

Minimun

ASSIGNMENT (Office)

REF: CS3/MG 19005008/Gscd 5-1

Final Instruction

Surveyor

98

ASSIGNMENT (Office)

From (Person): Katherine Wong

of MS19

Date/Time: 21-6-2019

Estimated Cost

Bill to:

OP: (TP) WST/TP RENT/OD RENT/KVA/INV/MV/CS

To Inspect Vehicle No: SGK 57257

Insured: SKR 8773L

at Workshop info: T.W. Lim Motors Works

Tel: 97409067

at 160 Sin Ming Drive #08-12

Policy No: 20629631

Claim No: 587902

Item Insured

Excess

Make of Veh

D.O.A 15.3.2019

(Client's Brand)

CA / REV / REP / REV 24 HRS

"up"

Date/Time: 20.4.19 9.22am

Person Contacted: Ah Lim

H.O.D. Endorsement

Vehicle: IN/OUT

Date/Time

Action/Instruction (X) (s. sample)

SGK 57257 - CS3/AMG 19004932/3463

D.O.A - 14/3/2019

SKR 8773L - AA/MG 19004731/12

D.O.A - 15/3/2019

Do Not Finalise

\$9100, 9 Days.

( \$ 6,100/- Red - 40% )



RECEIVED 2 JUL 2019

2/7/2019

PRS  
GAL.

REF: MS19

ASSIGNMENT

(-2026)

From:

Date: 20.3.2019

Veh No

SGK5725T

Regn

Aug / 06

Estimated Cost

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

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

Truck / Trailer or

To inspect Vehicle No

SGK 5725T

Make

Daihatsu Terios

1.5

1495

at Workshop n/p

T.W Lim Motor

Colour

Yellow

A/C

Insured / Std / NI / NA

at

160 Sin ming Drive #08-12

Sp Reading

-

T/Radio: Insured / Std / NI / NA

Insured

Eng No

Policy No

C/No

JDAJ200G001002678

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

(Policy Condition)

Tyre Size

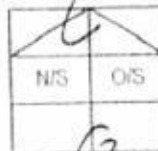
F:

25/65R16

R:

11

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



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

TOYO / YOKO or

Bal or Market Value

Front

Rear

IDAC Accident Report

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

20-03-19

Lum Sum:

%

3 Val:

Yes or No

Survey held at

W/S

12pm

CA / REV / REP. / 24 HRS

"wp"

Des. of Damages (Frt / Rear / O/S / N/S / UIC / Rooftop or

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

\$8000 - \$9000

RECEIVED 20.03.2019

Auto/Time: File Pass to?

☐

: Prelt. Report

It

☐

: Final Report

Auto/Time: File Return to?

It

Days Of Repair:

9

Resurvey No. of Trip:

-

Survey Fee:

Transportation

1.5 + R5.00

1. Photos

1. Other

Report Format:

PRS

Lump Sum / L.B.I. / S

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$

CHIAI

## Nivitha (LKK Auto)

---

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Monday, 24 June 2019 12:10 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** Report Send Back Alerts - SGK5725T (TP)

Dear Nivitha/ Summer,

FYNA Please...

21 Jun 2019 17:48	<b>Ins Send Back Adj Rpt</b>	For paper survey	[1] Katherine Wong
21 Jun 2019 17:48	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/06/25	[1] Merimen Administrator
21 Jun 2019 17:48	<b>Adj Mandate Set</b>	Maintained.	[1] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: [account@lkkauto.com](mailto:account@lkkauto.com) | fax: 6844-8805

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

**From:** Do-Not-Reply [mailto:do-not-reply@merimen.com]

**Sent:** Friday, 21 June 2019 6:00 PM

**To:** [account@lkkauto.com](mailto:account@lkkauto.com)

**Subject:** Report Send Back Alerts - SGK5725T (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://www.merimen.com.sg) for more information.

Thanks,  
The Merimen Team



**AVG**

This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

## 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	15/03/2019 13:49
Date Of Accident	15/03/2019 08:50
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK5725T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOM MUM KIET
NRIC No	S6832907H
Email Address	MUNKIET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94234009
Alternative Phone No	OTHERS-94234009
<b>Vehicle Particulars</b>	
Manufacturer	DAIHATSU
Model	TERIOS 1.5
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0100657079-12
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOM MUM KIET
NRIC No	S6832907H
Date Of Birth	19/08/1968
Occupation	INDOOR
Date Of Driving Pass	19/03/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94234009
Fax Number	
Contact Number	OTHERS-94234009
EMail Address	MUNKIET@GMAIL.COM

Address	58 FARRER ROAD #05-04
Postcode	268845
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 (including own vehicle) involved in the accident	4
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

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK8773L
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	SHC4705M
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLT7432T
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)	

**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:

15 March 2019

1:30pm

201903151300

Driver's Signature

(If driver is not the policyholder)

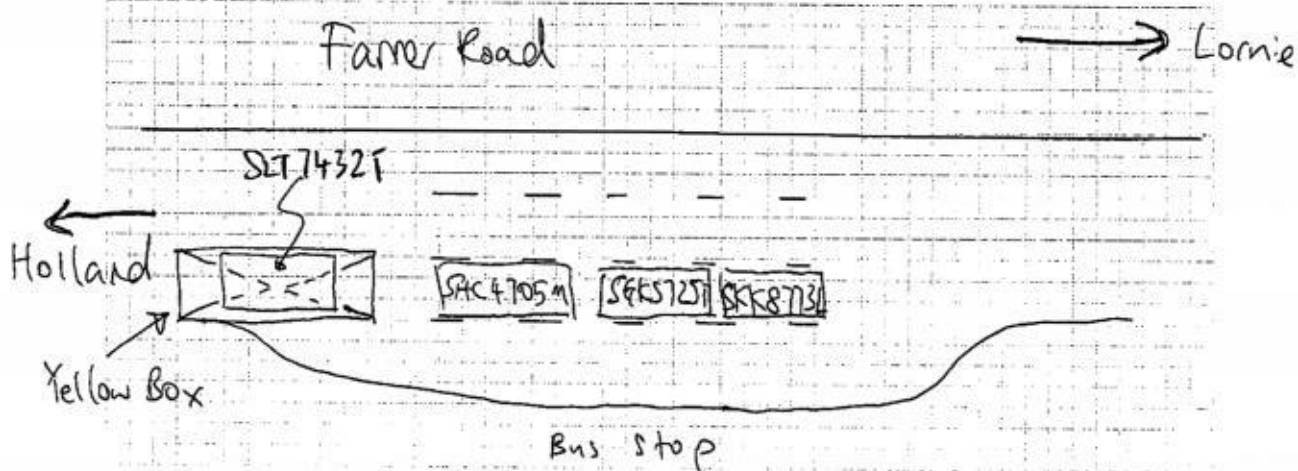
Date & Time:

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo

NRIC/FIN No.: 940503A

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

15 March 2019 @ 08:50 am.

I was on the way home. I stopped my vehicle just in front of the bus stop next to Farmer road mrt station on farmer road (toward holland). The traffic was heavy, and the cars in front has stopped. After I stopped for a few seconds, the car behind SFK87731 hit mine. ~~from~~ The impact was big, and my car was pushed and hit the taxi in front. The taxi is SHC4705M.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

15 Mar 2019  
1:30 pm

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

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A





## POLICY SCHEDULE

## PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

Policy No. : 0100657079-12

Period of Insurance : 17 Aug 2018 to 16 Aug 2019

Issued Date : 20 Jul 2018

## ABOUT THE POLICYHOLDER

Name of Policyholder : Kom Mun Kiet  
 Address : 58 Farrer Road  
 #05-04  
 SINGAPORE 268845  
 Occupation/Nature of Business : Executives

## ABOUT THE VEHICLE

Registration No. : SGK5725T  
 Chassis No. : JDAJ200G001002678  
 Seating Capacity : 5  
 Make/Model : DAIHATSU TERIOS 1.5  
 Hire Purchase Company/Employer's Loan : NA  
 Engine Capacity/Tonnage : 1,495.00 CC  
 Engine No. : 1658313  
 Body Type : Sedan  
 First Year of Registration : 2006

## ABOUT THE COVER

Sum Insured : NA  
 Driver Restriction : NA

Off Peak Car : No  
 Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive :

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition  
 Limitation as to use :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

## EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver

Kom Mun Kiet, Kom Wai Meng, Lim Lian Choo

## PREMIUM

Premium : \$ 482.15  
 GST (7%) : \$ 33.75

Total : \$ 515.90

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, No Claim Discount - 50%

DRIVER'S NRIC + DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6832907H



Name  
KOM MUN KIET  
甘文杰  
Race  
CHINESE  
Date of Birth  
19-08-1968 Sex  
M  
Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S6832907H  
Name  
KOM MUN KIET  
Birth Date 19 Aug 1968  
Issue Date 31 Mar 2003




1321471



NRIC No. S6832907H



Blood Group Date of issue  
B+ 03-10-1993


58 FARRER ROAD #05-04  
SINGAPORE 268845  
NRIC No. S6832907H Date: 06/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Mar 1990
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Jun 1998

NP 428A

License No. S6832907H



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License



Accident Photo



CHASSIS NUMBER



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MLHM19034736 Vehicle Registration No: SGK5725T  
Name (as shown in NRIC) : KOM MUM KIET NRIC/FIN/Passport No : S6832907H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 58 Farrer Road #05-04 Singapore (268845 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94234009  
Email Address : munkiet@gmail.com  
Date of Accident : 15/03/2019 Time of Accident : 08:50 Hours  
Place of Accident : Farrer Road  
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend the report to include the fourth car involved in the accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KOM MUM KIET

Policyholder / Driver's Signature  
Date: 19/03/2019



Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A  
Date: 19/03/2019

## 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	15/03/2019 17:56
Date Of Accident	15/03/2019 09:00
Exact Location Of Accident	FARRER RD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7432T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN HONG KHAING RAYMOND
NRIC No	S1391633J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98196582
Alternative Phone No	OFFICE-98196582

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2065457
Cover Note Number	

### Driver

Name of Driver	CHAN HONG KHAING RAYMOND
NRIC No	S1391633J
Date Of Birth	07/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98196582
Fax Number	
Contact Number	OFFICE-98196582
Email Address	NOEMAIL

Address	28 LENTOR TERRACE
Postcode	2678
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 (including own vehicle) involved in the accident	4
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: : VALERIE 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

ON 103/2019 AT 0900HRS ALONG FARRER ROAD TOWARDS QUEENSWAY. WHILE I WAS DRIVING ON THE EXTREME LEFT LANE, VEHICLE B SUDDENLY HIT ONTO THE REAR OF MY VEHICLE. I WOULD LIKE TO STATE THAT THERE WAS ONE PASSENGER IN MY CAR.

#### 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	SHC4705M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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	SGK5725T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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 3

Vehicle Registration Number	SKK8773L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE D
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)	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

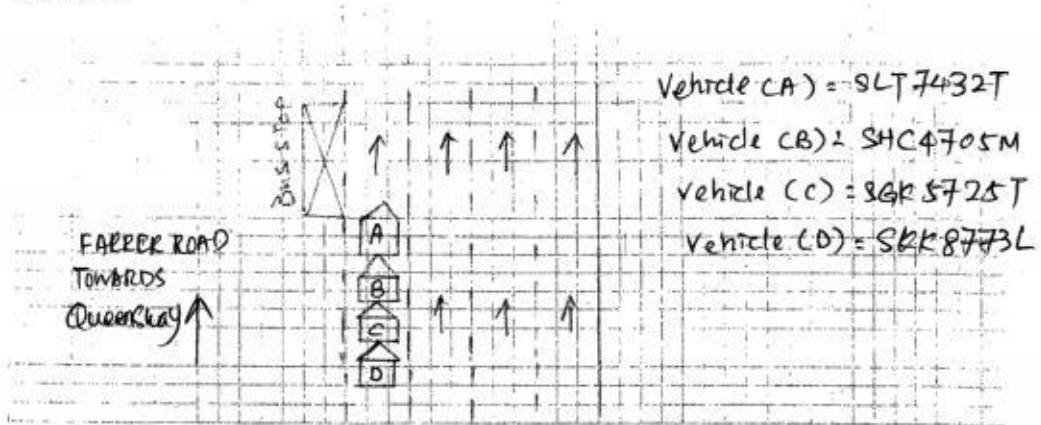
Policyholder's Signature  
Date & Time:

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

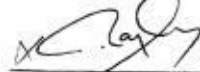


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer  
Attached.

## 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.:

On 15-03-2019 at about 0900 hours along Farrer Road towards Queensway. While I, Vehicle (A) was driving on the extreme left lane, Vehicle (B) suddenly hit onto the rear of my vehicle.

When I got down from my vehicle, I realized it was a chain collision involving four vehicles.

I would like to state there was one passenger in my car.

Vehicle (A): SLT7432T

Vehicle (B): SHC4705M

Vehicle (C): SGK5725T

Vehicle (D): SKK8773L


## LETTER OF UNDERTAKING

I/We, CHAN HONG CHING, RAYMOND, the owner of vehicle no. SLT7432T

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

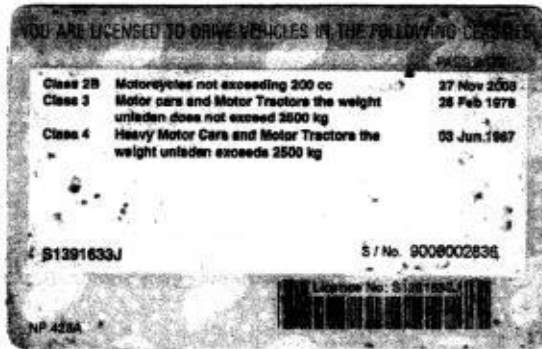
My/Our Third Party claim is handle by my/our preferred workshop, CAS GARAGE PTE LTD.

Signed and Acknowledge by:

  
.....  
Nric no. & signature of policyholder

.....  
Company stamp

15/03/19  
.....  
Date



**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel: 1800 8804888 Fax:  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg

**CERTIFICATE OF INSURANCE**

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : **VPA/P2065457** Account No. : **08260**  
 Coverage : **Comprehensive**  
 Sum Insured : **Market Value At The Time Of Loss**  
 Name of Policy Holder : **CHAN HONG KHIANG RAYMOND**  
 Vehicle Registration No. : **SLT7432T**  
 Period of Insurance : **From 10/11/2018 To 09/11/2019 (Both Dates Inclusive)**

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

- (a) The Policyholder  
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner  
 (b) Any other person who is driving on the Policyholder's order or with his 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.

**LIMITATIONS 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, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes. (01)

**Basic Own Damage Excess :**

An Additional Excess is applicable as follows:  
 S\$500.00 for Unnamed Authorized Driver  
 S\$2,500.00 for Undeclared Young and Inexperienced Driver.  
 (Please refer to your policy on the terms & conditions)

\* 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).

**N.B. :**

Your authorised workshop is Komoco Motors Pte Ltd.

**AXA INSURANCE PTE LTD**

  
**Authorized Signature**

Issued by - **SGISNEL** on **07/11/2018**

**IMPORTANT :**

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo





Accident Photo

