

2000000

ASS. REC. BY:

REF: C86 / III 18021086 / B 96-1

Special Instruction:

Survivor:

Murphy

ASSIGNMENT (Office)

From (Person):

Sherini

of

VI

Date/Time: 10-12-2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 886E

Insured:

SHA 435211

at Workshop n/s

Yellow Bus

Tel:

9833 5843

of

160 Sin Ming Drk #01-07

Policy No:

Claim No:

MCT18100006

Sum Insured:

Excess:

Make of Veh:

D.O.A. 01-10-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS w/p

22-11-2018 @ before go call David

H.O.D. Endorsement:

Date/Time:

21-11-2018 5:15pm

Person Contacted:

David

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

PC 886E - X

SHA 435211 - C86 / III 18005531 / Through

SHA 21032618

Dismantle: 23/11/2018 @ 1.05pm

After repair: 28/11/2018 @ 4.45pm

17/12/18

Submit LS to 8650, 5 days.

CRD to 2050, 36%.

12/12/2018

RECEIVED 13 DEC 2018

Repair: 8 days

TEL: 9833 5843

250-1200

12/12/18

PRS
Hive 24

REF: TII

ASSIGNMENT

From: Date: 22.11.2018

Estimated Cost:

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

To Inspect Vehicle No: PC 886E

at Workshop m/s

Yellow Bus

of 160 Sin Ming Drive #01-07

Insured

Policy No.

Claims No.

Sum Insured

Excess:

(Client's Record)

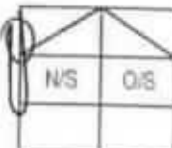
Make of Veh:

Call David before go

9833 5843

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PC 886E

Yt Regn: 24 Nov 2011

Type: M.Car / M.Cycle / ☒ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Higer KLQ6916Q 6.7D cc 6692

Colour: Yellow A/C: Insured / Std / NI / NA

Sp Reading: 337663 T/Radio: Insured / Std / NI / NA

Eng No:

Ct No: LKLR1ESC7BA569584

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Normal / Jammed / Leaked / Burnt or

Brake: ☒ Normal / Jammed / Leaked / Burnt or

Mod: Nil / ☒ STD A/Rim or

Tyre Size: F: 225/70 R22.5

R: -

☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal: 8 mm R/Bal: 8 mm

L/Bal: 8 mm L/Bal: 8 mm

D.O.A. 1/10/18 D.O.I. 22/11/18 @ 1.54pm

Survey held at - @ 1355.

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

N/S

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

Date / Time Action / Instruction

Case/Time: File Pass to?

☐ : Prel. Report

II

☐ : Final Report

Case/Time: File Return to?

III

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transporter:

1. S + RS: 0

2. Piece:

3. Other:

total:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Weekend (\$

Report Format: PRS

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

120
10
130

Catherine Chong (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Monday, 10 December, 2018 8:39 AM
To: Hsiao Tong (LKKAuto); assignments; Admin A
Subject: FW: Our ref : MCT18100006 & Cross Ref : MC20182824

From: Mekavathanan Sarangapani
Sent: Monday, 10 December 2018 8:38:33 AM (UTC+08:00) Kuala Lumpur, Singapore
To: Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Cc: Sherini Pillai; Zuhaidah Samsuri; Joel Nah Shern Ern; Natalia Lim
Subject: FW: Our ref : MCT18100006 & Cross Ref : MC20182824

LOD from KSCGP Please do up paper survey please

Meka

Claim Audit	History Checking	Activity Log	Documents	Duplicate
Assign Solicitor	File Review	Adj Market Value	Transfer To Repairer	Send Rpt
Claim Details	Set/Modify Adj Mandate			

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Submitted	Ins Auth'd	Status
Main	23 Nov 2018		22 Nov 2018 00:00			Processing

Main	Offer Processing	Claim Details	Adjuster's Details
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CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:			
Main Claimant:	YELLOW BUS SERVICES PTE LTD, Co. Reg. No.: 200813143M		
Vehicle Reg. No.:	PC886E	Date of Loss:	01/10/2018 10:00 -
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SHA4352H	Policy No. (Claimant):	
		Excess:	
Repairer:	Yellowbus Workshop & Trading Pte Ltd (HQ) PROFILE 160 SIN MING DRIVE, #01-07 SIN MING AUT		
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 ONG HWEE JIE] ... [Final Rpt]		

CLAIM NOT REGISTERED

This claim is not registered. Click **Register** to register this claim.
You need to register a claim if you want to link other related subfolders to it.

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

From: Mekavathanan Sarangapani
Sent: Monday, December 10, 2018 8:34 AM
To: 'sinchinlin@hotmail.com' <sinchinlin@hotmail.com>
Cc: Zuhaidah Samsuri <aida@iii.com.sg>; Sherini Pillai <sherini@iii.com.sg>
Subject: Our ref : MCT18100006 & Cross Ref : MC20182824

Without prejudice

Dear Fion,

Can help with this case.

Our taxi driver sideswept against against Yellow bus, the latter has appoint lawyers, KSCGP to claim against us

±

Please assist .

Meka

Yellow Bus details :

clg00101 SST V1.0 INDIA INTERNATIONAL INSURANCE LIVE DB 10

CLAIM HEADER

Claim No.....	E MC20182824	Status NC CLAIM	Status 1
Event No.....		Br,Cty IS SG Und.Yr 2018	Cover Co
Policy,Master	M494678	0/004	Cover E:
Cause of Loss	ACCD INVL IV & SHA4352H		Notifica
Print 2	MCE TOWARDS TUAS		Date of
			Time of
Vehicle/Vessl	PC886E		Oldest c
Insured R,T,F	1041074		Sub.Exp:
Name	YELLOW BUS SERVICES PTE LTD		Pol.Ty/c
			IC 2008
			Old IC

Addr. 3 ANG MO KIO STREET 62

#08-04 LINK@AMK
SINGAPORE

Agent..... 81477SE SINCL PTE. LTD.

Financial Int

Ceding Co....

CC Claim,Recp [REDACTED] N


CC Pol.,Cess.

Next Review N

Co,Bill,Co %. no 0.00 Txt

PDn 3Hd2 7Tf 8Sub 9KIV 11Msg 12RI 15It 17Sts 18Stat 19Txt 20XOL

Taxi driver's sketch Plan and version :

A: SHA4352H	MCE	
B: PC 886E	- was City	
		4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along MCE towards City. I was with a passenger when I heard a bang. I then slowed down the side to stop and found that I had hit a bus PC 886E. I went up the bus to check with the driver passengers and all of them claimed they are down and no injury reported. The same for my passenger (female), she also said that she is fine and no injury reported. I was actually looking at the traffic on the side and without realising my taxi had moved she to the right side lane.

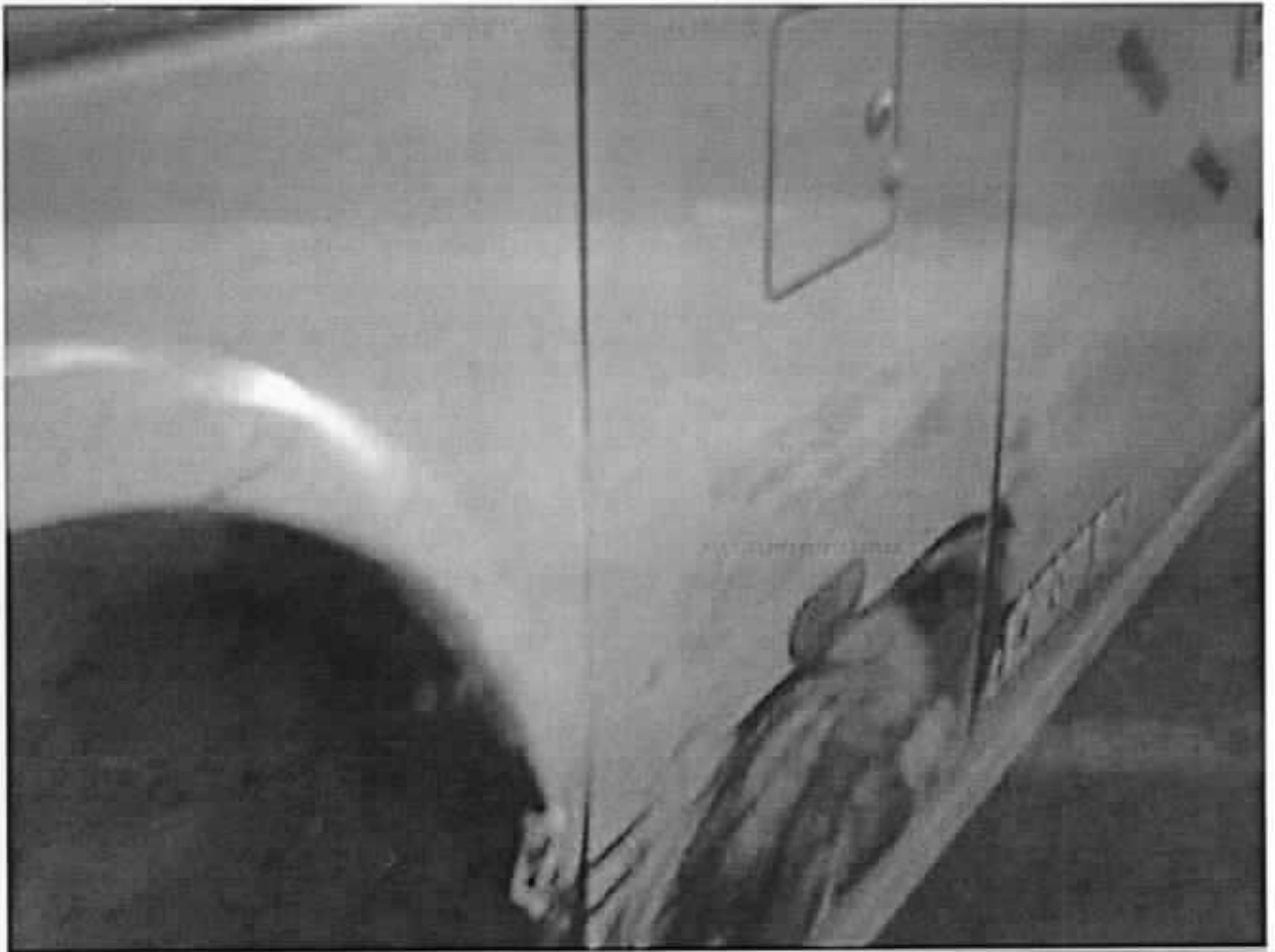
8.26 x 11.69 in

Insurance particulars :

(Closed)

Audit Log	Accident Report	Print Sketch Plan	Print Addendum Form	Create New
OWN VEHICLE		TP VEHICLE/INJURY DETAILS		DOCUMENT
Related Accident Reports				
<ul style="list-style-type: none"> PC886E ... MVA218126882 submitted on 01/10/2018 13:01 to India International Insurance Pte Ltd ... TP reported: SHA4352H. SHA4352H ... MCD618127127 submitted on 01/10/2018 15:36 to India International Insurance Pte Ltd Report] ... [CURRENTLY VIEWING] TP reported: PC886E. 				
Accident Report Basic Information				

Nature and extent of damage to yellow Bus :



8.26 x 11.69 in

111

Nature and extent of damage to Taxi :



8.26 x 11.69 in

Surveyor details of Yellow Bus :

Yellow Bus particulars :

ACCIDENT STATEMENT

Date Of Report	01/10/2018 12:38
Date Of Accident	01/10/2018 10:10
Exact Location Of Accident	MCE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC886E
Insured/Policyholder	
Name Of Registered Owner	YELLOW BUS SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85884939
Alternative Phone No	OFFICE-85884939

Vehicle Particulars

Manufacturer	HIGER
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
---------------------------	---------------------------------------

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

I WAS DRIVING STRAIGHT ALONG MCE TOWARDS TUAS. A VEHICLE SHA 4352H WHICH WAS IN THE ADJACENT LANE SUDDENLY CUT INTO MY LANE ABRUPTLY. THUS, VEHICLE SHA 4352H FRONT RIGHT PORTION HIT THE LEFT SIDE PORTION OF MY VEHICLE. (ATTENDED BY CHRISTINA)

Attachment(s)

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

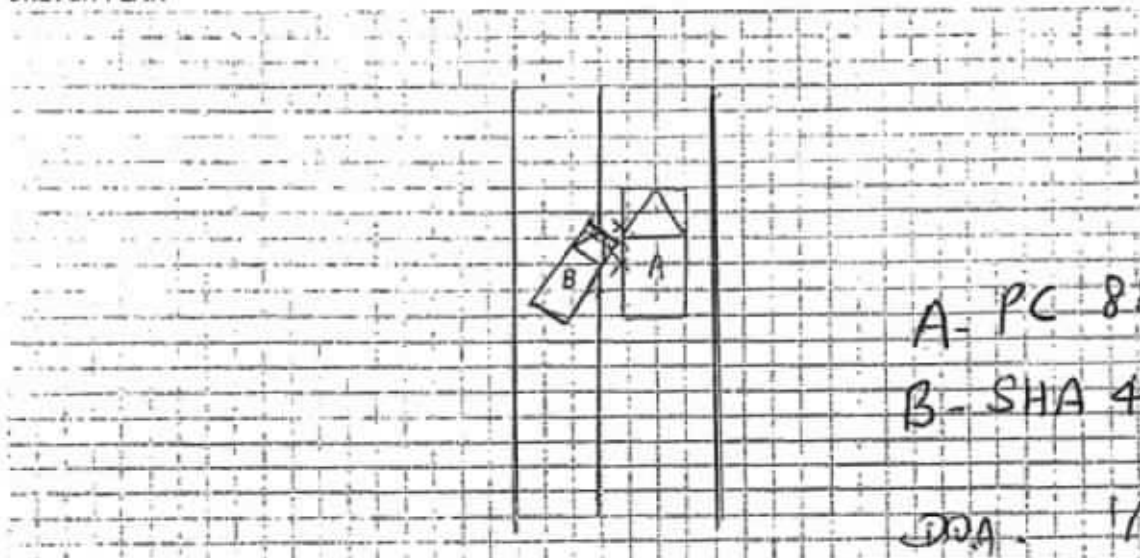
Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	7

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

8.26 x 11.69 in

SKETCH PLAN**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**



CCTV foogate





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:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

1	Reserves		
		PRESERVE	
	TPPD	(411)	PC + 75
		PRESERVE	
	TPPI		MCT 181 00006
	UNINSURED LOSS	PRESERVE	
	SUBRO	PRESERVE	
	LPPN		
	Investigation Fees		
	Survey Fees		3000
	Legal Fees		
	Others		
	Fraud Check		
	Upload to meriman		
	Grant Rights		

GURDEEP SINGH SEKHON
CHIA KOK SENG
REY FOO JONG HAN
GOH LAM CHUAN
NAVINDER SINGH
P. PADMAN
KWEH SONG HAN
PRADEEP KUMAR GOBINO
HUI JAMES
MUNIRAH BINTE MYDIN
LIM YUN HENG
SHANEN S/O NANOO SIVA DAS

KSCGP

JURIS LLP



MAIN OFFICE:
10 Hoe Chiang Road, #13-03A
Keppel Towers
Singapore 089315
Tel: 6538 3811
Fax: 6538 3708

Website: www.kscgp.com
(Fax/Email not for service of court documents)
Registered in Singapore with limited liability
as a Limited Liability Partnership
Registration Number T10LL1855L

DID: 3152 0987

Email: motor@kscgp.com

Your Ref: SHA 4352H
Our Ref: GS/18/5480/YB/sy/cl
Date: 07 December 2018

India International Insurance Pte Ltd
64 Cecil Street
#04-02 IOB Building
Singapore 049711

BY HAND

Y-Ref: mcl/20182824

Dear Sirs,

YELLOW BUS SERVICES PTE LTD
C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315
ACCIDENT INVOLVING PC 886E AND SHA 4352H ALONG MARINA COASTAL
EXPRESSWAY ("MCE") TOWARDS TUAS ON 01.10.2018

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 01 October 2018 along Marina Coastal Expressway ("MCE") towards Tuas, involving our client's motor vehicle bearing registration number PC 886E and the motor vehicle bearing registration number SHA 4352H, which was insured by you at the material time. (PC)

We are instructed that the accident was caused by the negligent driving and/or management of the authorised driver of SHA 4352H. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

(1)	Cost of repairs	-	\$	5,700.00
(2)	Loss of use (\$275 per day x 8 days)	-	\$	2,200.00
(3)	LTA	-	\$	10.00
(4)	GIA search	-	\$	29.00
(5)	Survey fees	-	\$	538.00
(6)	Incidentals	-	\$	100.00
(7)	Costs	-	\$	900.00
(8)	GST on items (6) & (7)	-	\$	70.00
				\$ 9,547.00

BRANCH: PRIVATE PROPERTY CONVEYANCING
400 Lorong 6 Toa Payoh Bld 3 Lobby 2
#08-18 HDB Hub
Singapore 310490
Tel: 6591 7598 Fax: 6258 1825

BRANCH: HDB CONVEYANCING
400 Lorong 6 Toa Payoh Bld 3 Lobby 2
#08-18 HDB Hub
Singapore 310490
Tel: 6591 7598 Fax: 6258 1409

BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL
32 Arab Street #03-01 & #03-02
Singapore 199799
Tel: 6534 1346 Fax: 6534 1356

BRANCH: CORPORATE & LITIGATION
61 Robinson Road
#15-02 Robinson Centre
Singapore 068893
Tel: 6517 8795 Fax: 6224 1612

The information contained in this letter / facsimile message is CONFIDENTIAL and may also be LEGALLY PRIVILEGED, intended only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that any use, revelation, dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify us immediately by telephone (call the number above) and destroy the original message.

500
700 = 300

A copy each of the supporting documents are enclosed.

S/NO.	AVAILABLE DOCS	PARTICULARS
<u>Client's Documents</u>		
1.	01.10.2018	GIA Statement / Traffic Police report
2.		Witness(es) Statement
3.	undated	Accident site photographs
4.	01.10.2018	Video footage / CCTV / CD recording (only for insurer)
5.	04.12.2018	Repair bill / invoice / Excess Tax invoice
6.		Rental bill / invoice and agreement / receipts
7.		Vehicle Entry Permit receipt / E-day license for off-peak vehicle
8.		Towing fees / receipt (Singapore / Malaysia)
9.		Client sold off vehicle and produce letter from LTA
10.		Spare Part Ordering Form
11.		Levy at Custom / receipts
12.	30.11.2018	Survey invoice and surveyor's report
13.	30.11.2018	48 Original / Copies of damage photographs
14.		Enquire PARF / COE Rebate for Registered Vehicle
15.		Enquire Transfer fee
16.		Certificate of Insurance / Motor Cover Note / New Policy Schedule / Registration Card / Grant / Road Tax
17.	21.11.2018	Pre-repair Inspection Notices
18.		Traffic Police investigation results
19.		Estimated agreement between surveyor and repairer
20.	05.10.2018, 06.10.2018	Tax invoices and search results from General Insurance Association of Singapore (GIA) and Traffic Police search fees
<u>Third Party's Documents</u>		
21.	01.10.2018	GIA Statement / Traffic Police report
22.		Admission Note
23.	21.11.2018	LTA search / receipt / tax invoice
24.		Malaysia Vehicles Searches / service
25.		RCB / ACRA search
26.		Enhanced Individual search / receipt
27.		Property tax search / receipt
<u>Others (Apply only in chain collisions and/or any other documents)</u>		
28.		

We have on 21 November 2018 notified you of the accident and a pre-repair inspection of our client's motor vehicle was carried out by the appointed surveyors.

Subject to our client's instructions, please confirm in writing within 7 days hereof if you or your insured wish to inspect our client's vehicle or conduct a second re-inspection.

Please note that you or your insured 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 your insured without further notice to you or your insured. In this event, you will be liable for any and all legal costs incurred.

Please also note that if your insured has 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, which we will then forward to our client and/or the insurers for consideration on a without prejudice basis.

For avoidance of doubt, kindly note that this claim is made without prejudice to our client's personal injury claim.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'KSCGP', followed by a horizontal line.

(Main Office)

Enc.

Cc client

Cc owner – Comfort Transportation Pte Ltd

Cc driver – Hairulnarashid Bin Abdul Rahman

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 Authorized 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 GSA 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 if requested.

ACCIDENT STATEMENT

Date Of Report 01/10/2018 12:38
Date Of Accident 01/10/2018 10:10
Exact Location Of Accident MCE TOWARDS TUAS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC886E
Insured/Policyholder
Name Of Registered Owner YELLOW BUS SERVICES PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-85884939
Alternative Phone No OFFICE-85884939

Vehicle Particulars

Manufacturer HIGER
Model -
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
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 BUS
Insurance Company
Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number M454678 (COMP)
Cover Note Number

Driver

Name of Driver CHENG SHAO DONG
NRIC No G2039514T
Date Of Birth 11/04/1971
Occupation OUTDOOR
Date Of Driving Pass 22/08/2012
Driving Experience 6 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83611573
Fax Number
Contact Number OTHERS-83611573
Email Address NOEMAIL

Address	C/O NO 3 AMK STREET 62 #06-04 LINK @ AMK
Postcode	569139
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	7

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

I WAS DRIVING STRAIGHT ALONG MCE TOWARDS TUAS. A VEHICLE SHA 4352H WHICH WAS DRIVING ON THE LEFT LANE SUDDENLY CUT INTO MY LANE ABRUPTLY. THUS, VEHICLE SHA 4352H FRONT RIGHT PORTION COLLIDED INTO THE LEFT SIDE PORTION OF MY VEHICLE. (ATTENDED BY CHRISTINA)

Attachment(s)

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


DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4352H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAIRUINARABHD BIN ABDUL RAHMAN
NRIC/Passport Number	S7413878J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME : UNKNOWN (NOT SURE MALE OR FEMALE)
GENDER : MALE

SKETCH PLAN



A- PC 886E
B- SHV 4352 H
JDA 1/10/18

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large empty rectangular area for describing the circumstances of the accident.

DECLARATION

(We declare the above particulars are true in every respect)



[Handwritten signature]

01 OCT 2018



Policyholder's Signature
Date & Time:

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

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

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 willful 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 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:

[Signature]

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

01 OCT 2020



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



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987057428; GST Reg. No. M2-0078000-2
 64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711
 Office (65) 63476100 Email: india@iia.com.sg
 Fax (65) 62244174 Website: www.iia.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (SINGAPORE)

This certificate is not transferrable in a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.
 The Certificate must be retained if the insurance is suspended during its currency.

Agency Code: 814775E
 Comprehensive

Excess: \$2000/ Sect I & Sect II (Separately) & additional \$2500/ Sect I & II (Separately) for driver age <21 years or >70 years &/or S'pers
 Driving Licence < 2 years
 Windscreen Excess: \$500

CERTIFICATE NO.

M494678

1. India Mark and Engine No.
 Number of Vehicle

PC 888 E

2. Name of Policy Holder

Yellow Bus Services Pte Ltd

3. Effective date of the commencement of
 Insurance for the purpose of the Act

04 January 2018

Date of Expiry of Insurance

03 January 2019

4. Person or Class of Person entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
 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 to that effect from driving the Motor Vehicle.

5. Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Policyholder's business.
 The Policy does not cover:

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst towing a trailer except the towing (other than for forward) of any one disabled mechanically propelled vehicle.

*Limitations imposed by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 10 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 refers 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).

Date of Issue: 15/03/2018

Geographical Area: Use: Within The Republic of Singapore Only

India International Insurance Pte. Ltd.
(APPROVED INSURERS)M.Z. BOX
ORNBUSES

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of motor has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN A CO-SIGNATURE DECLINING LIABILITY.

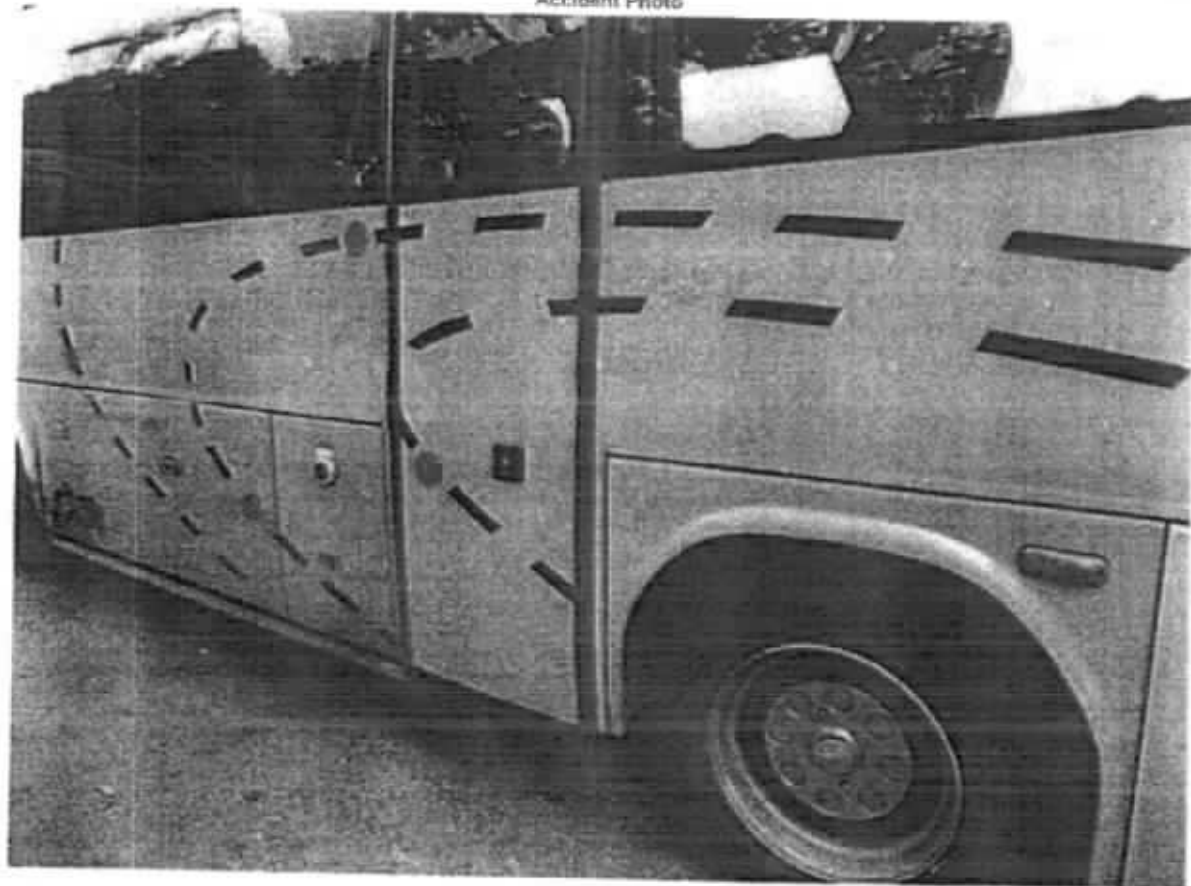
Agent/Insurer: SINCE

Hire Purchase: NA

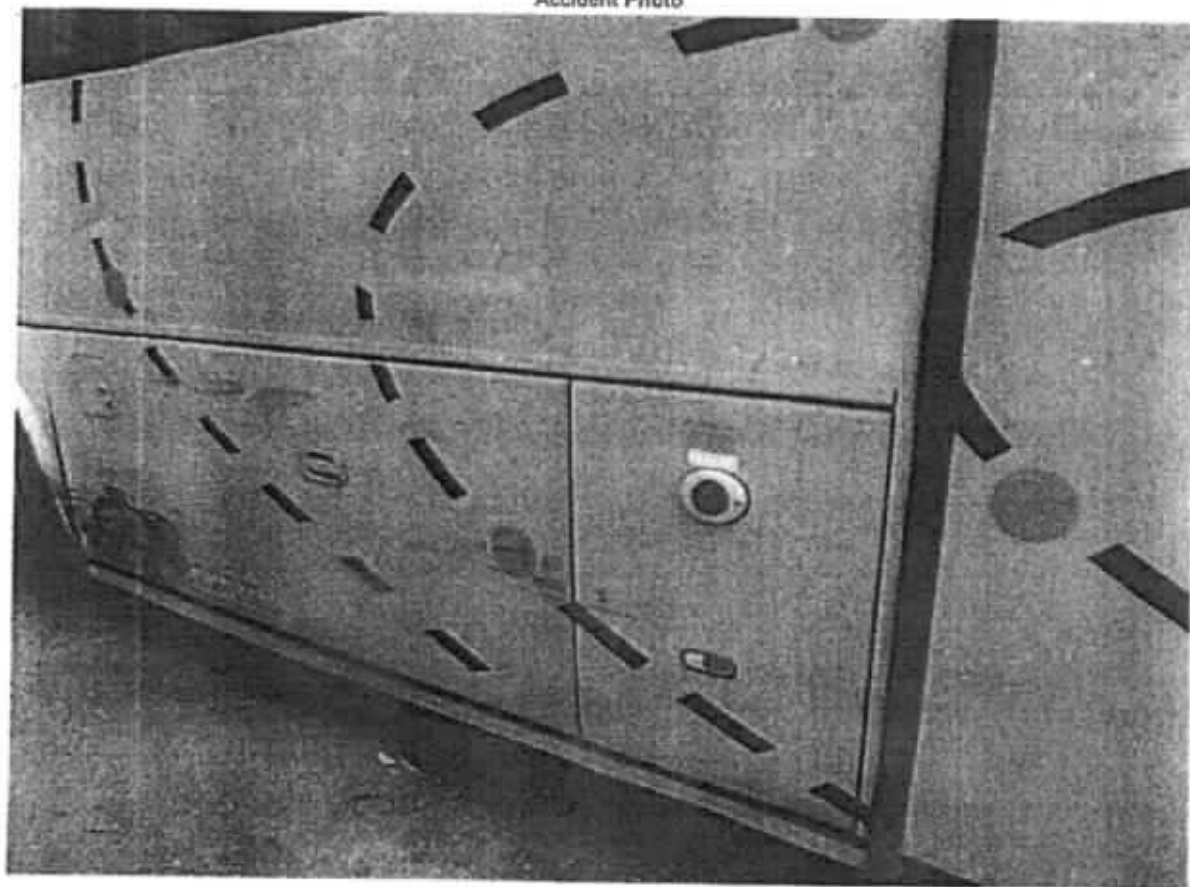
Accident Photo



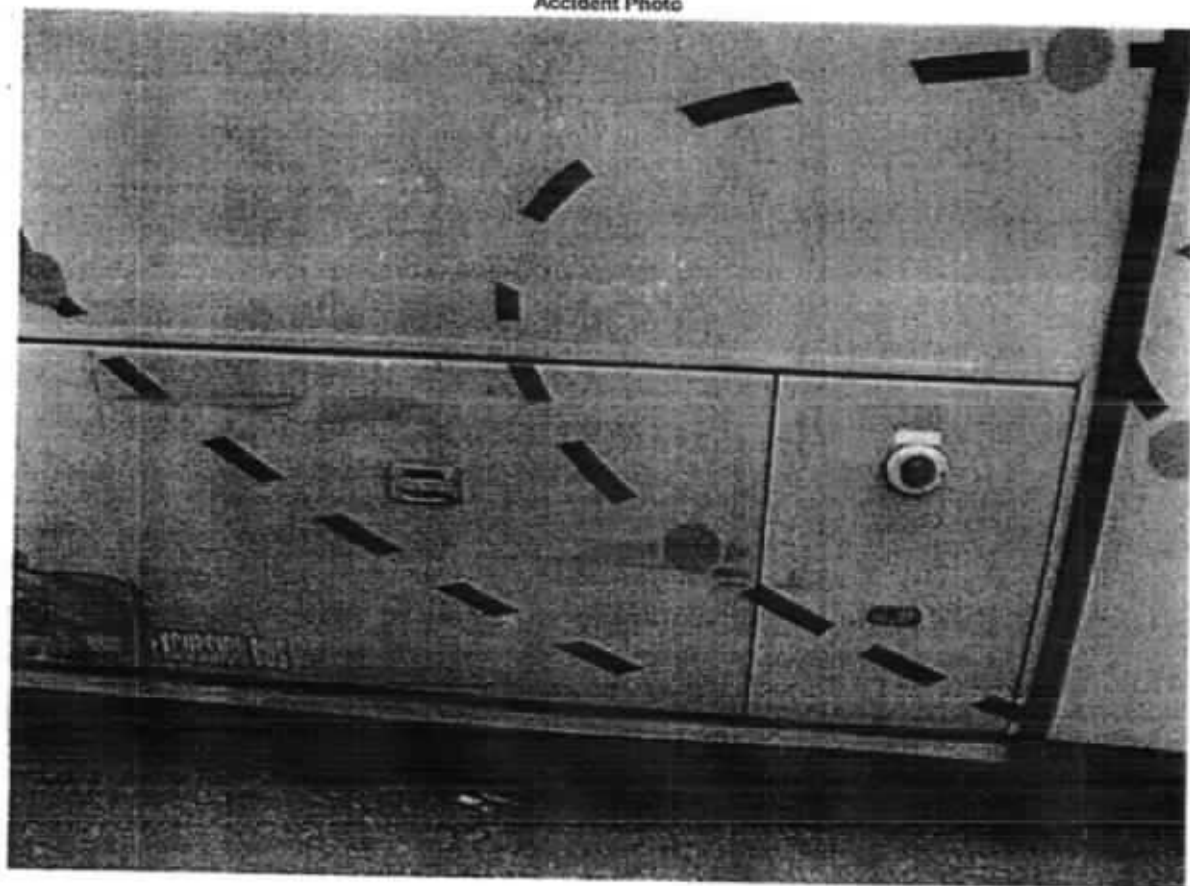
Accident Photo



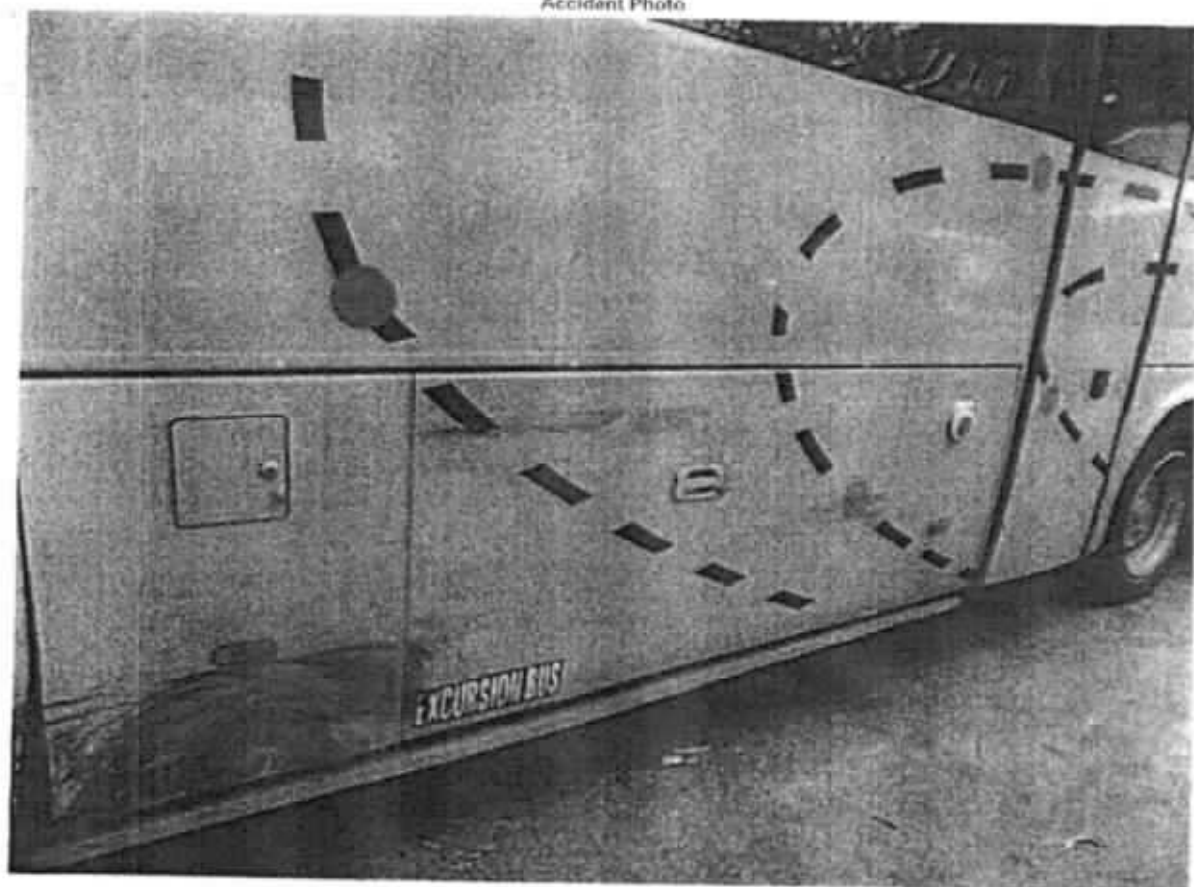
Accident Photo



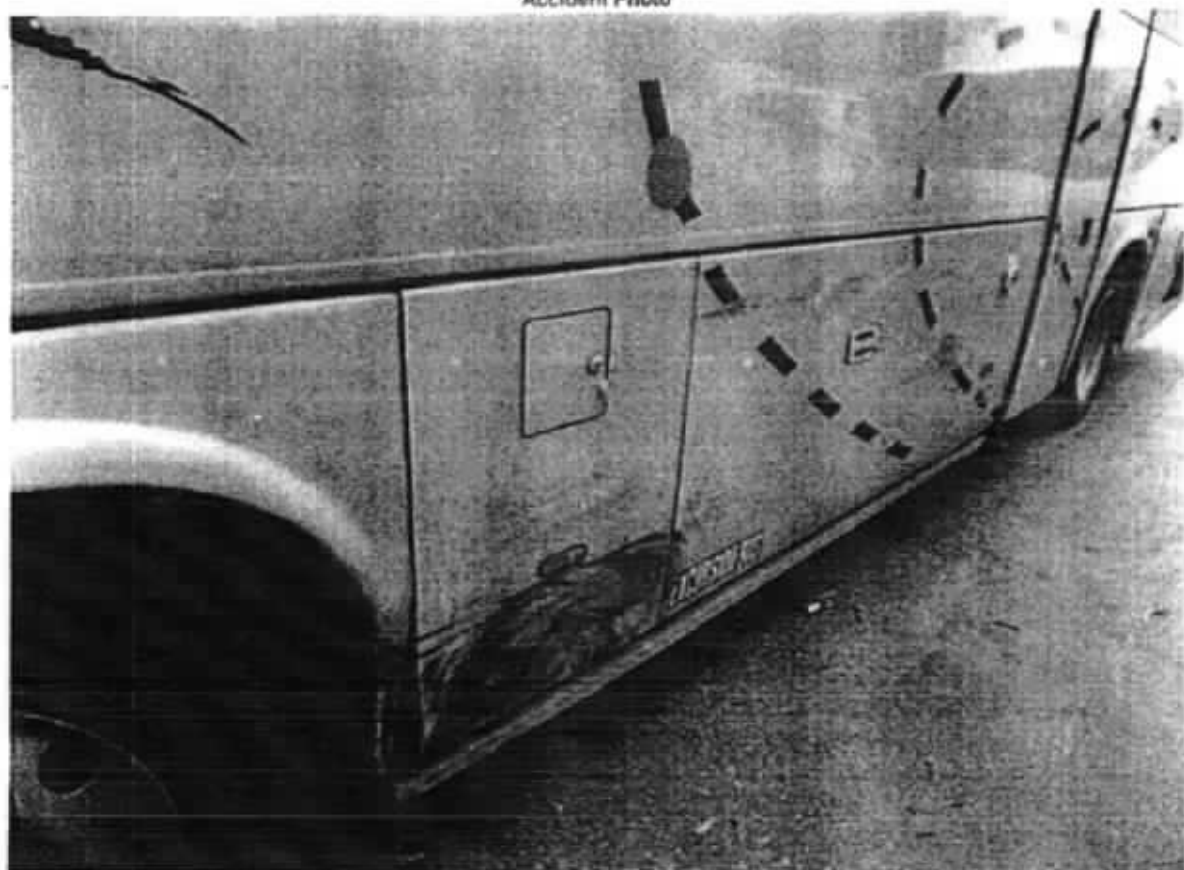
Accident Photo



Accident Photo



Accident Photo



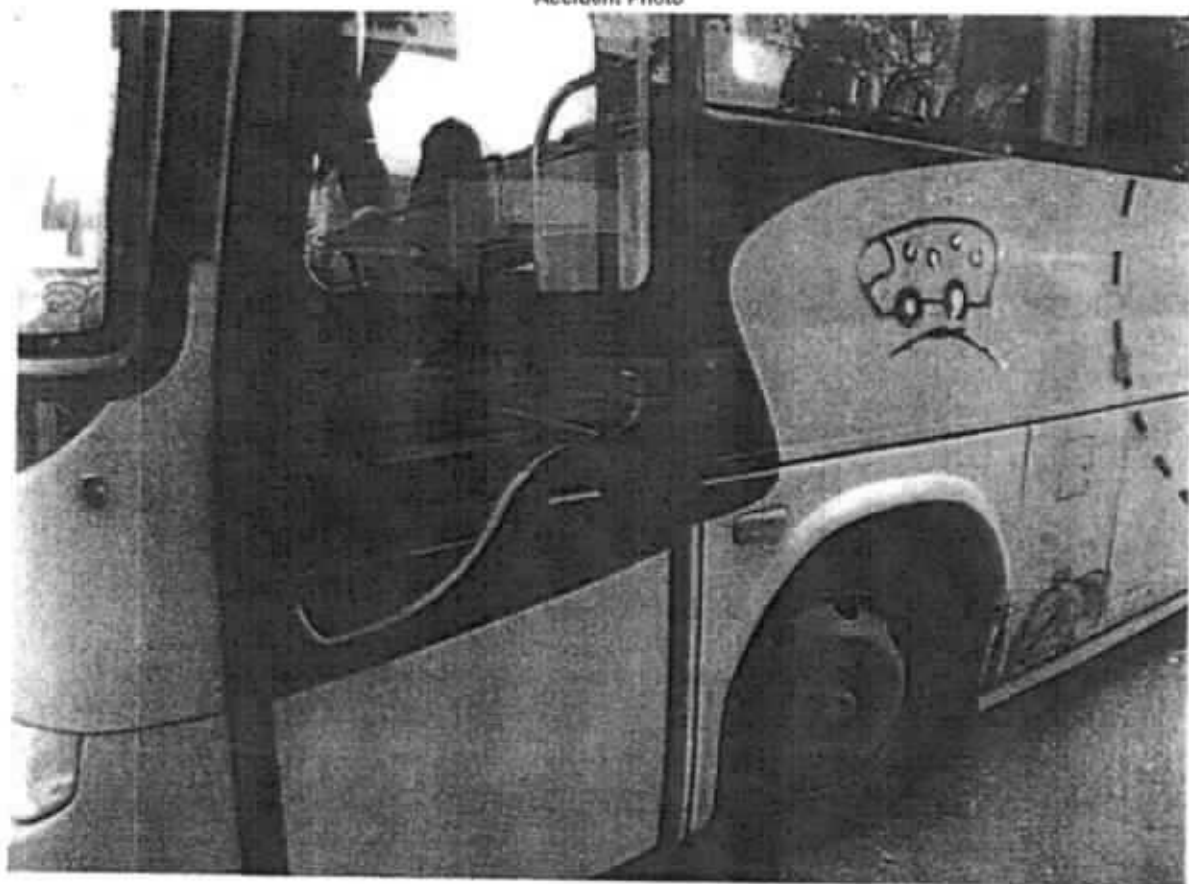
Accident Photo

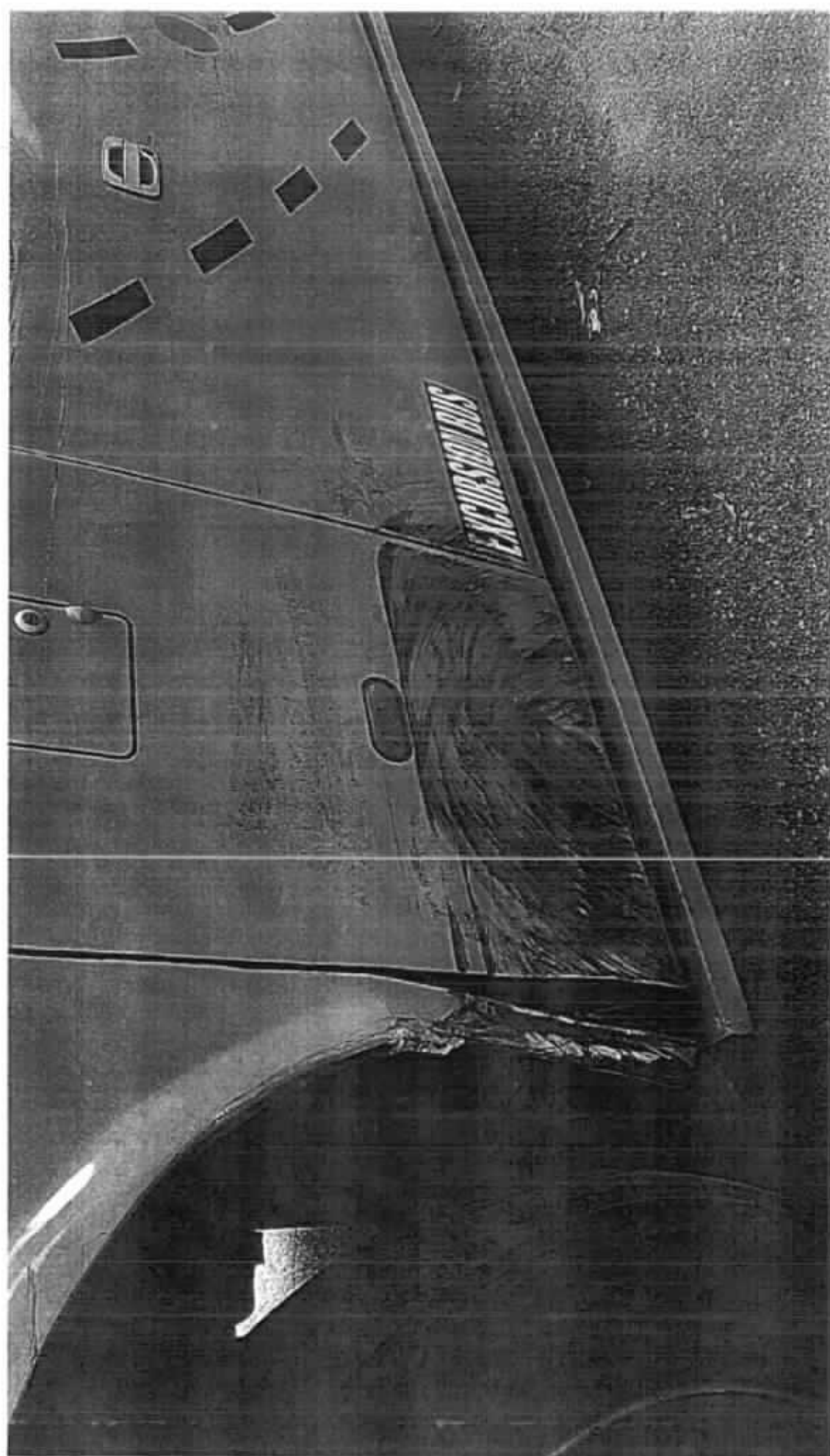


Accident Photo



Accident Photo





160 SIN MING DR #0107 SIN MING AUTO CITY #01-07 SINGAPORE 575722
Registration No: 201706505N TEL:62661160,HP 98335843

BILL NO: INS0107

VEHICLE NO: PC886E

DATE: 04/12/2018

YellowBus Workshop & Trading Pte Ltd

YellowBus Workshop & Trading Pte Ltd

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

Yellow Bus Services Pte Ltd
C/O Yellow Bus Workshop & Trading
160 Sin Ming Drive
Sin Ming AutoCity #01-07
Singapore 575722

INVOICE NO : APA18001706

DATE : 30/11/2018

VEHICLE NO : PC886E
JOB REFERENCE NO : 18/001802
ACCIDENT DATE : 01/10/2018
SURVEY DATE : 21/11/2018

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Survey Fees Inclusive Of Transportation	\$490.00
Photographs (\$1) Per Copies : 48	\$48.00

TOTAL AMOUNT : \$538.00

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



AUTO PERFORMANCE APPRAISAL

APA

VEHICLE SURVEY REPORTS																																
Yellow Bus Services Pte Ltd C/O Yellow Bus Workshop & Trading 160 Sin Ming Drive Sin Ming AutoCity #01-07 Singapore 575722																																
1	Reference Job Reference No : 18/001802 Claim No : - Claim Type : Third Party Accident Date : 01/10/2018 Survey Date : 21/11/2018 Survey Report Date : 30/11/2018																															
2	Particulars Of Vehicle Vehicle Registration No : PC886E Make & Model : Higer KLQ6916Q 6.7L Vehicle Registration Date : 24/11/201 Chassis No : LKLR1ESC7BA569584 Engine No : Blocked Colour : Yellow																															
3	Condition Of Vehicle And Tyres <table border="1"><thead><tr><th><u>Mileage (KM)</u></th><th><u>Brakes</u></th><th><u>Steering</u></th><th><u>Modification</u></th></tr></thead><tbody><tr><td>337663</td><td>Serviceable</td><td>Serviceable</td><td>None</td></tr><tr><th><u>Tyres</u></th><th><u>Make</u></th><th><u>Size</u></th><th><u>Balance (MM)</u></th></tr><tr><td>Front RHS</td><td>Bridgestone</td><td>255/70R22.5</td><td>8</td></tr><tr><td>Front LHS</td><td>Bridgestone</td><td>255/70R22.5</td><td>8</td></tr><tr><td>Rear RHS</td><td>Bridgestone</td><td>255/70R22.5</td><td>10</td></tr><tr><td>Rear LHS</td><td>Bridgestone</td><td>255/70R22.5</td><td>10</td></tr></tbody></table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	337663	Serviceable	Serviceable	None	<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Bridgestone	255/70R22.5	8	Front LHS	Bridgestone	255/70R22.5	8	Rear RHS	Bridgestone	255/70R22.5	10	Rear LHS	Bridgestone	255/70R22.5	10
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Rear RHS	Bridgestone	255/70R22.5	10																													
Rear LHS	Bridgestone	255/70R22.5	10																													
4	Description Of Damages The vehicle sustained damages at left hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)																															
5	Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																															

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex A

Ref No : 18/001802

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
<u>List Items</u>					
1	1	Front LH wheel panel/fender	Buckled	1,392.00	✓1,392.00 BT ✓
2	1	Front LH fuel tank panel	Buckled	1,126.30	✓1,126.30 DD ✓
3	1	Front LH fuel tank panel signal lamp	Cracked	38.00	38.00 CR ✓
4	1	Front LH fuel tank panel fuel lid	To repair	117.00	-
5	1	LH luggage compartment gate	Dented/bent	1,952.40	✓1,952.40 CUTX ✓
6	1	LH luggage compartment gate outer handle	Dented/bent	135.40	135.40 CUT
7	1	LH luggage compartment gate weatherstrip	Deformed/torn	220.00	220.00 DIS ✓
8	2	LH luggage compartment gate inner damper	Reuse	400.00	-
9	1	LH lower body panel	To repair	1,021.00	-
10	1	LH lower body panel signal lamp	Cut/grazed	38.00	38.00 NEC ✓
11	1	LH lower body panel emergency valve open cover	Cracked	187.00	187.00 CR ✓
				6,627.10	5,089.10
Less discount 10%				662.71	508.91
Total :				5,964.39	4,580.19
<u>Special Nett Items</u>					
12	1	LH luggage compartment gate "EXCURSION BUS" sticker	Necessary	25.00	25.00
13	1	LH lower body panel "EMERGENCY VALVE" sticker	Necessary	12.00	12.00
14	1 set	LH yellow bus decoration sticker	Necessary	400.00 200.00	400.00
Total :				437.00	437.00
Total Spare Parts :				6,401.39	5,017.19

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 18/001802

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,200.00	800.00 600
2	To putty and respray painting on affected areas.	1,500.00	800.00 1,200.00
3	To check wirings and lightings.	50.00	30.00
4	To supplied and applied anti rust treatments.	120.00	60.00 90.00
Total Labour :		2,870.00	2,120.00
Total Spare Parts :		6,401.39	5,017.19
Total Labour :		2,870.00	2,120.00
Total Repair Costs :		9,271.39	7,137.19

Assessor's Recommendation

Repairer Estimate : 9,271.39
Our Adjustment : 7,137.19

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$5,700.00, with a repair period of 8 working days.

Surveyed By:



Lek Boon Hwee
Automobile Appraiser

Repair days 15

TGLM

Line

12/12/18

Your Ref : SHA 4352H
Our Ref : PC 886E/YB/sy/cl
Date : 21 November 2018

Fax : 6538 3708
Tel : 3152 0982
Email : accident@kscgp.com

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 01 OCTOBER 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of PC 886E to notify you of a road traffic accident on 01 October 2018 at about 10.10 a.m. along Marina Coastal Expressway ("MCE") towards Tuas, involving our client's vehicle registration number PC 886E and vehicle registration number **SHA 4352H** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

CL

Enc.

Your Ref : SHA 4352H
Our Ref : PC 886E/YB/sy/cl
Date : 21 November 2018

Fax : 6538 3708
Tel : 3152 0982
Email : accident@kscgp.com

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 01 OCTOBER 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No	Name of Surveyor	Company Name
1.	Lek Boon Hwee	Auto Performance Appraisal (Our client's preferred surveyor)
2.	Oh Han Cheong	Oh Appraisal Services
3.	Lim Say Koon	SK Appraisal Pte Ltd
4.	Edwin Koh	Auto Hyperdeals Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Yellowbus Workshop & Trading Pte Ltd
160 Sin Ming Drive
#01-07 Sin Ming Auto City
Singapore 575722

Contact Person/Tel : David Lim / 9833 5843

Yours faithfully,

CL

Your Ref : SHA 4352H
Our Ref : PC 886E/YB/sy/cl
Date : 21 November 2018

Acknowledgement

This is to confirm that I Hwee Jie [Full Name of Surveyor] of
LKK [Surveyor's Company] have completed as follows:-

(a) Pre- Repair Survey/Inspection on 22/11/18 [Date] at 1355 [Time].

Hwee Jie (LKK) 91803151
Name and signature of Appointed Surveyor
Company Stamp

[Signature]
Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Hwee Jie
Name and signature of Appointed Surveyor
Company Stamp

[Signature]
Witnessed by:
Date: 23/11/18

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

LKK
[Signature] - 28/11/18
Name and signature of Appointed Surveyor
Company Stamp

[Signature]
Witnessed by:
Date:

(d) Post - Repair Survey/Inspection on _____ [Date] at _____ [Time].

[Signature]
Name and signature of Appointed Surveyor
- Company Stamp

[Signature]
Witnessed by:
Date:



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

RECORDS MANAGEMENT CENTRE

SEARCH RESULTS

Our Ref No: GR-18-154713
Date of Request: 05/10/2018

Your Ref No: PC886EYB/SY/WL

KSCGP JURIS LLP
10 Hoe Chiang Road #13-03A
Keppel Tower
Singapore 089315

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 01/10/2018
Place of Accident: MCE TWDS TUAS
Client Vehicle No: PC886E

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHA4352H	MCE TWDS CITY	01/10/2018 10:05

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 signatures.

TAX INVOICE

Our Ref No: GR-18-154713
Date of Request: 05/10/2018

Your Ref No: PC888E/YB/SY/WL

KSCGP JURIS LLP
10 Hoe Chiang Road #13-03A
Keppel Tower
Singapore 089315

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 01/10/2018
Place of Accident: MCE TWOS TUAS
Client Vehicle No: PC888E

DESCRIPTION	AMOUNT (\$S)
E File Search Fee (Public)	14.02
GST Amount	0.98
T. Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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: M400017738

TAX INVOICE

Our Ref No: GR-18-154770
Date of Request: 06/10/2018

Your Ref No: PC866E7B/SY/WL

KSCGF JURIS LLP
10 Hwa Chiang Road #13-03A
Keppel Tower
Singapore 080315

Dear Sir/Madam,

Date of Accident: 01/10/2018
Vehicle No: PC866E
Place of Accident: MCE TOWARDS TUAS
Involved Vehicle No: SHA4352H

With reference to your application for the accident report, we have attached the following accident reports as requested.

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA4352H	MCE TOWARDS TUAS	14.00	1	14.00
Cash amount				0.00
Total Amount Due (GST Inclusive)				14.00

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.

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 Authorized 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 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 to 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 submission 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 should suit.

ACCIDENT STATEMENT	
Date Of Report	01/10/2018 15:25
Date Of Accident	01/10/2018 10:05
Exact Location Of Accident	MCE TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA4352H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCGM0015
Cover Note Number	
Driver	
Name of Driver	HAIRULNARASHID BIN ABDUL RAHMAN
NRIC No	S7413876J
Address	BLK 312 BUKIT BATOK STREET 32 #04-65
General Information of the Accident	
Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
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)	2
Circumstances of Accident	
PLS REFER TO ATTACHED	
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	

Vehicle Registration Number

PCJWEE

Vehicle Make/Model/Colour

Name of Driver

CHENG SHAODONG

Insurance Company Name

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 reassess 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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 102203121R

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.:

UNIMARC Sketch Plan Form, V1

SKETCH PLAN

A = 5FA435D1
 B = DC886F
 MCE
 - Lwas
 City

4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along MCE towards City. I was with one passenger Susan. I heard a bang. I then slowed down to her side to stop and found that I had hit a bus (private) PC 886E. I went up the bus to check with the driver and passengers and all of them claimed they are doing fine and no injury reported. The same for my passenger (female), she also said that she is fine and no injury reported. I was actually looking at the traffic on the other side and without realizing my taxi had moved slightly to the right side lane.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 197701321R

Policyholder's Signature _____
Date & Time: _____

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



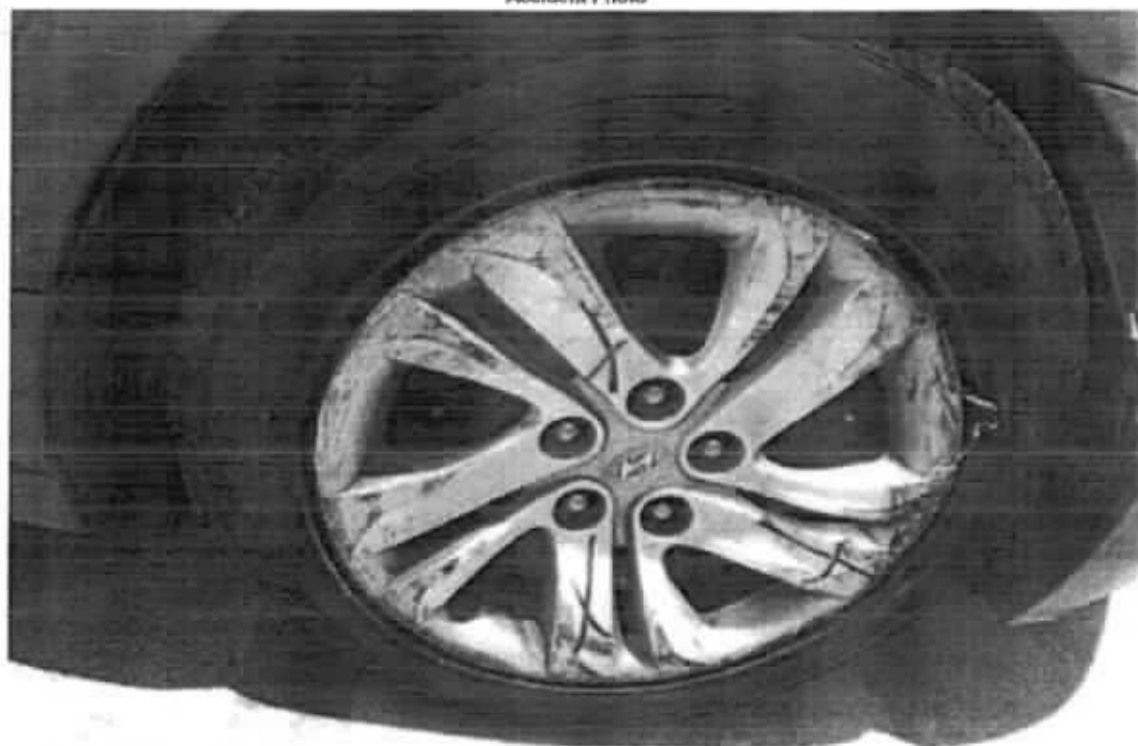
Accident Photo



Accident Photo



Accident Photo



Accident Photo



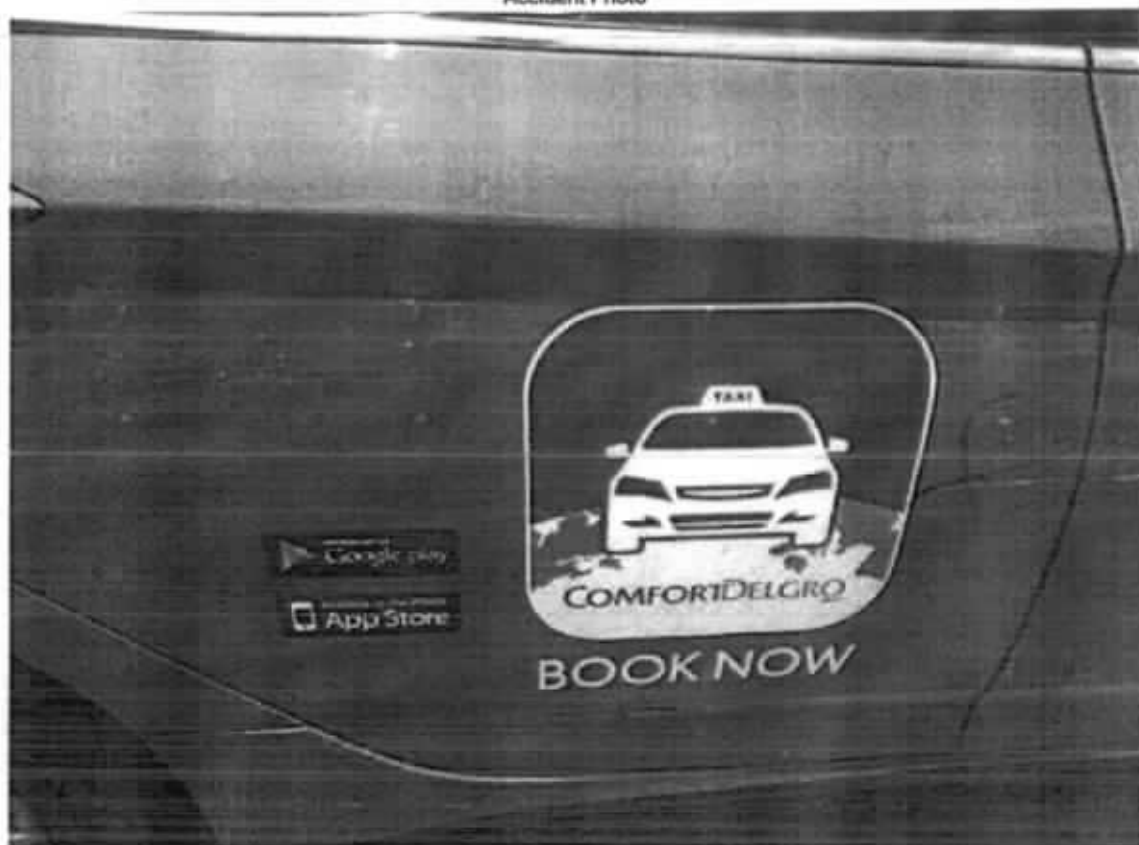
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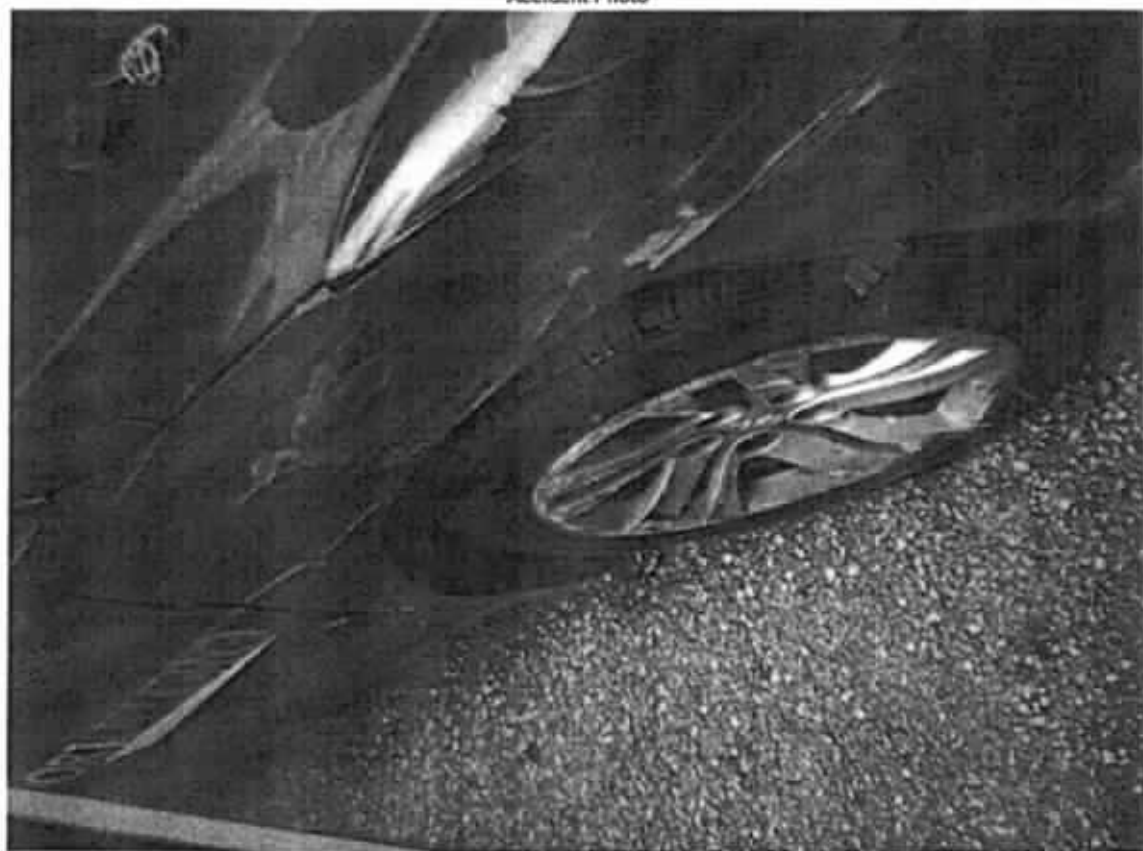
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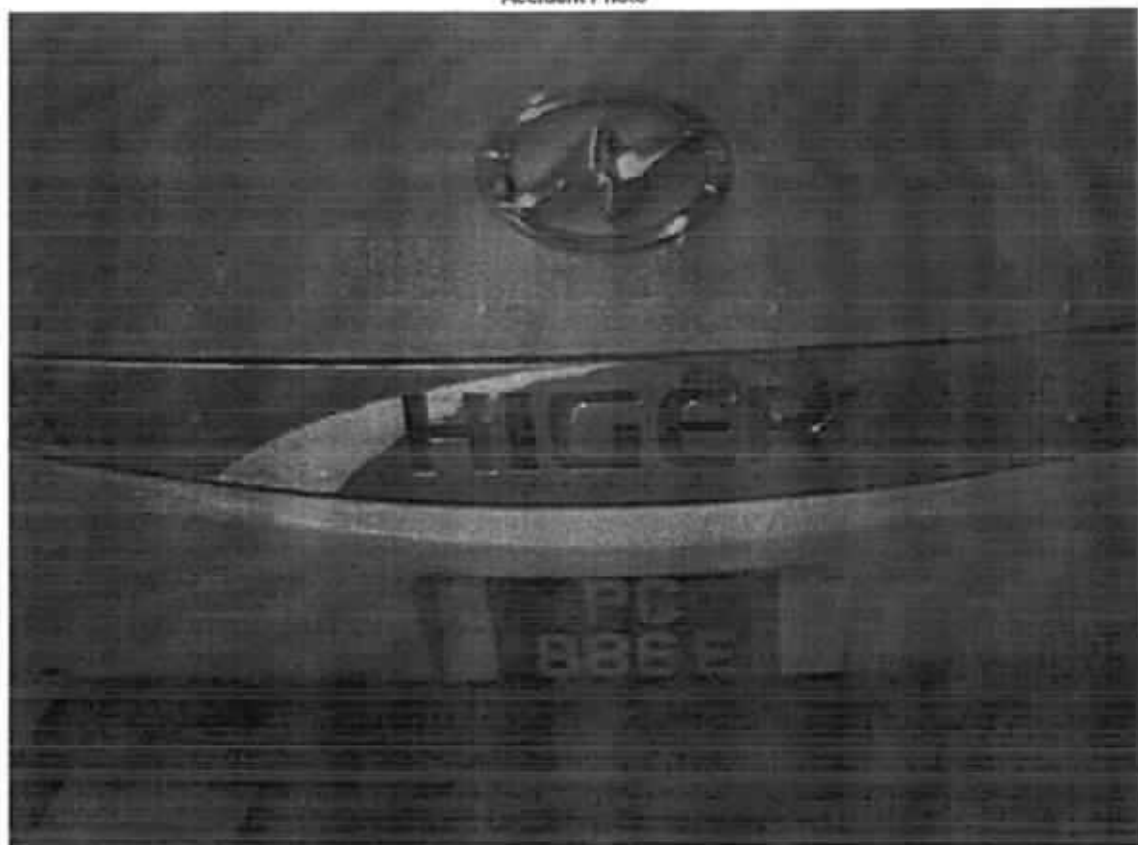
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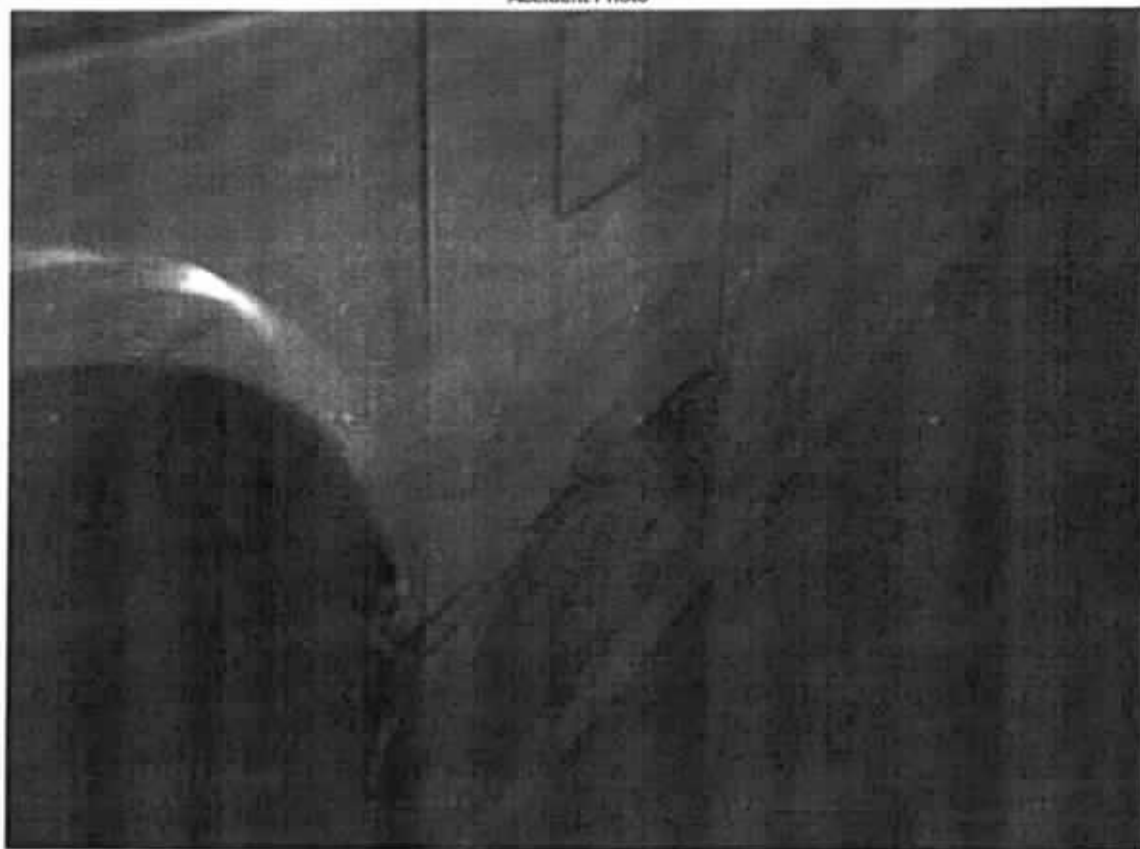
Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SHA4352H As At 01 Oct 2018 / 10:10:00)

[View Firm Search Details](#)

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: PCB66E/YB/SY/CL

Current Owner Details

Owner ID Type:	Company
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Owner ID: 199303521R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt. or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA4352H

Male Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III18021086/Bqbe2-1		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 14-12-2018		
		Code : III2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 4352H	Veh. Inspected	PC 886E	
Policy No.		Coverage (\$)	0.00	
Claim No.	MCT18100006	Excess (\$)	0.00	
Assign From	SHERINI	Assign Date	10/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HIGER KLQ6916Q 6.7L	c.c	6692	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	LKLR1ESC7BA569584	Colour	YELLOW	
Odometer	337663	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/70 R22.5	BRIDGESTONE	8 mm	
L/H Front Tyre	225/70 R22.5	BRIDGESTONE	8 mm	
R/H Rear Tyre	225/70 R22.5	BRIDGESTONE	8 mm	
L/H Rear Tyre	225/70 R22.5	BRIDGESTONE	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/10/2018	Inspection Date	22/11/2018	
Survey held at	YELLOW BUS - 160 SIN MING DRIVE #01-07			
Repairer	-			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 886E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT LH WHEEL PANEL / FENDER	BENT	1,392.00	1,392.00
1	FRONT LH FUEL TANK PANEL	DENTED	1,126.30	1,126.30
1	FRONT LH FUEL TANK PANEL SIGNAL LAMP	CRUMPLED	38.00	38.00
1	FRONT LH FUEL TANK PANEL FUEL LID	TO REPAIR SEE LABOUR	117.00	-
1	LH LUGGAGE COMPARTMENT GATE	TO REPAIR SEE LABOUR	1,952.40	-
1	LH LUGGAGE COMPARTMENT GATE OUTER HANDLE	CUT	135.40	135.40
1	LH LUGGAGE COMPARTMENT GATE WEATHERSTRIP	DISTORTED	220.00	220.00
2	LH LUGGAGE COMPARTMENT GATE INNER DAMPER	REUSE	400.00	-
1	LH LOWER BODY PANEL	TO REPAIR SEE LABOUR	1,021.00	-
1	LH LOWER BODY PANEL SIGNAL LAMP	NECESSARY	38.00	38.00
1	LH LOWER BODY PANEL EMERGENCY VALVE OPEN COVER	CRUMPLED	187.00	187.00
	LESS 10% DISCOUNT		-662.71	-313.67
			5,964.39	2,823.03
SPECIAL NETT ITEMS				
1	LH LUGGAGE COMPARTMENT GATE "EXCURSION BUS" STICKER(SN)	NECESSARY	25.00	25.00
1	LH LOWER BODY PANEL "EMERGENCY VALVE" STICKER (SN)	NECESSARY	12.00	12.00
1	SET LH YELLOW BUS DECORATION STICKER (SN)	NECESSARY	400.00	200.00
			437.00	237.00
LABOUR				
	TO REMOVE, CUT OUT DAMAGE PORTION, JACK OUT, STRAIGHTEN, PANEL BEATING, WELDING, ALIGN AND RENEW REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT LH FUEL TANK PANEL FUEL LID, LH LUGGAGE COMPARTMENT GATE AND LH LOWER BODY PANEL.		1,200.00	600.00
	TO PUTTY AND SPRAY PAINTING ON AFFECTED AREAS		1,500.00	800.00
	TO CHECK WIRINGS AND LIGHTINGS.		50.00	30.00

Report Ref No. CS3/III18021086/Bqbe2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SUPPLIED AND APPLIED ANTI RUST TREATMENTS.		120.00	60.00
			2,870.00	1,490.00
GRAND TOTAL			9,271.39	4,550.03
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,650.00

Report Ref No. CS3/III18021086/Bqbe2-1

LIM TEOW GUAN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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