

ASS. REC. BY:

REF:

033 / MSC118007603 / Gtd3.7

Special Instruction:

SUPERVISOR  
MUMMEN

3Q

## ASSIGNMENT (Office)

From (Person):

Ching Nyuk Lui

of

MSC11

Date/Time:

9/5/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 8020J

Insured:

SDP 8885D

at Workshop m/s

YSK Auto

Tel:

9640 2541 / 9007 5148 (Ah Chai)

of

81k 1 Koki Bukit Ave 6 #0-71

Policy No:

270751685MP

Claim No:

556465

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23042018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

25042018 1157am

Person Contacted:

Danny

Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	PC 8020J - x
	SDP 8885D - x
17/5/18	After repair.

\$7300, 9 Days.  
(Red: 10900; 59%)

*[Signature]*  
20/6/2019  
**Do Not Finalise**

RECEIVED 10 JUN 2019

REF:

ORIGINAL

From: Date:  
 Estimated Cost: \*  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop No:

of

Insured

Policy No.

Claims No.

Sum Insured

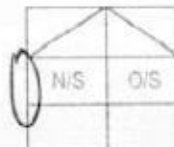
Excess:

(Client's Record)

Make of Veh:

(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

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Veh No: PC 80203 Yr Regn: 2014 Jan 24  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace High Roof C/C 2982

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

Sp. Reading: 207431 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFST22P700018704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Indicator / Jammed / Leaked / Burnt or

Brake: Indicator / Jammed / Leaked / Burnt or

Mod: No / S/Rim / STD A/Rim or

Tyre Size: F: 175 R15C

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: 23042018

D.O.I: 25042018 @ 6:30pm

Survey held at:

Y&amp;K Auto

Des. of Damages: Frt / Rear / O/S N/S U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time: Action / Instruction

Estimated repair range \$8,000 - \$9,000  
 RECEIVED 19 JUL 2018

Date/Time, File Pass to?

☐ : Prelim. Report  
☐ : Final Report

to:

Date/Time, File Return to?

by:

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

1. 3+R: 3

2. Travel:

3. Other:

Report Format

PRE

Lump Sum / t.B.f. / S

Add Fee: ☐ Site Insp \$☐ Infant, Jew \$☐ Tech. Tools \$☐ Wheel and \$

## Nivitha (LKK Auto)

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**From:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Sent:** Thursday, 9 May 2019 9:52 AM  
**To:** assignments  
**Subject:** FW: Your ref: RA.513519.V. Our ref: 556465 (OIV: SDP8885D)

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)

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**From:** Chhia Nyuk Pui <NyukPui\_Chhia@sg.msig-asia.com>  
**Sent:** Thursday, 9 May 2019 9:22 AM  
**To:** SUR <sur@lkkauto.com>; Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Subject:** FW: Your ref: RA.513519.V. Our ref: 556465 (OIV: SDP8885D)

Hi LKK Team


Please do paper survey for us.

TP documents granted in Merimen.

Thanks.

Chhia Nyuk Pui  
Senior Executive, Claims Services  
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | [nyukpui\\_chhia@sg.msig-asia.com](mailto:nyukpui_chhia@sg.msig-asia.com)



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | [www.msig.com.sg](http://www.msig.com.sg) | Follow us on  @MSIG\_SG

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

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**From:** Chhia Nyuk Pui  
**Sent:** Tuesday, 9 April, 2019 11:10 AM  
**To:** 'riaz@justice.com.sg' <[riaz@justice.com.sg](mailto:riaz@justice.com.sg)>  
**Subject:** Your ref: RA.513519.V. Our ref: 556465 (OIV: SDP8885D)

Dear Sir/Madam

Without Prejudice  
Save as to Costs

We refer to your letter dated 05.04.19


We are looking into the claim and shall come back to you soon.

Thank you.

*Please note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. This may include disclosing and sharing your personal data with our service providers and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore, for the proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws (collectively, "the Purpose"). We may also need to disclose or share your personal data with service providers who are sited outside Singapore for the Purpose.*

**Chhia Nyuk Pui**  
Senior Executive, Claims Services  
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | [nyukpui\\_chhia@sg.msig-asia.com](mailto:nyukpui_chhia@sg.msig-asia.com)



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | [www.msig.com.sg](http://www.msig.com.sg) | Follow us on  [@MSIG\\_SG](https://twitter.com/MSIG_SG)

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

556465

PDX Intercompany Exchange Pte Ltd



01090884883

FROM RIAZ  
PDX Box No.

8849

**RIA Z**

L.L.C

**ADVOCATES AND SOLICITORS**  
COMMISSIONER FOR OATHS

REG/OS/PAY/FA

03 APR 2019

CNP.

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

**Your Reference: Your Insured (SDP 8885D)**  
**Our Reference: RA.513519.V****RIAZ QAYYUM** (LLB HONS) NUS  
(DIRECTOR)

556465

**ABDUL HALIM BIN ROSALAN** (LLB HONS) UTAS  
(ASSOCIATE)**1 APRIL 2019****MSIG Insurance (Singapore) Pte Ltd**  
16 Raffles Quay  
#24-01 Hong Leong Building  
Singapore 048581  
**Attn: Motor Claims Department****MUHD RIDHWAN ABDUL RAHIM** (LLB HONS) LEEDS  
(ASSOCIATE)**BY FAX & PDX# 8173**  
(Fax No. 6225-7402)

Dear Sirs,

**ACCIDENT ON 23.04.2018 ALONG EAST COAST PARK SERVICE ROAD  
INVOLVING MOTOR VEHICLES PC 8020J AND SDP 8885D**We act for **RAINBOW BUS SERVICES**, the owner of motor vehicle No. **PC 8020J**From our LTA search, you are the insurer of motor vehicle No. **SDP 8885D**We are instructed by our client to claim damages against your insured in connection with a road traffic accident on **23.04.2018** at about **2100** hours along **EAST COAST PARK SERVICE ROAD INVOLVING MOTOR VEHICLES PC 8020J AND SDP 8885D** driven by your insured and/or your insured's servant and/or agent at the material time.

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

a)	Cost of repairs	\$ 18,200.00
b)	Loss of Use (14 days x S\$ 250.00)	\$ 3,500.00
c)	LTA / GIA	\$ 7.49
d)	Survey Fee	\$ 752.00
e)	Color Photocopies (82 pcs x S\$ 1.50)	\$ 123.00
f)	Incidentals	\$ 120.00
g)	Costs contribution incl GST	\$ 2,354.00
		<b>\$ 25,056.49</b>

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413  
TEL: 65340110 FAX: 65340220 EMAIL: RIAZ@JUSTICE.COM.SG

(PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS)

WWW.INJURYCLAIMS.SG



Page 2

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [ ] Excess bill/receipt
- [ ] Vehicle Registration Card
- [ ] COE/PARF Certificate
- [ ] Names and addresses of witnesses
- [ ] Original photographs of damage to our client's motor vehicle
- [x] Photocopied photographs of damage to our client's motor vehicle (82 pcs)
- [x] Rental Agreement, Invoice, survey report and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you 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 your insured without further notice to you.

Yours faithfully

Encs

CC client (PC 8020J)

## 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	24/04/2018 10:16
Date Of Accident	23/04/2018 21:00
Exact Location Of Accident	EAST COAST PARK SERVICE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8020J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAINBOW BUS SERVICES
Co Reg No	52835750J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97952882
Alternative Phone No	OFFICE-97952882

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5067137012-03
Cover Note Number	

### Driver

Name of Driver	TAN KIAN WUAN DESMOND
NRIC No	S7010844E
Date Of Birth	03/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90093393
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 441 SIN MING AVENUE #02-415
Postcode	570441
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	7
Passenger 1	NAME: : FOREIGN TOURIST 1 GENDER: : MALE
Passenger 2	NAME: : FOREIGN TOURIST 2 GENDER: : MALE
Passenger 3	NAME: : FOREIGN TOURIST 3 GENDER: : MALE
Passenger 4	NAME: : FOREIGN TOURIST 4 GENDER: : MALE
Passenger 5	NAME: : FOREIGN TOURIST 5 GENDER: : FEMALE
Passenger 6	NAME: : FOREIGN TOURIST 6 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

AS I WAS TRAVELLING STRAIGHT, ANOTHER CAR CAME OUT FROM THE SLIP ROAD AND KNOCKED INTO THE LEFT DOOR OF MY VEHICLE. (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES



Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP8885D
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PENG HWEE
NRIC/Passport Number	S8804590D
Contact Number	91725333
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT 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:

24 APR 2018

64597102

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24 APR 2018

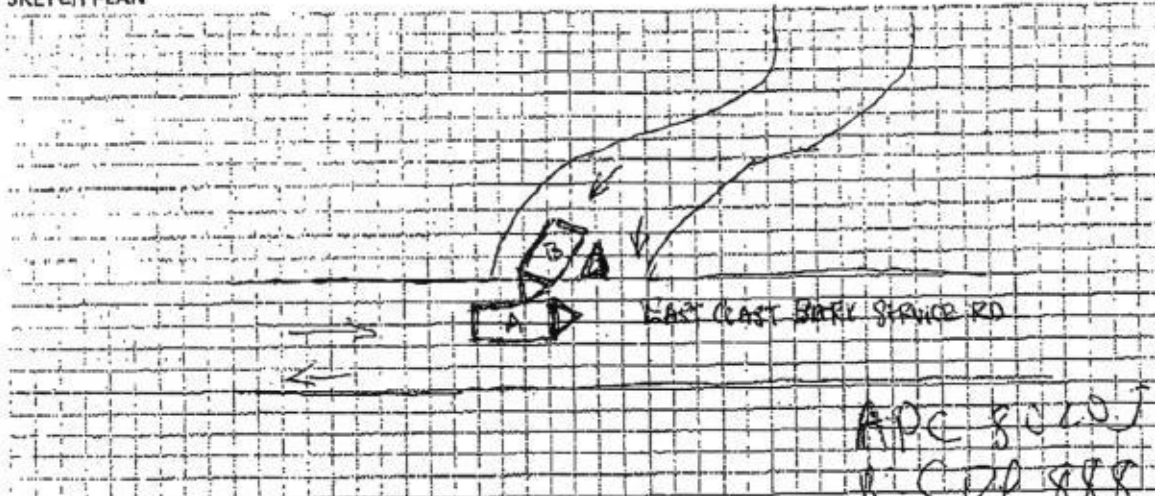
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES  
S7927881E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Statement

DECLARATION

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

Policyholder's Signature

Date & Time:

24 APR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

124 APR 2018

Reporting Centre Personnel's Signature

Name:

NG WING KIN JAMES

NRIC/FIN No.:

S7927881E

Accident Photo



Accident Photo



Accident Photo



Accident Photo





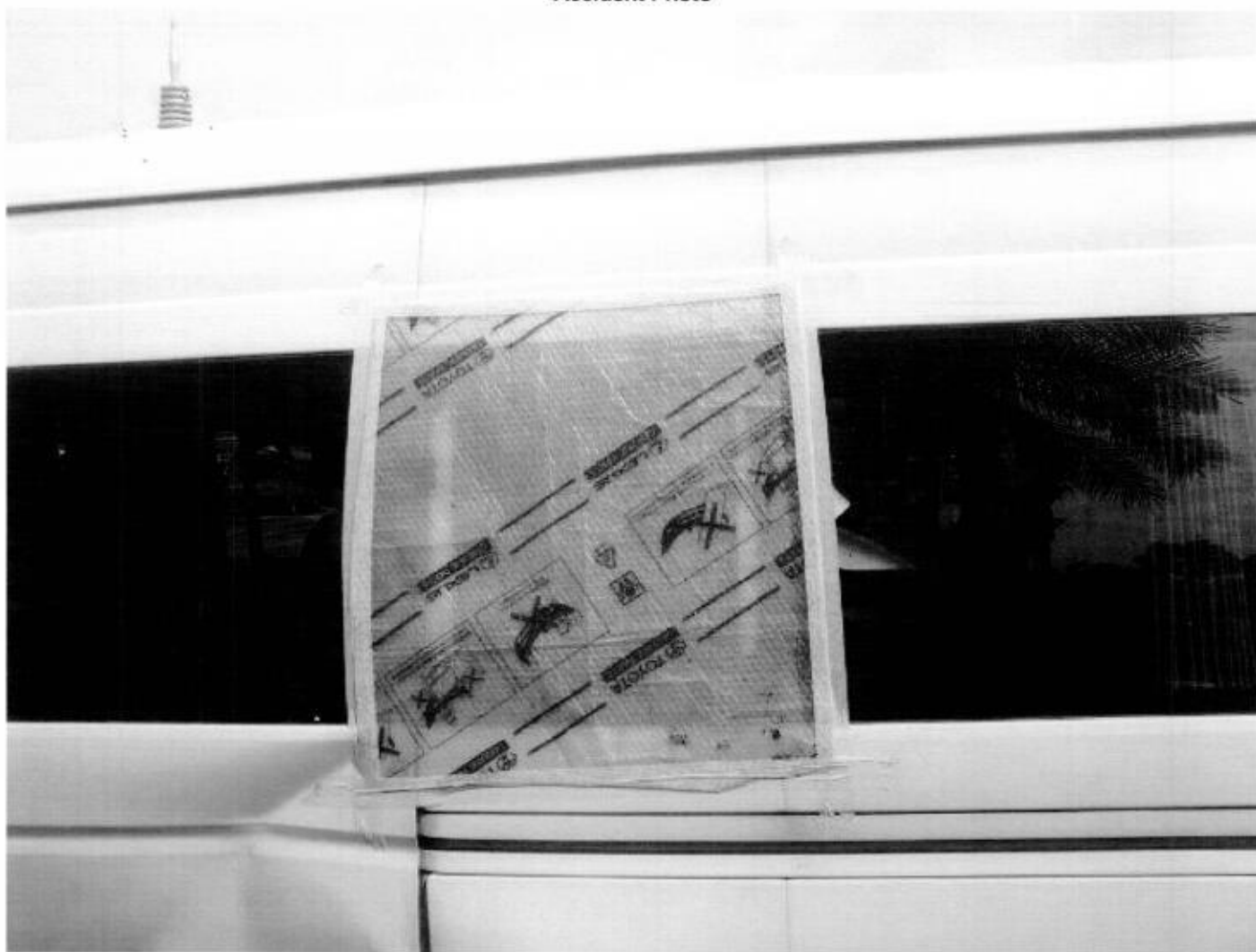
Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	24/04/2018 11:08
Date Of Accident	23/04/2018 21:00
Exact Location Of Accident	EAST COAST PARK SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP8885D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH LAY CHOO
NRIC No	S0571629B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97654726
Alternative Phone No	OFFICE-97654726

### Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27025168SMP
Cover Note Number	

### Driver

Name of Driver	CHUA PENG HWEE
NRIC No	S8804590D
Date Of Birth	03/02/1988
Occupation	INDOOR
Date Of Driving Pass	27/12/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91725333
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	301 JALAN BT HO SWEE #33-01
Postcode	169568
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JHINTANA TOVORN
	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 ATTACH.

#### 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	CC8020J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KIAN WUAN DESMOND
NRIC/Passport Number	S7010844E
Contact Number	90093393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

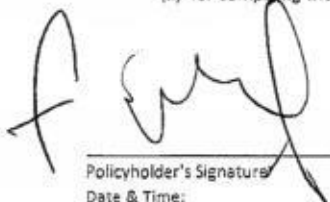
SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

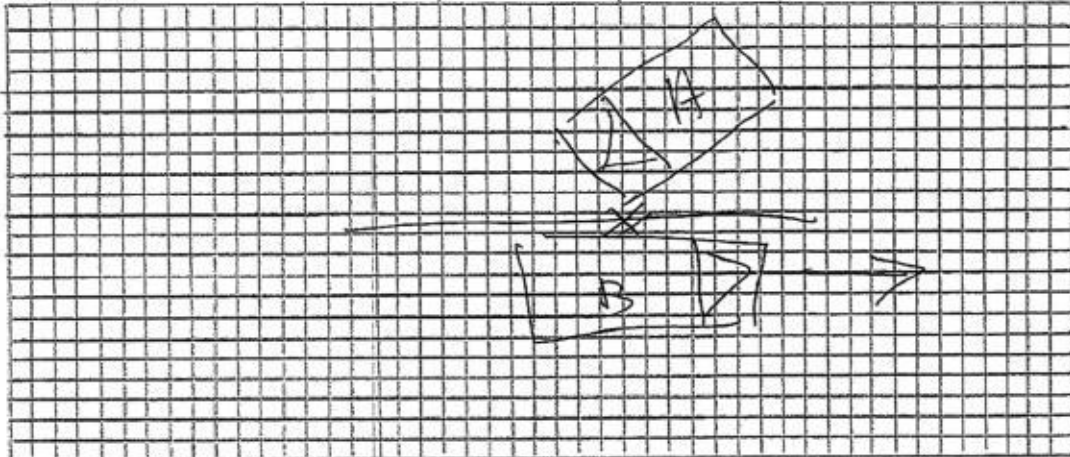
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was turning right I saw I was in the clear and started turning then ~~then~~ "B" started to push forward.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 24/4/2018  
Reporting Centre Personnel's Signature  
Name: @ losehu  
NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo

