

Surveyor: GG

ASSIGNMENT (Office)

From (Person): Stanley Taiof IIIDate/Time: 21/06/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: EA 4367BInsured: SHC 8473Eat Workshop n/s A T PerformanceTel: 96866219at 160 SIA MING Drive #07-18/19Policy No: MCOM0005Claim No: MCT19050449

Sum Insured:

Excess:

D.O.A. 15.6.2019Make of Vch:
(Client's Record)

CA / REV / REP. / REV 24 HRS

wp"

Alvin

H.O.D. Endorsement:

Date/Time: 17.5.19 2.5/p.m

Person Contacted:

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	EA 4367B - 1061/129/1100-24/31/27/27/1 D.O.A. 21/01/2011
	SHC 8473E - CC4/11/1900-20/9/21/01/3 120A - 06/01/2019
	Dismantle: 20/5/2019 5.41pm
	After repair: 27/5/2019 8.42am

\$5100, 5 Days submit.
 (cred: 2450; 32%)

7/7 file pass to typist.

8/7/2019

RECEIVED 09 JUL 2019

REF: III

6922 G

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s

AT Performance

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

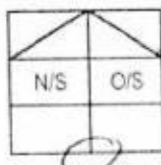
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

\$46K

IDAC Accident Report: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: EA4367B Yr Regn: 10 Nov 2011

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

Truck / Trailer or

Make: Merce C180 C.G. 1597

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

Sp. Reading: 113265 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2040452A618780

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R17

R: 11

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

TOYO / YOKO or

Continental

Front

Rear

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

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

D.O.A.

D.O.I.

17-05-19

Survey held at

W/S

3:30pm

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

\$5000 - \$6000

COE: 35220

21/5/2019

Date/Time, File Pass to?

☐ Preli. Report

1)

☐ Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format: PRO

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

Add Fee: ☐ Site Insp. (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 21 June 2019 4:05 PM
To: admin-d@lkkauto.com; 'sur@lkkauto.com'
Cc: Sundari Nagarajan - III; Mekavathanan Sarangapani; Hsiao Tong (chewht@lkkauto.com); KKLau; Olivia Lau (olivialau@lkkauto.com)
Subject: RE: MCT19050449

Dear Sir/Mdm,

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

TP Veh No. : EA4367B

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



From: Mekavathanan Sarangapani

Sent: Wednesday, 19 June, 2019 4:31 PM

To: Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; KKLau <kklau@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>

Cc: Stanley Lai <stanley.lai@iii.com.sg>; Sundari Nagarajan - III <sundari@iii.com.sg>

Subject: MCT19050449

LKK team Paper survey please . very light damages to TP 2011 vehicle askig for S\$ 7K ??

Meka

HIN TAT AUGUSTINE & PARTNERS

UEN NO 53130863D

Advocates & Solicitors Commissioners For Oaths Notaries Public

20 UPPER CIRCULAR ROAD
#02-10/12 THE RIVERWALK
SINGAPORE 058416
TEL : (65) 6533 0212
FAX : (65) 6533 0313

WEBSITE: www.hinpartners.com.sg
EMAIL: ruby@hinpartners.com.sg

In Association with:
Strohal Legal Group Pte Ltd
International Legal Consultants

(65) 6338 3536 (Direct)
Service By Fax Not Accepted

Our Ref : TCL.GCN.ro.5032.19.at
Your Ref : SHC 8473E



WITHOUT PREJUDICE

18 June 2019

Comfort Transportation Pte Ltd
383 Sin Ming Drive
GAS Building
Singapore 575717

We are in receipt of your letter. We shall revert shortly. Kindly note that we are preserving our right to conduct a medical re-examination if necessary.
By Certificate of Posting (w/o encl)
(for your information only)

Our Ref: **MC11 9050449**
Name:
Date:

India International Insurance Pte Ltd
64 Cecil Street
#04-00 IOB Building
Singapore 049711

By Hand & By Fax (w/o encl)

Sund
20/6/2019



Attn : Ms Sundari / Motor Claims Department

Dear Sirs,

ACCIDENT INVOLVING EA 4367B & SHC 8473E ALONG SELETAR WEST LINK TOWARDS YISHUN AVENUE 1 ON 15 MAY 2019 @ 1945HRS

We act for Hoon Boon Keng, the owner of motor vehicle no. EA 4367B, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurers of motor vehicle no. SHC 8473E at the material time. We are further instructed that the accident was caused by your authorized driver and / or your insured driver's negligence in the driving, control and/or management of 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:

1. Cost of Repairs	S\$7,550.00
2. Rental Charges (3 days x \$100.00/day)	S\$ 300.00
3. Loss of Use (2 days x S\$100.00/day)	S\$ 200.00
4. Survey Report Fees	S\$ 650.00
5. LTA Search Fee	S\$ 7.49
6. Costs (inclusive of GST)	S\$ 963.00
7. Incidentals	S\$ 50.00
Total	<u>S\$9,720.49</u>

TAN HIN TAT
AUGUSTINE SOH KHENG YEOW
SEAN LIM THIAN SIONG
TANG CHEE LOONG

WOO FOONG LIN
TAN E-PANG
CLAIRE THAM LI MEI

CAROLYN LIM MAY LEAN
HO KIM FOONG
SERENA GOH MAE LI
GONG CHEN NAM
MOHD ZIKRI B MOHD MUZAMMIL
MARILYN HO SU FEN
ANDREW PATRICK HILL

CONSULTANTS
LIM KIA TONG
JANET WEE-TAN

Litigation

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1060
 RECIPIENT ADDRESS 65330313
 DESTINATION ID
 ST. TIME 20/06 14:49
 TIME USE 00'27
 PAGES SENT 2
 RESULT OK

FAXED
 20 JUN 2019
 MOTCLM DEPT.

HIN TAT AUGUSTINE & PARTNERS

UEN NO. 53130863D

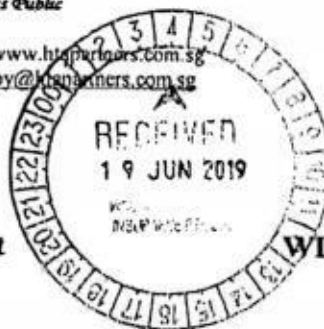
Advocates & Solicitors Commissioners For Oaths Notaries Public

20 UPPER CIRCULAR ROAD
 #02-10/12 THE RIVERWALK
 SINGAPORE 058416
 TEL : (65) 6533 0212
 FAX : (65) 6533 0313

(65) 6338 3536 (Direct)
 Service By Fax Not Accepted

WEBSITE: www.hinatpartners.com.sg
 EMAIL: ruby@hinatpartners.com.sg

In Association with:
 Strohal Legal Group Pte Ltd
 International Legal Consultants



Our Ref : TCL.GCN.ro.5032.19.at
 Your Ref : SHC 8473E

WITHOUT PREJUDICE

18 June 2019

Comfort Transportation Pte Ltd
 383 Sin Ming Drive
 GAS Building
 Singapore 575717

We are in receipt of your letter of 18 June 2019. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination if necessary.
By Certificate of Posting (w/o encl)
 For your information only

Our Ref: MCT/19050449
 Name:
 Date:
 India International Insurance Pte Ltd
By Hand & By Fax (w/o encl)

India International Insurance Pte Ltd
 64 Cecil Street
 #04-00 IOB Building
 Singapore 049711



Attn : Ms Sundari / Motor Claims Department

Sund
 20/6/2019

Dear Sirs,

ACCIDENT INVOLVING EA 4367B & SHC 8473E ALONG SELETAR WEST LINK TOWARDS YISHUN AVENUE 1 ON 15 MAY 2019 @ 1945HRS

We act for Hoon Boon Keng, the owner of motor vehicle no. EA 4367B, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurers of motor vehicle no. SHC 8473E at the material time. We are further instructed that the accident was caused by your authorized driver and / or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and

MANH10063703 / E & H Motor Pte Ltd - Sin Ming
ENTRY DATE & TIME: 16/05/2019 14:53
SUBMITTED BY: Wong Kea Nyuk

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 16/05/2019 14:53
Date Of Accident 15/05/2019 19:45
Exact Location Of Accident SELETAR WEST LINK TOWARDS YISHUN AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number EA4367B
Insured/Policyholder
Name Of Registered Owner HOON BOON KENG
NRIC No S7826922G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92711474
Alternative Phone No OFFICE-92711474

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model -

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

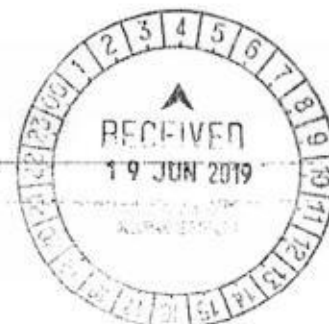
Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 08-VX020445-MVA

Cover Note Number

Driver

Name of Driver HOON BOON KENG
NRIC No S7826922G
Date Of Birth 13/09/1978
Occupation INDOOR
Date Of Driving Pass 24/08/1996
Driving Experience 22 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92711474
Fax Number
Contact Number OFFICE-92711474
Email Address NOEMAIL



Address -
 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) 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 attached report.

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 SHC8473E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver CHUA GUAN AIK
 NRIC/Passport Number S1420953J
 Contact Number 98622382
 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 willful 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: 16/05/19 @ 12:00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

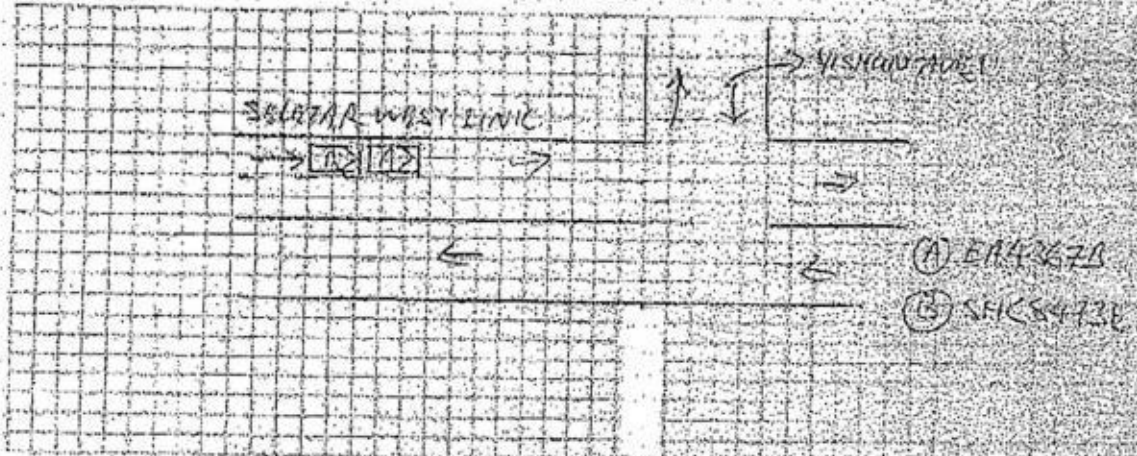
Reporting Centre Person(s) Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SALATAR WEST LINK ON THE LEFT MOST LANE. I STOP MY CAR AHEAD TO THE CAR IN FRONT STOP. MOMENTS LATER, A TAXI SHC8473E CAME FROM AHEAD AND HIT INTO MY CAR REAR SECTION.

DECLARATION

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

Policyholder's Signature

Date & Time: 18/05/19 @ 12:00 HRS

Signature of Witness/Inspector, VS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

SAIC/FIN No.:

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 1984013630

1 Raffles Quay, #29-01 South Tower, Singapore 048583

Tel: 65-6224 6833 Fax: 65-6533 3270

GST Registration No.: M200844018

www.qbe.com.sg

**Certificate of Insurance****MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)****MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960****ROAD TRANSPORT ACT, 1987 (MALAYSIA)****MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Certificate No:	08-VX020445-MVA	Account Name:	KWG Insurance Agency Pte Ltd	MCI Type:	MX1
1	Index Mark and Registration Number of Vehicle or Chassis No:		EA4367B		
2	Name of Policyholder:		HOON BOON KENG		
3	Effective date of Commencement of Insurance for the purpose of the Regulations:		10/05/2019		
4	Date of Expiry:		09/05/2020		
5	Person or Classes of Person entitled to drive*:				

(a) Any other person who is driving on the Policyholder's order or with their permission.

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

6 Limitation as to use*

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

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

7 Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Hire Purchase: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD QBE Insurance (International) Limited

Date of Issue: 07/05/2019 1:45:47 PM

Authorized Signature

Enquire Vehicle & Owner Information (Vehicle No. SHC8473E As At 15 May 2019 / 19:45:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: GCN.RO.50328.19.AT

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

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

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHC8473E

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

Insurance Company Name: INDIA INT'L INS PTE LTD

FINAL REPAIR BILL
REF: TP/140103/000054367

AT PERFORMANCE

160 SIN MING DRIVE #07-19 SIN MING
AUTOCITY SINGAPORE 575722

TEL: 6453 5112
FAX: 6552 2061

Regn. No. 52983289E

Messrs. Hoon Boon Keng
Blk 535 Ang Mo Kio Ave % #05-4080
Singapore 560535

Date 25/05/19

Vehicle No. EA4367B Mercedes Benz C180 Kompressor Auto

Quantity	Items/Descriptions	Prices
	Lump sum repair basis as recommended.	7550.00
	SGD.: Seven Thousand Five Hundred Fifty Only.	
Total :		\$7,550.00



for **AT PERFORMANCE**

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	16/05/2019 15:47
Date Of Accident	15/05/2019 19:50
Exact Location Of Accident	SELETAR WEST LINK TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8473E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	CHUA GUAN AIK
NRIC No	S1420953J
Date Of Birth	02/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622382
Fax Number	
Contact Number	
Email Address	BENCOEUR@GMAIL.COM

Address	169 07-1423 HOUGANG AVENUE
Postcode	530169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

SEE ATTACH.

Attachment(s)

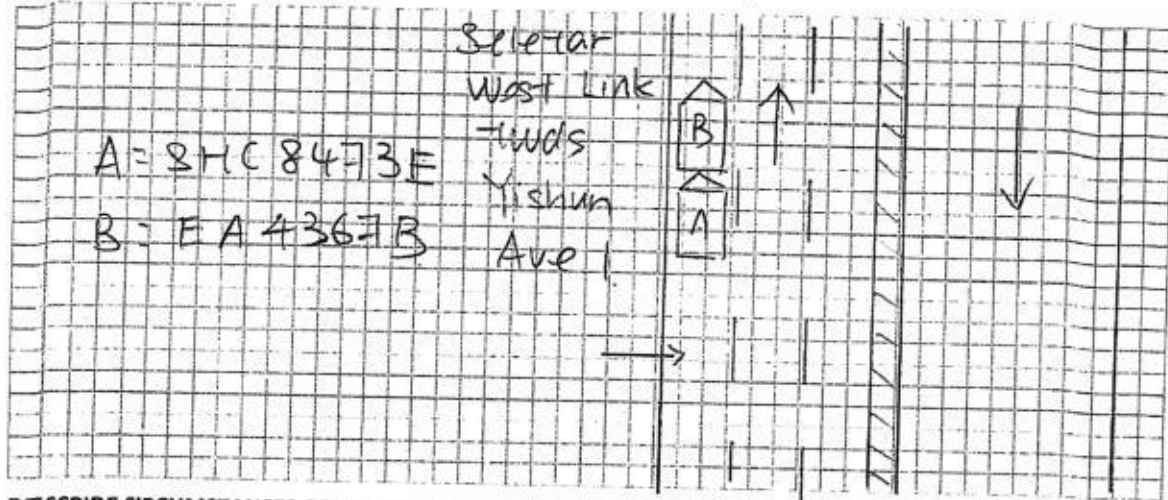
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EA4367B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOON BOON KENG
NRIC/Passport Number	S7826922G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/5/19 at about 19:50 hrs, I was driving on extreme left lane at above said location with a male pax. When I noticed veh B was braked to stopped was too late, I unable to avoid the collision. As a result, my taxi front portion collided onto the rear portion of veh B. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303021R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Loke Wei Yeng

IMPORTANT NOTICE

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

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


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

COMFORT TRANSPORTATION PTE. LTD.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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


Loke Wei Yeng
11/5/19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

