

Surveyor

REF: 08/11/19003815/GG d3-1

Special Instruction:

LIS: \$14750.00

From (Person): Lee Ming Yao of MG Date/Time: 20/2/19

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: United Appraisal & Management

Workshop: Team Autopro

OD/FP Re-inspection / Evaluation

To Inspect Vehicle No: 81L 2906T Insured: SJM 9777#

at Workshop m/s Team Autopro Tel: 6258 1955

of 885 Sin Ming Drive # 0102

Policy No: Claim No: 7981615052SQ-003

Sum Insured: Excess:

Make of Veh: D.O.A. 16/8/2018

(Client's Record) 04/04/19 @ 2pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 12 days)

Date/Time: 04/4 Submit Final Fig 2900, 5 days (Red \$ 10850, 70%; Original 12 days)

Date/Time	Action/Instruction
11/2/19	Contact: KCC @ 8139 9703
26/3/19	Owner did not turn up, workshop say will rearrange
	Received email to rearrange on 04/04/19

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 08 APR 2019

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

20/2

1) Date/Time 08/4/19 File Pass to TMS

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

Nivitha (LKK Auto)

From: Lee, Ming-Yao <MingYao.Lee@aig.com>
Sent: Wednesday, 20 February 2019 6:27 PM
To: William Lee
Cc: 'Ashley'; 'TeamAutoPro East'; assignments
Subject: RE: Our Ref : 7981615052SG-003 | Your Ref : MKR/404/8162/2018/as.wl | Accident Involving SJM9747H, SLL2906T & SHF627R on 16/08/2018

Dear Roy,

Thanks and officer of m/s LKK Auto Consultants Pte Ltd will arrange.

Regards,
George Lee
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd

AIG Building, 78 Shenton Way, #08-16 Singapore 079120
Tel +(65) 6419 1769

Ming-Yao.Lee@aig.com | www.aig.sg



AIG Asia Pacific won General Insurance Company of the Year at the 22nd Asia Insurance Industry Awards. [Click here to find out more.](#)

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IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by AIG for any loss or damage arising in any way from its use.

From: William Lee [mailto:william@roypartners.com.sg]
Sent: 19 February 2019 15:27
To: Lee, Ming-Yao
Cc: 'Ashley'; 'TeamAutoPro East'
Subject: RE: Our Ref : 7981615052SG-003 | Your Ref : MKR/404/8162/2018/as.wl | Accident Involving SJM9747H, SLL2906T & SHF627R on 16/08/2018
Importance: High

Dear Sirs,

We refer to your email dated 13th February 2019.

Please be informed that the available date of our client vehicle no. SKS 5468X for the re-inspection with details as follows:-

Date : 28th February 2019 (Thursday)
Time : 3.00 pm
Venue : 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718 (Beside Exit Gate)
Contact : 8139 9703 (KC)

Kindly confirm with the above appointment as soon as possible.

Your prompt reply will be very much appreciate.

Thanks & regards,

William Lee

M/s Roy & Partners

101 Cecil Street

#11-09 Tong Eng Building

Singapore 069533

Tel : 6536 8466 Fax : 6536 1963

Email : william@roypartners.com.sg

IMPORTANT NOTE : The information in this email is confidential and may also be privileged. If you are not the intended recipient, any use or dissemination of the information and any disclosure or copying of this email is unauthorised and strictly prohibited. If you have received this email in error, please notify the sender immediately. You should also delete and destroy all copies of it. Thank you.

From: TeamAuto Pro [mailto:teamautooffice@gmail.com]

Sent: Monday, 18 February, 2019 7:03 PM

To: William Lee <william@roypartners.com.sg>

Cc: Ashley <ashley@roypartners.com.sg>; TeamAutoPro East <teamautopl@gmail.com>

Subject: Re: Our Ref : 7981615052SG-003 | Your Ref : MKR/404/8162/2018/as.wl | Accident Involving SJM9747H, SLL2906T & SHF627R on 16/08/2018

Dear William,

Resurvey scheduled on our end as follows, kindly convey and confirm with 3rd party:-

Date : 28th February 2019 (Thursday)
Time : 3.00 PM
Venue Gate : 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718 (Beside Exit Gate)
Contact : 8139 9703 (KC)

Thank you!

--

The above settlement is in respect of our client for damage pertaining to his motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Cheers,

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Thursday, 28 February 2019 11:00 AM
To: assignments
Subject: FW: FW: Our Ref : 7981615052SG-003 | Your Ref : MKR/404/8162/2018/as.wl | Accident Involving SJM9747H, SLL2906T & SHF627R on 16/08/2018

Importance: High

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: William Lee <william@roypartners.com.sg>
Sent: Thursday, 28 February 2019 10:59 AM
To: Admin A <admin-a@lkkauto.com>
Cc: 'Ashley' <ashley@roypartners.com.sg>
Subject: FW: FW: Our Ref : 7981615052SG-003 | Your Ref : MKR/404/8162/2018/as.wl | Accident Involving SJM9747H, SLL2906T & SHF627R on 16/08/2018
Importance: High

Dear Nivitha,

We refer to our email below.

Dear Sirs,

We refer to your email dated 20th February 2019.

Please be informed that the available date of our client vehicle no. SLL 2906T for the re-inspection with details as follows:-

Date	:	1st March 2019 (Friday)
Time	:	3.00 pm
Venue (Gate)	:	385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718 (Beside Exit)
Contact	:	8139 9703 (KC)

We hereby confirm the appointment as your requested.

Kindly arrange your surveyor to conduct the re-inspection.

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 ability.
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	17/08/2018 12:37
Date Of Accident	16/08/2018 16:50
Exact Location Of Accident	PIE TUAS NEAR EXIT 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2906T
Insured/Policyholder	
Name Of Registered Owner	CRUZZE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88338686
Alternative Phone No	OFFICE-88338686

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SDI8V05679/VPL/R00 (COMP)
Cover Note Number	

Driver

Name of Driver	HO SHING YEE
NRIC No	S8313345G
Date Of Birth	19/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88338686
Fax Number	
Contact Number	OTHERS-88338686
E-Mail Address	NOEMAIL

Address	BLK 312C CLEMENTI AVE 4 #21-195
Postcode	123312
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : RUBY GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GRAB PASSENGER 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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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	SJM9747H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF627R

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)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

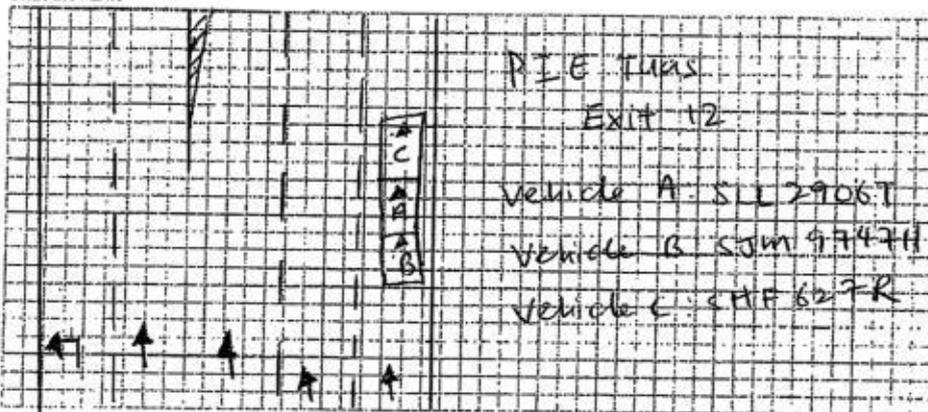

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A

On the stated date and time, I vehicle ^A stopped as the vehicle in front stopped. Suddenly vehicle B hit onto me and the impact push me forward and hit onto vehicle C.

Passenger: Female Grab Passenger (2)

DECLARATION

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

17 AUG 2018

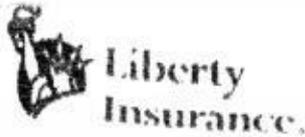


Policyholder's Signature
Date & Time:

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

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

ICARMC SL-12hP1-m-fans v1



Liberty Insurance Limited
 Registered Office: 11, Market Street, Singapore 048946
 11, Market Street, Singapore 048946
 Tel: 65 6721 8011 Fax: 65 6721 8012
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1999
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (MALAYSIA)

Certificate No	2010V35670 / NPL 800
Form	MZ400A
Date Of Issue	11 JUN 2018
1. Index Mark and Registration No. of Vehicle:	SLL29001
2. Chassis number of Vehicle:	JM6BN22A8H0140902
3. Name of Policyholder:	CRUZZE
4. Effective date of Commencement of Insurance for the purpose of the Act:	11-JUN-2018 00:00 AM
5. Date of Expiry of Insurance:	10-JUN-2019 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	Any person provided he is in the Policyholder's employ and is driving on their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
7. Limitations as to use*:	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.
8. Policy does not cover:	A) Use for racing, pace making, reliability trials or speed testing B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	

For Information only:

COVERAGE :	Comprehensive, Unlimited Windscreen, Grabcar Extension (Geographical Area: Singapore only); Any Employees of the Company
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$3500, Section I (Outside Singapore) S\$4500, Section II (Outside Singapore) S\$4500, Section II (Outside Singapore) S\$3500, Windscreen Excess: S\$100
FINANCE COMPANY:	HENLY ENTERPRISES CO PTE LTD
PRODUCER NAME:	TAN LAY YONG

PLYW-12-JUL-18

S1_CI_T1_T3_OE_Template2-Ver1

12-JUL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 ability.
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	17/08/2018 14:13
Date Of Accident	16/08/2018 16:40
Exact Location Of Accident	PIE EXPRESSWAY TOWARDS TUAS NEAR BENDEMEER EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9747H
Insured/Policyholder	
Name Of Registered Owner	SEOW HUI MIN KATHERINE
NRIC No	S7804386E
Email Address	KATHERINESHM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98169829
Alternative Phone No	OTHERS-98169829

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800075124
Cover Note Number	

Driver

Name of Driver	SEOW HUI MIN KATHERINE
NRIC No	S7804386E
Date Of Birth	10/02/1978
Occupation	INDOOR
Date Of Driving Pass	25/09/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98169829
Fax Number	
Contact Number	OTHERS-98169829
EMail Address	KATHERINESHM@YAHOO.COM

Address	4 PANDAN VALLEY #12-409
Postcode	597628
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2906T
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO SHING YEE
NRIC/Passport Number	S8313345G
Contact Number	88338686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF627R
-----------------------------	---------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

WU CHAIN MOI

NRIC/Passport Number

S1542743D

Contact Number

92768783

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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


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

Sketch Plan Pg. 2

SKETCH PLAN

PLEASE SEE BELOW

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE toward Tuas from Ubi. I was filtered from the middle lane to the right most lane. My speed was about 80km/h. There was sufficient safety distance from the car ahead. Suddenly, the front car (Mazda 3 SLL 29067) e-braked. ~~I e-braked~~ Once I saw the e-brake light, I e-braked too. ~~The~~ My car hit the ~~the~~ Mazda 3 and the ~~airbag~~ front airbag was activated.

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:



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