ASS, REC. BY:	REF:	CS3/MSG19001579/	3 Vd3 Speci	ind Linitauctions
Surveyor .	Mitim	ASSIGNMENT (Office) of M&IG		29/6/19@3.58m
Estimated Cos OD TP WS To Inspect Ve	t	BILLO: A/INV/MV7CS 3KG 4979+ -Tee Automotive 1ki Bukit Ave 4 #	Insured: Tel	6384 5206
Policy No. 1	000723261	Clain No:	2245.	44
Sum Insured:		Excess: _		
Make of Veh (Client's Recon CA / REV Date/Time:	/ REP. / REV 24 HRS			H.O.D. Endorsement
Date/Time	2KH 45678 - 00	NUUT 15015682/112 1/111160166/1/Keb34	2	DUA: ISlambs DOA: 31/oslack
17/1/19	Submit L3 \$	5450 (Red 6550	5590	, 4 days
				\sim 1

RECEIVED 1 7 JUL 2018

3-1-5-19-53 prs (Meninen) 24101/2019 Sedi No Links Lyps (M.Car.) M.Gycle / Bus / Van / Lorry / Laxi / Prime Mover / feeding bed const Truck / Trailer or OD (IP WS ! TP RES ! OD RES ! EVA ! INV ! MY C. M. 77+ 8KG 4979H A-tec Automotive Aubit AT CHEKELLT Make to he post Volucio No. Insured / Std / Ni / NA Colour at Work deposits 183 also Insured / Std / NI / NA 8 kaki Bkt Ne 4 #04-20 Sp Reading 1555 75 Eng/No CANCESTON lessered CNO WALLEZE JAK CITOTE Policy No. Gen Cond Good / Fair / Poor / Burnt Clama 10 Steering: Iporder / Jammed / Leaked / Burnt or Excess: Sum Institled Brake Inorder / Jammed / Leaked / Burnt or (Cherd's Record) Mode Nil / S/Rim / STD A/Rim or Make of Yels: F: -1/1/35 & Tyre Size R: 2+5/+/2.5 (Folicy Condition) BS DUN (EXNOVA) GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / O/S N/5 termink. The veh had commenced its repair at the time of inspection TOYO / YOKO of Rear Front Sal. or Market Value. R/Ball WHEN. R/Bal Consistent7 : Yes or No IDAC Accident Rport L/Bal. mm L/Bal. Consistent? Yes or No GIA PR Seen D.O.A. 18 Est Repairs Survey held at 3 Val.: Yes or No Lam Sura: Des. of Damages: Ert. J. Rear. J. QTS. J. NJS. J. UJC. J. Rooftop. or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collipses Person Contacted Action / Instruction Date: Time Range 400/2 4/5 6050/2 Days Of Repair: Date-Time, File Pass to 7 : Preli. Report Survey Fee Resurvey No. of Trip: Final Report Teamportain o Date/Time Circ Return to 1 Sile Inap (\$ Add Fee: PRS. Report Format Westernd 15 Lump Sum / LB !: (5

CHIA S ARUL LLC

ADVOCATES & SOLICITORS UEN 201330709H



ARULCHELVAN S . A. RAVIDASS . DON TAN

Our ref:

AS.190049.kc (PD)

Your ref:

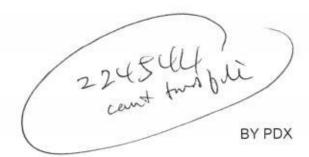
To be advised

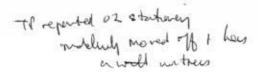
28 May 2019

MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

(Attn: Motor Claims Department)

Dear Sirs,





ACCIDENT INVOLVING SKG 4979H & SKN 4567B ALONG BANDA STREET ON 17 JANUARY 2019

We were instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 17 January 2019 along Banda Street involving motor vehicle SKG 4979H and your vehicle SKN 4567B driven by your authorised driver, servant and/or agent.

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

a)	cost of repair	S\$ 12,840.00
b)	rental (11 days x \$180.00)	S\$ 1,980.00
c)	GIA Report	S\$ 29.00
d)	Towing Charges	S\$ 120.00
d)	survey report	S\$ 781.00
e)	Legal Fees (+GST)	S\$ <u>1,926.00</u>
	TOTAL	S\$ <u>17,676.00</u>

A copy of the survey report with colour photographs, final repair bill, rental invoice and agreement, Towing receipt, GIA / Traffic police report is enclosed for your reference.

Please note that if you are insured and 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 us an acknowledgement of the 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.

Please also note that if you have a counterclaim against our client arising out of the above accident, you are 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.

If your insurer wishes to conduct a post repair inspection of our client's vehicle not conducted previously, your insurer is required to make the request to us within seven (7) days of receipt of this letter of claim.

Yours, faithfully,

MR ARULCHELVAN S

Enclosure(s)

MVA319005291 / VAC - Kaki Bukit ENTRY DATE & TIME: 18/01/2019 10:12 SUBMITTED BY: Norhaini Ble Abdul Majid

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	18/01/2019 10:12
Date Of Accident	17/01/2019 12:30
Exact Location Of Accident	BANDA STREET / SAGO LANE OFF STREET (LOT: 22)
Country/State of Loss	SINGAPORE

The second second				
DETA	100	- 0100		1101 -
			O 100 F	111111

Vehicle Registration Number

SKG4979H

Insured/Policyholder

Name Of Registered Owner

ANG CHEE WEE (HONG ZHIWEI)

NRIC No.

S8311956Z

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-82986933

Alternative Phone No

OFFICE-82986933

Vehicle Particulars

Manufacturer

AUDI

Model

A5 CABRIOLET 2.0 TFSI QUATTRO

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? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

5100770746 CLASSIC

Cover Note Number

Driver

Name of Driver

ANG CHEE WEE (HONG ZHIWEI)

NRIC No S8311956Z Date Of Birth 17/04/1983 Occupation OUTDOOR Date Of Driving Pass 09/06/2004

Driving Experience 14 YEARS AND 7 MONTHS

Gender

(LOCAL) +65-82986933

Mobile Number Fax Number

Contact Number

OFFICE-82986933

EMail Address

NOEMAIL

MALE

Address

BLK 88 #39-39 DAWSON ROAD SKYVILLE @ DAWSON

Postcode

142088

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

CONTRACTOR CONTRACTOR

•

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON 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

2

Was any body injured in the Accident?

YES

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)

NO

soliciting/offering accident claims assistance.

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 SKETCH PLAN ATTACHED

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 Witness 1

Name

BONG KHIN HAN (NRIC: 9114341J)

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKN4567B

Vehicle Make/Model/Colour

TOYOTA ALPHARD 240S CVT ABS D/AIRBAG 2WD 5DR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KIANG CHEE KUEN

NRIC/Passport Number

S7636441I

Contact Number

Joniact Walliber

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ANG CHEE WEE (HONG ZHIWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKG4979H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, elsclose 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) cf:
 - (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/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- 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.
- 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: 8 JAN 2019

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

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933

Tel: 67416697 Fax: 67492305

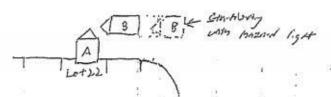
Email: xackb@singnet.com.so

Name:

NRIC/FIN No .:

SKETCH PLAN

A = SKG 49794 B = SKN4567B.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Yelicle B was parked stationary with the
haza-a	d lights tem on. I proceed to dove out
fon	the parking lot in order for web & to
prek	my lot. Buddenly Vehicle Brown off and Lit
into	my vesicle front portion. I wished to elate
that	there was a witness, saw the whole accident
	name Bung Khin Han S91143415

DECLARATION

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

Policyholder's Signature Date & Timq: 8 JAN 2019

Driver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Emailalvackb@singnersebilisg

Name: NRIC/FIN No.:





1 of 2

Report No. A/20190119/7015

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Vide Re	port No.		Station Diary No.
100000000000000000000000000000000000000		ON ROAD #39-39	SINGAPORE
		Mobile: 82986933	Secure Dillings Secure
		ail.com	
Sex Male	Age 35	Date of Birth 17/04/1983	Race Chinese
Languag English	je		
FE-50 - 100 - 100			
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Address APT BLF 142088 Contact Home/O Email Address Sex Male Language English Location	142088 Contact No. Home/Office: Email Address zhiwei_elvin@hotm Sex Age Male 35 Language English Location Of Inciden	Address APT BLK 88 DAWSON ROAD #39-39 142088 Contact No. Home/Office: Mobile: 82986933 Email Address zhiwei_elvin@hotmail.com Sex Age Date of Birth Male 35 17/04/1983 Language

Brief details.

SKG4979H Driver Ang Chee Wee S8311956Z HP: 82986933 SKN4567B Diver Kiang Chee Khuen S7636441I HP: 94888900

I parked my car (SKG4979H) at Banda Street Carpark (B0005) Lot 22. I was in the car and ready to go I saw car (SKN4567B) on my top right hand corner stationary with his hazard light turn ON. I proceed to drove out from the parking lot in order for car (SKN4567B) park my lot. Suddenly car (SKN4567B) move off and hit into my car (SKG4979H).

Signature Of Informant: The identity of the person making this
report has been authenticated by SingPass. No signature is required.
Date/Time: 19/01/2019 21:29
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190119/7015

I wished to state that there was a witness smoking at the side of the road saw the whole accident. Witness Name Bong Khin Han S9114341J contact number: 97226973.

Victim			- 4 7/1K × - 2 - 域 - 1 × 46
Person Name	Bong Khin Han		
ID Type	NRIC NO	ID No	S9114341J
Gender	Male	Age	28
Race	Chinese	Language	English
Mobile No	97226973	Relation To Informant	passerby

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2019 21:29
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	1956Z
Vehicle No.:	SKG4979H
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Feb 2019
Vehicle Make:	AUDI
Vehicle Model:	A5 CABRIOLET 2.0 TFSI QUATTRO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	CDN055391
Chassis No.:	WAUZZZ8F1AN007678
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$56.567.00
Original Registration Date:	03 Nov 2009
First Registration Date:	03 Nov 2009
Transfer Count:	5
Actual ARF Paid: Intended PARF Rebate Details	\$56,567.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Nov 2019
PARF Rebate Amount: Intended COE Rebate Details	\$28,283.00
COE Expiry Date:	02 Nov 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$21,301.00
COE Rebate Amount:	\$1,329.00
Total Rebate Amount:	\$29,612.00

The information contained herein is correct as at 08 Feb 2019

OK

ATA 33 /2-/
ATA 34 /2-/
AT

SGCARMART.COM

Login Sign up

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

500+ dealers competed to buy my car!

Audi



. Sell ur Car for More Cash Highest Price or Get \$100 Free

Get Paid Now, Handover Later

▼ Depreciation ▼ 2009

Similar

Research

SELL YOUR CAR

Vehicle Type

Photos

(A)UOTZ

Home + Used Cars + Drivetribe Pte Ltd + Audi AS Cabrolet 3.04 TFSI Qualitio

Add to Shortlist

-								
R	ю	3	O	ы	n	C4	175	

Audi A5 Cabriolet 2.0A TFSI Quattro

Accessories

Price Range

Financial

Car	Buying	
Car	Selling	

Car Ownership

Car Aftermarket On The Move

Lifestyle



SRectay

Enjoy rates from 3.7% p.a. (EIR 7% p.a.) plus S\$88 Cash Back.

Add to Compare Add a Note Report Error Car Details Price \$40,800 Depreciation \$17,110 /yr 0 View models with similar depreciation Reg Date 03-Nov-2009 (8mths 25days COE left) Manufactured 2009 0 Mileage Transmission Auto **Engine Cap** 1,984 cc Road Tax \$1,194 /yr Power 155.0 kW (207 bhp) View specs of the Audi A5 Cabriolet (2009) Curb Weight 1,735 kg 0 Features Powerful 2.0 TFSI Turbocharged Engine, 7 Speed Dual Clutch Automatic S-Tronic Transmission, Accessories Keyless Entry And Start, Retractable Side Mirrors, Rear Knackdown Seat, Audi Symphony MMI System, Electric Seats, LED Day Running Lights. Consignment Unit, Attractive Interest Rate Of 2.28% Description Available, High Loan/Trade In Welcome, Mechatronics Just Replaced (With Receipt). Contact Us For An Appointment Now! COE \$21,301 0 OMV \$56,567 0 ARF \$56,567 0 Dereg Value \$29,842 as of today (change) 0 No. of Owners Type of Veh Sports Car PARF Call Category Availability Available



Share



More Actions













Company	Drivetribe Pte Ltd
	 dealer's pricelst
	* 20 vehs sold 12 vehs av
Address	308 Yangin Road #02-01
	Search cars nearby this local
F. 100 - 100	

Contact Person(s) Desmond

88008872 Sebastian 87955572

Useful Services



Afraid of lemons? Request to have this car evaluated professionally.

Vehicle Evaluation



Add a Note

Find out the market value for your car. Get a free Car Valuation.

Free Valuation





Upfront Payment more Financial into Transfer Fee \$25 O Down Payment \$12,240 (change) Maximum 70% Loan 1st Instalment \$3,641 O Total Upfront Payment \$15,906 (excluding insurance) Estimates based on 70% loan at 2.98% interest rate. Check with seller for exact figure.

Add to Compare

Add to Shortlist

Posted on: 08-Jan-2019 | Last updated on: 01-Feb-2019

Tags: Audi A5, audi a5, 2009 Audi A5, 2009 audi a5, Audi, A5, a5, Used Audi

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 witholding of material facts may allow insurance companies to
- 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

ara sould.	topics of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/01/2019 04:37
Date Of Accident	17/01/2019 12:50
Exact Location Of Accident	ALONG SAGO ST (OPEN CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN4567B
Insured/Policyholder	
Name Of Registered Owner	CENTURY TOKYO LEASING (SINGAPORE PTE LTD)
Co Reg No	197901535G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62208751
Vehicle Particulars	
Manufacturer	TOYOTA

Vel	nicle	Par	ticu	lars

Manufacturer	ТОУОТА
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE

Are you claiming under your own insurance policy

NO for repair to your vehicle?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

Cover Note Number

Driver

Name of Driver KIANG CHEE KHUEN

NRIC No S7636441I Date Of Birth 15/11/1976 Occupation **INDOOR** Date Of Driving Pass 29/11/1996

Driving Experience 22 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94888900

Fax Number

Contact Number

EMail Address CK@EVERTEAM.COM.SG Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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

I was driving straight toward the carpark exit (SAGO ST), when suddenly a car SKG4797H came out from the parking lot & collided onto my vehicle SKN4567B front left side. No injuries involved. That's all.

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

SKG4797H

Vehicle Make/Model/Colour

NA

Details Of Properties

IVA

Vehicle Category

PRIVATE CAR

Name of Driver

ANG CHEE WEE

NRIC/Passport Number

S8311956Z

Contact Number

82986933

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

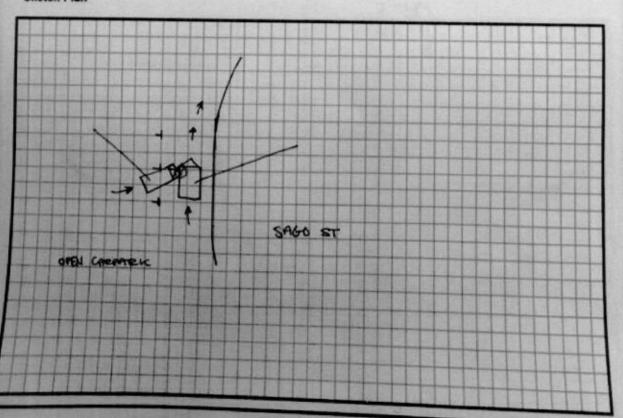
- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authroised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of the form by insurance companies is not an admission of policy liability on the part of insurance companies.
- 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 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 ng made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- lerstand, 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) improved in this provided in this provided in the process of the provided in the provided of the provided in the provided in the provided of the provided in the provi 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
- (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Plan



Common Statement

SNG4/9/H came out from the parking	ark exit (SAGO ST), when suddenly a car g lot & collided onto my vehicle SKN4567B front
left side. No injuries involved. That's a	III.
-	
Taxi Voucher No.:	
DECLARATION	
We declare that the above particulars & information pro-	vided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER -	7
MOHD FADZLY BIN ISMAIL	1
	h_0/
MARS Officer	Registered Owner or Driver's Signature
bb Complete Date/Time	Date/Time:
8 January 2019 at 10:37 AM	18 January 2019 at 10:37 AM

18 January 2019 at 10:37 AM



















