

merimen

CS3/11119011303/71vd31
ASSIGNMENT (Office)
21/8/2019
Stanley Tai
III
21/8/2019
BRI 10
OD (1) WS/TP/RS/OD RES/EVA/INY/INY/CS
To inspect Vehicle No: SJS1584G
Insured: SHD3143K
at Workshop no: wai leang motor
Tel: 9788 2224
Blk 1001 Bukit Merah Lane 3 # 01-61
Police No:
Claim No: MCT19060561
Sum Insured:
Excess:
Make of Veh:
at Road location: DCA 21/06/2019
CA / REV / REP / REV MTRN
Date/Time: 3pm 26/6/19 Person Insured: Sharon Vehicle (1) OUT

Date/Time	Action/Description	Signature
	SJS1584G NBR/INC111254/1	
	SHD3143K NBR/INC111254/1	
	Dismantle: 27/6/2019 4.55pm	

2/9/19 Submit LS \$5050 (Red 2450, 3390), 11 days

30/8/2019
1/5/5300, 11 days

RECEIVED 02 SEP 2019

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Wednesday, 21 August 2019 3:54 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Sundari Nagarajan - III; Mekavathanan Sarangapani
Subject: III REF: MCT19060561 | REQUEST PAPER SURVEY SJS1584G

Dear Sir/Mdm,

Please conduct paper survey for the above mentioned TP vehicle and let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

Thank you.

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



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RESERVES	M-71/4060501		
TPPD	PRESERVE	(101C)	SF 121 per
TPPI	PRESERVE	31C	(2009) Vel
UNINSURED LOSS	PRESERVE		
SUBRO	PRESERVE		700+ Vio
LPPN		(P.S)	
INVESTIGATION FEE			
SURVEY FEES		121.	(P.S)
LEGAL FEES			
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1507
 RECIPIENT ADDRESS 63232373
 DESTINATION ID
 ST. TIME 16/08 15:16
 TIME USE 00'28
 PAGES SENT 2
 RESULT OK



EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-07
 Chinatown Point Singapore 059413
 Tel: 65 6323 2565 Fax: 65 6323 2373
 E-mail: law@ealc.com.sg
 Website: www.ealc.com.sg



ACRA Reg. No.
 200309625D

(Service of Court documents by way of fax is not accepted)
 GST Reg. No. 200309625D

Our Ref. : 2019.6376.EA.MK.ya
 Your Ref. : SHD3143K

PDX Intercompany Exchange Pte Ltd

WITHOUT PREJUDICE

14 August 2019

By PDX #8172
 India International Insurance Pte Ltd
 64 Cecil Street,
 #04/#05 IOB Building,
 Singapore 049711
 Attn: Motor Claims Department

Certificate of Posting
 Comfort Transportation Pte Ltd (no endorsement)
 383 Sin Ming Drive
 GAS Building
 Singapore 575717

FROM EAST ASIA LAW CORP.
 PDX Box No. 8060



010808774196

We are in receipt of your letter, which is receiving our attention.
 We shall revert shortly. Kindly note that we are preserving our
 rights to conduct a medical re-examination on your client's injury
 necessary.

Our Ref. : 2019.6376.EA.MK.ya
 Name :
 Date :
 India International Insurance Pte Ltd

Dear Sirs,

CLAIMANT: Q LEASING

ACCIDENT INVOLVING SJS1584G & SHD3143K ON 21 JUNE 2019 ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT AT ABOUT 0930 HOURS

We act for Q LEASING, the owner of vehicle no. SJS1584G, whose vehicle was damaged as a result of the above mentioned accident by vehicle no. SHD3143K and our search reveals that you were the insurer of motor vehicle no. SHD3143K at the time of the accident.

We are instructed that the accident was caused by your insured's negligent driving and/or management of the 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.	Costs of repair	\$7,500.00
2.	Rental fee	\$ 600.00
3.	Survey report fee	\$ 788.00
4.	LTA search fee	\$ 8.00
5.	GIA search / report fee	\$ 29.00
6.	Incidentals incl. GST	\$ 107.00
7.	Costs incl. GST	\$ 963.00
		\$9,995.00

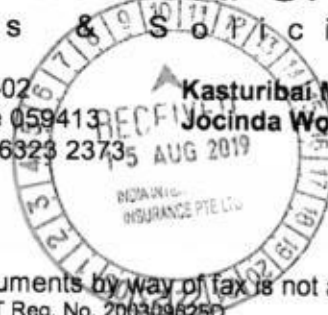
We enclose herewith copies of the following documents supporting our client's claim for your attention:



EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-02
Chinatown Point Singapore 059413
Tel: 65 6323 2565 Fax: 65 6323 2373
E-mail: law@ealc.com.sg
Website: www.ealc.com.sg



ACRA Reg. No.
200309625D

(Service of Court documents by way of fax is not accepted)
GST Reg. No. 200309625D

Our Ref. : 2019.6376.EA.MK.ya
Your Ref. : SHD3143K

PDX Intercompany Exchange Pte Ltd



010808774196

FROM **EAST ASIA LAW CORP.**
PDX Box No. **8060**

WITHOUT PREJUDICE

14 August 2019

By PDX #8172
India International Insurance Pte Ltd
64 Cecil Street,
#04/#05 IOB Building,
Singapore 049711
Attn: Motor Claims Department

Certificate of Posting
Comfort Transportation Pte Ltd (no enclosure)
383 Sin Ming Drive
GAS Building
Singapore 575717

We are in receipt of your letter, which is receiving our attention.
We shall revert shortly. Kindly note that we are preserving our
rights to conduct a medical re-examination on your claim, where
necessary.
Our Ref: MC1/19060861
Name: Sind
Date: 14/8/19
India International Insurance Pte Ltd

Dear Sirs,

CLAIMANT: Q LEASING

ACCIDENT INVOLVING SJS1584G & SHD3143K ON 21 JUNE 2019 ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT AT ABOUT 0930 HOURS

We act for Q LEASING, the owner of vehicle no. SJS1584G, whose vehicle was damaged as a result of the above mentioned accident by vehicle no. SHD3143K and our search reveals that you were the insurer of motor vehicle no. SHD3143K at the time of the accident.

We are instructed that the accident was caused by your insured's negligent driving and/or management of the 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.	Costs of repair	\$7,500.00
2.	Rental fee	\$ 600.00
3.	Survey report fee	\$ 788.00
4.	LTA search fee	\$ 8.00
5.	GIA search / report fee	\$ 29.00
6.	Incidentals incl. GST	\$ 107.00
7.	Costs incl. GST	\$ 963.00
		<u>\$9,995.00</u>

We enclose herewith copies of the following documents supporting our client's claim for your attention:

1. GIA report for vehicle no. **SJS1584G**;
2. LTA search fee for **SHD3143K**;
3. Final Repair Bill;
4. Survey report (enclosing original photographs) depicting damage to SJS1584G;
5. Rental agreement.

Please note that if you are insured and you wish to claim 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 from the 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 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,

Kasturibai Manickam
East Asia Law Corporation

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	683L
Vehicle Details	
Vehicle No.:	SJS1584G
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	1NZX937919
Chassis No.:	MR053HY9305122159
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,468.00
Original Registration Date:	30 Jul 2009
First Registration Date:	30 Jul 2009
Transfer Count:	5
Actual ARF Paid:	\$11,738.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,920.00
COE Rebate Amount:	\$14,480.00
Total Rebate Amount:	\$14,480.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 23 Aug 2019

MV \$28K

OK

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	26/06/2019 09:48
Date Of Accident	21/06/2019 09:30
Exact Location Of Accident	ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1584G
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	GRACEYSH93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96989428
Alternative Phone No	OFFICE-96989428

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103987921
Cover Note Number	

Driver

Name of Driver	GRACE YEO SHU HUI
NRIC No	S9305847Z
Date Of Birth	16/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96989428
Fax Number	
Contact Number	OTHERS-96989428
Email Address	GRACEYSH93@GMAIL.COM



Address BLK 442 JURONG WEST AVENUE 1
#03-752
Postcode 640442
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 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? 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) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1
NAME: : PASSENGER
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190625/2097

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3143K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN CHOO TAN
NRIC/Passport Number S0207232G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GRACE YEO SHU HUI

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

SJS1584G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident 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 Authorized 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, advices, 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 stated purpose 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 Person's Signature
Name
NIC/FIN No

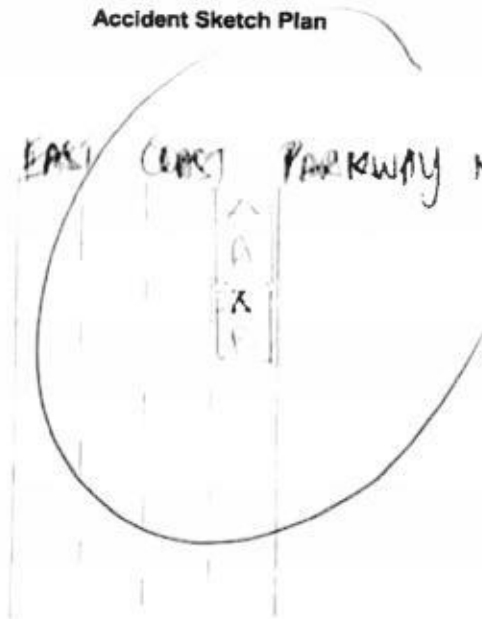
Accident Sketch Plan

SKETCH PLAN

ALONG EAST (LANS) PARKWAY NEAR MARINA
VISTA EXIT

B) 835 1244 G

B1 9HD 3143K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PD. Refill to police station
The above / 24

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 Officer's Signature
Name
NRIC / ID No.

26/6/2010
Roshan / 10/10/2010

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190625/2097

Police Station Of Origin
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999

1 of 3

Report No. T/20190625/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 25/06/2019 15:54 Vide Report No. Station Diary No. 123

Informant's Particulars

Name of Informant		Address	
GRACE YEO SHU HUI		APT BLK 442 JURONG WEST AVENUE 1 #03-752 SINGAPORE 640442	
ID Type / ID No		Contact No.	
NRIC NO / S8305847Z		Home/Office Mobile 96989428	
Nationality		Email	
SINGAPORE CITIZEN			
Sex	Age	Date of Birth	Type of Informant
Female	26	16/02/1993	Driver
Race		Language	
Chinese		Institution / School Name	
Occupation		Driving Licence Information	
GRAB DRIVER		Class 3A Date of Expiry	

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident	Type of Location
			21/06/2019 09:30	Straight Road
Location				
Along Road 1				
EAST COAST PARKWAY				
Along East Coast Parkway, near Marine Vista Exit				
Weather	Road Surface	Road Speed Limit		
Clear	Dry			
Traffic Flow	Traffic Control	Traffic Volume		
One Way		Light		
Type of Collision	Anyone conveyed by ambulance			
Between Moving Vehicles - Head To Rear	No			

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD3143K	Car				No Damage	3
SJS1584G	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190625/2007

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No 1800-2689999

2 of 3

Report No T/20190625/2007

CONTINUATION OF REPORT

Driver			
Name	TAN CHOO TAN	ID No	S0207232G
Related Vehicle	SHD3143K (Car)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GRACE YEO SHU HUI	ID No	S9305847Z
Related Vehicle	SJS1584G (Car)	Contact No	96989428
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	25/06/2019
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 21.06.2019, at about 2130hrs, I was driving along East Coast Parkway on the first lane in my vehicle SJS1584G, subsequently, the car in front of me suddenly braked, causing me to effect a-brake, and my car came to a stop. At this point, the vehicle bearing license plate SHD3143K collided with the back of my car and my car jolted forward from the impact. I then alighted my vehicle, and we exchanged particulars with the driver who is Tan Choo Tan. Someone from behind then called the police and police came to attend (ref: G/20190621/0185), however Tan Choo Tan left before the police or the ambulance arrived.

Subsequently when the ambulance arrived, I was not conveyed as I was in a state of shock, and there was not any physical injuries visible at that point in time. It was only when I went home and reached home at about 2310hrs that I realized that I was feeling unwell, and lost a sense of feeling in my left arm. Subsequently, I went to the A&E in NTFGH and was treated there. I was diagnosed with a sensory loss in the left side of my upper body and was given 15 days of MC. I was hospitalized from the 22.06.2019 to 25.06.2019. Hence, I came to make a traffic report.

The back of my car was seriously damaged, with the bumper detached, and a huge dent at the car door and bumper area. My rear lights were also damaged and broken.

POLICE REPORT



SINGAPORE
POLICE FORCE



1/2019/0625/2097

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999

3 of 3

Report No. 1/2019/0625/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

J /

SC2 TAY HUANG DA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD

Contact No. 65476423

Authentication Stamp

NP168

Signature Of Informant:

Date/Time

25/06/2019 15:54

Classification Of Case

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	24/06/2019 07:07
Date Of Accident	21/06/2019 21:20
Exact Location Of Accident	ECP TWDS CHANGI AFTER M/PARADE EXIT LAMPPOST 83/1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3143K
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	I40
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	TAN CHOO TAN
NRIC No	S0207232G
Date Of Birth	01/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93609198
Fax Number	
Contact Number	

Address	301 #05-467 HOUGANG AVENUE 5
Postcode	530301
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	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

Vehicle Registration Number	SJS1584G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GRACE YEO SHU HUI
NRIC/Passport Number	S9305847Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A: SFD 3143K

B: SJS 1584G

ECP - two

Changi

after

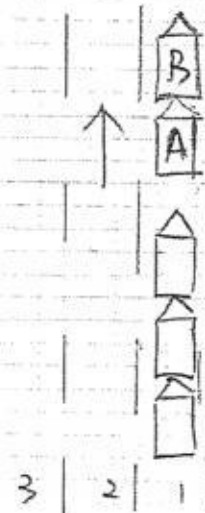
Marine

Parade

Exit

Lampoon

183/1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/6/19 at about 21:20 hrs, I was driving at above said location. Suddenly Veh B infmt emergency brake to stop, I immediate applied brake to avoid collision. I could not stop my taxi in time and my taxi front portion collided onto the rear portion of Veh B. I stepped out to have a check and found another 3 cars have accident behind of my taxi. 05 passengers in my taxi. No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature
CO. REG. NO. 199303821R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Wei Yieng

21/6/19

Sketch Plan Pg. 2

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:

 22/6/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yieng

Accident Photo



Accident Photo



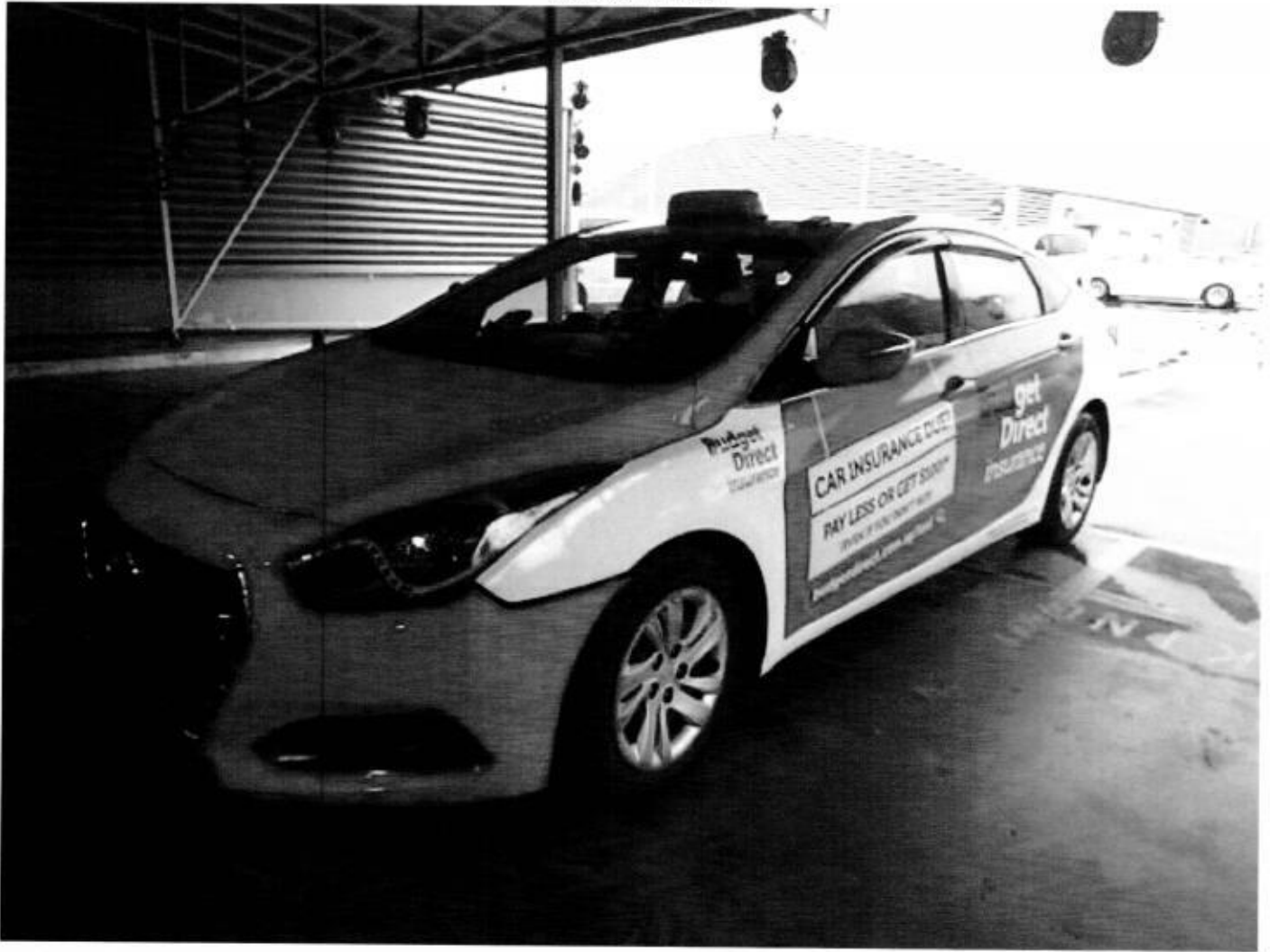
Accident Photo



Accident Photo



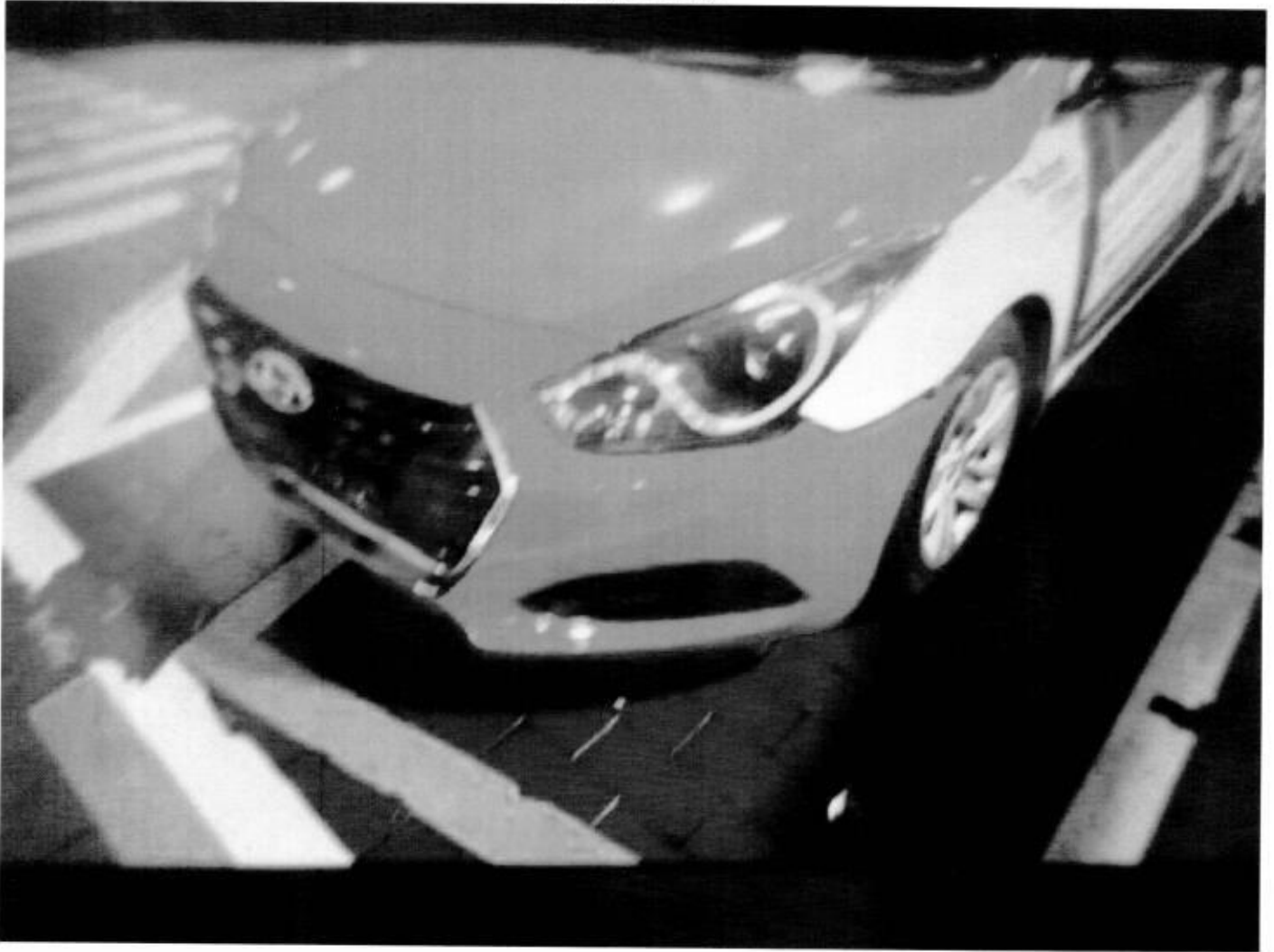
Accident Photo



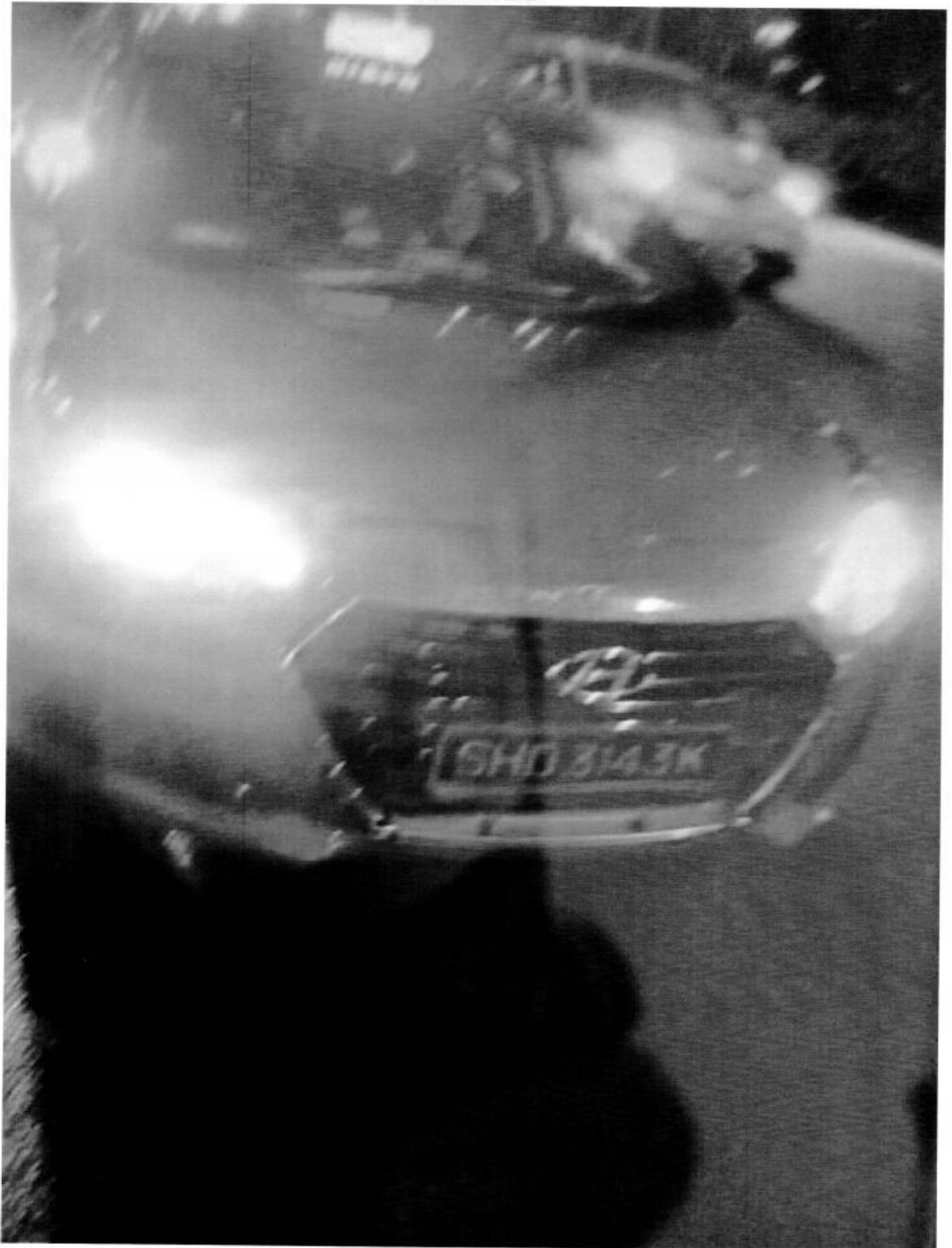
Accident Photo



Accident Photo



Accident Photo



Accident Photo

