

ASS. REC. BY:

REF: CS3 / ASM18021764 / Job 57

Special Instructions:

Surveyor:

Small claim

ASSIGNMENT (Office)

From (Person):

Daniel Poy

of

ASM

Date/Time:

04/12/2018 8.55am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SW 7062K

Insured:

GBC 12/12M

at Workshop m/s

MS Car Auto

Tel:

9725 4442

of

No. 8 Kaki Bukit Ave 4 #01-07

Policy No:

Claim No:

S8M01547

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27.11.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

I.O.D. Endorsement:

Date/Time:

04/12/2018 9:25am

Person Contacted:

Desmond

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SW 7062K - CVI / OCB 13107900 / TIKC
	ABF 12/12M - X
	Disassemble: 5/12/2018
	After repair: 11/12/2018

PRS

REF: ASD(CAXA)

ASSIGNMENT

From: Date: 05/2018

Veh No: SJW 7062K Yr Regn: 25 Feb 2010

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SJW 7062K

Make:

Nissan

C.C. 1997

at Workshop n/s

ms car auto

Colour:

Gray

A/C Insured / Std / NI / NA

of

Blk 8 Kaki Bukit Ave 4 #01-07

Sp. Reading

171968

T/Radio: Insured / Std / NI / NA

Insured

Eng/No:

Policy No.

C/No:

JN180UJ32Z0001513

Claims No.

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

Sum Insured:

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

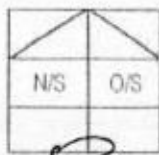
(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

Make of Veh.

Modi: Nil / ☒ STD A/Rim / STD A/Rim or

(Policy Condition)



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

Tyre Size:

F: 245/40 R18

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Bal. or Market Value.

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

6

days

Res.: Yes or No

D.O.A.

27/11/18

D.O.I.

5/12/18

11.14am

Lum Sum:

%

3 Val: Yes or No

Survey held at

ms car auto

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Range: \$5,000 - \$6,000
6 days

[Signature]
11/12/2018

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

6

1)

☐

: Final Report

Resurvey No. of Trip:

2

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

) \$ + PG. \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) -

Report Format:

PRS

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

TOTAL

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 11 January 2019 11:13 AM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SJW 7062K [Our file ref: 19.26117 PD-O]
Attachments: GIA REPORT OF GBG1212M (INSD).PDF; GIA REPORT OF SJW7062K (TP).PDF; TPPD LITIGATION LOD-AL AUTOCAR PTE LTD.pdf

Dear Catherine,

CLAIMANT :	AL AUTOCAR PTE LTD
VEHICLE NUMBER :	SJW 7062K
ALLEGED ACCIDENT DATE :	27 NOVEMBER 2018
AXA VEHICLE NUMBER :	GBG 1212M

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report. The relevant documents are attached.

Please let us hear from you on the following: -

- If you have conducted post-repair inspection already, please let us have your survey report urgently.
- If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

ROY & PARTNERS

(Business Registration No. 53131170L)

Advocates & Solicitors

Commissioner For Oaths

Notary Public

MONOJ KUMAR ROY LLB (Hons.) S'pore

HARPAL SINGH BAJAJ LLB (Hons.) London

101 Cecil Street #11-09 Tong Eng Building Singapore 069533

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: roynpartners@roynpartners.com.sg

3019585142---

Our Ref: MKR/307/8445/2018/as.jr

Your Ref: Please be advised (Your insured vehicle: GBG 1212M)

60128702

7th January 2019

M/S AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

(Attn: Motor Claims Department)



BY HAND

Chong Enggee Shin

724 Woodlands Ave 6

#05-508

Singapore 730724

(Driver of Motor Vehicle GBG 1212M)

CERTIFICATE OF POSTING

(For your information only)

Dear Sirs,

CLAIMANT : AL Autocar Pte Ltd (OWNER OF SJW 7062K)

**ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SJW 7062K AND GBG 1212M
ALONG KAKI BUKIT NORTH ON 27.11.2018 AT ABOUT 1520 HOURS.**

We are instructed by the abovenamed to claim damages against you/your insured in connection with a road traffic accident on **27.11.2018** along **KAKI BUKIT NORTH** involving our client's motor vehicle registration number **SJW 7062K** and motor vehicle registration number **GBG 1212M** driven by your insured at the material time.

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

1. Costs of repairs	S\$ 9,500.00
2. Pre Repair Inspection (2 day x \$120)	S\$ 240.00
3. Loss of use (10 day x \$120)	S\$ 1,200.00
4. LTA Search	S\$ 7.49
5. GIA search and report fee	S\$ 29.00
6. Survey report fees	S\$ 694.00
7. Incidentals	S\$ 150.00
8. Costs Contribution	S\$ 800.00
Total:	<u>S\$ 12,620.49</u>



ROY & PARTNERS

Advocates & Solicitors

Commissioner For Oaths

Notary Public

MONOJ KUMAR ROY LLB (Hons.) S'pore

HARPAL SINGH BAJAJ LLB (Hons.) London

101 Cecil Street #11-09 Tong Eng Building Singapore 069533

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: roynpartners@roynpartners.com.sg

We enclose a ccpy of each of the following documents for your attention: -

1. GIA and police report lodged by the claimant;
2. GIA report lodge by the driver of GBG 1212M;
3. GIA search and report tax invoice;
4. LTA search;
5. LTA search invoice;
6. Final repair bill dated 21.12.2018 from MScar Pte Ltd;
7. Survey Report invoice;
8. Survey Report;

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 herein 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.

Please be reminded that if you fail to response with an offer after 8 weeks and 10 days, i.e when an acknowledgement is made by you, pursuant to the protocol, we shall issue a Writ of Summons against you without any further notice, as it is deemed that a notice has been sufficiently given to you after 8 weeks and 10 days and that you have breached the Protocol we will commence proceedings within the requisite 14 days without any further notice.

Yours faithfully



Monoj Kumar Roy

Encs

cc: Client (SJW 7062K)

(By Fax)

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	01/12/2018 12:58
Date Of Accident	27/11/2018 15:20
Exact Location Of Accident	KAKI BUKIT NORTH (ENTRANCE TO TPE FLYOVER-SLIP RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7062K
Insured/Policyholder	
Name Of Registered Owner	AL AUTOCAR PTE LTD
Co Reg No	201502623Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81574719
Alternative Phone No	OFFICE-81574719

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA LX200
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094682180-01
Cover Note Number	

Driver

Name of Driver	S LINGESH
NRIC No	S9640166C
Date Of Birth	03/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81574719
Fax Number	
Contact Number	OFFICE-81574719
Email Address	NOEMAIL

Address	APT BLK 236 LORONG 1 TOA PAYOH #02-54 SINGAPORE
Postcode	310236
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	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

REFER TO ATTACHED

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	GBG1212M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
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- 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: 29/4/18

Driver's Signature

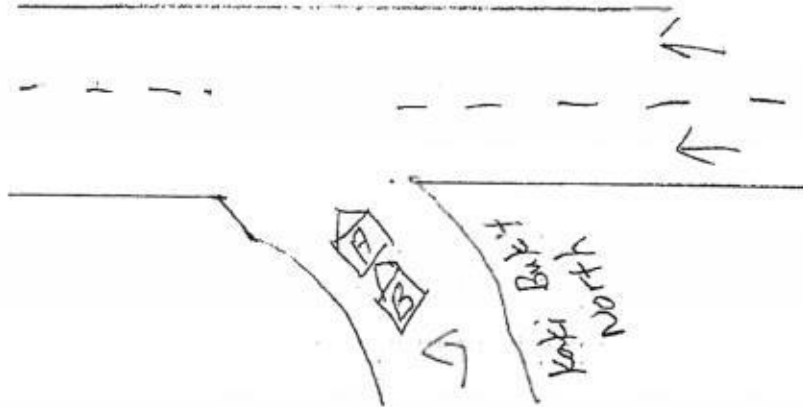
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personne's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Kaki Bukit North, suddenly I feel a strong impact from my rear portion.

A: SSW 7062/K
B: GRG 1212 M

DECLARATION

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

Policyholder's Signature

Date & Time: 28/11/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.:

Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	01/12/2018 12:58
Date Of Accident	27/11/2018 15:20
Exact Location Of Accident	KAKI BUKIT NORTH (ENTRANCE TO TPE FLYOVER-SLIP RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7062K
Insured/Policyholder	
Name Of Registered Owner	AL AUTOCAR PTE LTD
Co Reg No	201502623Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81574719
Alternative Phone No	OFFICE-81574719

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA LX200
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094682180-01
Cover Note Number	

Driver

Name of Driver	S LINGESH
NRIC No	S9640166C
Date Of Birth	03/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81574719
Fax Number	
Contact Number	OFFICE-81574719
EMail Address	NOEMAIL

Address	APT BLK 236 LORONG 1 TOA PAYOH #02-54 SINGAPORE
Postcode	310236
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	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

REFER TO ATTACHED

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	GBG1212M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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)

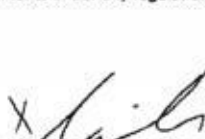
I understand, acknowledge, agree and consent that:

- (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: 29/11/18



Driver's Signature

(If driver is not the policyholder)

Date & Time:

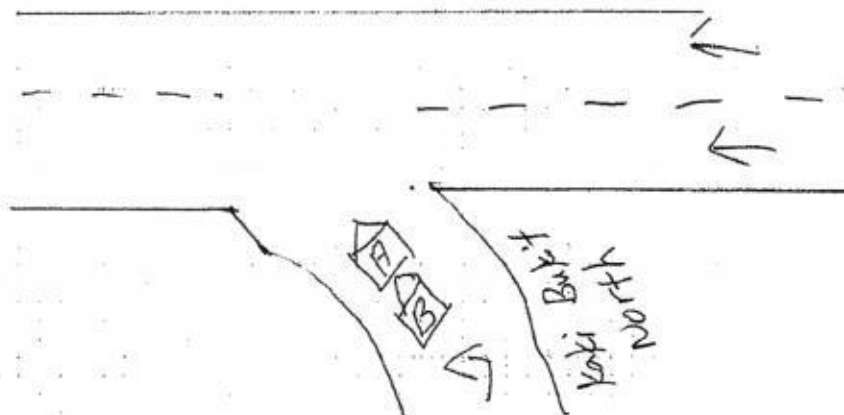


Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Kaki Bukit North, suddenly I feel a strong impact from my rear portion.

A: SSW 7062/K
B: GRG 1212 M

DECLARATION

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

Policyholder's Signature

Date & Time: 28/11/12

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



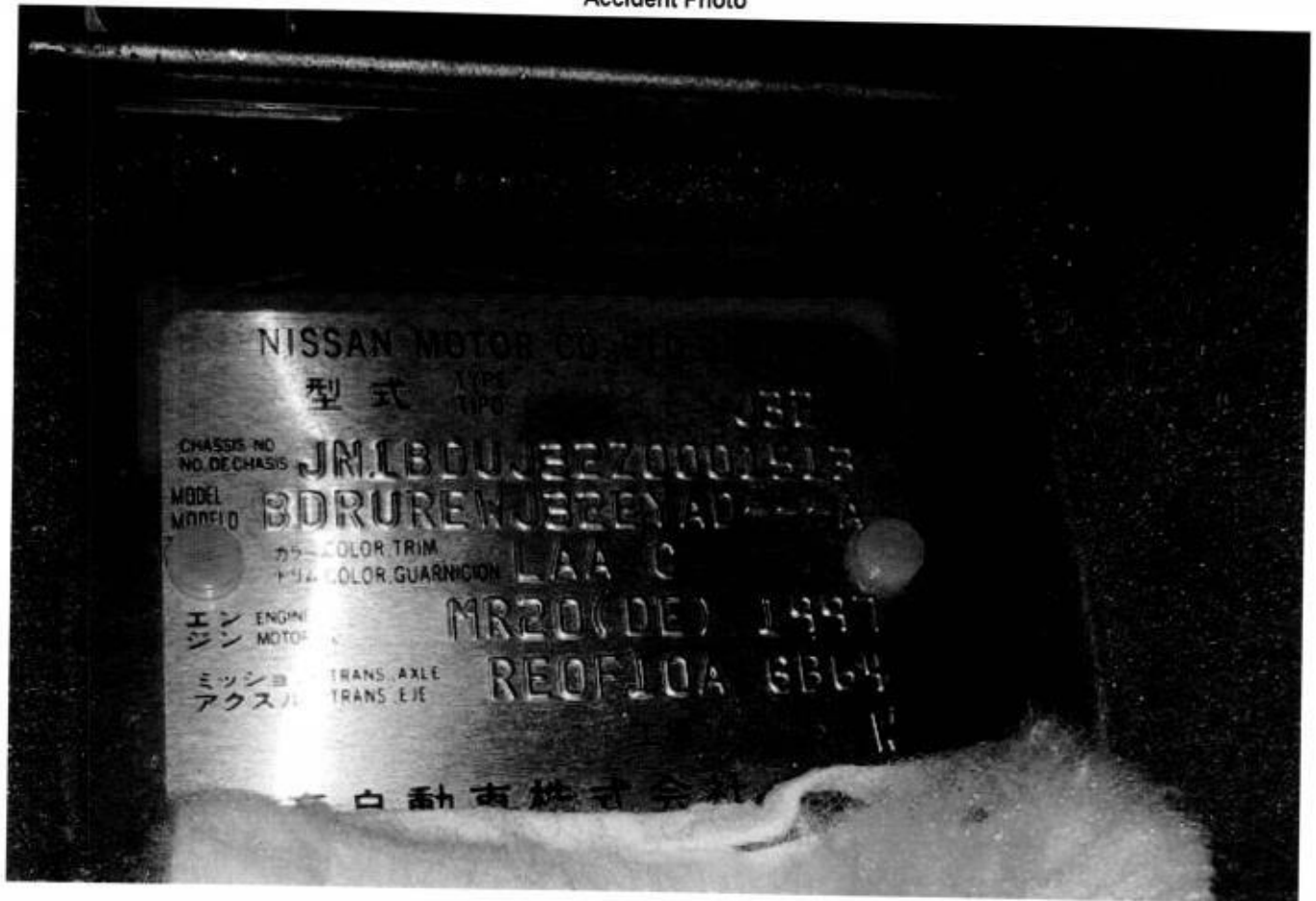
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	29/11/2018 11:20
Date Of Accident	27/11/2018 15:30
Exact Location Of Accident	SLIP RD-KAKI BUKIT AVE 4 TO BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1212M
Insured/Policyholder	
Name Of Registered Owner	KIM SENG HENG ENGRG CONSTRUCTION PTE LTD
Co Reg No	197903381K
Email Address	MAINFOFFICE@KIMSENGHENG.COM.SG
Mobile Phone No	(LOCAL) +65-94528664
Alternative Phone No	OFFICE-67582266

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	31/05/2018 TO 30/05/2019
Cover Note Number	

Driver

Name of Driver	CHONG ENGEE SHIN
NRIC No	S2677159E
Date Of Birth	24/02/1962
Occupation	INDOOR
Date Of Driving Pass	20/05/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94528664
Fax Number	
Contact Number	OFFICE-67582266
Email Address	MAINFOFFICE@KIMSENGHENG.COM.SG

Address	APT BLK 724 WOODLANDS AVE 6 #05-508
Postcode	730724
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 - MAJOR/MINOR RD
Weather Conditions	AFTER RAIN
Road Surface	WET

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

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SJW7062K
Vehicle Make/Model/Colour	PRIVATE HIRE - GRAB DRIVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	S LINGESH
NRIC/Passport Number	S9640166C
Contact Number	81574719
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN**IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 29.11.18


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


 Reporting Centre Person's Signature
 Name: Han
 NRIC/FIN No.: 3911/18