

REF: CS1/LAW19015112/Ey d3⁵²

Special Instruction:

4/5: \$6,600.00

Third Parties:

Claimant:

Surveyor: Constant Appraiser

Workshop: 70h painting

From (Person): Xin Yi of Sea Hong Date/Time: 25/8/19
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJS 6237 B
at Workshop m/s Teh Painting
of BLK 3C woodlands Road 391C /G

Insured: SBR 567 BM

Tel:

Policy No:

Claim No: 19, 26222 PD-O

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23/11/2018

(Client's Record)

H.O.D. Enrolment/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 20/2/19 Confirmed with 1 Final Fig 1 days (Red \$ 1 %; Original 6 days)

Date/Time: 28/8/19 Submit Final Fig \$2850/k, 5 days (Red \$ 3150 /57 %; Original 6 days)

Date/Time	Action/Instruction
-----------	--------------------

S/S 6237B-X

SR 567B-X

[Handwritten signature]

28/8/2019

Para(1) : Parts found not replaced	(To highlight R or UB_n , LR , Etc)
------------------------------------	---

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)
--

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add	
Transport	
Photos	
Others	
Total	

Date: _____

1) Date/Time _____ File Pass to _____

3) Date/Time _____ File Pass to _____

5) Date/Time 30/8/19 File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

pass typist

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Sunday, 25 August 2019 4:41 PM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; 'Nicole Huang'
Subject: RI report | SOP file ref: 19.26222 PD-O | SJS 6237B
Attachments: OI GIA.pdf; SJS6237B TP GIA.PDF; TPPD LITIGATION LOD-FAITHFUL CHAUFFER SERVICES.pdf

Dear Catherine,

CLAIMANT :	FAITHFUL CHAUFFER SERVICES
VEHICLE NUMBER :	SJS 6237B
ALLEGED ACCIDENT DATE :	23 NOVEMBER 2018
AXA VEHICLE NUMBER :	SBR 567B

1. Further to our email below, please note that the Plaintiff is refusing RI.
2. We note you have not conducted any inspection on the Plaintiff's vehicle.
3. Please proceed to issue your report based on the documents attached herewith and let us have your invoice too. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Tuesday, 22 January 2019 8:50 AM

To: 'Admin-D (LKKAUTO)' <admin-d@lkkauto.com>

Cc: 'Chee Kiong (cheekiong@seahong.com.sg)' <cheekiong@seahong.com.sg>; 'samson@seahong.com.sg' <samson@seahong.com.sg>; 'amanda@seahong.com.sg' <amanda@seahong.com.sg>; 'sharon@seahong.com.sg' <sharon@seahong.com.sg>

Subject: SJS 6237B [Our file ref: 19.26222 PD-O]

Dear Catherine,

CLAIMANT :	FAITHFUL CHAUFFER SERVICES
VEHICLE NUMBER :	SJS 6237B
ALLEGED ACCIDENT DATE :	23 NOVEMBER 2018
AXA VEHICLE NUMBER :	SBR 567B

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

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

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

Please let us hear from you on the following: -

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

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

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

Unique Entity Number, 200721148H

✓ **HEAD OFFICE:** 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

HEAD OFFICE

TEL : (65) 65342811 (Hunting)
FAX ✓: (65) 65356802 (General)
: (65) 65355905 (Litigation)
E-mail : jactan@visionlawllc.com

BRANCH

TEL : (65) 63580703
FAX : (65) 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE- KINDLY REPLY TO **HEAD OFFICE** FOR THIS MATTER.

Our Ref: AM-jt-Ins-T22-108826-18 (sj)
Your Ref: SBR 567 M

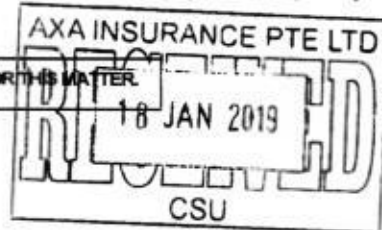
16 January 2019

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attention: Motor Claim Department

HO KIAN TIONG
26 Jalan Angin Laut
Singapore 489217

60130331

3019585148



WITHOUT PREJUDICE
BY HAND



CERTIFICATE OF POSTING
(For your information Only)

Dear Sir,

CLAIMANT : FAITHFUL CHAUFFER SERVICES
ACCIDENT INVOLVING SJS 6237 B & SBR 567 M ON 23-NOV-2018 ALONG UPPER CHANGI ROAD EAST AT ABOUT 2330 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **23-Nov-2018 ALONG UPPER CHANGI ROAD EAST AT ABOUT 2330 HOURS** involving our client's vehicle registration number **SJS 6237 B** and vehicle registration number **SBR 567 M** driven by you/your insured at the material time.

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

1.	Cost of Repair	\$ 7,062.00
2.	Loss of Use for 06 days at \$200.00 per day	\$ 1,200.00
3.	Additional 2 days loss of use for pre repair	\$ 400.00
4.	Survey report fees	\$ 724.00
5.	Police/GIA search/report + LTA fees	\$ 10.00
6.	Cost Contribution (at this stage)	\$ 900.00
7.	Disbursements (at this stage)	\$ 50.00
8.	7% GST of Cost Contribution	\$ 63.00
	TOTAL:	\$10,409.00

.../2 to be continued next page

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

Continuation Sheet
Page 2

Our Ref: AV-jt-Ins-T22-108826-18 (sj)
Your Ref: SBR 567 M

16 January 2019

AXA INSURANCE SINGAPORE PTE LTD
Singapore
Attention: Motor Claim Department

HO KIAN TIONG
Singapore

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

- (a) Police/GIA/SAS report lodged by driver of SJS 6237 B;
- (b) LTANet Search;
- (c) Certificate of Insurance;
- (d) Final Repair Bill;
- (e) Surveyor's report & invoice; and
- (f) **100 original photographs** depicting the damages to motor vehicle SJS 6237 B.
 - (P.S:- Original photographs will be sent to insurance co. only)
 - (P.S:- Kindly return us all original photographs within 7 days hereof)

We have on 28 November 2018 notified your insurers AXA INSURANCE SINGAPORE PTE LTD of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

Anjali M
(Head Office)

cc: SJS 6237 B (Fax: 6763-6151)

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

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 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. 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 24/11/2018 14:11
Date Of Accident 23/11/2018 23:30
Exact Location Of Accident UPPER CHANGI ROAD EAST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS6237B
Insured/Policyholder
Name Of Registered Owner FAITHFUL CHAUFFER SERVICES
Co Reg No 53325962B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81800479
Alternative Phone No OFFICE-81800479

Vehicle Particulars

Manufacturer MAZDA
Model MAZDA2 AT R

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5085162157-02
Cover Note Number

Driver

Name of Driver VANESSA KOH
NRIC No S7919063B
Date Of Birth 03/07/1979
Occupation OUTDOOR
Date Of Driving Pass 02/07/1999
Driving Experience 19 YEARS AND 4 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65 81800479
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 434A #17-246 FERNVALE ROAD FERNVALE RESIDENCE
 Postcode 791434
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - SOLE-PROPIETOR
 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 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. MY VEHICLE WAS STATIC/ENRY AT THAT TIME OF ACCIDENT. WAITING FOR TRAFFIC TO TURN GREEN. WHILE IN THE MIDST OF WAITING, THAT IS WHEN VEHICLE B UNABLE TO REACT ON TIME AND THUS THE COLLISION TOOK PLACE.

Attachments

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: NOT SURE CAPTURED
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBR567M
 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature: _____
Date & Time: _____

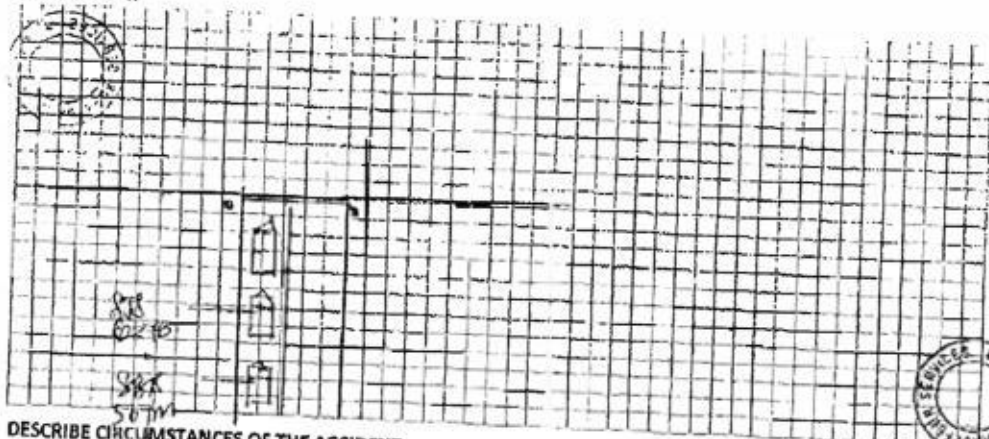
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg
Name: _____
NRIC/FIN No.: _____

24 NOV 2018

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To e file

DECLARATION

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

Policyholder's Signature
Date & Time:

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

IDA KAME BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Reporting Centre Person's Signature
Name:
NRIC/FIN No: 24 NOV 2018

Enquire Vehicle & Owner Information (Vehicle No. SBR567M As At 23 Nov 2018 / 23:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: T22.SJS6237B.18

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S1347167C
Owner Name: HOKIAN TIONG
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 26
Registered Street Name: JALAN ANGIN LAUT
Registered Unit No.: -
Registered Building Name: -
Registered Postal Code: 489217

Current Vehicle Details

Vehicle No.: SBR567M
Make Description/Model: TOYOTA / HARRIER M GRADE
Insurance Company Name: AXA INSURANCE PTE LTD

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 Number: 5085162157-02

Cover : drive CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SIS6237B |
| Chassis Number | : JMODE10Y190134358 |
| 2. Name of Policyholder | : FAITHFUL CHAUFFER SERVICES |
| 3. Effective Date of Insurance | : 26 Aug 2018 |
| 4. Expiry Date of Insurance | : 25 Aug 2019 |
| 5. Persons 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. | |
| 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. | |
| 6. Limitations as to Use | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hire's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS.

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)

Agency : CROSBY INSURANCE AGENCY (00000570899)
Date of Issue : 01 Aug 2018 16:16 hrs
Reprint : 01 Aug 2018 16:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

TOH PAINTING & SERVICES PTE LTD
Block 3 Woodlands Road Unit 391C&G
Yew Tee Industrial Estate
Singapore (677966)

Phone 67631055
Fax 67636151
GST Number 20-0311427-D

TAX INVOICE

FAITHFUL CHAUFFER SERVICES
434A FERNVALE ROAD
#17-246
SINGAPORE 791434

DRIVER: VANESSA LOH

Phone: 8180 0479

Fax:

Invoice Number: 101424

Date	Delivery	Customer	Order Number	Packing Slip	Internal Reference	Sales Person	Page
07 Jan 19	23 Nov 18	SJS6237B	MAZDA 2		SJS6237B	0000	1
Code	Description	Quantity	Unit	Price	Discount	Amount	
	LUMP SUM REPAIRS						
	TO SUPPLY SPARE PARTS, REPAIR / PANEL BEATING, WELDING, WIRING CHECKING, PUTTY AND SPRAY PAINTING & OTHER CHARGES.	1		\$6,600.00		\$6,600.00	
	CONTRACT REPAIR AS RECOMMENDED.						

SGD: SEVEN THOUSAND SIXTY TWO ONLY.

Authorised Signature for TOH PAINTING & SERVICES PTE LTD

Total Net	\$6,600.00
GST	\$162.00
Invoice Total Including GST	\$7,062.00

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters
Blk 2 Rivervale Link, #09-02 Singapore 545040
Tel/Fax: 6886 1106 Mobile: 9007 5234
Email: constant_as@yahoo.com.sg
RCB No. 53138015K

INVOICE

To: Faithful Chauffer Services
c/o Blk 3C Woodlands Road
391C/G Yew Tee Industrial Estate
Singapore 677966

Date : 03/01/2019
Invoice No : IV19-01007/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of: Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SJS 6237B (Inclusive Of Photographs And Transport Charges) Our reference : CAS/19-01/007	\$724.00
Total	\$724.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

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	24/11/2018 14:11
Date Of Accident	23/11/2018 23:30
Exact Location Of Accident	UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6237B
Insured/Policyholder	
Name Of Registered Owner	FAITHFUL CHAUFFER SERVICES
Co Reg No	53325962B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81800479
Alternative Phone No	OFFICE-81800479

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 AT R

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085162157-02
Cover Note Number	

Driver

Name of Driver	VANESSA KOH
NRIC No	S7919063B
Date Of Birth	03/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81800479
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 434A #17-246 FERNVALE ROAD FERNVALE RESIDENCE
Postcode	791434
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPIETOR
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 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. MY VEHICLE WAS STATIOENRY AT THAT TIME OF ACCIDENT. WAITING FOR TRAFFIC TO TURN GREEN. WHILE IN THE MIDST OF WAITING, THAT IS WHEN VEHICLE B UNABLE TO REACT ON TIME AND THUS THE COLLISION TOOK PLACE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT SURE CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBR567M
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 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

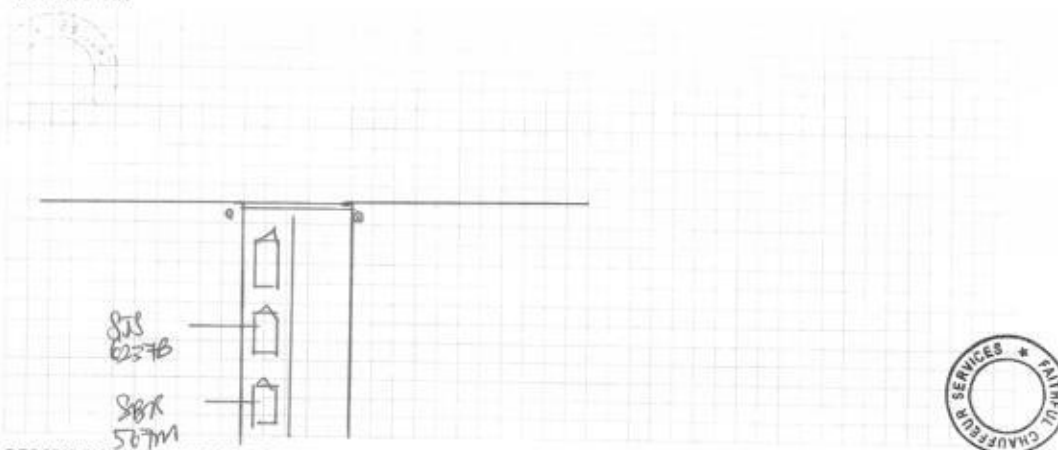
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: kakbi@singnet.com.sg
Name:
NRIC/EIN No.:

24 NOV 2019

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To e-File

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:

IDA B KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 2.4 NOV 2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

