

Our Reference: **SLZ7356Z/7015886**
Your Reference: **SHF706X**

By Email / Mail

14 May 2019

AXA INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLZ7356Z & SHF706X ON 04 Feb 2019.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		8,894.23
Loss Of Rental	139.10 x 4 days	556.40
Others		
TOTAL		9,450.63

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
28 Leng Kee Road, Singapore 159105
Telephone: +65 6876 5063
www.wearnesleasing.com

AXA INSURANCE PTE LTD

8 SHENTON WAY
#27-01 AXA TOWER
Singapore 068811

Tax Invoice

Inv No. : R1900791
Inv Date : 30 Apr 2019
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA19/00300
Billing Period : 11/03/2019 14:00 - 15/03/2019 14:00
Driver Name : Low Shu Ming, Damien

Car Information

Registration No. : SKN6271R
Make : INFINITI
Model : Q50 2.0 SPORT

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	4.00	Days	130.00	520.00

Remarks:

SLZ7356Z_AXA_Paul

Payment method:

Interbank Giro: deduction will take place between 9th to 13th of the month.
Credit Card payments: deduction will take place between 5th to 10th of the month.

Cheque payments: all cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited

Bank Code: 7339

Branch Code: 501

Bank Account Name: Wearnes Automotive Pte Ltd

Bank Account: 296727-001

SWIFT CODE: OCBCSGSG

Subtotal : S\$ 520.00
GST 7.0% : S\$ 36.40
Total : S\$ 556.40

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date the payment is due, compounded daily, plus an administrative fee of \$50 each time.

This is a computer generated document. No signature is required.

Paul Ong Qing Yong

From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Tuesday, March 5, 2019 4:16 PM
To: Paul Ong Qing Yong
Cc: Admin A; assignments
Subject: RE: TP Claim - SLZ7356Z; TP Vehicle SHF706X *** LKK REF: CC4/ASM19002337/ha3

Sensitivity: Confidential

Without Prejudice

Dear Paul,

Yes, will do DS.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



LKK
Auto Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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From: Paul Ong Qing Yong [<mailto:paul.ong@wearnes.com>]
Sent: Tuesday, 5 March, 2019 4:14 PM
To: Vic (LKKAUTO)
Cc: Admin A; assignments
Subject: RE: TP Claim - SLZ7356Z; TP Vehicle SHF706X *** LKK REF: CC4/ASM19002337/ha3
Importance: High
Sensitivity: Confidential

Vic,

Please confirm if we proceed for direct settlement.

Paul Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 8126 1237 D (65) 6378 9336
www.wearnesauto.com paul.ong@wearnes.com

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Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Tuesday, March 5, 2019 3:48 PM
To: Paul Ong Qing Yong <paul.ong@wearnes.com>
Cc: Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Subject: RE: TP Claim - SLZ7356Z; TP Vehicle SHF706X *** LKK REF: CC4/ASM19002337/ha3
Sensitivity: Confidential

WITHOUT PREJUDICE

Dear Paul,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both party, the liability is clear subject to the BOLA guideline settlement.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Kindly forward the LOD and all supporting documents to us if available to proceed with the settlement.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



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From: Mei Kwan (LKKAUTO)
Sent: Monday, 11 February, 2019 1:22 PM
To: Paul Ong Qing Yong
Cc: Vic (LKKAUTO); CS A Team; Admin A; assignments
Subject: RE: TP Claim - SLZ7356Z; TP Vehicle SHF706X *** LKK REF: CC4/ASM19002337/ha3
Sensitivity: Confidential

'WITHOUT PREJUDICE'

SAVE AS TO COSTS

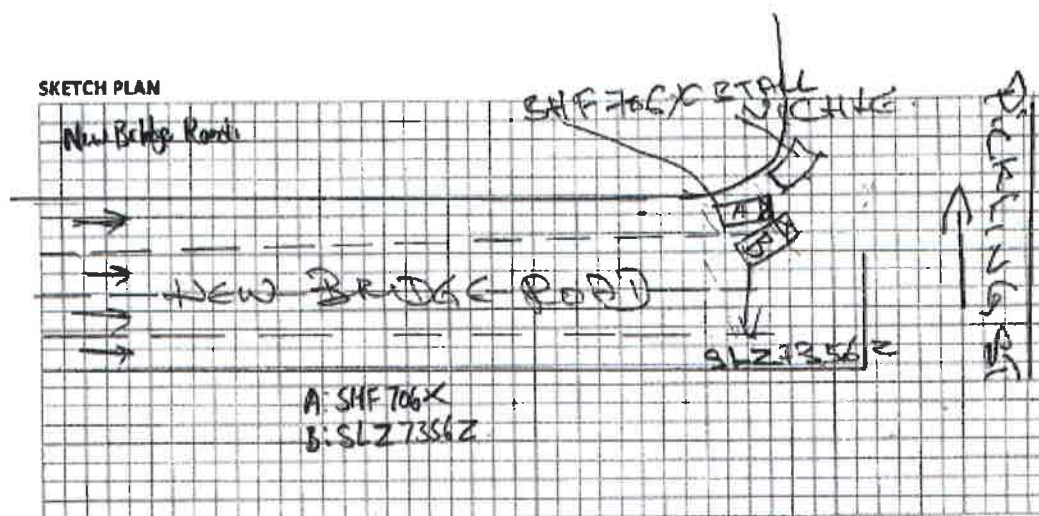
Dear Sir / Madam,

We refer to the above matter.

Please be informed that we are currently **pending verification for direct settlement.**

Fyi, OI has reported. Please refer to the below OI's sketch plan and statement.

Sketch Plan #2 Pg. 1



Circumstances of Accident

ON 04/02/2019 AT ABOUT 2030HRS, I WAS TRAVELLING STRAIGHT ON THE LEFT MOST LANE OF NEW BRIDGE ROAD. THERE WAS A VEHICLE STATIONARY IN FRONT OF ME AS SUCH, I CHECKED FOR VEHICLE CLEARANCE ON MY RIGHT AND PROCEED TO OVERTAKE THE VEHICLE IN FRONT OF ME. SUDDENLY, VEHICLE B(SLZ7356Z) CAME AT A FAST SPEED AND HIT ONTO THE FRONT RIGHT SIDE OF MY TAXI.

Please provide us evidence i.e. video/ scene photo and arrange for TP survey.

Kindly note that for liability, claim negotiation and settlement, please contact Vic at 6841 2096.

Our respective case handler will look into the matter and revert to you in due course.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: Paul Ong Qing Yong <paul.ong@wearnes.com>

Sent: Monday, 11 February, 2019 10:08 AM

To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

Subject: TP Claim - SLZ7356Z; TP Vehicle SHF706X

Importance: High

Sensitivity: Confidential

Attached for TP Claim,

Please advise if can direct settle for this case.

Paul Ong

Service Consultant

Bodyshop & Paint



Wearnes Automotive Pte Ltd

249 Alexandra Road Singapore 159935

M (65) 8126 1237 D (65) 6378 9336

www.wearnesauto.com paul.ong@wearnes.com

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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	05/02/2019 00:44
Date Of Accident	04/02/2019 20:30
Exact Location Of Accident	NEW BRIDGE ROAD TURNING LEFT ONTO UPPER PICKERING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7356Z
Insured/Policyholder	
Name Of Registered Owner	LOW SHU MING DAMIEN
NRIC No	S7304294A
Email Address	DAMILOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96894704
Alternative Phone No	OTHERS-96894704

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY SPORT 2.0P SE (5/7 SEATER)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800052774
Cover Note Number	

Driver

Name of Driver	LOW SHU MING DAMIEN
NRIC No	S7304294A
Date Of Birth	18/01/1973
Occupation	INDOOR
Date Of Driving Pass	28/11/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96894704
Fax Number	

Contact Number	OTHERS-96894704
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Address	15 ROBIN ROAD #04-02 SINGAPORE
Postcode	258196
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	FAIRLY CLEAR. HAD BEEN RAINING EARLIER
Road Surface	SLIGHTLY WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : CORINNE NG GENDER: : FEMALE
Passenger 2	NAME: : LOW LI EN GENDER: : FEMALE
Passenger 3	NAME: : LOW KAE LIN GENDER: : FEMALE

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

WSVC19000266 Accident_Description I was driving on New Bridge Road turning left onto Upper Pickering Street. It was a 2 lane left turn onto Upper Pickering Street. As I turned left on the outer lane the vehicle SHF706X who was turning on the inner lane decided to change lanes and swerved right into my lane hitting my car on the left side. My left front and back doors were damaged in the process. We moved to Upper Pickering Street and stopped on the left side to exchange details. The driver of vehicle SHF706X admitted his fault in the accident. He asked me to get an assessment of the cost of repairs and mentioned he preferred to pay me directly instead of claiming against his insurance company unless the cost of repairs was too high. Additional Information /Addendments: I had originally not made any claims as the driver of vehicle SHF706X, Lee Poh Chai, wanted to pay me directly for the repairs after admitting his fault in the accident. He asked for an estimate of the repairs on my vehicle. After sending him an estimate of the repairs on my vehicle. After sending him an estimate of the repairs on the 7th Feb 2019, he decided he would not be paying me directly and wanted me to claim against his insurance. Hence, I am now submitting a third party claim. Furthermore upon bringing the car to wearnes on 7th Feb 2019, There was further visible damage that extended beyond the left doors as originally seen on the right of 04 Feb 2019.

Attachment(s)

Are accident photos available for attachment?	YES
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Paul Ong Qing Yong

From: Damien Low <damilow@gmail.com>
Sent: Wednesday, February 13, 2019 8:53 PM
To: Paul Ong Qing Yong
Cc: Corinne Ng
Subject: Update to claim
Attachments: Addendum II scanned.pdf

Dear Paul,

This is an email to inform you that I wish to change my position on the insurance claim. I now wish to make a claim for my car repairs against the driver of vehicle number SHF706X (a red-coloured Trans-Cab taxi) through my insurer, AIG. The driver is Lee Poo Chai (Driving license number: S1208798E).

Here are the details again of the accident and my claim:

1. The accident took place around 20:30hrs on 4th Feb 2019, along the turning road from New Bridge Road to Upper Pickering Street. The turning road was a 2-lane road. I was on the right lane; taxi SHF706X was on the left. There was a car in front of the taxi. There was no car in front of me.
2. I was driving at a low speed as we were all turning. As I drove past SHF706X (who was on my left), Lee suddenly swerved his taxi out right and hit the left side of my car. My 14-year-old daughter who was in the backseat saw the incident clearly and let out a shout, but it couldn't prevent the accident. My wife who was seated in the front passenger seat could not see the accident happen as the SHF706X hit my car behind her line of vision.
3. Subsequently, Lee and I stopped our vehicles along Upper Pickering Street, not far up from the turning. He came out and I observed him to be ruddy in the face, which may suggest he had been drinking, but I cannot be sure.
4. We exchanged particulars and he said that he would rather settle the issue privately by paying me directly than to claim against his insurer. Lee suggested I go to an independent workshop to repair the damage. I told him if I brought my car to another workshop during this warranty period, I would lose the warranty. It's likely that the repair costs at Wearnes would be more than the repair costs at an independent workshop, and therefore it might be that he would have to claim against his insurer. Lee asked me to get a quote for the cost of repairs from Wearnes and to let him know the cost after I got it. He suggested if the cost was not too high, he would pay me directly for the repair, otherwise he would claim it against his insurance.
5. On 4th Feb 2019, I submitted an online report of my accident to AIG.
6. On 7th Feb 2019, I went down to Wearnes to get an estimate of the repair cost. I could not bring the car in any earlier as the 5th and 6th were Chinese New Year public holidays in Singapore. The Wearnes Service Consultant assisting me is Paul Ong, and later in the afternoon Paul emailed me to inform me that the estimated cost of repair is S\$12,000.
7. I then called Lee to inform him of the costs. He said that he would have to claim this amount against his insurer.

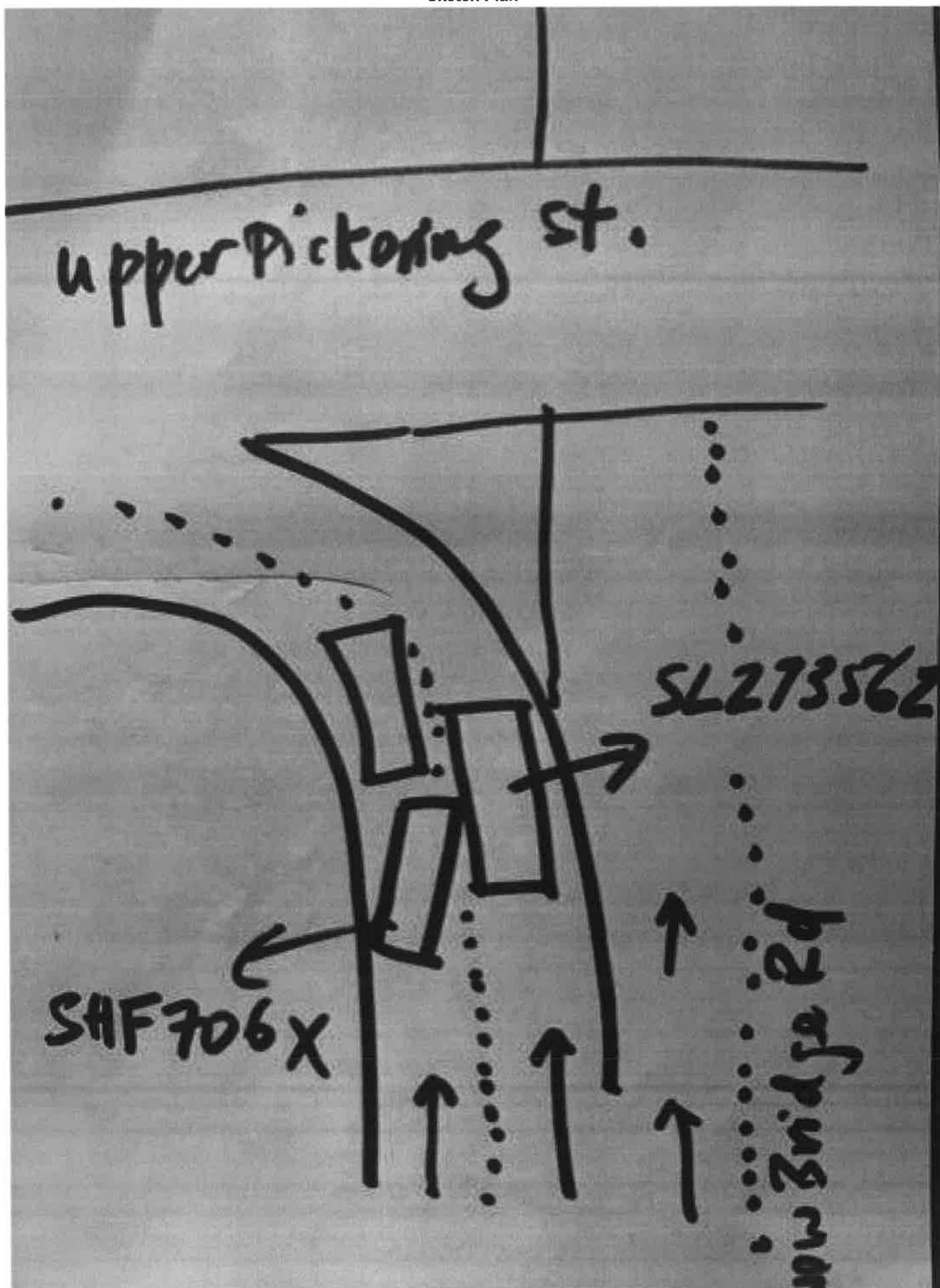
8. On 11th Feb 2019, I saw Lee's report to his insurer and he erroneously stated that I hit him, when it was he who hit my car from the left side. Any claim against me should be defended rigorously, and I am willing to go to trial to defend myself against his false and inaccurate claim.

9. I would like to fully claim for the repairs of my car against the insurer of Lee Poo Chai, through my own insurer AIG.

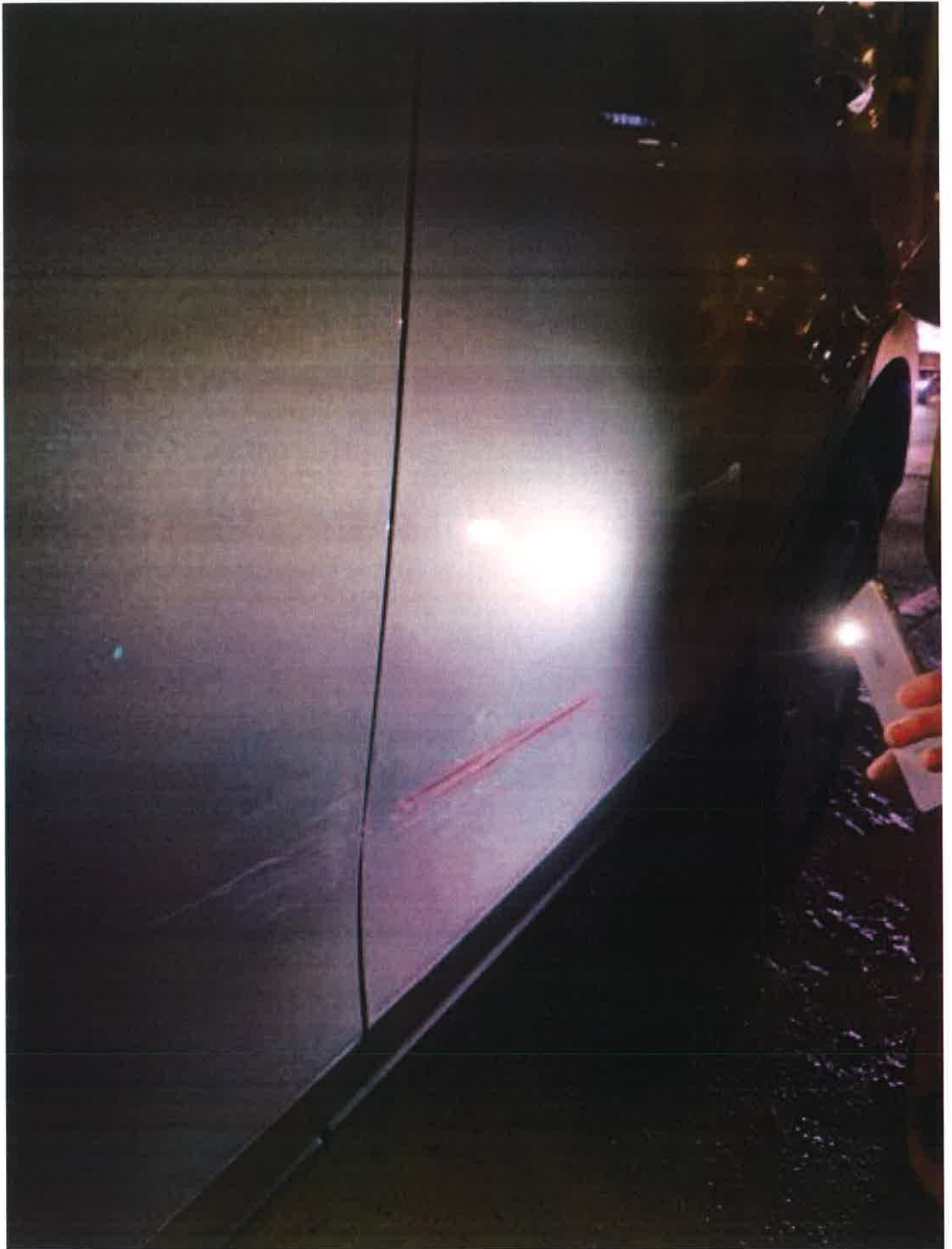
Thank you.

Damien

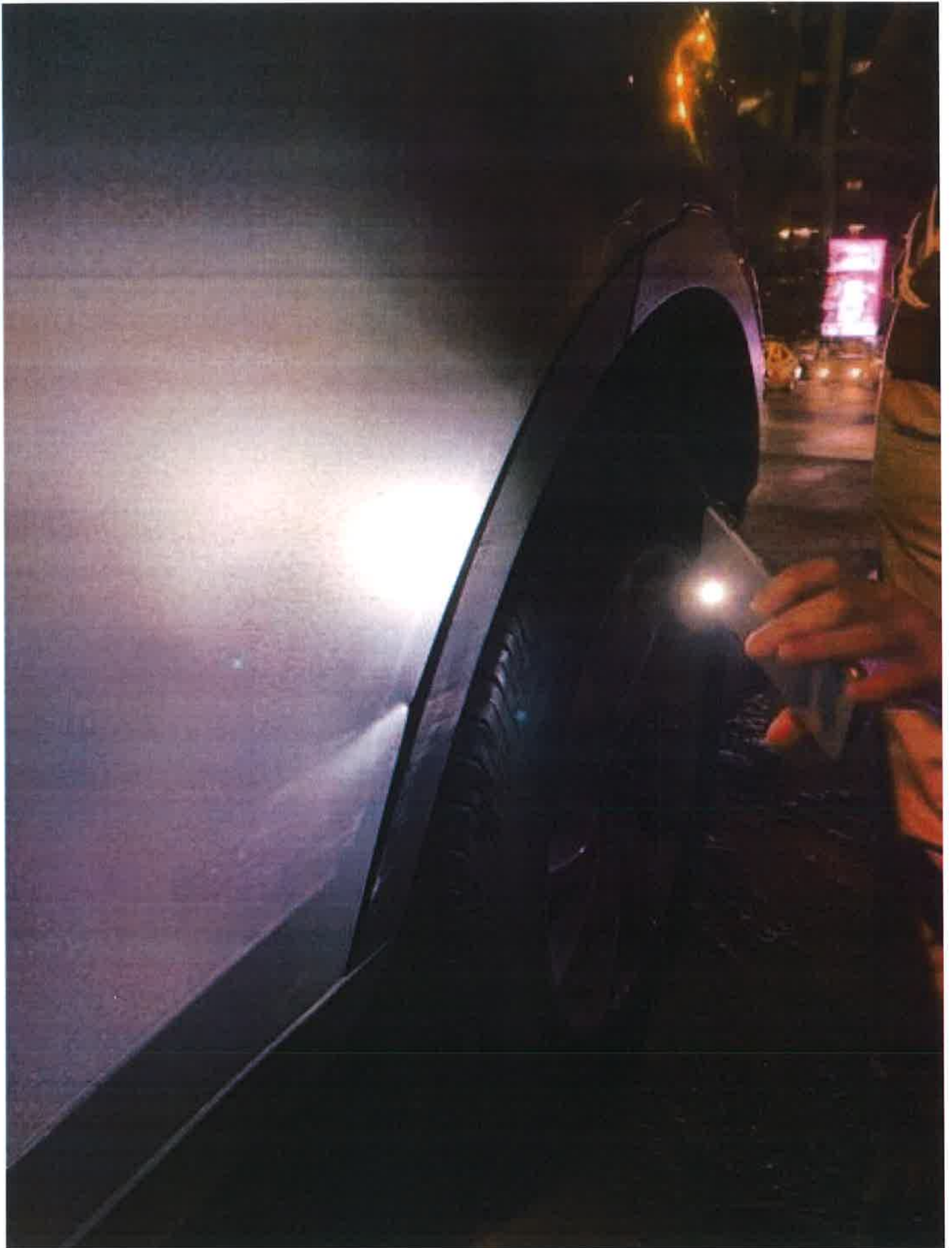
Sketch Plan



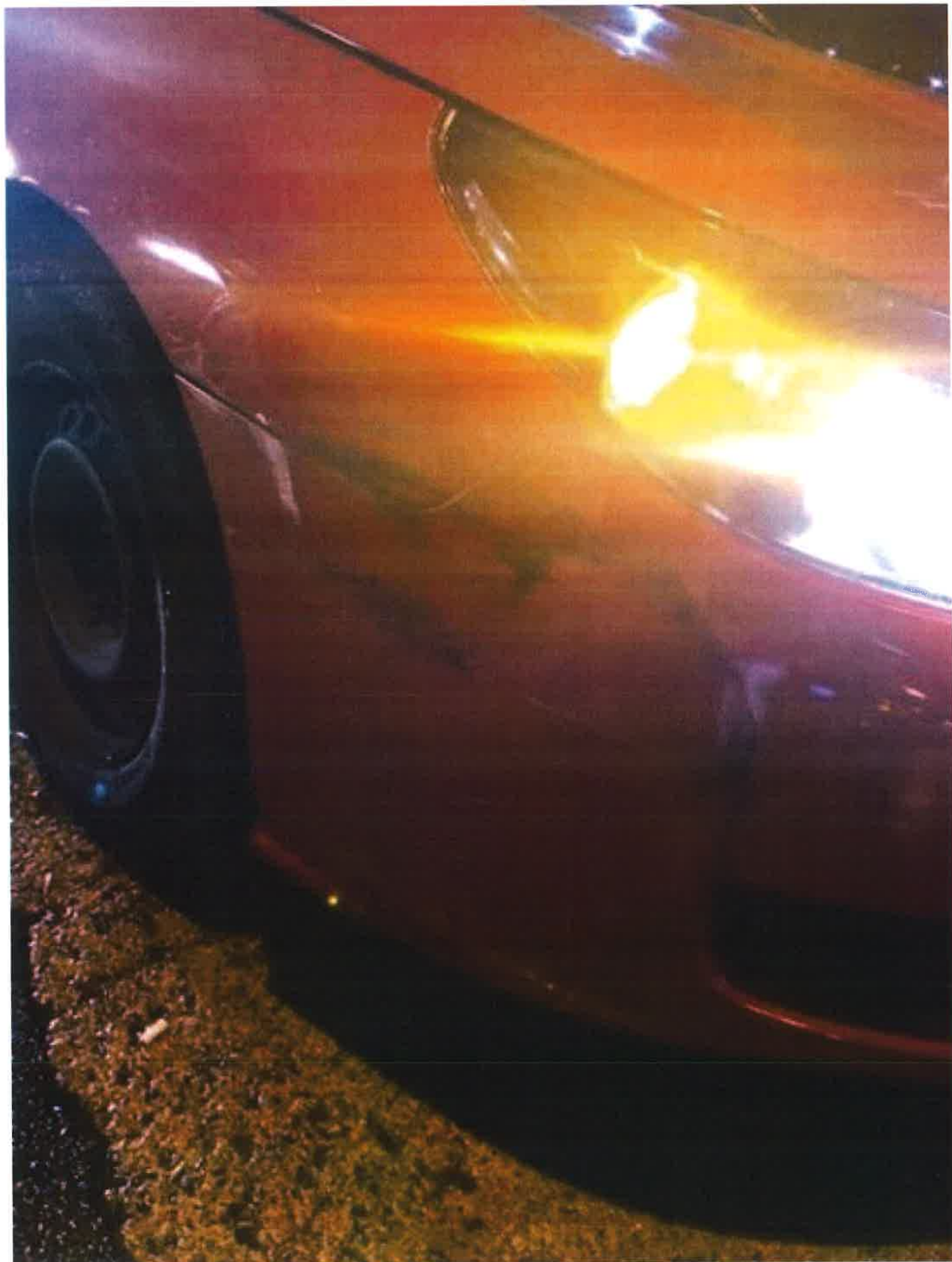
Accident Photo



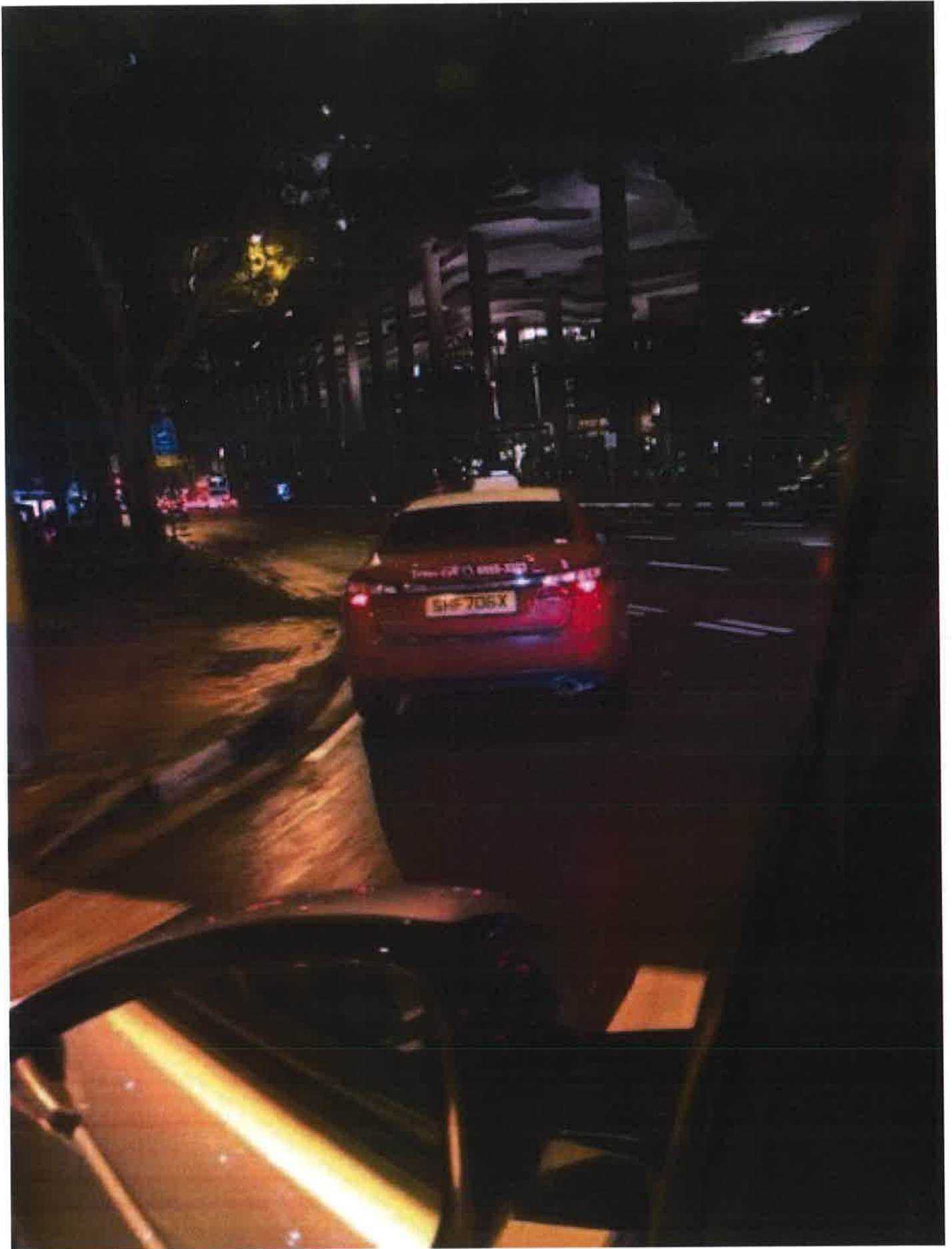
Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICEN**



Licence Number: **S7304294A**
Name: **LOW SHU MING, DAMIEN**

Birth Date: **18 Jan 1973**
Issue Date: **28 Nov 2003**



001025085E

Driving License

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

18 Sep 1990

NP 428A

Licence No: S7304294A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7304294A



Name

LOW SHU MING, DAMIEN
(LIU SHUMING)

刘 树 铭

Race

CHINESE

Date of birth

18-01-1973

Sex

M

Country/Place of birth

SINGAPORE



Identification Card

5821257



NRIC No. S7304294A



Date of Issue

30-10-2017

Address

15 ROBIN ROAD
#04-02
SINGAPORE 258196

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 04/02/19 Time: 230
Exact Location of Accident	UPPER PICKERING ST & NEW BRIDGE RD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ 7356Z
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	LOW SHU MING, DAMIAN
Personal Identification - NRIC (Singaporean/PR)	S7304294A
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>LR</u> Model <u>D.SPORT</u>
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	LOW SHU MING, DAMIAN
Personal Identification - NRIC (Singaporean/PR)	S7304294A
- FIN/Passport Number	
Date of Birth	8 dd/ 01 mm/ 73 /yy
Driving Date Pass	18 dd/ 09 mm/ 90 /yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9687 4704

Address of Driver	Postcode ()
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	owner
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	side SWIPE
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	04 CORINNE NG (F) LOW LI-EN (F), LOW KAE-LIN (F)

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	3H F 706x
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)

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 Traffic Police Department 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 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.

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

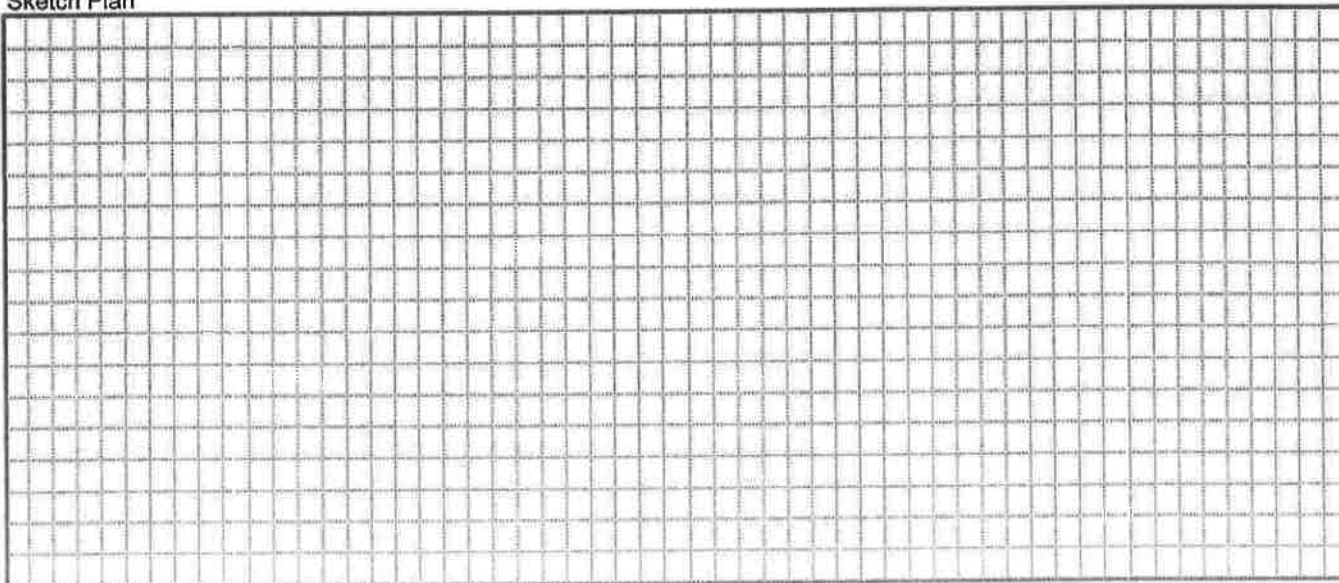
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

We were driving along New Bridge Road, and turning left onto Upper Pickering Street. It was a 2 lane turning road. We were turning on the outer, right lane. The vehicle SHF 706 X was on the left lane, and decided to swerve right and hit our car in the process. The left side of our car was damaged. The driver of SHF 706 X admitted to his fault and wanted to settle privately.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7304294A



Name

LOW SHU MING, DAMIEN
(LIU SHUMING)

刘 树 铭

Race

CHINESE

Date of birth

18-01-1973

Sex

M

S7304294A

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7304294A

Name:

LOW SHU MING, DAMIEN

Birth Date: 18 Jan 1973

Issue Date: 28 Nov 2003



001025085E

5821257



NRIC No. S7304294A



Date of issue

30-10-2017

Address

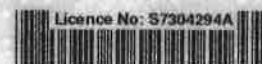
15 ROBIN ROAD
#04-02
SINGAPORE 258196

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 2000 kilograms

15 Sep 1990



Licence No: S7304294A

NP 428A