

10/10/2018

ASS. REC. BY: _____ REF: C95/III18020127/Jtd3-11 Special Instruction: _____

SURVIVOR max/min ASSIGNMENT (Office)

From (Person): Joel Nuh of II Date/Time: 07-11-2018 251pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: S6L 5011P Insured: SHC 8372M

at Workshop n/s Topmax Auto Tel: 8371 4982

of Blk 2007 Ubi Rd 1 #01-410

Policy No: ACOMODIS Claim No: MCT18110874

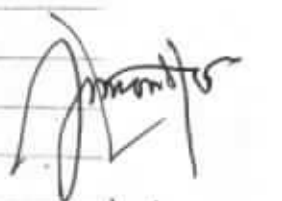
Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-11-2018
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp: 08-11-2018 @ after 10.30am I.O.D. Endorsement: _____

Date/Time: 07-11-2018 3:14pm Person Contacted: Carmen Vehicle: LOUT

Date/Time	Action/Instruction (X) Estimate
	<u>S6L 5011P - call Max 121230216 / Kwdul</u> <u>CR 261113</u>
	<u>SHC 8372M - call Max 121230216 / Kwdul</u> <u>CR 220213</u>
	<u>VS \$3100, 5 days</u>
	<u>(Red \$1800, 37%)</u>


15/2/2019

RECEIVED 18 FEB 2019

250410 = 260

PPS
Huse Jia
Mufmgn

REF: III

ASSIGNMENT

From: Date: 08/10/18

Estimated Cost:

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

To inspect Vehicle No: SGL 5011 P

at Workshop no: Topmax Auto

of: 3007 Ubi Rd 1 #01-410

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Report)

Make of Veh:

Office 10-30pm

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? Yes or No

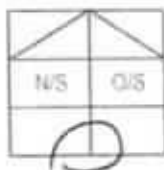
GIA / PR Seen: Consistent? Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle IN / OUT



Veh No: SGL 5011 P Yr Regn: 19 Sep 2006

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

Truck / Trailer or:

Make: Toyota Altis 4.0 1598

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

Sp Reading: 359444 T.Radio: Insured / Std / NI / NA

Eng/No: 32Z4596893

C/Nr: HROS3ZEC107129654

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

Steering: ☒ Harder / Jammed / Leaked / Burnt or

Brake: ☒ Harder / Jammed / Leaked / Burnt or

Mod: Nil / ☒ STD A/Rim or

Tyre Size: F: 185/70 R14

R: -

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

TOYO / YOKO or

Front: Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: D.O.I: 8/11/18

Survey held at: Topmax Auto @ 1045

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction

Class Time / Fee Pass to:

☐ : Prel. Report

☐ : Final Report

RI

Class Time / Fee Return to:

DI

Report Format:

PPS

Lump Sum / I.B. /

Days Of Repair:

Resurvey No. of Trip: -

Add Fee:

☐ Site Insp: IS

☐ Inter. Insp: IS

☐ Tank Insp: IS

☐ Other Insp: IS

Survey Fee:

Responsibilities:

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

11. 12. 13. 14. 15.

16. 17. 18. 19. 20.

21. 22. 23. 24. 25.

120
10
130

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Tuesday, 12 February 2019 4:01 PM
To: Admin-D (LKKAuto); 'sur@lkkauto.com'
Cc: Zuhaidah Samsuri; Hsiao Tong (chewht@lkkauto.com); Olivia Lau (olivialau@lkkauto.com); Mekavathanan Sarangapani
Subject: RE: MCT18110074

Dear Sir/Mdm,

Rights granted in Merimen for the above LOD. Kindly proceed with the paper survey.

TP Veh No. : **SGL5011P**

Warmest regards,
Stanley Lai
Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04-02 IOB Building
Singapore 049711
Tel: 6347 6100 Ext 206 Fax: 6224 4174
S&P 'A-' rated Company



From: Mekavathanan Sarangapani
Sent: Saturday, 9 February, 2019 12:45 PM
To: Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>
Cc: Stanley Lai <stanley.lai@iii.com.sg>; Zuhaidah Samsuri <aida@iii.com.sg>
Subject: MCT18110074

Paper survey please . LOD from TP lawyers for 4.9 K ?? 2006 model .

Meka

MCT 18U 0074

RESERVES			
TPPD	PRESERVE	410	
TPPI	PRESERVE		
UNINSURED LOSS	PRESERVE		
SUBRO	PRESERVE		
LPPN			
INVESTIGATION FEE			
SURVEY FEES		3000	
LEGAL FEES			
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0010
 DESTINATION ADDRESS 962922665
 SUBADDRESS
 DESTINATION ID
 ST. TIME 12/02 11:43
 TX/RX TIME 00' 18
 PGS. 1
 RESULT OK



Our Ref. : RSS/1811-4413 (TOP) (PIPD)
 Your Ref. :

W : Natalie Ng
 E : natalie_ng@rssolomon.com

31 January 2019



R. S. SOLOMON LLC

Advocates & Solicitors | Commissioner for Oaths

Page 3

8. In compliance, with the Pre-action Protocol under paragraph 25C of the State Courts' Practice Directions, our client proposes to use one of the following medical experts as a Single Joint Expert:-

- a) Dr. Lee Soon Tai from Osteoporosis Clinic & Orthopaedic Surgery;
- b) Dr. Tan Mak Yong from My Orthopaedic Clinic; or
- c) Dr. James Lee Chong Hwa from James Lee Orthopaedic Surgery.

9. Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

10. Should you have any queries, please do not hesitate to contact our Ms Natalie Ng at 6817 7498.

Yours faithfully,

R. S. SOLOMON LLC
 Advocates & Solicitors
 Encl.

Handwritten: met/18110074

Cc. **INDIA INTERNATIONAL INSURANCE PTE LTD**
 64 Cecil Street
 #04-05
 IOB Building
 Singapore 049711
 Attn: Motor Claims Den

BY PDX: 8172
WITHOUT PREJUDICE

Handwritten: met/18110074 st-27

Our Ref. : RSS/1811-4413 (TOP)(PIPD)
Your Ref. :

W: Natalie Ng
E: natalie_ng@rssolomon.com

1 February 2019



R. S. SOLOMON LLC

Advocates & Solicitors | Commissioner for Oaths

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

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

AFFANDI BIN AHMAD
Blk 336D Anchorvale Crescent
#02-66
Singapore 544336

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Dear Sirs,

**TRAFFIC ACCIDENT INVOLVING SGL5011P & SHC8372M AT THE SLIP ROAD FROM
CENTRAL EXPRESSWAY TOWARDS ANG MO KIO AVENUE 3 ON 3RD NOVEMBER 2018
AT 1110 HOURS**

We act for Mr Tan Beng Beng (Chen Ming Ming) ("our client"), the owner and driver of vehicle registration no. SGL5011P, and refer to the above-captioned matter.

2. We are instructed that you as the owners and/or driver of vehicle registration no. SHC8372M were involved in the above road traffic accident with our client's vehicle. By reason of your acts and/or omissions, our client sustained personal injuries and incurred loss and damage. His injuries are set out in the medical report annexed to this letter with other supporting documents as enclosed. He has been put to loss and expense, particulars of which are as follows:

A. General Damages

\$4,500.00

i. Pain & Suffering

Brief description of injuries

a. Neck strain	\$ 3,000.00
b. Right Foot contusion	\$ 1,500.00

B. Special Damages

\$6,840.02

i. Cost of Repair	\$ 4,900.00
ii. Loss of use for 2 days at \$80.00 per day (Inclusive of 2 days for pre-repair survey)	\$ 160.00
iii. Survey report fee	\$ 580.00
iv. Rental of an alternative vehicle at \$120.00 per day	\$ 840.00
v. Medical Expenses	\$ 280.02
vi. Transport Expenses (taxi fare to clinic)	\$ 80.00

...2

Our Ref. : RSS/1811-4413 (TOP)(PIPD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

31 January 2019



R. S. SOLOMON LLC

Advocates & Solicitors | Commissioner for Oaths

Page 2

C. Costs & Disbursements	\$ 3,205.49
i. Medical Report fee	\$ 169.00
ii. LTA search fee	\$ 7.49
iii. GIA search & report fee	\$ 29.00
iv. Legal Costs (At this Stage)	\$3,000.00
Total:	<u>\$14,545.51</u>

3. We enclose herewith copies of the following documents in support of our Client's claim:-
- (a) Final Repair Bill Tax Invoice No. TP/SGL5011P/18 from Topmax Auto Bodyshop;
 - (b) Vehicle Rental Agreement from Cartimes Auto-Rent for rental of an alternative vehicle;
 - (c) Survey report from CL Appraiser Pte Ltd with Invoice No. CL/19028;
 - (d) GIA and police reports lodged by our client;
 - (e) GIA report lodged by your driver with payment advice for search and report fees;
 - (f) LTA search result with payment advice;
 - (g) Medical Report from Mount Alvernia Hospital dated 25th January 2019;
 - (h) Receipt No. M190029320 from Mount Alvernia Hospital for payment of medical report fee;
 - (i) Receipt No. 180138045 together with NETS payment advice for medical fee incurred with Mount Alvernia Hospital;
 - (j) Medical Certificate No. M18014867 dated 6th November 2018;
 - (k) Front and Back images of our client's NRIC No. S7327118E;
 - (l) Front and Back images of our client's Driving Licence No. S7327118E; and
 - (m) 80 coloured photographs depicting damages to our client's vehicle registration No. SGL5011P and its part.
4. 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.
5. Please note that you or your insurer should send us an acknowledgement of this letter within 14 days of you receiving this letter. If you or your insurer wish to have our Client examined by your preferred medical practitioner, this should be stated in your acknowledgement. Please also advise within 14 days of the acknowledgement where and when the examination of our Client is to take place.
6. Should you fail to acknowledge this letter within 14 days hereof, our Client is liberty to commence proceedings against you without further notice to you or your insurer.
7. Please also note that if you have a counterclaim against our Client arising out of the accident, you are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.

..3

Our Ref. : RSS/1811-4413 (TOP)(PIPD)
Your Ref. :

W: Natalie Ng
E: natalie_ng@rssolomon.com

31 January 2019



R. S. SOLOMON LLC

Advocates & Solicitors | Commissioner for Oaths

Page 3

8. In compliance, with the Pre-action Protocol under paragraph 25C of the State Courts' Practice Directions, our client proposes to use one of the following medical experts as a Single Joint Expert:-

- a) Dr. Lee Soon Tai from Osteoporosis Clinic & Orthopaedic Surgery;
- b) Dr. Tan Mak Yong from My Orthopaedic Clinic; or
- c) Dr. James Lee Chong Hwa from James Lee Orthopaedic Surgery.

9. Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

10. Should you have any queries, please do not hesitate to contact our Ms Natalie Ng at 6817 7498.

Yours faithfully,

R. S. SOLOMON LLC
Advocates & Solicitors
Encl.

MC7/18110074

Cc. **INDIA INTERNATIONAL INSURANCE PTE LTD**
64 Cecil Street
#04-05
IOB Building
Singapore 049711
Attn: Motor Claims Dept

BY PDX: 8172
WITHOUT PREJUDICE

MC7/18110074
Shawn N / ST-27.

9/2/2019

TOPMAX AUTO BODYSHOP

Blk 3007 Ubi Road 1 #01-410 Singapore 408701

Tel : 6744 2653 Fax : 6744 1153

Vehicle Registration No: SGL 5011 P


Invoice No: TP/ SGL 5011 P/18

Make/Models : Toyota Corolla Altis

Date: 16 Nov 2018

Final Repair Bill For Vehicle No : SGL 5011 P

Particulars	Amounts (S\$)
Lump sum repair costs	S\$ 4 900.00
Total	S\$ 4 900.00
DOLLARS: FOUR THOUDSANDS NINE HUNDREDS ONLY	


Topmax Auto Bodyshop

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

INVOICE

Tan Beng Beng
C/o: Top Max Auto Body Shop
Blk 3007 Ubi Road 1 #01-410
Singapore 408701

Invoice No: CL/19028

Ref No: TM/11/1801/TP

Date: 14 November 2018

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SGL 5011 P
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL S\$ 580.00

E & O E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Tan Beng Beng
C/o: Top Max Auto Body Shop
Blk 3007 Ubi Road 1 #01-410
Singapore 408701

Date : 14 November 2018
Our ref : TM/11/1801/TP

Accident Date : 03 November 2018
Inspection Date : 08 November 2018
Repairer Name : Top Max Auto Body Shop
Blk 3007 Ubi Road 1 #01-410
Singapore 408701

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SGL 5011 P
Make / Model : Toyota Corolla Altis
Chassis No : MR053ZEC107129654
Engine No : 3ZZ4596893

Year / Capacity : 2006 / 1598 cc
Colour : Black
Mileage : 359444

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Michelin	185/70 R14	5 mm	Sport
Front Offside	: Michelin	185/70 R14	5 mm	Sport
Rear Nearside	: Michelin	185/70 R14	5 mm	Sport
Rear Offside	: Michelin	185/70 R14	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: **80** copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 4,900.00** on a contractual basis.

Under normal circumstances, the repair period would be about 7 (Seven) working days.

Vehicle Registration No: SGL 5011 P

Our Ref No: TM/11/1801/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear boot lid DD	Damage	\$ 733.80	\$ 733.80 /
2	Rear boot hinges	Intact	\$ 133.80	
2	Rear boot lamps NM	Damage	\$ 379.30	\$ 379.30 x
1	Rear boot lock Shorted	Damage	\$ 123.70	\$ 123.70 /
1	Rear boot rubber NM	Necessary	\$ 165.60	\$ 165.60 x
1	Rear boot "COROLLA" emblem	Necessary	\$ 47.40	\$ 47.40 /
1	Rear boot "ALTIS" emblem	Necessary	\$ 38.60	\$ 38.60 /
1	Rear boot "1.6" emblem	Necessary	\$ 32.40	\$ 32.40 /
1	Rear boot "E" emblem	Necessary	\$ 31.50	\$ 31.50 /
2	Rear taillamps RH-CRA, LH-NM	Damage	\$ 721.90	\$ 360 721.90 /
2	Rear taillamp panels	Repair	\$ 897.90	
2	Rear apron panels	Intact	\$ 179.90	
1	Rear end panel DD	Damage	\$ 777.30	\$ 777.30 /
1	Rear end panel inner garnish BT	Damage	\$ 89.80	\$ 89.80 /
1	Rear bumper DEF	Damage	\$ 486.60	\$ 486.60 /
2	Rear bumper brackets RH-DIS, LH-NM	Damage	\$ 117.00	\$ 59 117.00 /
2	Rear bumper side retainers RH-DIS, LH-NM	Necessary	\$ 73.80	\$ 37 73.80 /
1	Rear floor panel	Repair	\$ 647.20	
1	Rear floor board DEF	Damage	\$ 186.90	\$ 186.90 /
2	Rear spare tyre side boards	Intact	\$ 82.40	
			\$ 5,946.80	\$ 4,005.60
Less 25%			\$ 1,486.70	\$ 1,001.40
Total Cost - List Items			\$ 4,460.10	\$ 3,004.20

SPECIAL NETT ITEMS

1	Rear bumper clip (1 set) HEL	Necessary	\$ 45.00	\$ 30 45.00 /
1	Rear reverse sensor (1 set) Shorted	Damage	\$ 350.00	\$ 200 350.00 /
Total Cost - Special Nett items			\$ 395.00	\$ 395.00

Total cost of parts

\$ 4,855.10 \$ 3,399.20

Vehicle Registration No: SGL 5011 P

Our Ref No: TM/11/1801/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 4,855.10	\$ 3,399.20

LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 30 50.00 ✓
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 20 120.00 ✓
3	To remove and refit rear reverse sensor.	\$ 120.00	\$ 30 80.00 ✓
4	To transfer boot lid mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 60.00 ✗
5	To apply undercoating on repaired and replaced panel.	\$ 180.00	\$ 50 120.00 ✓
6	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,600.00	\$ 1,250.00 700 ✓
7	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,500.00	\$ 1,100.00 600 ✓

GRAND TOTAL

\$ 8,565.10	\$ 6,179.20
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Total - \$3100

5 days

Vehicle Registration No: SGL 5011 P

Our Ref No: TM/11/1801/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : S 4,900.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

Account number
 04383

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	TAN BENG BENG (CHEN MINGMING)	Certificate number	GA061767 / 1
Cover	Comprehensive	Chassis number	MR053ZEC107129654
Plan name	Private APW	Engine number	3ZZ4596893
NCD applicable	50%		
Vehicle registration number	SGL5011P		
Period of Insurance	from 19/09/2018 to 18/09/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations referred to in Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess
 Windscreen Excess

SGD 0.00
 SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

(We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

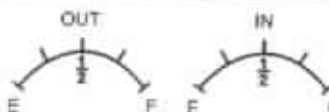
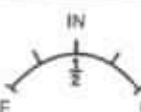
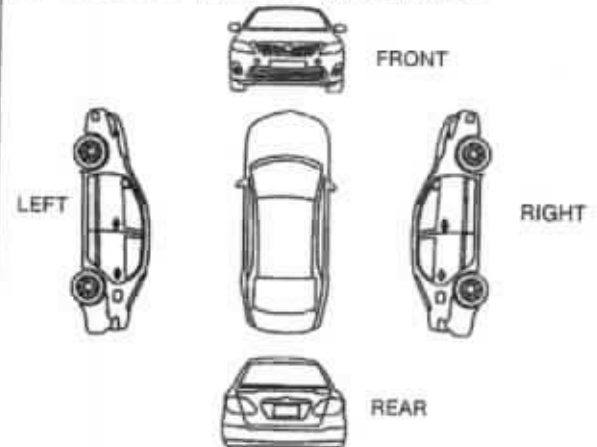

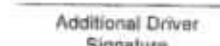
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation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

The Premium Warranty Clause requires the insured to be paid in full within a specific period taking which there would be no liability under the policy, renewal, cancellation, endorsement etc.

VEHICLE RENTAL AGREEMENT

Previous agreement no: _____ (if applicable)

CTAR No: 0001

Hirer's Particular		Vehicle No: SLG 4997T	
Name: (as in I/C) <u>TAN BENG RENG</u>		Make & Model: <u>Honda Vezel</u>	
NRIC / PASSPORT NO: <u>S7327118E</u>		Out Date: <u>7/11/2018</u> Time: _____	
Address (Res): <u>APT BLK 79E Toa Payoh</u> <u>Central #31-75 Singapore 315079</u>		Hire/Period Expiry: _____ Mileage: _____	
Company Name: _____		NON-WAIVER EXCESS: _____	
Address: _____		CHARGES	
D/L No: _____ D/L Type: <u>Local/International</u>		S\$	
Passed Date: <u>16/06/1998</u> Date of Birth: <u>26/07/1973</u>		Daily <u>7</u> Day(s) @ S\$ <u>120</u> Per day <u>840</u>	
Tel: (H) <u>97990666</u> (O) _____ (M) _____		Weekly _____ Weekly(s) @ S\$ _____ Per week _____	
Additional Driver		Monthly _____ Month(s) @ S\$ _____ Per month _____	
Name: (as in I/C) _____		CDW @ S\$ _____ Per day _____	
NRIC / PASSPORT NO: _____		Refundable Deposit _____	
Address: _____		Others _____	
D/L No: _____ D/L Type: Local/International		Total <u>840</u>	
Passed Date: _____ Date of Birth: _____		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>OUT</p>  </div> <div style="text-align: center;"> <p>IN</p>  </div> </div>	
Additional charges of \$20/wk may apply (M) _____		Rented out by: _____	
<p>(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES</p> <div style="text-align: center;">  </div>		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Hirer's Signature </div> <div style="text-align: center;">  Additional Driver Signature </div> </div>	

I have read and agree to the terms and conditions annexed here to on page 2 and 3. If I have presented a charge/credit card for payment, I agree that all amounts payment under this agreement and for parking and traffic infringements may be billed to that accounts and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given in connection with this agreement is true.

IMPORTANT

- ONLY PERSONS ABOVE WITH MORE THAN 2 YEARS OF DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- ALL VEHICLE SHOULD BE RETURNED WITH SAME LEVEL OF PETROL.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND	SIGNATURE OF HIRER
14/11/18						

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 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 03/11/2018 11:57
 Date Of Accident 03/11/2018 11:10
 Exact Location Of Accident CTE SLIP ROAD TOWARDS ANG MO KIO AVE 3
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL5011P

Insured/Policyholder

Name Of Registered Owner TAN BENG BENG (CHEN MING MING)
 NRIC No S7327118E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97990666
 Alternative Phone No OTHERS-97990666

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA ALTIS-1.6 (A)

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 GA061767
 Cover Note Number

Driver

Name of Driver TAN BENG BENG (CHEN MING MING)
 NRIC No S7327118E
 Date Of Birth 26/07/1973
 Occupation INDOOR
 Date Of Driving Pass 16/06/1998
 Driving Experience 20 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97990666
 Fax Number
 Contact Number OTHERS-97990666
 Email Address NOEMAIL

Address	BLK 79E TOA PAYOH CENTRAL #31-73 SINGAPORE
Postcode	315079
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 - HEAD TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC8372M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN BENG BENG
Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	SGL5011P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report **generally** does not constitute an offer to sell or a solicitation to buy.
2. This document is for **informational** purposes only. It is not intended to be used as a basis for investment decisions.
3. It is **not** intended to be used as a basis for investment decisions. It is not intended to be used as a basis for investment decisions.
4. It is **not** intended to be used as a basis for investment decisions. It is not intended to be used as a basis for investment decisions.

DISCLOSURE OF INTERESTS

1. The author of this report has no financial interest in the subject of this report.
2. The author of this report has no financial interest in the subject of this report.

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The author of this report has no financial interest in the subject of this report.

[Signature]

3/10/18
[Signature]

3/10/18
[Signature]

3/10/18
[Signature]

Sketch Plan #2

SKETCH PLAN

	Vehicle A - 5C15011P B - 5H68372
	Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/18 at about 11:00am, I stopped my car at the traffic lights of the 5th road on the road towards the 10th road and 10th road and 30 while waiting for the traffic to turn green. For me to move, a taxi, 5H68372, ran my car from the back. When I have stopped on my brake so that my car did not jump into the car in front.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurance cover is limited (5 days) from the date of the accident and against your policy cover for this accident.

Policyholder's Signature Date & Time: 11/11/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Casualty Personnel's Signature Name: P. R. R. NSIC/TIN No.:
---	---	---

Common Statement

ACCIDENT STATEMENT (Part 1)

This is NOT an admission of liability or finding, but a statement of facts and circumstances of the accident.

1. Date of accident 3/10/18	2. Clock location of accident CTE Slip Road 4m/400	3. To be signed by BOTH parties 12. Signed under H. 10/10/18
4. Placed of damage To vehicle A or B or both A <input checked="" type="checkbox"/> B <input type="checkbox"/> Both <input type="checkbox"/>	5. Vehicle A or B or both A <input checked="" type="checkbox"/> B <input type="checkbox"/> Both <input type="checkbox"/>	6. Vehicle A or B or both A <input checked="" type="checkbox"/> B <input type="checkbox"/> Both <input type="checkbox"/>

Registration No. (VEHICLE A) SG2500 P

1. Name of driver (VEHICLE A)
John Ryan Brown

2. Name of passenger (VEHICLE A)
John Ryan Brown

3. Name of witness (VEHICLE A)
John Ryan Brown

4. Name of driver (VEHICLE A)
John Ryan Brown

5. Name of passenger (VEHICLE A)
John Ryan Brown

6. Name of witness (VEHICLE A)
John Ryan Brown

7. Name of driver (VEHICLE A)
John Ryan Brown

8. Name of passenger (VEHICLE A)
John Ryan Brown

9. Name of witness (VEHICLE A)
John Ryan Brown

10. Name of driver (VEHICLE A)
John Ryan Brown

11. Name of passenger (VEHICLE A)
John Ryan Brown

12. Name of witness (VEHICLE A)
John Ryan Brown

13. Name of driver (VEHICLE A)
John Ryan Brown

14. Name of passenger (VEHICLE A)
John Ryan Brown

15. Name of witness (VEHICLE A)
John Ryan Brown

16. Name of driver (VEHICLE A)
John Ryan Brown

17. Name of passenger (VEHICLE A)
John Ryan Brown

18. Name of witness (VEHICLE A)
John Ryan Brown

13. CIRCUMSTANCES

1. Name of driver (VEHICLE B)

2. Name of passenger (VEHICLE B)

3. Name of witness (VEHICLE B)

4. Name of driver (VEHICLE B)

5. Name of passenger (VEHICLE B)

6. Name of witness (VEHICLE B)

7. Name of driver (VEHICLE B)

8. Name of passenger (VEHICLE B)

9. Name of witness (VEHICLE B)

10. Name of driver (VEHICLE B)

11. Name of passenger (VEHICLE B)

12. Name of witness (VEHICLE B)

13. Name of driver (VEHICLE B)

14. Name of passenger (VEHICLE B)

15. Name of witness (VEHICLE B)

16. Name of driver (VEHICLE B)

17. Name of passenger (VEHICLE B)

18. Name of witness (VEHICLE B)

19. Name of driver (VEHICLE B)

20. Name of passenger (VEHICLE B)

21. Name of witness (VEHICLE B)

22. Name of driver (VEHICLE B)

23. Name of passenger (VEHICLE B)

24. Name of witness (VEHICLE B)

25. Name of driver (VEHICLE B)

26. Name of passenger (VEHICLE B)

27. Name of witness (VEHICLE B)

28. Name of driver (VEHICLE B)

29. Name of passenger (VEHICLE B)

30. Name of witness (VEHICLE B)

31. Name of driver (VEHICLE B)

32. Name of passenger (VEHICLE B)

33. Name of witness (VEHICLE B)

34. Name of driver (VEHICLE B)

35. Name of passenger (VEHICLE B)

36. Name of witness (VEHICLE B)

37. Name of driver (VEHICLE B)

38. Name of passenger (VEHICLE B)

39. Name of witness (VEHICLE B)

40. Name of driver (VEHICLE B)

41. Name of passenger (VEHICLE B)

42. Name of witness (VEHICLE B)

43. Name of driver (VEHICLE B)

44. Name of passenger (VEHICLE B)

45. Name of witness (VEHICLE B)

46. Name of driver (VEHICLE B)

47. Name of passenger (VEHICLE B)

48. Name of witness (VEHICLE B)

49. Name of driver (VEHICLE B)

50. Name of passenger (VEHICLE B)

51. Name of witness (VEHICLE B)

52. Name of driver (VEHICLE B)

53. Name of passenger (VEHICLE B)

REFER TO ATTACHED

Yate

1. Name of driver (VEHICLE A)

2. Name of passenger (VEHICLE A)

3. Name of witness (VEHICLE A)

Individual Statement

[illegible]



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2018 15:13	Video Report No.:	Station Diary No.: 79
--	-------------------	--------------------------

Informant's Particulars

Name of Informant: TAN BENG BENG		Address: APT BLK 79E TOA PAYOH CENTRAL #31-73 SINGAPORE 315079	
ID Type / ID No.: NRIC NO / S7327118E		Contact No.: Home/Office:	Mobile: 97990666
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 26/07/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Locksmith		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2018 11:10	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 3 CTE slip road towards Ang Mo Kio Avenue 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL5011P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	0
SHC8372M	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 4

Report No. T/20181106/2057

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL5011P	AXA INSURANCE SINGAPORE PTE LTD	GA061767	19/09/2018	18/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN BENG BENG		ID No.	S7327118E
Related Vehicle	SGL5011P (Car)		Contact No.	97990666
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/11/2018		Date Discharge	06/11/2018
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	AFFANDI BIN AHMAD		ID No.	S8007027F
Related Vehicle	SHC8372M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 03/11/2018 at about 1115hrs, I was driving my vehicle bearing registration number SGL5011P along CTE and had stopped at a red traffic light. My car was stationary at the slip road of CTE towards Avenue 3, waiting for the traffic light to turn green when a vehicle(SHC8372M) from behind, abruptly collided against the rear of my vehicle. I then alighted from my vehicle to exchange particulars with the driver and to take photos of scene. No one was injured at that point of time and no government property involved. No ambulance or Traffic Police came to scene. The rear of my car was dented due to the collision. Subsequently, both the driver and myself drove off.

On 05/11/2016, I woke up and felt pain on my right foot and went to see to see the doctor. I was then given 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20181106/2057

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20181106/2057

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181106/2057

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

4 of 4

Report No. T/20181106/2057

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 SITI NADIA BINTE ROSLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/11/2018 15:13

Classification Of Case:

SN 168

SIGNATURE



RECORDS MANAGEMENT CENTRE

**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-18-171181
 Date of Request: 05/11/2018

Your Ref No: RSS/1811-4413(TOP)(PD)

 R.S. SOLOMON LLC
 Blk 184 Toa Payoh Central #02-354
 Singapore 310184

Dear Sir/Madam,

 Date of Accident: 03/11/2018
 Vehicle No: SGL5011P
 Place of Accident: CTE SLIP ROAD TOWARDS ANG MO KIO AVE 3
 Involving Vehicle No: SHC8372M

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\$)
SHC8372M	CTE SLIP ROAD TOWARDS ANG MO KIO AVE 3	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:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

SEARCH RESULTS

Our Ref No: GR-18-171177

Date of Request: 05/11/2018

Your Ref No:

RSS/1811-4413(TOP)(PD)

R.S. SOLOMON LLC
Blk 184 Toa Payoh Central #02-354
Singapore 310184

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 03/11/2018

Place of Accident: SLIP RD FROM CTE TWDS AMK AVE

Client Vehicle No: SGL5011P

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

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHC8372M	CTE(AYE)AMK AVE 5 EXIT	03/11/2018 11:05

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-18-171177

Date of Request: 05/11/2018

Your Ref No: RSS/1811-4413(TOP)(PD)

R.S. SOLOMON LLC
Blk 184 Toa Payoh Central #02-354
Singapore 310184

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 03/11/2018

Place of Accident: SLIP RD FROM CTE TWDS AMK AVE

Client Vehicle No: SGL5011P

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 05/11/2018 10:30
 Date Of Accident 03/11/2018 11:05
 Exact Location Of Accident CTE(AYE)AMK AVE 5 EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8372M
Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars
 Manufacturer HYUNDAI
 Model I40
 Vehicle Category TAXI
Insurance Company
 Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number
Driver
 Name of Driver AFFANDI BIN AHMAD
 NRIC No S8007027F
 Address BLK 336D ANCHORVALE CRESCENT #02-66

General information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 Number of Passengers (Including Driver) 2

Circumstances of Accident

PLS REFER TO STTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGL5011P

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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.

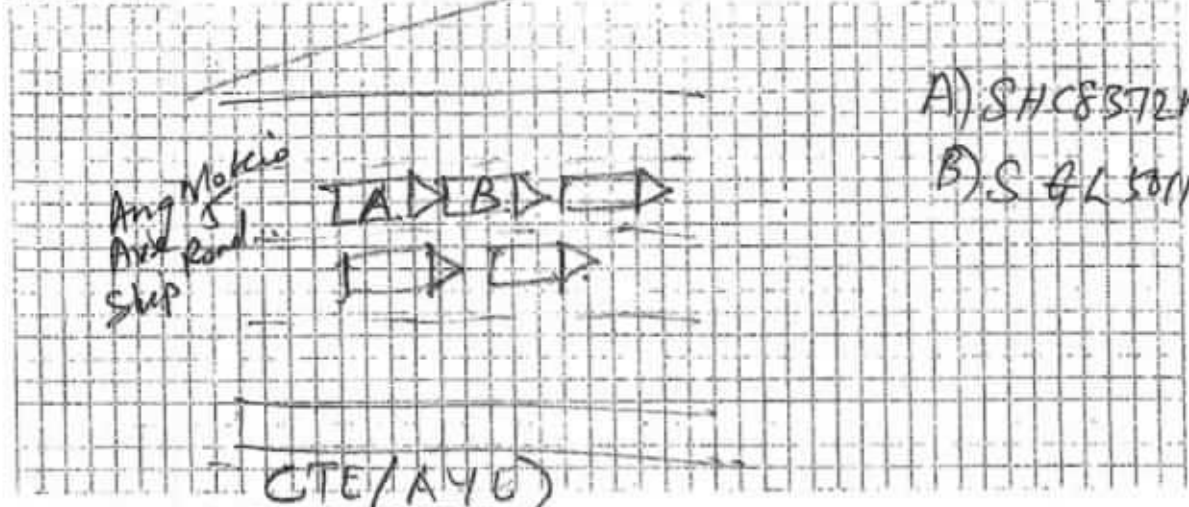
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/11/18 at about 10.50am while I Veh A was driving ahead collided on to the rear of Veh B that was stationary before the traffic junction.

DECLARATION

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

CUMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821R

Policyholder's Signature
Date & Time:

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

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

CUMFORT Sketch Plan Form_V2

[Signature]
2/11/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SHC8372M As At 03 Nov 2018 / 11:10:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: RSS/1811-4413 (TOP)

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

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

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHC8372M

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

Insurance Company Name: INDIA INT'L INS PTE LTD



Our Ref: MAH/MR/20190117/0149
Your Ref: RSS/1809-4413(JOD)(PIPD)
Dated: 25 January 2019

Advocates & Solicitors
300 Beach Rd #12-03/04
The Concourse
Singapore 199555

Dear Sir/Madam,

RE: Medical Report of TAN BENG BENG (S7327118E)

MEDICAL REPORT

Dear Sir/Madam,

According to our medical records TAN BENG BENG was the unfortunate victim of a road traffic accident which occurred on the 3rd of November 2018 at 1110hrs. Whilst in the driver seat of his car, the rear of his vehicle sustained a collision with a taxi. Patient's car was stationary at the point of accident.

There was no loss of consciousness, headache or vomiting. However there was no significant forward impact to the head, or retrograde amnesia. However, he did experience neck pain and right foot pain.

He subsequently visited our 24-hour Mount Alvernia Hospital Clinic for a medical consult on 6th of November 2018 at 1359hrs. Physical examination revealed no lacerations, abrasions or scars. There was no tenderness elicited over the paraspinal neck muscles, and there was normal range of motion of flexion and extension of his neck. Lateral rotation of his neck was also normal. There were no abnormalities or deformities in the shoulder joint and spine. In addition, there were no other signs of head injury as he was conversant and conscious throughout the consult. Gait was also normal. There was no loss of power or sensation. Lumbar movement was full.

The patient was thereafter counselled and given appropriate advice to monitor his symptoms and to return to the clinic should he experience further headache, pain, or change in vision.

An XRAY was done for his Right foot – no abnormalities detected.

The diagnosis was neck (muscle) strain and contusion of right foot.

He was prescribed Anarex, Arcoxia and Voren gel for pain relief, and given 7 days of outpatient medical leave from the 6th of November 2018 to the 12th of November 2018. To the best of our knowledge, he was not referred to other specialist departments from our unit.

He is unlikely to suffer from future physical disabilities or complications as a result of this incident.

Please do not hesitate to contact us should you require more information on our part.

24HR WALK-IN CLINIC/EMERGENCY DEPT
TEL: 6347-6210 FAX: 6354-5517
820 THOMSON ROAD SINGAPORE 574623



Our Ref: MAH/MR/20190117/0149
Your Ref: RSS/1809-4413(JOD)(PIPD)
Dated: 25 January 2019

Advocates & Solicitors
300 Beach Rd #12-03/04
The Concourse
Singapore 199555

Sincerely,

Dr Neoh Jia Quan Leon
MBBS (Australia)
MCR: 61941H

For your information,

With best regards,
Yours sincerely

A handwritten signature in black ink, appearing to be "Leon Neoh".

Leon Neoh
MBBS (AUSTRALIA), PGDIP, DERMATOLOGY (CARDIFF)
MCR: M61941H

24HR WALK-IN CLINIC/EMERGENCY DEPT
TEL: 6347-6210 FAX: 6354-5517
820 THOMSON ROAD SINGAPORE 574623



802 THOMSON ROAD SINGAPORE 116223
MOUNT ALVERNIA HOSPITAL
TEL: 6734 1888 FAX: 6734 1889
WWW.MOUNTALVERNIA.HK

Patient Name : TAN BENG BENG
ID No. : S7327118E
Account No. : 0180744144

Receipt No. : 180138045
Date : 06/11/2018
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20.00	EA	7.00
ARCOXIA TAB 120MG	10.00	EA	37.80
FOOT 1	1.00	EA	45.00
OUTPATIENT NURSING SERVICE	1.00	EA	22.00
RADIOGRAPHER CALL BACK 1	1.00	EA	75.00
RMO CONSULTATION FEE	1.00	EA	69.00
VOREN GEL	1.00	EA	5.90
Total Charges			261.70
GST @ 7%			18.32
			280.02

Paid:

MASTER CARD BY TAN BENG BENG

280.02

Mode of Payment : MASTER CARD

Reference No. : ---

This is a computer generated official receipt, no signature is required.

DBS
MOUNT ALVERNIA HOSPITAL
802 THOMSON ROAD
SINGAPORE 116223
EMV SALE

DATE/TIME: 06NOV18 14:35
TID:40000074 MID:168168013951
INVOICEN: 000095 BATCHN: 000332
MASTERCARD EXPIRY
XXXX XX XX 6349 XX/XX
APPR CODE:004702 HOST: DBS
EMV CHIP RRN:831006000095
TC:34445F4700ECABC AID:A0000000011010
DBS MasterCard TNR:0000000000 TSI:EB00

TOTAL SGD 280.02

SIGN X
/ANDREW TAN
I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and
Emergency Department
No: M18014867

This is to certify that TAN BENG BENG (S7327118E) is granted medical leave for 7 day(s) from 06/11/2018 to 12/11/2018.

Type of medical leave:

- ☒ OUTPATIENT SICK LEAVE
☐ HOSPITALISATION LEAVE
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.


NEOH JIA QUAN LEON
MBBS (AUSTRALIA), PGDIP DERMATOLOGY
(CARDIFF)

A & E/24 HOUR WALK IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

06/11/2018
Date



820 HOBSON ROAD SINGAPORE 54622
MAN 17E 5317 9888 WEBSITE www.mtbovernia.sg
GST REGN NO. MM-0013321-8

Receipt No. : M190029320
Customer Name : TAN BENG BENG (NRIC
NO:S7327118E)

Date : 18/01/2019
Page : 1

Item	Amount (\$)
MEDICAL REPORT	157.94
Total Charges	<u>157.94</u>
GST @ 7%	11.06

Paid	<u>169.00</u>
------	---------------

Mode of Payment : CHEQUE Reference No. : 001175

This is a computer generated official receipt, no signature is required.

Report ID : PY00150R



Your Ref : RSS/1809-4413(JOP)(PIPD)

23 November 2018

R S Solomon LLC
Advocates & Solicitors
300 Beach Rd #12-03/04
The Concourse
Singapore 199555

Dear Sir/Mdm

Medical Report on TAN BENG BENG S7327118E

We refer to your letter dated 20 November 2018.

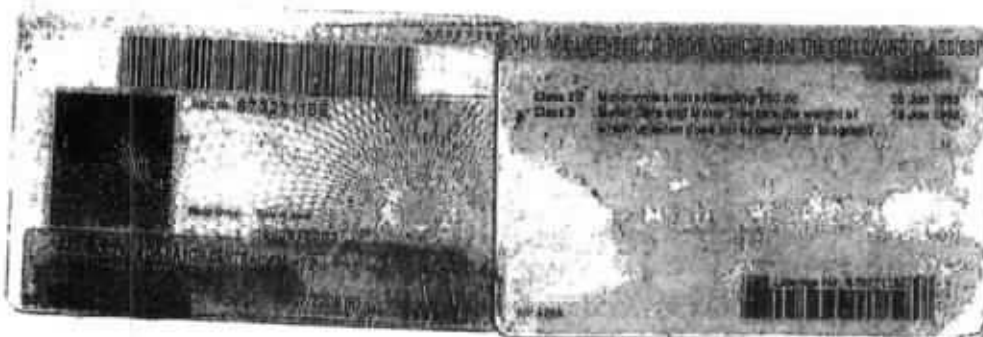
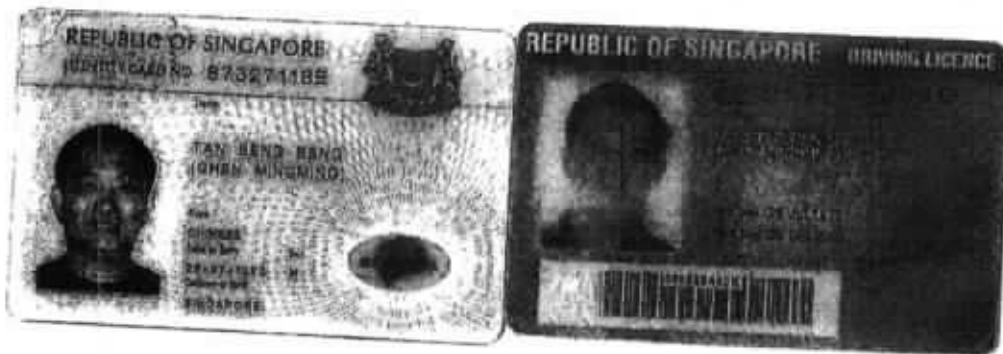
We would appreciate if you could issue a payment of \$169 for the medical report (payable to Mount Alvernia Hospital).

The medical report will be sent to you as soon as we have received the said amount.

Thank you.

Mr Ho Leng Chuan
Assistant Manager
Medical Records Office
Mount Alvernia Hospital
Tel : 63476701

DRIVER NRIC & LICENSE Pg. 1





LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

INDIA INTERNATIONAL INSURANCE PL

Ref : CS3/III18020127/Jtd3e2-1

64 CECIL STREET

#05-02 IOB BUILDING SINGAPORE 049711

Date : 18-02-2019



Code : III2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 8372M	Veh. Inspected	SGL 5011P
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT18110074	Excess (\$)	0.00
Assign From	STANLEY	Assign Date	07/11/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	MR053ZEC107129654	Colour	BLACK
Odometer	359444	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/70 R14	MICHELIN	6 mm
L/H Front Tyre	185/70 R14	MICHELIN	6 mm
R/H Rear Tyre	185/70 R14	MICHELIN	6 mm
L/H Rear Tyre	185/70 R14	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/11/2018	Inspection Date	08/11/2018
Survey held at	TOPMAX AUTO BODYSHOP BLK 3007 UBI ROAD 1 #01-410 SINGAPORE 408701		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGL 5011P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BOOT LID	DENTED	733.80	733.80
2	REAR BOOT HINGES	INTACT	133.80	-
2	REAR BOOT LAMPS	NOT NECESSARY	379.30	-
1	REAR BOOT LOCK	SHORTED	123.70	123.70
1	REAR BOOT RUBBER	NOT NECESSARY	165.60	-
1	REAR BOOT "COROLLA" EMBLEM	NECESSARY	47.40	47.40
1	REAR BOOT "ALTIS" EMBLEM	NECESSARY	38.60	38.60
1	REAR BOOT "1.6" EMBLEM	NECESSARY	32.40	32.40
1	REAR BOOT "E" EMBLEM	NECESSARY	31.50	31.50
2	REAR TAILLAMPS	O/S CRACKED / N/S NOT NECESSARY	721.90	360.00
2	REAR TAILLAMP PANELS	TO REPAIR SEE LABOUR	897.90	-
2	REAR APRON PANELS	INTACT	179.90	-
1	REAR END PANEL	DENTED	777.30	777.30
1	REAR END PANEL INNER GARNISH	BENT	89.80	89.80
1	REAR BUMPER	DEFORMED	486.60	486.60
2	REAR BUMPER BRACKETS	O/S DISTORTED / N/S NOT NECESSARY	117.00	59.00
2	REAR BUMPER SIDE RETAINERS	O/S DISTORTED / N/S NOT NECESSARY	73.80	37.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	647.20	-
1	REAR FLOOR BOARD	DEFORMED	186.90	186.90
2	REAR SPARE TYRE SIDE BOARDS	INTACT	82.40	-
	LESS 25% DISCOUNT		-1,486.70	-751.00
			4,460.10	2,253.00
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	45.00	30.00

**LKK Auto Consultants Pte Ltd**

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

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR REVERSE SENSOR (SN)	SHORTED	350.00	200.00
			395.00	230.00
	LABOUR			
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	20.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		120.00	30.00
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.	NOT NECESSARY	80.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		180.00	50.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR TAILLAMP PANELS AND REAR FLOOR PANEL.		1,600.00	700.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,500.00	600.00
			3,710.00	1,430.00
GRAND TOTAL			8,565.10	3,913.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,100.00

Report Ref No. CS3/III18020127/Jtd3e2-1

ONG HWEIE JIE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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