CS3 SM018017605/4403-SULYON CAD ORD ASSIGNMENT (Office) 1000/1mm . 16/09/2019. thon su thui types OD (IP) WS/TP RES / OD RES / EVA/ INV / MV / CS The Mechanic Ple-Hd Tel SKH 9604B To Inspect Vehicle No. at Workshop m/s Blk 25 kaki Bkt Rd 4# 05-85 Policy to D18M7PV01002746 Claim No. CM7D1804073 Sum lasured Facens. Make of Veh DOA 18 09 18 O Bent's Becerf. (A / REV / REP / REV 21 HRS Date/Time 9.55am 27/n/18 Decision Contacted reter Unite/Tune Action/Instruction (X) Estimate 8118332Z - 2/MIDA17018311/P 3KH 9604B-X Dismandle: 28/9/2018 Pls formered the Report with Market Yallue Within 5 Days

| Didefine for Pass to | : Preli. Report | Day | ys Of Repair: 3 | | |
|-----------------------------|-----------------|----------|---------------------|--------------|--|
| | : Final Report | Re | survey No. of Trip: | Survey Fee | |
| Cate/Table File Return to 7 | | | | Transportano | |
| | | Add Fee: | Site Insp. (\$ | 1 5-81 5 | |
| | | | Interview (\$ |) From | |
| Report Format: | PRS | | Total tays (5 | 1.0000 | |
| Lump Sum / f.B.f: (S | | [| Westend (\$ | | |
| | | | | Ť- | |

Nivitha (LKK Auto)

Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg> From:

Monday, 16 September 2019 4:13 PM Sent:

'assignments' (assignments@lkkauto.com); 'sur@lkkauto.com' To:

ACC INL SKH9604B/ SLJ8322Z ON 18.09.2018; OUR REF: CMTD1804073; YOUR REF: Subject:

CS3/SMO18017605/GCD3S2

SAS2474601.pdf; SAS2477515.pdf; TP survey report & repair bill.pdf Attachments:

Dear LKK

We refer to the above matter.

We herewith enclosed GIA reports, the repair bill for your attention.

Please prepare the paper resurvey of SLI8322Z.

Please forward the report with the market value status within 5 days.

Thank you.

Best Regards

Agnes Chan

Claims Divison

D: 6329 5327 | T: 6461 6555 | F: 6221 3147



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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 repudiate policy ability.
- 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.

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.

| By the lodgement of this report to the insurers, yeaforesaid. | ou 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 | 19/09/2018 15:31 |
| Date Of Accident | 18/09/2018 16:10 |
| Exact Location Of Accident | BRADDELL ROAD / UPPER SERANGOON ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLJ8322Z |
| Insured/Policyholder | |
| Name Of Registered Owner | RANK VENTURE PTE. LTD. |
| Co Reg No | 200716751R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92210808 |

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS CLASSIC 1.6 CVT

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5091548396 CLASSIC

Cover Note Number

Drive

 Name of Driver
 LIM KEE CHING

 NRIC No
 \$1450075H

 Date Of Birth
 17/06/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 27/02/2006

Driving Experience 12 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92210808

Fax Number Contact Number

EMail Address NOEMAIL

Address

24B JALAN TELITI

Postcode

537322

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SOLE PROPRIETOR

Vehicle

Vehicle Registration Number of Driver's Own

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?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

MY CAR WAS STATIONARY AT THE SLIP ROAD FROM BRADDELL ROAD INTO UPPER SERANGOON ROAD, WAITING FOR CLEAR TRAFFIC. SUDDENLY A CAR(SKH9604B) CAME FROM BEHIND, HIT ONTO THE REAR PORTION OF MY CAR.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH9604B

Vehicle Make/Model/Colour

VOLKSWAGEN TOURAN 1.4 TSI AT 1T32B4

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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 of:
 - 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:
 - 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: Fins

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

1 9 SEP 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305

REmails over k b@singnet.com.se Name:

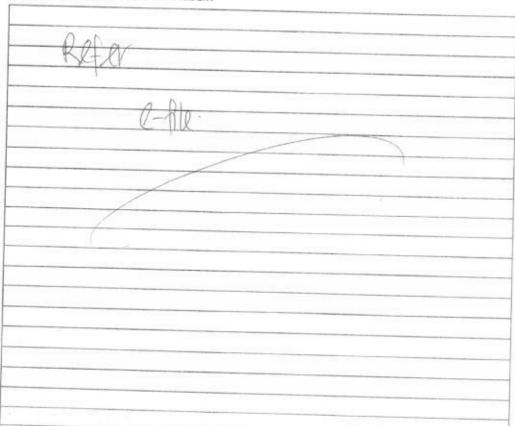
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Policyholder's Signature 3HCL Date & Time: - June

(If driver is not the policyholder)

1 9 SEP 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sq

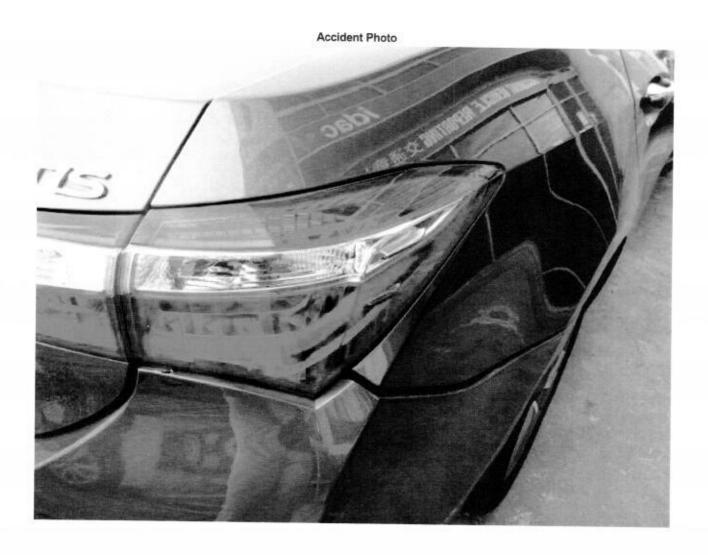
Reporting Centre Personnel's Signature Name: NRIC/FIN No.



Accident Photo















SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 repudiate policy ability.
- 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

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 19/09/2018 20:04 |
| Date Of Accident | 18/09/2018 16:15 |
| Exact Location Of Accident | ALONG BRADDELL ROAD SLIP ROAD TO UPPER SERANGOON |
| Country/State of Loss | SINGAPORE |
| 的場合的思想是不知道的影響 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKH9604B |
| Insured/Policyholder | |
| Name Of Registered Owner | DEL ROSARIO IGNACIO FEDERICO LII DONATO |
| NRIC No | S7562562F |
| Email Address | KAYDELROSARIO@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91054599 |
| Alternative Phone No | OTHERS-91054599 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | TOURAN 1.4 TSI AT 1T32B4 |
| 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 | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D18MTPV01002746 |
| Cover Note Number | N.A |
| Driver | |
| Name of Driver | DEL ROSARI ANNA KATRINA KATIGBAK |
| NRIC No | S7463810D |
| Date Of Birth | 29/12/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/05/2012 |
| Driving Experience | 6 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | +65-91054599 |
| Fax Number | |
| Contact Number | |
| | |

KAYDELROSARIO@GMAIL.COM

Address

NA

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS AT MENTIONED LOCATION AT THE SLIP ROAD AND I'M CHECKING ON-COMING VEHICLE FROM THE RIGHT. I WAS MOVING SLOWLY AND DIDN'T AWARE HE CAME TO A STOP AND I COLLIDED ONTO THE REAR OF 3RD PARTY. MINOR DAMAGES TO BOTH VEHICLES. NO INJURIES INVOVLED.

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

SLJ8322Z

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT

Details Of Properties

NIL

Vehicle Category

PRIVATE CAR

Name of Driver

LIM KEE CHING

NRIC/Passport Number Contact Number

S1450075H 92210808

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please reperi correctly the details of the accident to speed up the plaims 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 withit misrepresentation or withholding of material facts may allow increases a companies to repudiate policy liability. 3 information provided must be as truthful and accurate as possible. Any withi misrepresentation or withholding of material facts may allow insurance companies to repudiate policy fashibly.

 4 The issue and acceptance of this form by reportance companies is not an admission of policy fashibly on the part of insurance companies.

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

 6 The report will be foreserded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for activing and that opices 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 of consent under the Personal Dofa Protection Act (PDPA).

 I understand, acknowledge, some and consent that

- Consent under the Personal Data Protection Act (PDPA)

 Linderstand, acknowledge, agree and consent that

 (a) My insurer, my workshop and the General insurance Assessation of Bingapore ("G(A") maylare permitted to collect, use, disclose and/or process my personal data/personal information set out in this [licim] 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) anyoned in this accident shall insurer(s) who have insured vehicle(s) anyoned in the accident shall be collectively referred to as the the police), for the purpose(s) of

 (i) processing has fitted and of 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
- (ii) avveiligating the accident and/or my claims.
- (ii) carrying out and/or dealing with my implications or responding to any enquiries by mis.

 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable triu in administering, processing, handling and/or dealing with my clair (collectively the "Purposes")
- [codectively the "Purposes"]
 (b) all inquer(s) who have insured vehicle(s) involved in the eccident and the Insurers lawyers/law firms, may/are permitted to cellect, 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 taxyers/law firms), which may be slind outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER

Policyholder's Signature / Date & Time Driver's

VICTOR ANG

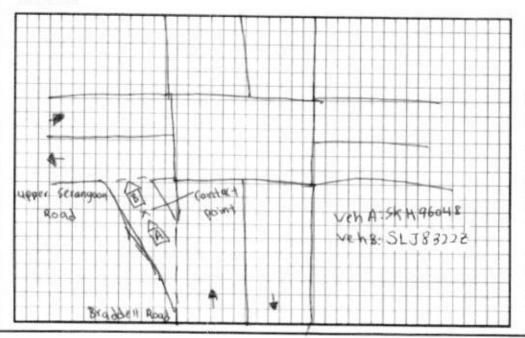
VICTOR ANG

Witnessed by Reporting Centre

Tennonal

Personnel

Sketch Plan



Common Statement

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|---------------------------------|-----------------|-----------------|---------------|---------|--------|-----------|---------------|------------|
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| eclaration We declare | the foregoing p | perticulars are | true in swery | espect: | | | | |
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