

ASS. REC. BY:

REF:

663/msl18021V12/B103-1

Special Instruction:

Surveyor:

Mr. Jim

ASSIGNMENT (Office)

From (Person):

Merica Chung

of

m6th

Date/Time: 21-11-2018 3:54pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SV 6617Y

Insured:

FBK 4618K

at Workshop m/s

Rev01 Carz Garage

Tel:

of

10 Amk Ind Park 2A 402-18

Policy No:

MSD/VMS/18-308553

Claim No:

MSC/V/18-001013

Sum Insured:

Excess:

Make of Veh:

D.O.A. 15-11-2018

(Client's Record)

26-11-2018 @ 1pm - 5pm

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS 'W2'

Date/Time:

21-11-2018 4:32pm

Person Contacted:

June

Vehicle IN / OUT

Date/Time	Action/Instruction (x) Estimate
	SV 6617Y - CS/AXA12077725/KV16303
	FBK 4618K - X
	Diamond: 27/11/2018
	After repair: 30/11/18
	lump sum \$26500 (Red: 14500, 35%) 4 days

12/12-File pass to typist

RECEIVED 12 FEB 2019

TGLim kin

11/2/19

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Thursday, 31 January 2019 9:52 AM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - SJV6617Y (TP)

Dear Nivitha,

FYNA Please..

Pending for Survey Report-CS3/MSG18021092/BCBS2

31 Jan 2019 09:34	Ins Send Back Adj Rpt	Paper adjustment	[I] Monica Chung Pei Zhen
31 Jan 2019 09:34	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/02/04	[I] Merimen Administrator
31 Jan 2019 09:34	Adj Mandate Set	Maintained.	[I] Merimen Administrator

Thank You

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6742 9588 | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]
Sent: Thursday, 31 January 2019 9:40 AM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SJV6617Y (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.6303.2019.Revol-PD
Your Ref: FBK4618K

23 JAN 2019

TO: ISMAIL BIN ALI
Blk 122D Rivervale Drive
#11-448
Singapore 544122

cc: MSIG Insurance (Singapore) Pte Ltd
(Motor Claims Dept)
4 Shenton Way,
#21-01 SGX Centre 2,
Singapore 068807

**BY CERTIFICATE OF
POSTING**

WITHOUT PREJUDICE

BY PDX

WITHOUT PREJUDICE

18-1513
REG/CS/PAY/FA
28 JAN 2019
MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

Dear Sirs

KUAN SHEE KAI (GUAN SHUKAI)
Blk 138C Lorong 1A Toa Payoh
#14-36
Singapore 313138

We are instructed by the abovenamed to claim damages against you in connection with an accident on 15 November 2018 at about 08:30 hours along Junction of Orchard Road and Grange Road involving our client's vehicle no. SJV6617Y and Motor-cycle registration number FBK4618K ridden by you at the material time.

We are instructed that the accident was caused by the negligence of you in the riding, management and control of motor-cycle registration number FBK4618K.

As a result of the accident, our client's vehicle registration number SJV6617Y was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs	\$	4,100.00
b.	Loss of Use (9 days x \$240.00 per day) (inclusive of Sunday and 2 days Pre-Repair Inspection Notice)	\$	2,160.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	29.00
c.	Survey Report	\$	600.00
C	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	7,645.49

CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE
SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our client's claim:-

- a) GIA Report lodged by our client (SJV6617Y) with sketch plan together with photographs of our client's vehicle no. SJV6617Y;
- b) GIA Report lodged by you (FBK4618K) with sketch plan together with photographs of your motor-cycle vehicle no. FBK4618K;
- c) Result of LTA search on your motor-cycle registration no. FBK4618K;
- d) Repair Bill from Revol Carz Garage Pte Ltd;
- e) Vehicle Assessment Report & Invoice from PAL's Appraiser Pte Ltd;
- f) Sixty (60) colour photographs depicting the damage to our client's motor vehicle no. SJV6617Y; and
- g) Vehicle Owner Particulars of our client's vehicle no. SJV6617Y.

We have on 20 November 2018 notified your insurers MSIG Insurance (Singapore) Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

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 clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

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

Yours faithfully

CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SJV6617Y

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	15/11/2018 21:22
Date Of Accident	15/11/2018 08:30
Exact Location Of Accident	JUNCTION OF ORCHARD RD AND GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6617Y
Insured/Policyholder	
Name Of Registered Owner	KUAN SHEE KAI (GUAN SHUKAI)
NRIC No	S7306301I
Email Address	ALLAN_KN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97513313
Alternative Phone No	OFFICE-97513313

Vehicle Particulars

Manufacturer	BMW
Model	120I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01011901
Cover Note Number	

Driver

Name of Driver	KUAN SHEE KAI (GUAN SHUKAI)
NRIC No	S7306301I
Date Of Birth	15/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97513313
Fax Number	
Contact Number	OFFICE-97513313
Email Address	ALLAN_KN@YAHOO.COM

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

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

I WAS DRIVING ALONG ORCHARD RD TOWARDS DHOBY GHAUT. VEHICLE B WAS DRIVING AT MY LEFT SIDE .
SUDDENLY VEHICLE B MAKE A RIGHT TURN AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE. NO INJURIES
INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK4618K
Vehicle Make/Model/Colour	HONDA / 400X
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ISMAIL BIN ALI
NRIC/Passport Number	S7412519J
Contact Number	88184339
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

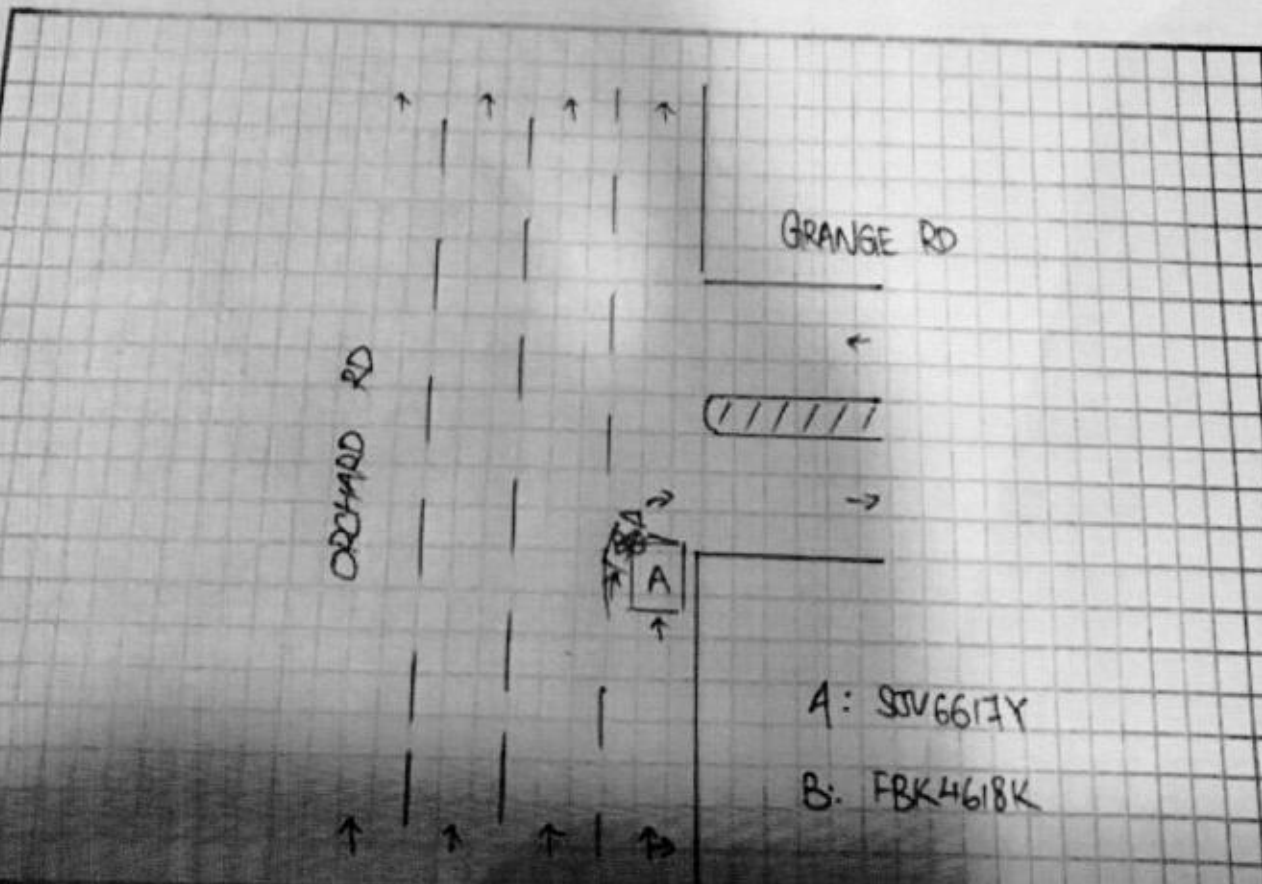
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and completion of this form by insurance companies is not an admission of policy liability on the part of 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 Reports Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available application by interested parties.
7. By the completion of the 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insuring vehicle and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information (as defined in the Act) 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 vehicles involved in the accident (all insured and non-insured vehicles) involved in the accident shall be collectively referred to as the "Insurers", the insurers' lawyers/firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes 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 making 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 insurers who have insured vehicles involved in the accident and the insurers' lawyers/firms, may be 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/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including third-party law firms), which may be based outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

Policyholder's Signature, Date & Time: _____ Driver's Signature (if driver is not the policyholder) / Date & Time: _____

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG ORCHARD RD TOWARDS DHOBY GHAUT. VEHICLE B WAS DRIVING AT MY LEFT SIDE . SUDDENLY VEHICLE B MAKE A RIGHT TURN AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE. NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 November 2018 at 8:14 PM

Date/Time:

15 November 2018 at 8:14 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

63011

Vehicle Details

Vehicle No.:

SJV6617Y

Vehicle to be Exported:

Yes

Intended Deregistration Date:

18 Jan 2019

Vehicle Make:

B.M.W.

Vehicle Model:

120i A

Primary Colour:

Silver

Manufacturing Year:

2008

Engine No.:

B095I267N43B20AA

Chassis No.:

WBAUM52090VF97796

Maximum Power Output:

125.0 kW (167 bhp)

Open Market Value:

\$37,720.00

Original Registration Date:

04 Feb 2010

First Registration Date:

04 Feb 2010

Transfer Count:

1

Actual ARF Paid:

\$37,720.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

03 Feb 2020

PARF Rebate Amount:

\$20,746.00

Intended COE Rebate Details

COE Expiry Date:

03 Feb 2020

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$21,899.00

COE Rebate Amount:

\$2,285.00

Total Rebate Amount:

\$23,031.00

The information contained herein is correct as at 18 Jan 2019

OK

Enquire Vehicle & Owner Information (Vehicle No. FBK4618K As At 15 Nov 2018 / 08:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: AJTK.REVOL

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S7412519J

Owner Name: ISMAIL BIN ALI

Registered Address Type: C/O Private Condo / Shopping / Office Complexes

Registered Block/House No.: 10

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 575701

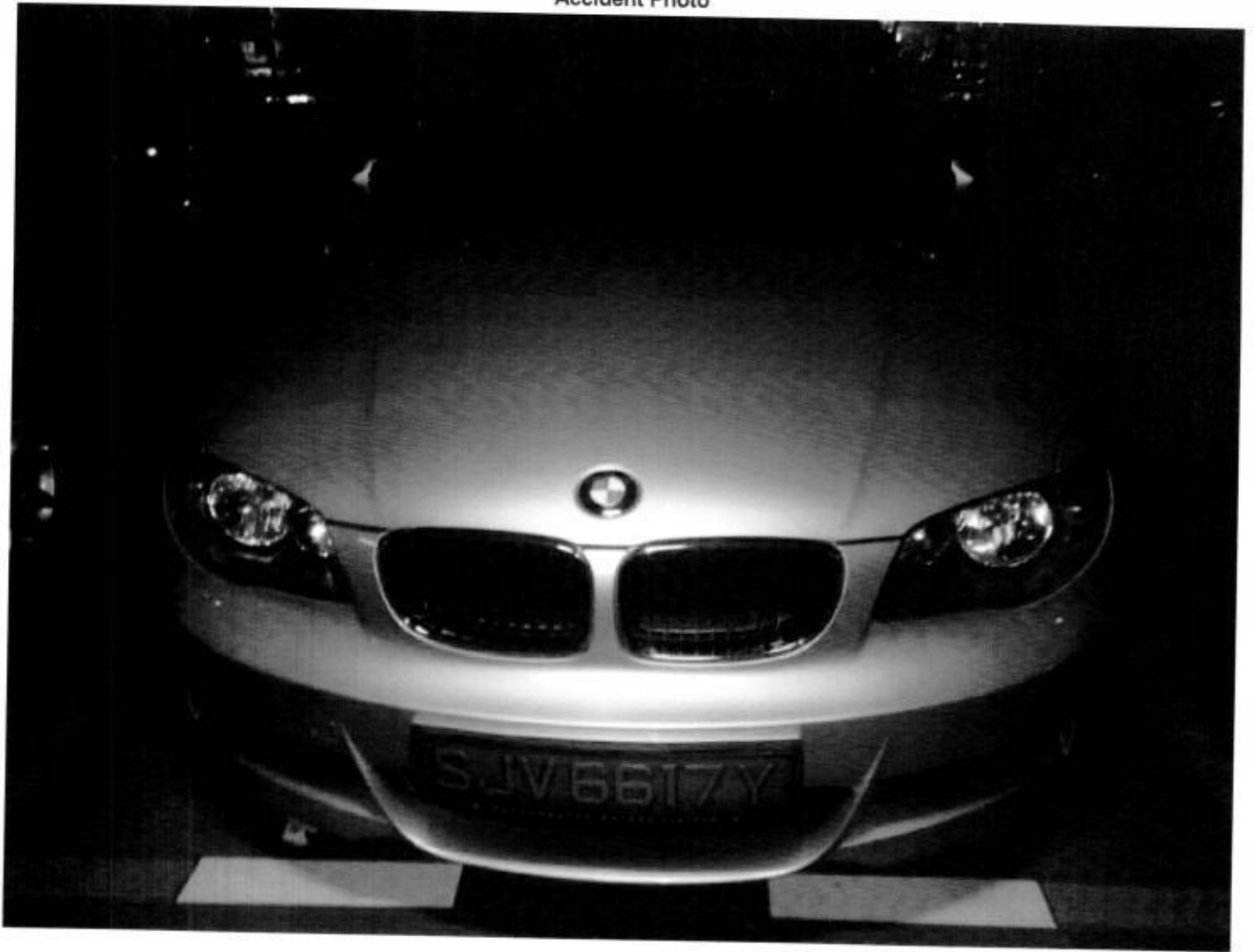
Current Vehicle Details

Vehicle No.: FBK4618K

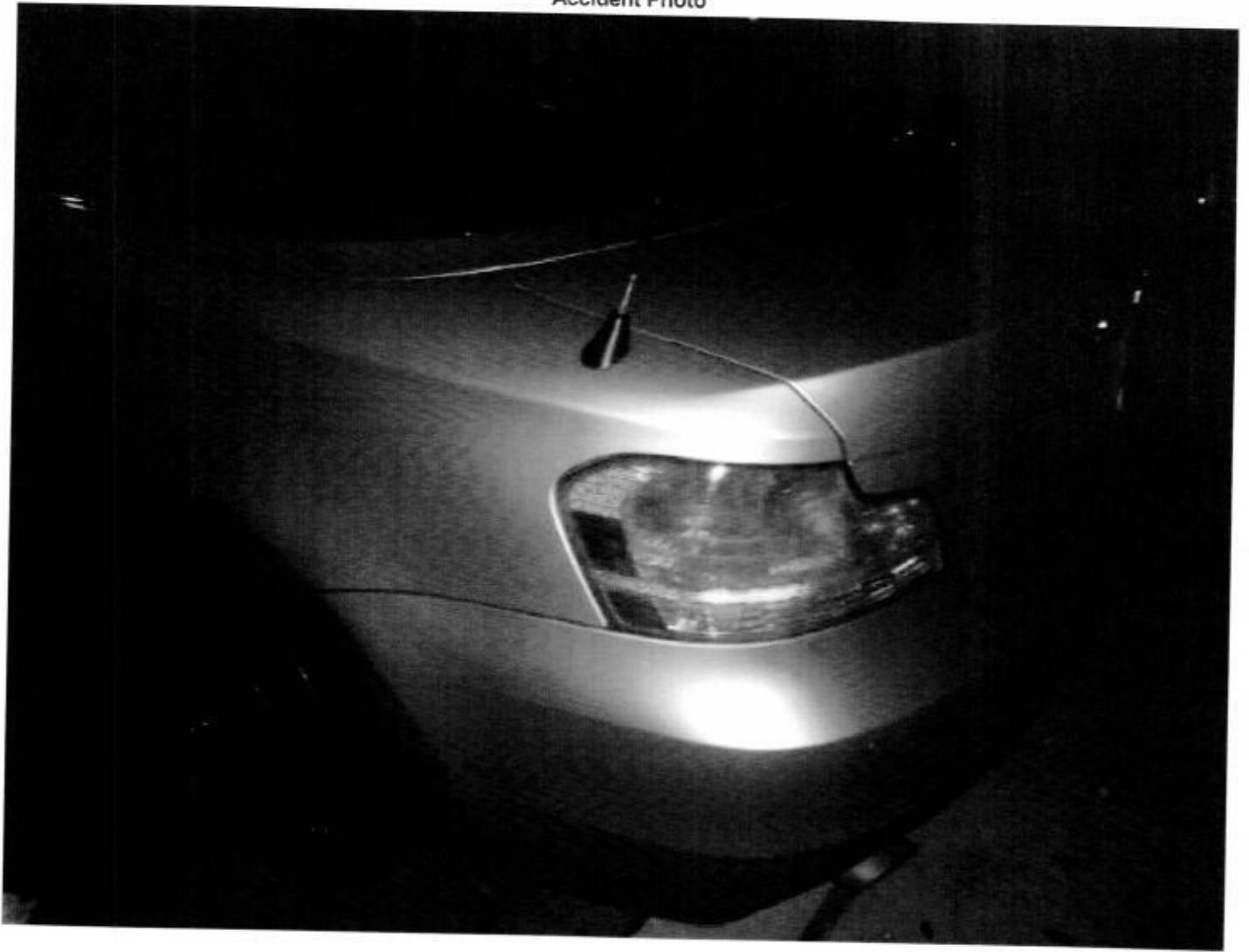
Make Description/Model: HONDA / 400X M

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

Accident Photo



Accident Photo



Accident Photo



Accident Photo



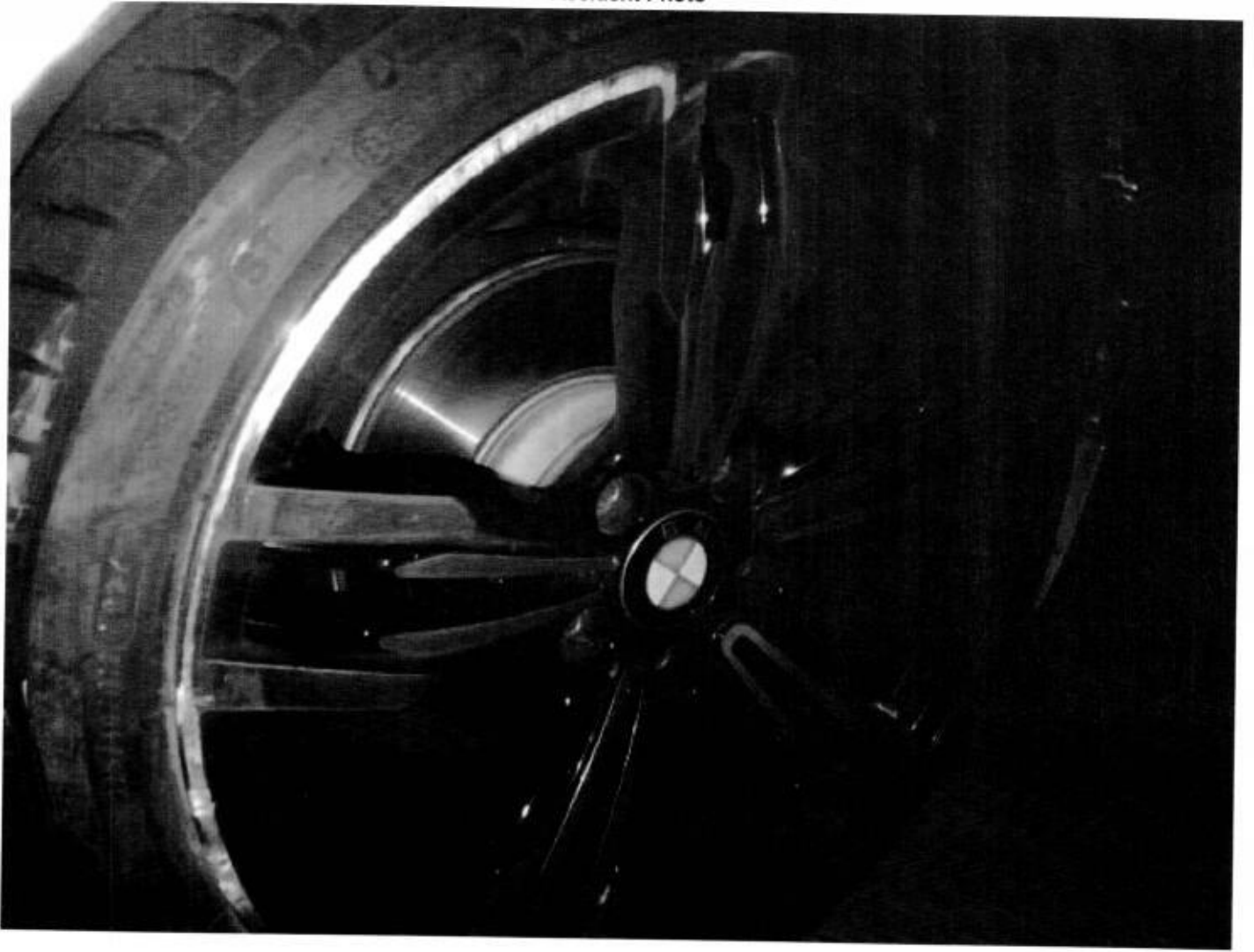
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S73063011**



KUAN SHEE KAI
(GUAN SHUKAI)

Race
CHINESE

Date of Birth
15-02-1973

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S730630**

Name
KUAN SHEE KAI (GUAN SHUKAI)

Birth Date: **15 Feb 1973**

Issue Date: **25 Jan 2003**



000151065A

Driving License

AG024950



SPIC No: **S73063011**

Blood Group: **A+** Date of Issue: **26-05-2001**

APT BLK 138C LORONG 1A TOA PAYOH #14-36
SINGAPORE 313138

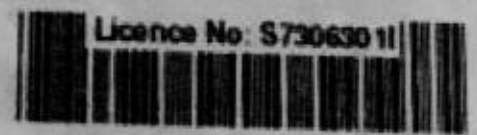
NRIC No: **S73063011** Date: **05/11/2012** No: **7150217**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Jan 2003

9A

Licence No: **S73063011**



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	20/11/2018 09:08
Date Of Accident	15/11/2018 08:30
Exact Location Of Accident	JUNCTION OF ORCHARD RD & GRANGE ROAD OPP HM BUILD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4618K
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN ALI
NRIC No	S7412519J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88184339
Alternative Phone No	OTHERS-88184339

Vehicle Particulars

Manufacturer	HONDA
Model	400X M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	CN:72120980
Cover Note Number	

Driver

Name of Driver	ISMAIL BIN ALI
NRIC No	S7412519J
Date Of Birth	21/04/1974
Occupation	INDOOR
Date Of Driving Pass	05/04/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88184339
Fax Number	
Contact Number	OTHERS-88184339
Email Address	NOEMAIL

Address	BLK 122D RIVERVALE DRIVE #11-448
Postcode	544122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHILE IN THE MIDST OF TRAVELLING, I WAS BESIDE VEHICLE B AT THAT TIME. THE LANE THAT WE BOTH TRAVELLING CAN GO STRAIGHT AND MAKE A RIGHT TURN. WHILE VEHICLE B WAS THE MIDST OF MAKING A RIGHT TURN, THAT IS WHEN THE COLLISION TOOK PLACE. HIS VEHICLE FRONT LEFT HAND SIDE COLLIDED ONTO MY VEHICLE RIGHT HAND SIDE.

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	SJV6617Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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.

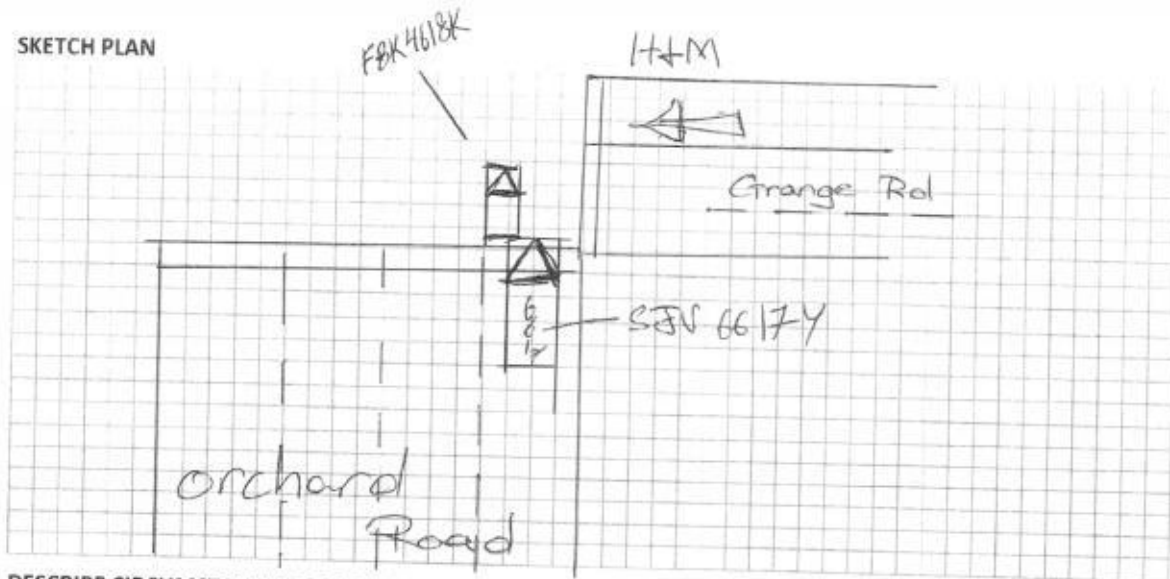
Policyholder's Signature
Date & Time:

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

20 NOV 2018
IDAC KAKI BUKIT (VAC)
Reporting Centre
23 Kaki Bukit Ave 4
Singapore 415933
Name: **67416697** Fax: 67492305
NRIC/TEL: **67416697**
Email: **vackb@singnet.com.sg**

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref
e-File

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29 NOV 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature
Name: Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Photo



Accident Photo

