

ASS. REF. NO.

REF 053/MSG180 23270/GTdx

ASS. REF. NO.
Meunier

Guo Bing
rene tan

ASSIGNMENT (Office)

M8LG

Date/Time 25/02/2019

Estimated Cost

Rate

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

To Inspect Vehicle No.

SJV 3340 P

Insured

SJM 3152P

at Workshop n/a

AMA Autocare

Tel

8778 3636

of

36 Toh Guan Rd East #01-36

Policy No.

A29069766 MIEF

Claim No.

580262

Sum Insured

Excess

Make of Veh.
(Client's Record)

D.O.A

26/12/18

CA / REV / REP. / REV 24 HRS

up

21/1/19 @ Afternoon

H.O.D. Endorsement

Date/Time

3:21pm @ 28/12/18

Person Contacted

Alvin

Vehicle IN (OUT)

Date/Time Action/Instruction (X) Estimate

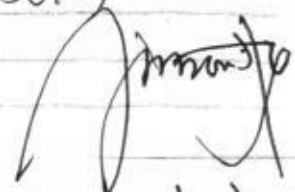
Original: 5600 - 6 days

SJV 3340P-X

SJM 3152P-X

\$2750, 5 Days. Cred: 2850; 50%

18/3- File pass to typist



18/3/2019

RECEIVED 18 MAR 2019

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Monday, 25 February 2019 7:59 AM
To: Irene Tan; Shiau Chan (LKKAuto); Denise Tay (LKKAuto); Admin-D (LKKAuto); assignments
Subject: RE: Please prepare paper survey report on SJV3340P; Our claim no.: 580262/IT

Dear Irene,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Irene Tan <irene_tan@sg.msig-asia.com>
Sent: Friday, 22 February 2019 7:37 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Shiau Chan (LKKAuto) <siewsc@lkkauto.com>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Subject: Please prepare paper survey report on SJV3340P; Our claim no.: 580262/IT
Importance: High

Good evening Veron,

We refer to your PRI report dated 8.1.19.

Please prepare and upload your paper survey report asap.

Irene Tan
Senior Executive, Motor Claims Services
D: +65 6594 2541 | F: +65 6225 7402 | irene_tan@sg.msig-asia.com



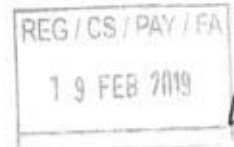
MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S • A. RAVIDASS



Our Ref : AS.182622.In

Your Ref : TBA 580262

VC,
D. Upload
@ MKI

Wene
19/2/19

14 February 2019

Grab Rentals Pte. Ltd
6 Shenton Way
#38-01 OUE Downtown
Singapore 068809

BY CERTIFICATE OF POSTING

MSIG Insurance (S) Pte Ltd
No.4 Shenton Way
#23-01 SGX Centre 2
Singapore 068807

BY PDX

Dear Sir

ACCIDENT INVOLVING SJV 3340P & SLM 3152P ALONG WEST COAST ROAD SLIP ROAD TO WEST COAST HIGHWAY ON 26 DECEMBER 2018

We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 26 December 2018 at about 2:15 p.m. along West Coast Road slip road to West Coast Highway involving our client's motor vehicle registration number SJV 3340P and vehicle registration number SLM 3152P driven by you at all material time.

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

a)	Costs of Repairs	S\$ 5,600.00
b)	Rental (15 days x \$180)	S\$ 2,700.00
c)	Survey Report Fee	S\$ 380.00
d)	LTA	S\$ 7.49
e)	Costs (Inclusive 7% GST)	S\$ 1,819.00
	Total	S\$ 10,506.49

A copy of each of the following supporting documents is enclosed.

- a) A copy of our client's GIA report;
- b) A copy of the survey report, invoice and photographs of our client's motor vehicle;
- c) A copy of the repair bill.

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

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

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

Yours faithfully,



MR ARULCHELVAN S

Enclosure(s)

Enquire Vehicle & Owner Information (Vehicle No. SLM3152P As At 26 Dec 2018 / 14:15:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SJV3340P

Current Owner Details

Owner ID Type: Company
Owner ID: 201617200G
Owner Name: GRAB RENTALS PTE. LTD.
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 6
Registered Street Name: SHENTON WAY
Registered Unit No.: # 38 - 01
Registered Building Name: QUE DOWNTOWN
Registered Postal Code: 068809
Current Vehicle Details

Vehicle No.: SLM3152P
Make Description/Model: TOYOTA / PRIUS HYBRID 1.8 CVT
Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

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	26/12/2018 20:56
Date Of Accident	26/12/2018 14:15
Exact Location Of Accident	WEST COAST RD SLIP RD TO WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3340P
Insured/Policyholder	
Name Of Registered Owner	RISHAM BIN JAFFAR
NRIC No	S8036662J
Email Address	SHAM_SCRAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96469276
Alternative Phone No	OTHERS-96469276

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L RSZ
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-004686
Cover Note Number	N.A

Driver

Name of Driver	RISHAM BIN JAFFAR
NRIC No	S8036662J
Date Of Birth	14/11/1980
Occupation	INDOOR
Date Of Driving Pass	01/02/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96469276
Fax Number	
Contact Number	OTHERS-96469276
Email Address	SHAM_SCRAM@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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	3
Passenger 1	NAME: : JULIANTO BINTE MOHD ARIP GENDER: : FEMALE
Passenger 2	NAME: : NUR NABILAH QAISARA BINTE RISHAM 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

At the slip road, my vehicle was already stopped due to on coming vehicle. Few seconds, I felt an impact from behind and saw a vehicle already hit onto my vehicle rear portion.

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	SLM3152P
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT / WHT
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	JASMIN BIN ZULKIEFLEE
NRIC/Passport Number	S1517894I
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

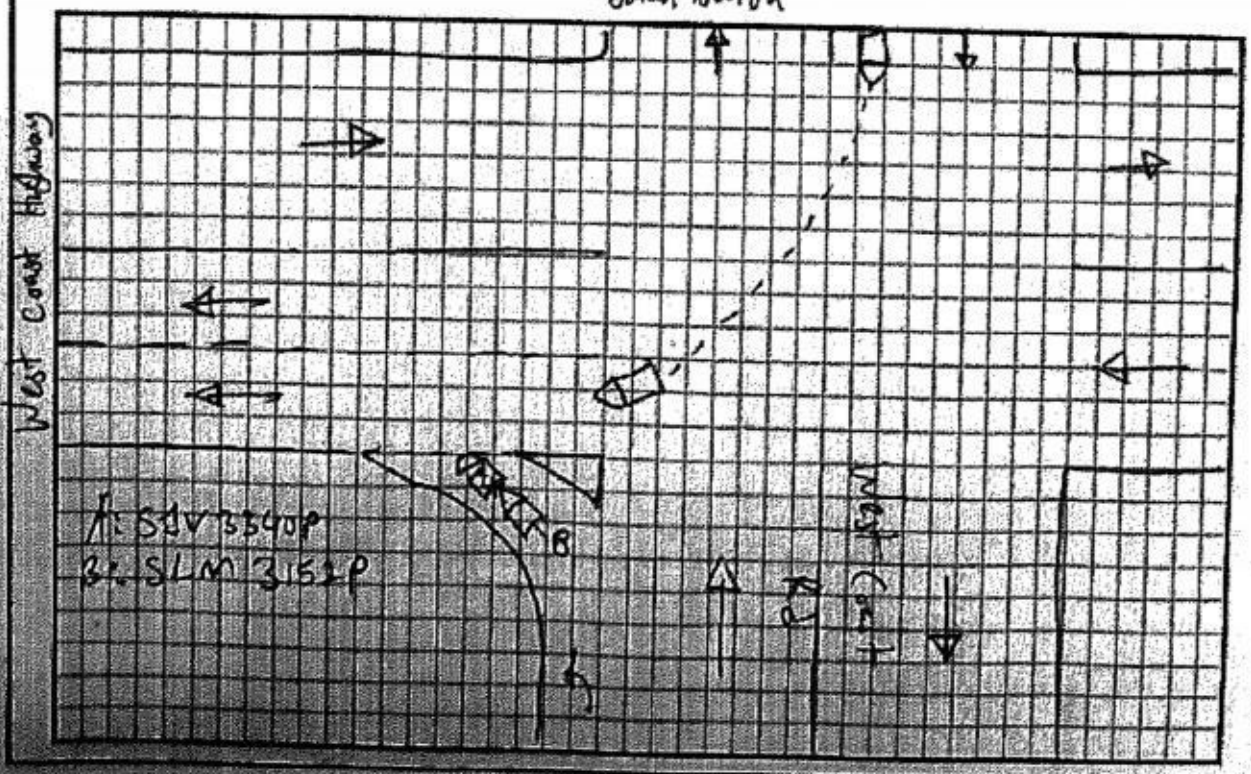
AIZAM BIN ATAN

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)

At the slip road, my vehicle was already stopped due to on coming vehicle. Few seconds, I felt an impact from behind and saw a vehicle already hit onto my vehicle rear portion.

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 -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 December 2018 at 7:00 PM

Date/Time:

26 December 2018 at 7:00 PM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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Insured/Policyholder	
Name Of Registered Owner	RISHAM BIN JAFFAR
NRIC No	S8036662J
Email Address	SHAM_SCRAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96469276
Alternative Phone No	OTHERS-96469276

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L RSZ
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-004686
Cover Note Number	N.A

Driver

Name of Driver	RISHAM BIN JAFFAR
NRIC No	S8036662J
Date Of Birth	14/11/1980
Occupation	INDOOR
Date Of Driving Pass	01/02/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96469276
Fax Number	
Contact Number	OTHERS-96469276
Email Address	SHAM_SCRAM@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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	3
Passenger 1	NAME: : JULIANTO BINTE MOHD ARIP GENDER: : FEMALE
Passenger 2	NAME: : NUR NABILAH QAISARA BINTE RISHAM GENDER: : FEMALE

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If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT / WHT
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	JASMIN BIN ZULKIEFLEE
NRIC/Passport Number	S1517894I
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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I understand, acknowledge, agree and consent that:
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(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

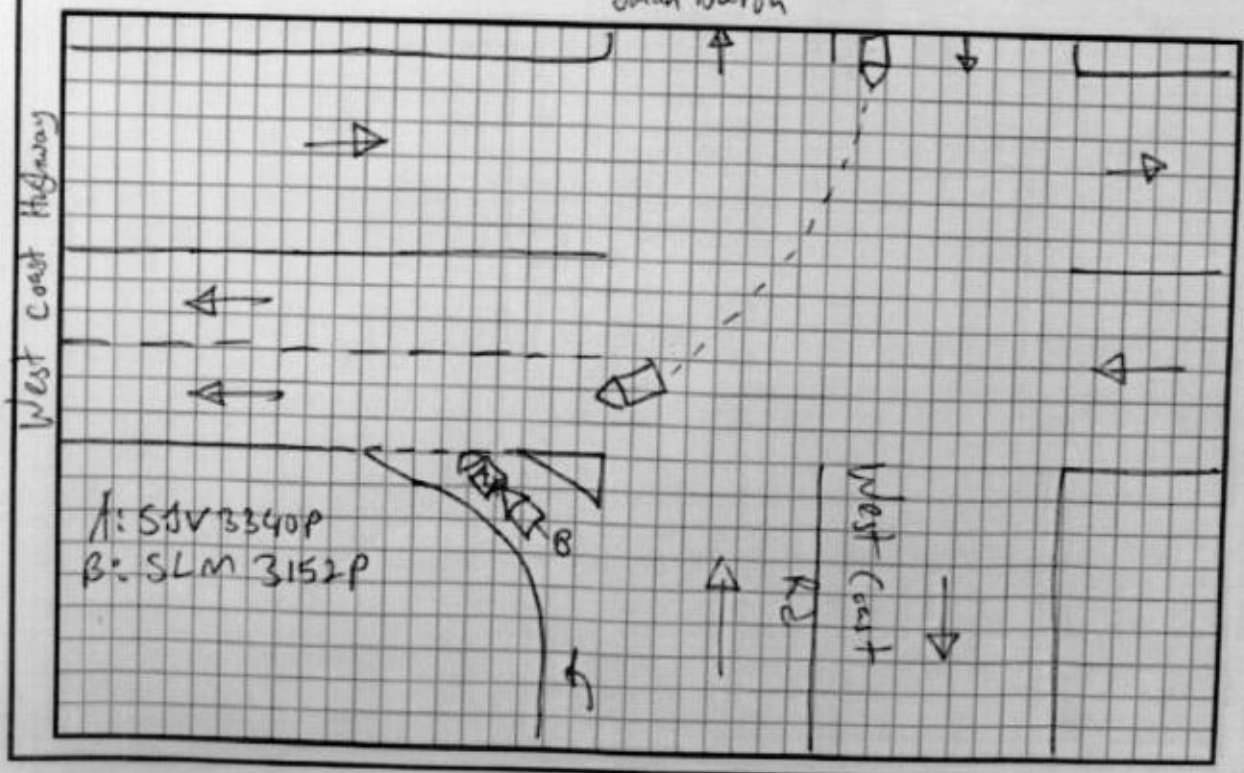
AIZAM BIN ATAN

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)

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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 -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 December 2018 at 7:00 PM

Date/Time:

26 December 2018 at 7:00 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

