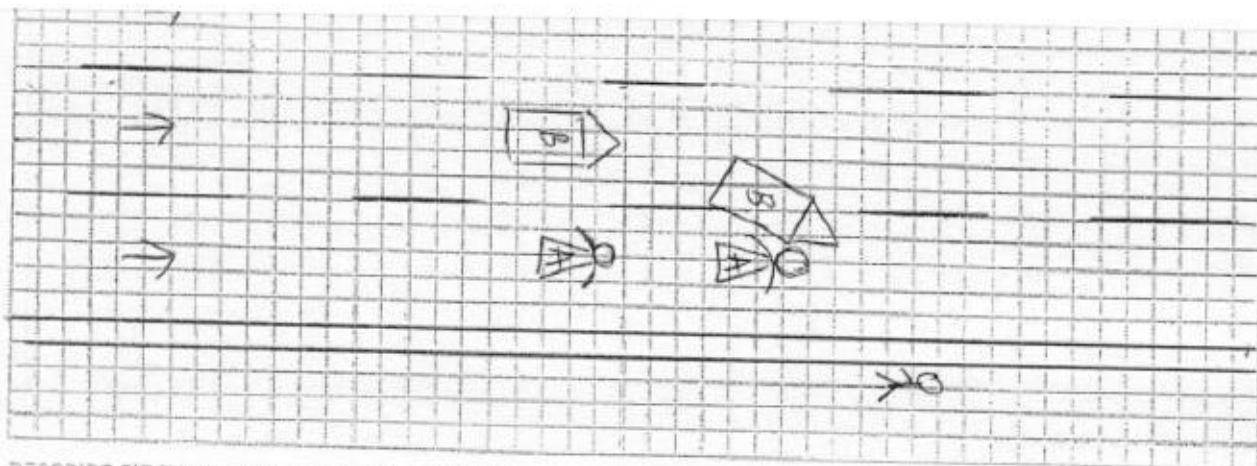
Informant's Particulars

Name of Informant: MUTHUKKUMAR IYAPPAN			Address: 113 UPPER PAYA LEBAR ROAD #04-91 SINGAPOR 534832	
ID Type / ID No.: FIN NO / G6900866L			Contact No.: Home/Office: Mobile: 86515783	
Nationality: INDIAN			Email:	
Sex: Male	Age: 27	Date of Birth: 25/05/1991	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Na
Occupation: Building construction engineer			Driving Licence Information: Class: 2B,3C Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2018 02:00	Type of Straight
Location: Along Road 1 JALAN BESAR				
Along Jalan Besar Road				
Weather: Clear		Road Surface: Dry		Road Speed L
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conve ambulance:

26 x 11.69 in



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER TP REPORT
(7/20180923/2013)

Audit Log

Accident Report

Print Sketch Plan

Print Addendum Form

Create New

OWN VEHICLE

TP VEHICLE/INJURY DETAILS

DOCUMENTS

Related Accident Reports

- **SHA4122E** ... MCD618123258 submitted on 24/09/2018 09:44 to India International Insurance Pte Ltd Report] ... [CURRENTLY VIEWING]
• TP reported: FY7011U.
- **FY7011U** ... MVA318130992 submitted on 09/10/2018 16:08 to MSIG Insurance (Singapore) Pte. Ltd.
• TP reported: SHA4122E.

Accident Report Basic Information

File Ref No	MCD618123258	Entry Date/Time	24/09/2018 09:44
Accident Date/Time	23/09/2018 02:30	Location Of Accident	1A

Claimant Vehicle No: 1170110
 Date of Loss: 23/09/2018
 Insured Vehicle No:
 Nature of Claim:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FY7011U
 Make & Model: HONDA PHANTOM 200M, 197cc (M)
 Reg. Date: 07/12/2004 (Man. Year: 2004)
 Colour: Black
 Engine Capacity: 197 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
 Handbrake (Serviceable): Yes
 Steering (Serviceable): Yes
 Engine Modification: No
 Footb Pre-a

CONDITION OF TYRES

Front Tyre Size: 90/90-17
 Front Left Side: Michelin 4 mm
 Front Right Side: 0 mm
 The above values represent the remaining tyre treads depth
 Rear Tyre Size:
 Rear Left Side:
 Rear Right Side:

COST OF CLAIMS

	Repairer's	Adjuster's
Parts		
Miscellaneous Items	0.00	0.00
Labour	0.00	0.00
Paintwork Labour	0.00	0.00
Towing	0.00	0.00
	0.00	0.00
Nett Amount (S\$)	0.00	0.00

INSPECTION

Date of Assignment: 11/10/2018
 Date Inspected: 11/10/2018
 Inspected At: All Wheel Motoring (HQ)
 Blk 5032 Ang Mo Kio Industrial Park 2, #0
 Singapore 569535
 Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

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.

DISCLAIMER:

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It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

PRESERVE

TPPD

PRESERVE

TPPI

PRESERVE

UNINSURED LOSS

PRESERVE

SUBRO

LPPN

Investigation Fees

Survey Fees

Legal Fees

Others

Fraud Check

Upload to meriman

Grant Rights

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4138
DESTINATION ADDRESS 964388275
SUBADDRESS
DESTINATION ID
ST. TIME 04/12 14:09
TX/RX TIME 00' 21
PGS. 1
RESULT OK

LEGAL OPTIONS LLC

ADVOCATES & SOLICITORS
Mediators - Commissioners for Oaths - Notary Public

法商律師事務所

Motor Accident & Personal Injuries
Tel: (65) 6513 2800 Fax: (65) 6438 8275

Commercial, Litigation, Property, Trust & Estate, Family
Tel: (65) 6438 8039 Fax: (65) 6734 8230

We do not accept service of Court Documents by fax



Directors

Joan Lim Pheok Hoon LL.B (Hons)
Victor Leong Wai Meng LL.B (Hons)
Teo Lip Hua Benedict LL.B (Hons) LL.M

Senior Legal Executive's DID: 6513 2808
Direct Fax: 6438 8275
Email: jeanny@legalsoptions.biz

Mailing Address for Accident Claims
Documents Support:
23 Kaki Bukit Avenue 4 #01-01 South Wing,
Singapore 415933

Your Ref : SHA 4122E

Our Ref : 18-A83-9909-VL.jp.sb

28th November 2018

M/S INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/#05 IOB Building
Singapore 049711
(Attn: Motor Claims Department)

WITHOUT PREJUDICE

BY HAND

M/S COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive
Gas Building
Singapore 57517
(Owner of motor vehicle no. SHA 4122E)

Dear Sirs,

CLAIMANT : MUTHUKUMAR IYAPPAN
ACCIDENT INVOLVING FY 7011U AND SHA 4122E ALONG JALAN BESAR ROAD
ON 23/09/2018

We act for MR MUTHUKUMAR IYAPPAN, who was the owner and rider of motor
vehicle No. FY 7011U.

We are instructed that you were the insurer and/or the owner of vehicle No. SHA 4122E
which was involved in the above road traffic accident ALONG JALAN BESAR ROAD

CERTIFICATE OF POSTING

(For your information only)

Our Ref: MCT/18090633
Attn: Shwini P
Date: 4/12/2018

LEGAL OPTIONS LLC

ADVOCATES & SOLICITORS
Mediators - Commissioners for Oaths - Notary Public

法商律师事务所

Motor Accident & Personal Injuries

Tel: (65) 6513 2800 Fax: (65) 6438 8275

Commercial, Litigation, Property, Trust & Estate, Family

Tel: (65) 6438 8039 Fax: (65) 6734 8230

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Senior Legal Executive's DID: 6513 2808

Direct Fax: 6438 8275

E-mail: jeanny@legaloptions.biz

Mailing Address for Accident Claims

Documents Support:

23 Kaki Bukit Avenue 4 #01-01 South Wing,
Singapore 415933

Your Ref : SHA 4122E

Our Ref : 18-A83-9909-VL.jp.sb

28th November 2018

M/S INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04/#05 IOB Building

Singapore 049711

(Attn: Motor Claims Department)

M/S COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive

Gas Building

Singapore 57517

(Owner of motor vehicle no. SHA 4122E)

Dear Sirs,

CLAIMANT : MUTHUKUMAR IYAPPAN

ACCIDENT INVOLVING FY 7011U AND SHA 4122E ALONG JALAN BESAR ROAD
ON 23/09/2018

We act for MR MUTHUKUMAR IYAPPAN, who was the owner and rider of motor vehicle No. FY 7011U.

We are instructed that you were the insurer and/or the owner of vehicle No. **SHA 4122E** which was involved in the above road traffic accident **ALONG JALAN BESAR ROAD ON 23/09/2018 ON OR ABOUT 02:00 HOURS**. By reason of your insured and/or your hirer act or omission, our client has sustained injuries and incurred loss and damage.

Subject to our client's confirmation and subject to revision, we now quantify our client's claim as follows:-

A. GENERAL DAMAGES

- | | |
|-------------------------------|---------------|
| 1. Mutiple Abrasions | - \$ 3,000.00 |
| - right palm | |
| - left elbow/ left arm region | |
| - dorsum of his left foot | |
| - right ankle | |
| 2. Left shoulder strain | - \$ 3,000.00 |

WITHOUT PREJUDICE

BY HAND

CERTIFICATE OF POSTING

(For your information only)

mcT/18090633
Sheini P

4/12/2018

3.	Lower back strain	-	\$ 3,000.00
----	-------------------	---	-------------

B. SPECIAL DAMAGES

1.	Transport expenses (Still Continuing)	-	\$ 30.00
2.	Medical expenses (Still Continuing)	-	\$ 142.89
3.	Cost of repairs	-	\$ 1,500.00
4.	Loss of use for 4 days @ \$50.00/day	-	\$ 200.00
5.	Loss of use for 2 days @ \$50.00/day (PRI)	-	\$ 100.00
6.	Survey report fees	-	\$ 459.00
7.	Loss of income	-	To Be Assessed

C.	<u>COSTS CONTRIBUTION (AT THIS STAGE)</u> (Inclusive of 7% GST)	-	\$ 3,959.00
----	---	---	-------------

D. DISBURSEMENTS

(a)	Medical report fees	-	\$ 169.00
(b)	LTA search fees	-	\$ 10.00
(c)	GIA/Police search and report fees	-	\$ 59.00
(d)	Public trustee fees	-	\$ 225.00
(e)	Other incidentals inclusive GST	-	\$ 160.50
			<u>\$ 16,014.39</u>

We enclose herewith copies of all supporting documents for your attention:-

1. GIA/Police report lodged by our client;
2. LTA search;
3. Medical report dated 17.10.2018 and invoice from Mount Alvernia Hospital;
4. Medical receipt(s) and certificate(s) from Mount Alvernia Hospital;
5. Surveyor's report & invoice from M/s Oh Appraisal Services;
6. 79 coloured photographs depicting the damages to motor vehicle FY 7011U; and
7. Repair bill from M/s All Wheel Motoring.

Please note that you or your insurer should send to us an acknowledgment or receipt of this letter within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client can commence court 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 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.

If you have any queries, please call our Ms Jeanny at 6513 2808 or email her at jeanny@legaloptions.biz and quote the above reference number.

LEGAL OPTIONS LLC

ADVOCATES & SOLICITORS
Mediators - Commissioners for Oaths - Notary Public

法商律师事务所

Continuation Sheet - Page 3

Kindly mail your correspondence to our **Accident Claims Document Support Address**
at 23 Kaki Bukit Avenue 4 #01-01 South Wing, Singapore 415933.

Yours faithfully



Encls.

ALL WHEEL MOTORING

23 Kaki Bukit Avenue 4

#04-01 Vicom Inspection Centre (South Wing)

Singapore 415933

TEL : 8121 1373

FAX : 6243 1376

FINAL REPAIR BILL

16th November 2018

**To: MUTHUKUMAR IYAPPAN
Blk 113 Upper Paya Lebar Road
#04-91
Singapore 534832**

MOTOR CYCLE NO. FY 7011U

**AGREED LUMP SUM REPAIR COST
(INCLUDING OF SUPPLYING PARTS, SPRAY
PAINTING AND LABOUR CHARGES, ETC)**

\$1,500.00

Grand Total:

\$1,500.00

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	09/10/2018 14:55
Date Of Accident	23/09/2018 02:00
Exact Location Of Accident	ALONG JALAN BESAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY7011U
Insured/Policyholder	
Name Of Registered Owner	MUTHUKUMAR IYAPPAN
Passport No/FIN	G6900866L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86515783
Alternative Phone No	OTHERS-86515783

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM-197CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MSD/VMT/17-372529-CA
Cover Note Number	

Driver

Name of Driver	MUTHUKUMAR IYAPPAN
Passport No/FIN	G6900866L
Date Of Birth	25/05/1991
Occupation	INDOOR
Date Of Driving Pass	16/07/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86515783
Fax Number	
Contact Number	OTHERS-86515783
Email Address	NOEMAIL

Address	113 UPPER PAYA LEBAR ROAD #04-91
Postcode	534832
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20180923/2013

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	SHA4122E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHNG CHOO SEN
NRIC/Passport Number	S1343057H
Contact Number	96390384
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUTHUKUMAR IYAPPAN
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	FY7011U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	113 UPPER PAYA LEBAR ROAD #04-91
Postcode	534832

Accident Sketch Plan Pg. 1

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 Authorized 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 lodging of this report to the Insurers, you hereby consent to the archiving of this report at this centre and to copies of the report being made available as stated.
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 claim;
 - (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 Purpose(s) and
- (c) my Personal Information may/are to 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 of 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.

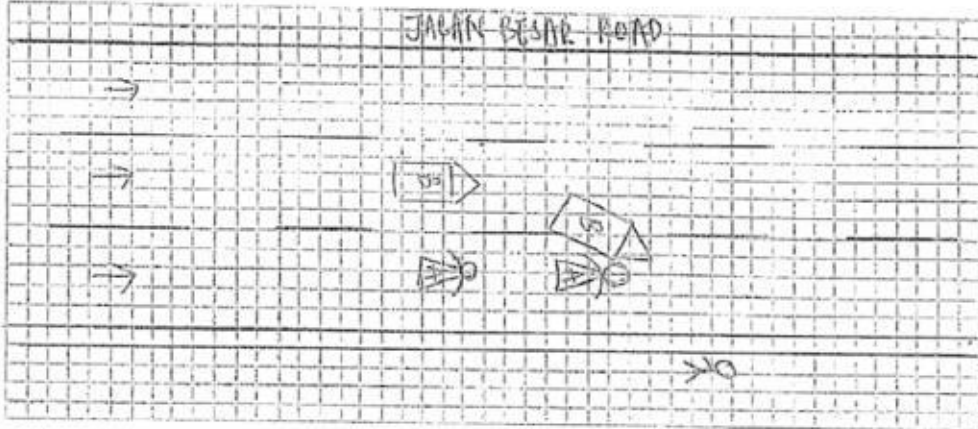
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 41593
Tel: 67416697
KRIC/FIN No.: Fax: 67492305
Email: vacb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER TP REPORT
CT/20180923/2013

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
25 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Phone: 67492305
Fax: 67492305
Email: vackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20180923/2013

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180923/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2018 05:46		Vide Report No.:		Station Diary No.: 12
Informant's Particulars				
Name of Informant: MUTHUKUMAR IYAPPAN		Address: 113 UPPER PAYA LEBAR ROAD #04-91 SINGAPORE 534832		
ID Type / ID No.: FIN NO / G6900866L		Contact No.: Home/Office: Mobile: 86515783		
Nationality: INDIAN		Email:		
Sex: Male	Age: 27	Date of Birth: 25/05/1991	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Building construction engineer		Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 JALAN BESAR				
Along Jalan Besar Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY7011U	Motorcycle	HONDA	PHANTOM 200M	Black	Slightly Damaged	0
SHA4122E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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