



22/03/2018

ASS REC BY:

REF: 093 / ASM18015108 GZ465P

Special Instruction:

SUPERVISOR

From (Person):

Guo Qing  
Cynthia Loh

ASSIGNMENT (Office)

of ASM

Date/Time: 20082018 3:32pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJH 8503C

Insured:

SLF 8448R

at Workshop m/s

Twincor Automotive

Tel:

68470051

of

2 Kaki Bukit Ave 3 #01-17

Policy No:

Claim No:

S8M003LN

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19082018

(Client's Record)

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

31-082018

H.O.D. Endorsement:

Date/Time: 20082018 5:06pm

Person Contacted:

Elynn

Vehicle:

IN/OUT

Date/Time	Action/Instruction ( X ) Estimate	
	SJH 8503C - C3/Smo17000471 / m1gh3n2	DA: 07012017
	SLF 8448R - C4 / ASM18014765 / K1A23	DA: 11032018
24/1/18	FS mantled.	

(08/11/13) wof  
ASS. REC. BY:

REF: ASM(CAXA)

6744H

ASSIGNMENT

(-2028)

From:

Date:

21/8/18

Veh No:

SJH 8503C

Yr Regn: 27 Aug 2008

Estimated Cost:

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

Q/R: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SJH 8503C

Make:

Mit lance r1.6 c.c 1584

at Workshop m/s

Twincar Automotive

Colour:

Green

A/C: Insured / Std / NI / NA

of

2 kaki Bkt Ave 2 #01-17 118

Sp. Reading

107737

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

IMYSNCS3A.84006033

Claims No.

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

Sum Insured

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

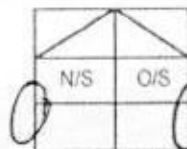
Tyre Size:

F: 195/60 R15

R: 11

(Policy Condition)

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



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

TOYO / YOKO or

FALKEN

Bal. or Market Value:

\$60k

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

Lump Sum:

%

3 Val.: Yes or No

Survey held at

w/s

21-08-18

4:45pm

CA / REV / REP. / 24 HRS <sup>hps</sup>

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time | Action / Instruction

28/8/18 | Submit PRS Report

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

: S + RS, \$

: Photos

: Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

## Nivitha (LKK Auto)

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Tuesday, 7 May 2019 8:49 AM  
**To:** 'Admin-D (LKKAuto)'; 'Admin A'  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; 'christina'  
**Subject:** [SOP file ref: 19.26963 PD-O] SJH 8503C  
**Attachments:** TPPD LITIGATION LOD-MU JINDUO.pdf; SJH8503C TP GIA REPORT.PDF; SLF8448R INSD GIA REPORT.PDF

Dear Nivita,

<b>CLAIMANT :</b>	<b>MU JINDUO</b>
<b>VEHICLE NUMBER :</b>	<b>SJH 8503C</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>19.07.2018</b>
<b>AXA VEHICLE NUMBER :</b>	<b>SLF 8448R</b>

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- If you have conducted post-repair inspection already, please let us have your survey report urgently.
- If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest. Thanks!

Thanks & Best Regards

**Heng Xinyi**  
(Secretary to Mr Tan Chee Kiong)  
Seah Ong & Partners LLP  
36 Robinson Road  
#12-03 City House  
Singapore 068877

Tel: 6536 5369  
Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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# VISION LAW LLC

Advocates & Solicitors  
(Incorporated with limited liability)

60147116

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D/O MUNIANDY  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
TAN YINXIANG, SELWYN  
CHEONG YUNHUI, CLARISSA  
EDISON TAM CHYI EU  
SONIA LIM WEI LEI



Unique Entity Number: 200721148H

Head Office: 133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh  
#03-11 HDB Hub (Biz 3 Lobby 1)  
Singapore 310490

Main  
TEL : (65) 6534 2811 (Hunting)  
FAX : (65) 6535 6802  
E-MAIL : [erick@visionlawllc.com](mailto:erick@visionlawllc.com)

Branch  
TEL : (65) 6534 7113



WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to **HEAD OFFICE** for this matter

Our Ref : AM-atv-Ins-T140-107747-18  
Your Ref : SLF 8448 R

Date: 2 May 2019 3 0 1 9 7 0 6 7 8 8 - - -

**AXA INSURANCE SINGAPORE PTE LTD**  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811  
**Attn: Motor Claims Department**



**CHEN JIN PING**  
Apt Blk 17A Circuit Road  
#13-200  
Singapore 371017

**CERTIFICATE OF POSTING**  
[For your information only]

Dear Sir,

**CLAIMANT : MU JINDUO**  
**ACCIDENT INVOLVING SJH 8503 C & SLF 8448 R ON 19-AUG-2018 AT STADIUM WALK INFRONT OF SINGAPORE INDOOR STADIUM AT ABOUT 1745HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **19-AUG-2018 AT STADIUM WALK INFRONT OF SINGAPORE INDOOR STADIUM AT ABOUT 1745HOURS** involving our client's vehicle registration number **SJH 8503 C** and vehicle registration number **SLF 8448 R** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured 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:-

01.	Cost of Repair	\$14,017.00
02.	Loss of Use for 11 days at \$120.00 per day	\$ 1,320.00
03.	Additional 2 days loss of use for pre repair	\$ 240.00
04.	Survey report fees	\$ 1,097.00
05.	GIA & LTA search / report fees	\$ 43.98
06.	Cost Contribution (at this stage)	\$ 1,605.00
07.	Disbursements (at this stage)	\$ 50.00
<b>TOTAL</b>		<b>\$18,372.98</b>

.../2 to be continued next page

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**VISION LAW LLC**

Advocates & Solicitors

Page 2

Our Ref : AM-atv-Ins-T140-107747-18  
Your Ref : SLF 8448 R

Date: 2 May 2019

**AXA INSURANCE SINGAPORE PTE LTD**

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

Attn: Motor Claims Department

**CHEN JIN PING**

Apt Blk 17A Circuit Road  
#13-200  
Singapore 371017

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SJH 8503 C & SLF 8448 R;
  - (b) Photographs taken at scene of accident;
  - (c) LTANet Search;
  - (d) Certificate of Insurance;
  - (e) Registration Card;
  - (f) Final Repair Bill;
  - (g) Surveyor's report & invoice; and
  - (h) **100 coloured photographs** depicting the damages to motor vehicle SJH 8503 C.
- (P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

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. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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

Anjali M  
(HEAD OFFICE)  
Enc.

cc: client: Mu Jinduo

*As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.*

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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-18-127768

Date of Request: 20/08/2018

Your Ref No: WALK IN TAN

TWINCAR AUTOMOTIVE PTE LTD  
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: SJH8503C

Date of Accident: 19/08/2018

Place of Accident: STADIUM WALK

Involving Vehicle No: SLF8448R

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

**TAX INVOICE**

Our Ref No: GR-18-127771

Date of Request: 20/08/2018

Your Ref No: WALK IN TAN

TWINCAR AUTOMOTIVE PTE LTD  
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 19/08/2018

Vehicle No: SJH8503C

Place of Accident: STSDUM WALK INFRT OF SINGAPORE INDOOR STUDIOUM

Involving Vehicle No: SLF8448R

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\$)
SLF8448R	STSDUM WALK INFRT OF SINGAPORE INDOOR STUDIOUM	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.

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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 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	20/08/2018 11:40
Date Of Accident	19/08/2018 17:45
Exact Location Of Accident	STSDUM WALK INFRT OF SINGAPORE INDOOR STUDIOUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8503C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MU JINDUO
NRIC No	S8376744H
Email Address	SALES@N51.COM.SG
Mobile Phone No	(LOCAL) +65-83238870
Alternative Phone No	OFFICE-83238870

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10811551
Cover Note Number	

### Driver

Name of Driver	MU JINDUO
NRIC No	S8376744H
Date Of Birth	10/09/1983
Occupation	INDOOR
Date Of Driving Pass	29/07/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83238870
Fax Number	
Contact Number	OFFICE-83238870
Email Address	SALES@N51.COM.SG

Address	BLK 115B YISHUN RING ROAD #15-821
Postcode	762115
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 - CROSS JUNCTION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

#### 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	SLF8448R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN JINPENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.

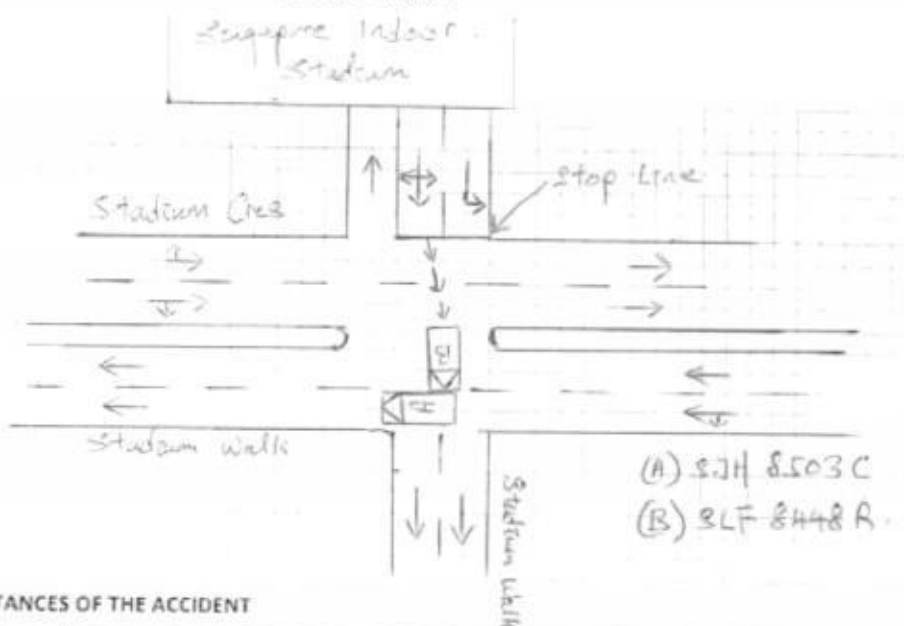
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/18 at 1745 hrs, I was travelling in my vehicle (SJH 8503C) along Stadium Walk ~~opposite~~ opposite of Singapore Indoor Stadium on the left lane travelling straight. Suddenly, a vehicle (SLF 8448R) exit from Singapore Indoor Stadium carpark did not stop at the stop line to give way. As a result, the said vehicle collided onto the right rear side of my vehicle. The impact caused my vehicle to spin and the left side of my vehicle collided onto the railing on the left.

## 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.:

Accident Photo



CHASSIS NO.





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	20/08/2018 11:40
Date Of Accident	19/08/2018 17:45
Exact Location Of Accident	STSDUM WALK INFRT OF SINGAPORE INDOOR STUDIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8503C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MU JINDUO
NRIC No	S8376744H
Email Address	SALES@N51.COM.SG
Mobile Phone No	(LOCAL) +65-83238870
Alternative Phone No	OFFICE-83238870

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)

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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10811551

Cover Note Number

### Driver

Name of Driver	MU JINDUO
NRIC No	S8376744H
Date Of Birth	10/09/1983
Occupation	INDOOR
Date Of Driving Pass	29/07/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83238870
Fax Number	
Contact Number	OFFICE-83238870
Email Address	SALES@N51.COM.SG

Address	BLK 115B YISHUN RING ROAD #15-821
Postcode	762115
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 - CROSS JUNCTION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

#### 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	SLF8448R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN JINPENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 entire 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.

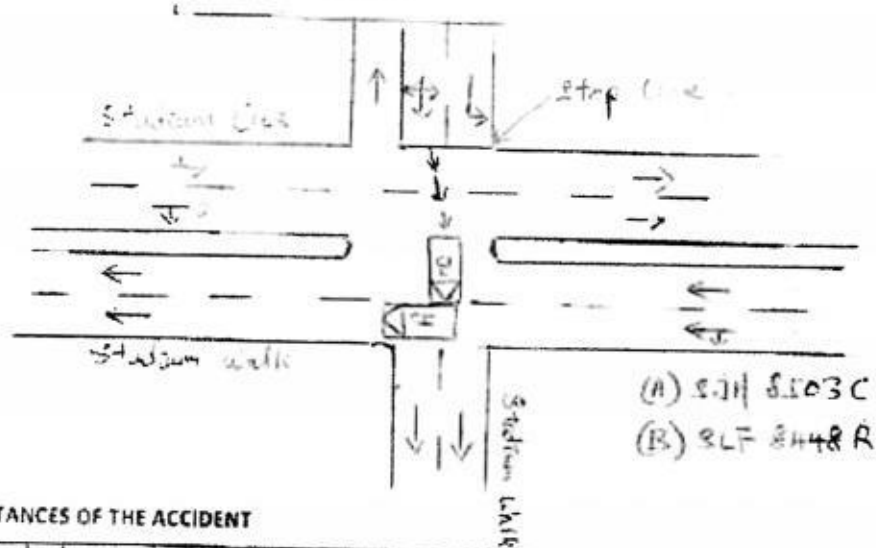
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(On 19/02/18 at 6:14 AM, I was travelling in my vehicle (SJH 8503C) along Stadium Walk northwards of Singapore Indoor Stadium on the left lane travelling straight. Suddenly, a vehicle (SLF 8448R) exit from Singapore Indoor Stadium carpark did not stop at the stop line to give way. As a result, the said vehicle collided into the right rear side of my vehicle. The impact caused my vehicle to spin and the left side of my vehicle rolled onto the railing on the left.

## DECLARATION

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

Policyholder's Signature  
Date & Time

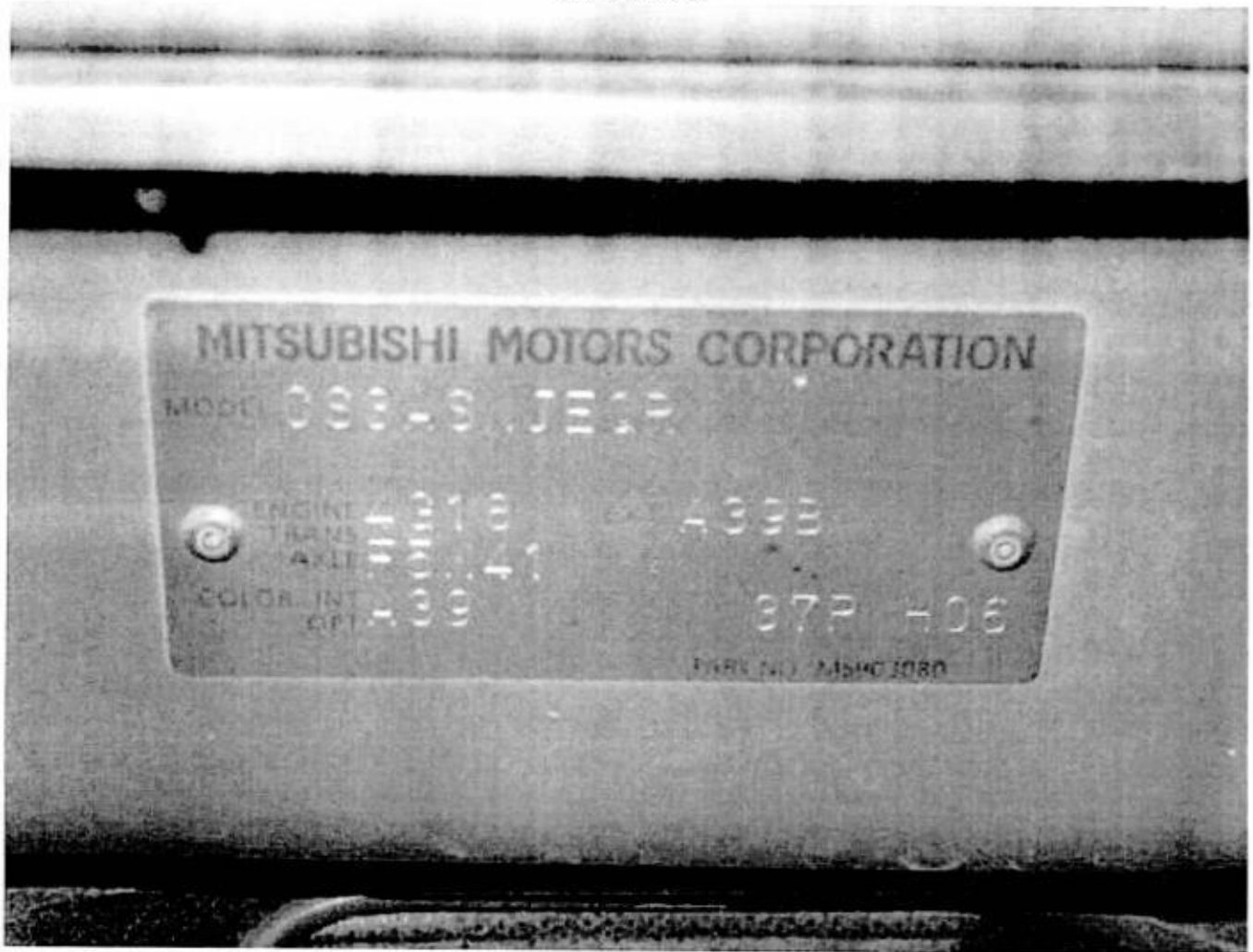
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Person's Signature  
Name  
NRIC/IN No.

Accident Photo



CHASSIS NO.





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

