

ASS. REC. BY:

REF:

C23/18000097

B86-1

Special

SUIVAGE

ASSIGNMENT (Office)

From (Person):

Joel Nuh

of

II

Date:

11.12.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

STY 1995Y

Insured:

8HD 3595P

at Workshop m/s

EM Solution.

Tel:

64560226 Bernard

of 160 S/M #03-18

Policy No:

Claim No:

MCT17121051

Sum Insured:

Excess:

Make of Veh:

D.O.

30/12/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

R.O. / Movement:

Date/Time:

3/1

Person Contacted:

Bernard

Vehicle:

OUT

Date/Time

Action/Instruction (X) Estimate

STY 1995Y - X

8HD 3595P - X

Dismantle Part: 04.01.2018

After repair: 10.01.2018

13/12/18

Submit HS \$ 11,100/- @ 6 days

C \$ 9,100/- Red 45%

RECEIVED 13 DEC 2018

Repair days 6

Mint

12/12/18

450-240

ASSIGNMENT

Notes

Catherine Chong (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Tuesday, 11 December, 2018 4:12 PM
To: Hsiao Tong (LKKAuto); assignments; Admin A
Subject: FW: MCT17121051

From: Mekavathanan Sarangapani
Sent: Tuesday, 11 December 2018 4:11:58 PM (UTC+08:00) Kuala Lumpur, Singapore
To: Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Cc: Manivel Priyadarshini; Natalia Lim; Joel Nah Shern Ern
Subject: RE: MCT17121051

Please provide rights to LKK please

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: Tuesday, December 11, 2018 4:09 PM
To: Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>
Cc: Manivel Priyadarshini <manivel@iii.com.sg>
Subject: MCT17121051

Paper survey please TP is claiming for S\$ 21K
Need your urgent attention please as protocol period is expiring very soon. 2015 Lexus. Please assist on an urgent basis. Claims thru TP lawyers

Priya – 2 vehicles - CCTV footage available . TP was travelling very fast . Insured taxi driver was cautious as seen in CCTV footage . Need extract liability from TP too.

Meka

<https://singapore.merimen.com/claims/index.cfm?fusebox=>
[Merimen e-Claims](#)

Claim Audit	History Checking	Activity Log	Documents	TP
Edit/Assign Claim	Assign Solicitor	File Review	Adj Market Value	Tra
Send Back Adj Rpt	Wait for Documents	Revert for Inhouse Survey	Send RI/Rpt-for-Repairer	Cha
Make Offer >>				

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Submitted	Ins A
Main	29 Jan 2018		02 Jan 2018 00:00	07 Feb 2018 11:11 S\$0.00 (S\$267.50)	

Main	Offer Processing	Claim Details	Adjuster's Details
------	------------------	---------------	--------------------

CLAIM SUBFOLDER DETAILS

[Created by adj]

Insured:	-	Co. Reg. No.:	-
Main Claimant:	ZHANG YANHUA, ID: S7672728G		
Vehicle Reg. No.:	SJY1995Y	Date of Loss:	30/12/2017 14:00 - [30 Months and 13
Claim Type:	TP / MCT17121051	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	SHD3595P	Policy No. (Claimant):	
		Excess:	
Repairer:	Em Solution Pte Ltd (160 Sin Ming) (HQ) PROFILE 160 Sin Ming Drive, #03-19 Sin Ming Autocity, 5		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Final Rpt		

CLAIM REGISTERED

Cln. No (Cln Reg Date)	MCT17121051 (15/02/2018)	Intimation (Notify Date)	Fr
Registration Type	[Manually registered]	Claim Status	OF
Incurrd TP			
S\$	0.00		
Subfolder	SubCode	Reg. No / Claimant	Person-in-Charge







0/12/2017

04:28

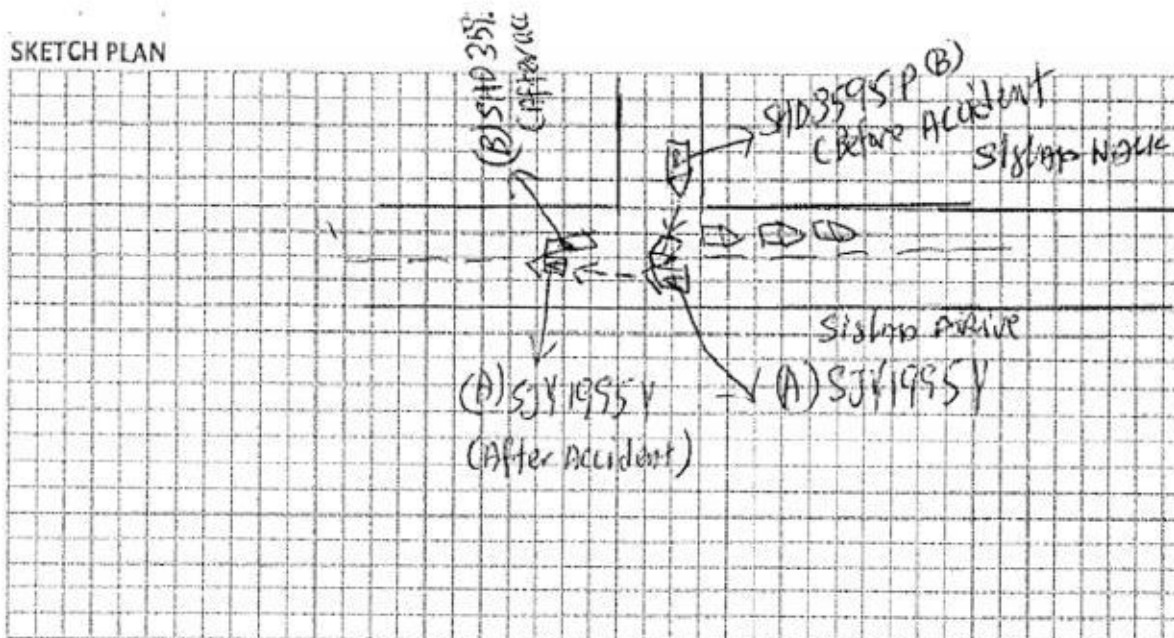


0/12/2017

4:07

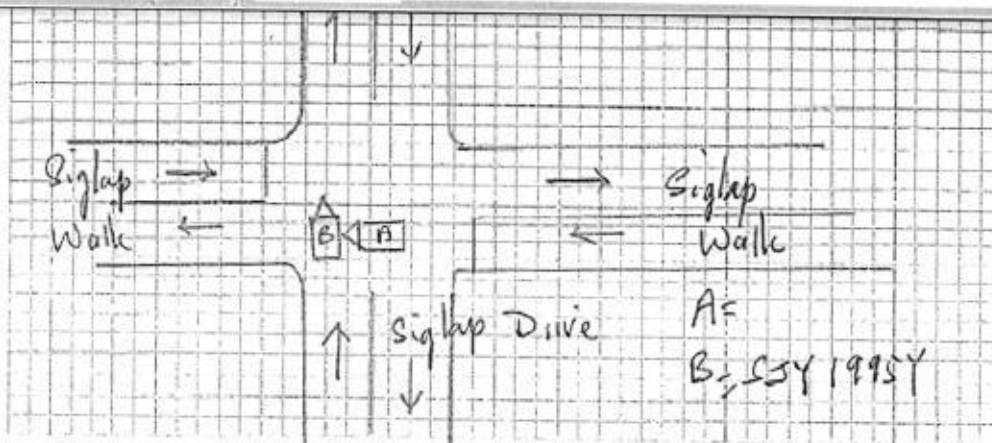


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/12/17 at about 2:15 pm I was driving my vehicle - SJY 1995 V along Sislap Drive. As I was driving on the main road, a sudden a taxi - SHD 3595 P from Sislap walk bang onto my car. The impact was too great and ~~caused~~ caused my vehicle moved forward to the road in front. I reporting this for 71 party claim SHD 3595 P.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As seen in the video, as I was crossing Siglap Walk junction at the time traffic was light, my taxi was hit by a fast-approaching car B (SJY 1995Y) on Siglap Drive.

One female passenger in my taxi also report of injury.

In	Audit Log	Accident Report	Print Sketch Plan	Print Addendum Form	Create New
S	OWN VEHICLE		TP VEHICLE/INJURY DETAILS		DOCUMENT
E	Related Accident Reports				
No	<ul style="list-style-type: none"> SHD3595P ... MCD618000033 submitted on 02/01/2018 08:56 to India International Insurance Pte Ltd Report] ... [CURRENTLY VIEWING] <ul style="list-style-type: none"> TP reported: SJY1995Y. SJY1995Y ... MKKH18000940 submitted on 02/01/2018 20:19 to AXA Insurance Pte Ltd ... [This TP reported] <ul style="list-style-type: none"> TP reported: SHD3595P. 				
1	Accident Report Basic Information				

Our File No:

Date:

REFERENCE

Handling Insurer: India International Insurance Pte Ltd
 Claimant Vehicle No : SJY1995Y
 Date of Loss: 30/12/2017

Policy No:
 Insured Vehicle No :
 Nature of Claim:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJY1995Y	
Make & Model:	LEXUS ES250, 2.5 Luxury (ASV60) (A)	Engine:
Reg. Date:	17/06/2015 (Man. Year: 2015)	Chassis:
Colour:	Pearl White	Odome:
Engine Capacity:	2494 cc	
Market Value/New Car Price:	N/A	
Sum Insured (SS):	Market Value/New Car Price	

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	215/55R17	Rear Tyre Size:
Front Left Side:	Yokohama 7 mm	Rear Left Side:
Front Right Side:	Yokohama 7 mm	Rear Right Side:

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's
Parts	0.00	0.00
Miscellaneous Items	0.00	0.00
Labour	0.00	0.00
Paintwork Labour	0.00	0.00
Towing	0.00	0.00
Nett Amount (SS)	0.00	0.00

INSPECTION

Date of Assignment:	02/01/2018	
Date Inspected:	03/01/2018	Inspected At: Em Solution Pte Ltd (160 Sin Ming) (HQ 160 Sin Ming Drive, #03-18 Sin Ming Au Singapore 575722

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.

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.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

1	Reserves		
		PRESERVE	
	TPPD		2010
	TPPI	PRESERVE	
	UNINSURED LOSS	PRESERVE	June
	SUBRO	PRESERVE	
	LPPN		
	Investigation Fees		
	Survey Fees		6wew
	Legal Fees		
	Others		
	Fraud Check		
	Upload to mariman		
	Grant Rights		

 ** FAX TX REPORT **

TRANSMISSION OK

JOB NO. 3834
 DESTINATION ADDRESS 965356802
 SUBADDRESS
 DESTINATION ID
 ST. TIME 14/11 14:59
 TX/RX TIME 00' 22
 PGS. 1
 RESULT OK

VISION LAW LLC

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

ERIC NG CHING BOON
 WONG KENG LEONG RAYNEY
 AUDREY WONG SU-HSIEN
 PAUL YAP TAI SAN
 ANJALI D/O MUNIANDY
 SEGA PARAM
 ANG KIM NOI DIANE
 RAVENDRA KRISHNASAMY
 JANICE HAN JIA LIN
 TAN YINGXIAN SELWYN
 CHEONG YUNHUI, CLARISSA
 EDISON TAM CHYI EU
 SONIA LIM WELI

Unique Entity Number :200721148H

✓ MAIN

Head Office: 133 New Bridge Road
 #18-01/02 Chinatown Point
 Singapore 069413

TEL : 65342811 (Hunting)
 FAX : 65356802 (General)
 E-MAIL: sallychong@visionlawllc.com

Branch: 380 Toa Payoh Lorong 8
 #03-11 MDB Hub
 Singapore 318490
 12 NOV 2018

BRANCH

TEL : 63580703
 TEL : 6358-0448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : AW1-scv-Ins-E21-105447-18(js) (sallychong@visionlawllc.com)

Your Ref : SHD 3595 P

9 November 2018

WITHOUT PREJUDICE

INDIA INTERNATIONAL INSURANCE PTE LTD
 64 Cecil Street
 #04-00/#05-00 IOB Building
 Singapore 049711
 Attention: Motor Claims Department

BY HAND

COMFORT TRANSPORTATION PTE LTD
 383 Sin Ming Drive
 GAS Building
 Singapore 575717

Dear Sirs,

CLAIMANT: ZHANG YANHUA
 ACCIDENT INVOLVING SJY 1995 Y & SHD 3595 P ON 30-Dec-2017 ALONG SIGLAP
 DRIVE AT ABOUT 14:15 HRS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 30-Dec-2017 ALONG SIGLAP DRIVE AT ABOUT 14:15 HRS involving our client's vehicle registration number SJY 1995 Y and vehicle registration number SHD 3595 P driven by you/your insured at the material time.

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

CERTIFICATE OF POSTING
 (For your information only)

MCT/17/21051-
 Prys
 14/11/18

VISION LAW LLC

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

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALLI D/O MUNIANDY
SEGA PARAM
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
JANICE HAN JIA LIN
TAN YINGXIAN SELWYN
CHEONG YUNHUI, CLARISSA
EDISON TAM CHYI EU
SONIA LIM WEI LEI

Unique Entity Number :200721148H

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

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

✓ MAIN

TEL : 65342811 (Hunting)
FAX : 65356802 (General)
E-MAIL: sallychong@visionlawllc.com

BRANCH

TEL : 63580703
TEL : 6358-0448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : AW1-scv-Ins-E21-105441-18(js) (sallychong@visionlawllc.com)

Your Ref : SHD 3595 P

9 November 2018

WITHOUT PREJUDICE

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04-00/#05-00 IOB Building
Singapore 049711
Attention: Motor Claims Department

BY HAND

COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
GAS Building
Singapore 575717

CERTIFICATE OF POSTING
(For your information only)

Dear Sirs,

CLAIMANT: ZHANG YANHUA
ACCIDENT INVOLVING SJY 1995 Y & SHD 3595 P ON 30-Dec-2017 ALONG SIGLAP DRIVE AT ABOUT 14:15 HRS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **30-Dec-2017 ALONG SIGLAP DRIVE AT ABOUT 14:15 HRS** involving our client's vehicle registration number **SJY 1995 Y** and vehicle registration number **SHD 3595 P** driven by you/your insured at the material time.

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

1.	Cost of Repair	\$ 21,614.00
2.	Rental fee (9 days x \$200 per day) (in view of PRI)	\$ 1,800.00
3.	Survey report fees	\$ 1,084.00
4.	GIA & LTA search / report fees	\$ 39.00
5.	Costs Contribution (\$1,500 + 7% GST)	\$ 1,605.00
6.	Photocopy, facsimile and other incidentals (\$100 + 7% GST)	\$ 107.00
		\$ 26,249.00

.../2 to be continued next page

NB.: Any settlement of 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 our client from claiming injury-related damages arising from this accident.

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AW1-scv-ins-E21-105441-18(js)
Your Ref : SHD 3595 P
Date : 9 November 2018

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

- (a) GIA reports lodged by drivers of SJY 1995Y and SHD 3595P;
- (b) LTANet Search;
- (c) Certificate of Insurance;
- (d) Vehicle Rental agreement and rental invoice from Good Way Rent-a-Car Pte Ltd;
- (e) Final Repair Bill from E M Solution Pte Ltd;
- (f) Surveyor's report & invoice from PAR Automotive Consultancy ; and
- (g) 134 original photographs depicting the damages to motor vehicle SJY 1995 Y.
 - (P.S:- Original photographs will be sent to insurance co. only)
 - (P.S:- Kindly return us all original photographs within 7 days hereof)

We hereby give you notice of our client's claim, please revert if you request re-inspection within 14 days of this letter. We have notified you on 2 January 2018 and given you the pre-repair inspection notice.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries. As our client's injury has not stabilised, we are now filing our client's damages pertaining to his motor vehicle only and shall forward his claim for damages and consequential loss in relation to his personal injuries later.


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

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

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

Yours faithfully

AUDREY WONG
(HEAD OFFICE)
encls.



NB.: Any settlement of 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 our client from claiming injury-related damages arising from this accident.

CONFIDENTIALITY
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E21-105441-18

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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 02/01/2018 18:09
Date Of Accident 30/12/2017 14:15
Exact Location Of Accident SIGLAP DRIVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY1995Y
Insured/Policyholder
Name Of Registered Owner ZHANG YANHUA
NRIC No S7672728G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92395816
Alternative Phone Nu OFFICE-92395816

Vehicle Particulars

Manufacturer LEXUS
Model 250

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 CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA044657
Cover Note Number

Driver

Name of Driver ZHANG YANHUA
NRIC No S7672728G
Date Of Birth 05/03/1976
Occupation INDOOR
Date Of Driving Pass 27/04/1998
Driving Experience 19 YEARS AND 8 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-92395816
Fax Number
Contact Number OFFICE-92395816
Email Address NOEMAIL

Address	90 SIGLAP DRIVE
Postcode	456193
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SHD3595P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED TAIB BIN WAN EMBONG
NRIC/Passport Number	S1023407G
Contact Number	96351694
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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.

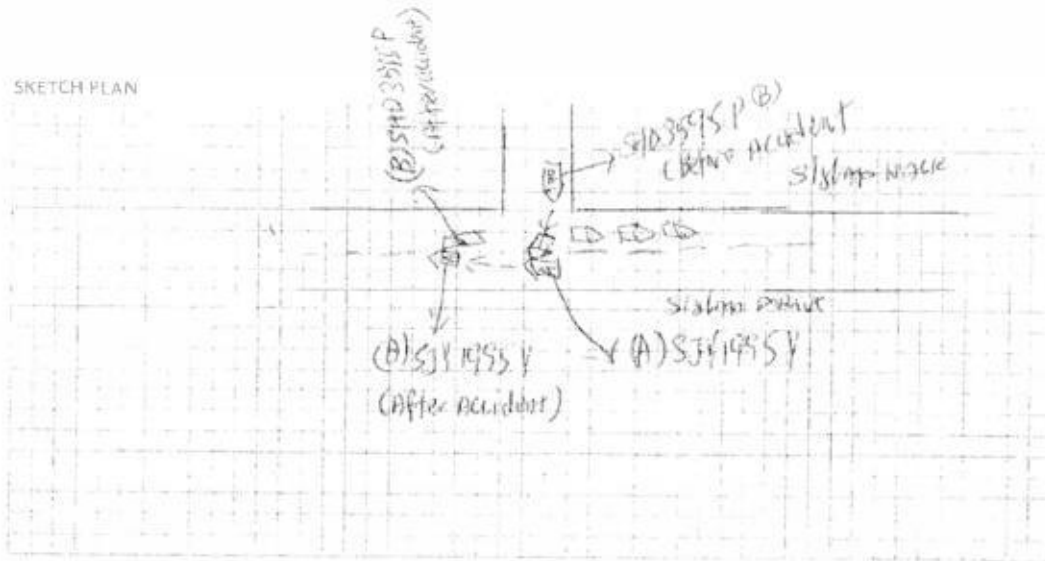
Policyholder's Signature
Date & Time

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

Records Centre Personnel's Signature
Name
NRIC No.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/12/17 at about 2.15 PM I was driving my vehicle - SJY 1955 V along Sighup Drive. AS I was driving on the main road, out of a sudden a taxi - SHD 3595 P from Sighup walk being onto my car. The impact was too great and caused my vehicle moved forward to the road in front. I reporting this for 7th party claim against SHD 3595 P.

* Repair at other workshop

DECLARATION

I/We hereby declare that the information given is true and correct.

[Signature]
Date: 30/12/17

[Signature]
Date: 30/12/17

Witness's signature
at this time and the place, on, the
Date & Time:

Witness's signature
at this time and the place, on, the
Date & Time:

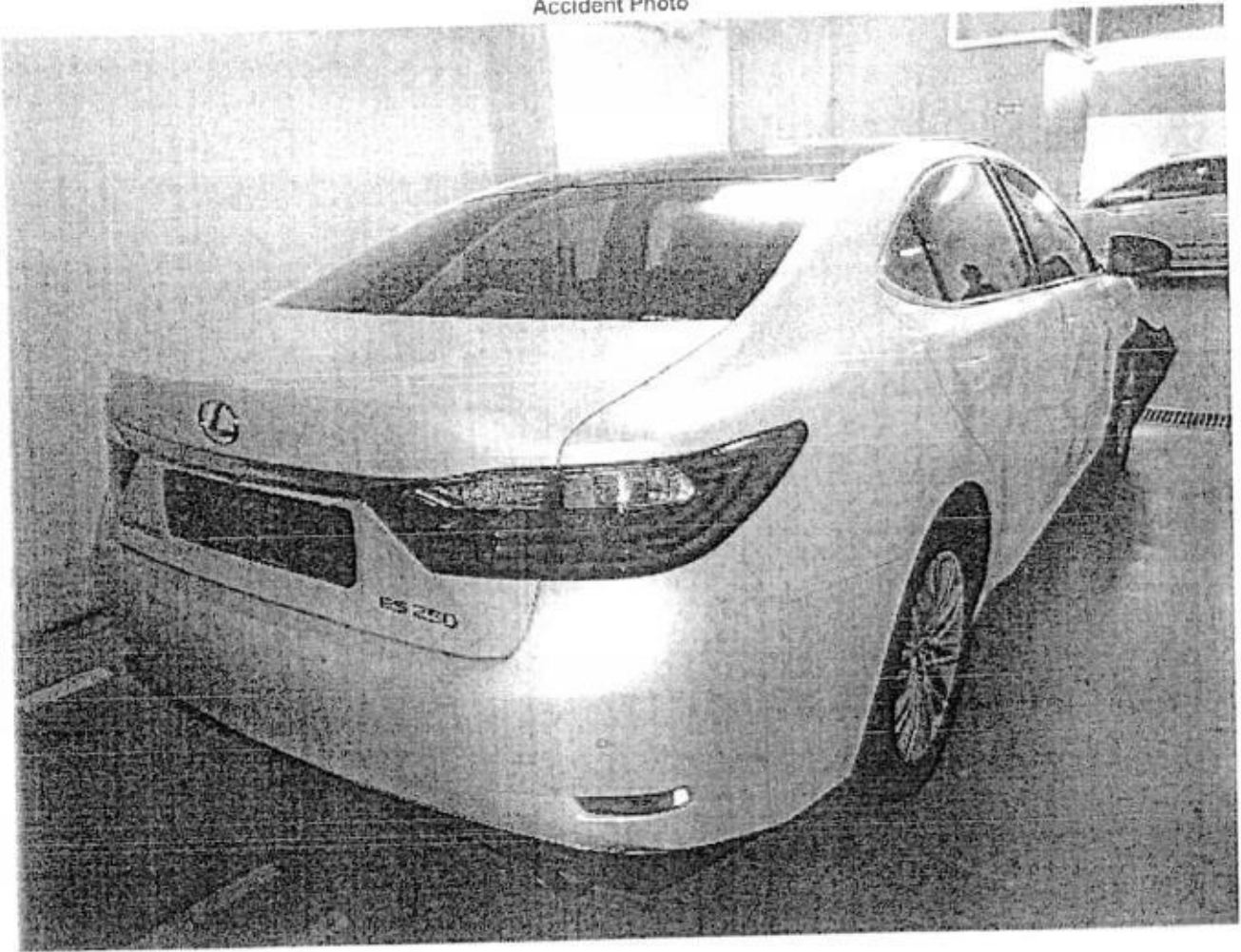
Accident Photo



Accident Photo



Accident Photo



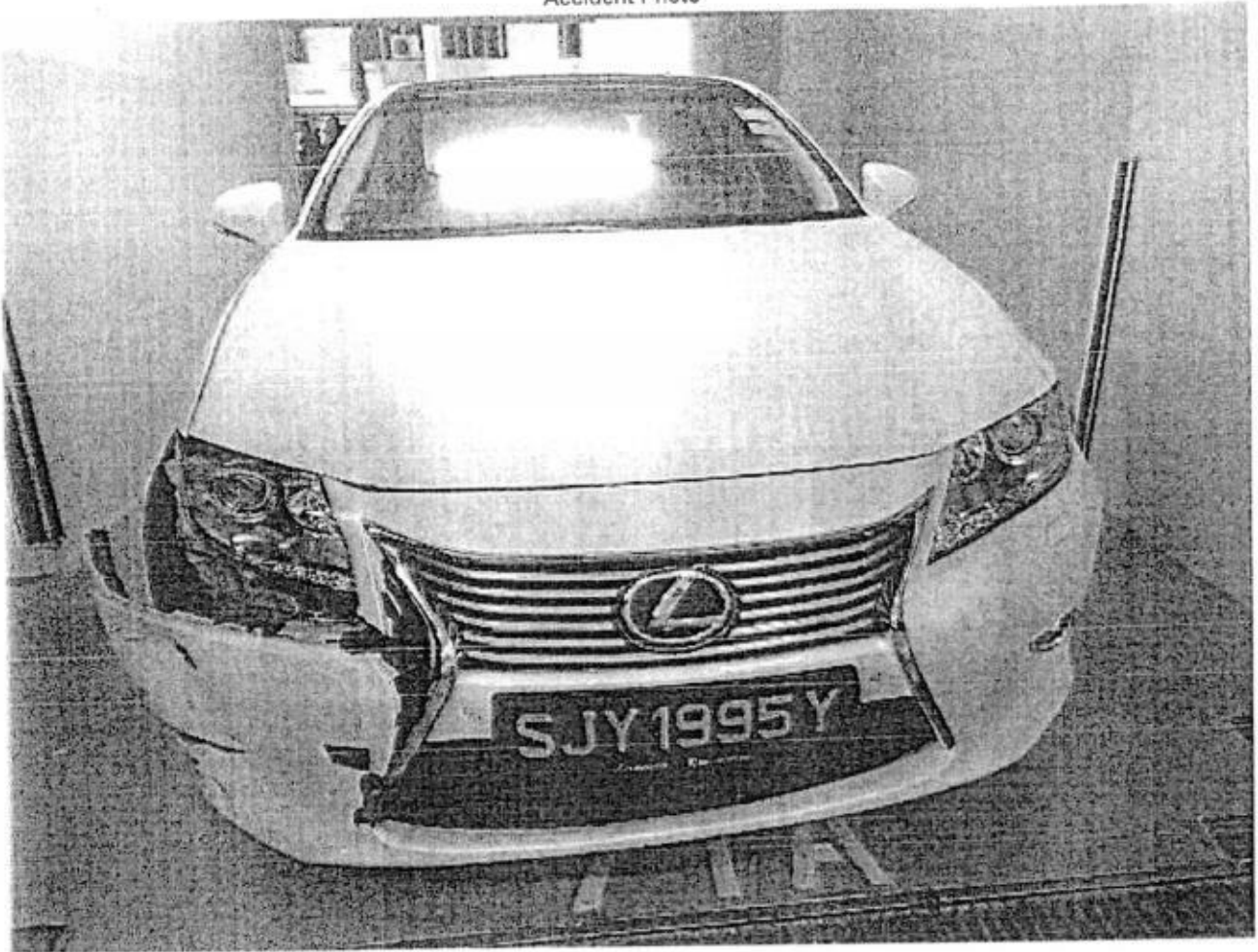
Accident Photo



Accident Photo



Accident Photo



Invoice

**GENERAL
INSURANCE**
ASSOCIATION

**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-18-002072
Date of Request: 04/01/2018

Your Ref No: AW1-INS-E21-105441-18-SC

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

Dear Sir/Madam,

Date of Accident: 30/12/2017
Vehicle No: SJY1995Y
Place of Accident: SIGLAP DRIVE
Involving Vehicle No: SHD3595P

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\$)
SHD3595P	SIGLAP DRIVE	14.00	1	13.08
GST Amount				0.92
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:

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