

2/00/2019

ASS. REC. BY:

REF:

033/III/9014020/Rladz

and Instructions

Quoted by: KASU

ASSIGNMENT (Office)

From (Person):

stanley lei

of

III

Date/Time: 24/10/2019

Estimated Cost:

Bill for:

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLM 6886K

Insured:

SHA 41815

at Workshop m/s:

Hain Car Repair

Tel:

62741311

of

Blk 1001 Bukit Merah Lane 3 #01-49

Policy No:

MCOM0015

Claim No:

MCT 19080178

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08/08/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4:17pm 13/8/19

Person Contacted:

Susan

Vehicle IN/OUT

Date/Time

Action/Instruction

3 days? X

pls access consistency of damages

SLM 6886K - NSA/INC19013942/TI

D.O.A. 08/11/19

SHA 41815 - NSA/INC19013942/TI

D.O.A. 08/11/19

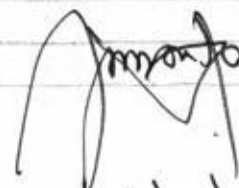
Disassemble: 15/8/2019 5:30pm

after repair: 26/8/2019 2:34pm

06/11/19

Submit final fig to 4439.48, 5 days.

Used to 2387.32, 35%.



4/11/2019

RECEIVED 06 NOV 2019



**Nivitha (LKK Auto)**

---

**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Thursday, 24 October 2019 6:19 PM  
**To:** Admin-D (LKKAuto); 'sur@lkkauto.com'  
**Cc:** Mekavathanan Sarangapani; Zuhaidah Samsuri  
**Subject:** III REF: MCT19080178 | REQUEST PAPER SURVEY SLM6886K

Dear Sir/Mdm,

Please assess consistency of damages – cost of repair S\$7.3K and let us have your report urgently.  
LOD uploaded and rights granted to you in Merimen.

TP Veh No. : SLM6886K

SLM6886K [SHA4181J] - Submitted by: LKK Auto Consultants Pte Ltd (HC



Thank you.

Warmest regards,

*Stanley Lai*

Motor & Work Injury Claims Department

**India International Insurance Pte Ltd**

64 Cecil Street, IOB Building, Level 5

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

**S&P 'A-' rated Company**



This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information. If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses. Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

**Nivitha (LKK Auto)**

---

**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Thursday, 24 October 2019 7:20 PM  
**To:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** Incoming New Document for SLM6886K

This mail is associated with :  
**\*SLM6886K (MCT19080178)**  
**[SHA4181J]**  
TP  
GAN BENG TAT (YAN MINGDA)  
Aug 8 2019 12:00PM  
[-]  
Han Car Repairs

The following new document(s) has been shared with you by India International Insurance for SLM6886K :

- Letter of Demand from Third Party
- Letter of Demand from Third Party
- Letter of Demand from Third Party

This is an auto-generated email. Do not reply to this email.

Sent by : Zuhaidah Bte Samsuri (India International Insurance Pte Ltd)

TPPD  
HAW COR ✓  
P.S.

PRESERVE

M-T/1902128/01/25

UIC  
TPPI

PRESERVE

ho by the TP/OW  
SAS

UNINSURED LOSS

PRESERVE

SUBRO

PRESERVE

LPPN

INVESTIGATION FEE

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

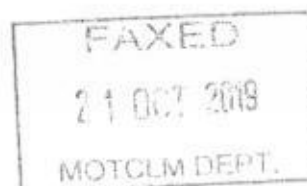
GRANT RIGHTS

P.S.

\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO	2050
RECIPIENT ADDRESS	65322007
DESTINATION ID	
ST. TIME	21/10 11:33
TIME USE	00'30
PAGES SENT	2
RESULT	OK



## KURU & CO

Advocates & Solicitors  
 UEN / GST Registration No: 53130937A

150 South Bridge Road  
 #04-06 Fook Hai Building  
 Singapore 058727

Kurubalan s/o Manickam Rengaraju  
 Jan Chua Peck Kiang

Tel: 65322 009 (5 lines)  
 Fax: 65322 007 (Our fax no. is not for service of court documents)

Our ref: **L.19.1024.CYN**  
 (Please quote our reference when replying)

11 October 2019



**BY CERTIFICATE OF POSTING**

**BY HAND**

Comfort Transportation Pte Ltd  
 383 Sin Ming Drive  
 Gas Building  
 Singapore 575717

India International Insurance Pte Ltd  
 64 Cecil Street  
 #04/#05 IOB Building  
 Singapore 049711

(Yr ref: SHA 4181J)

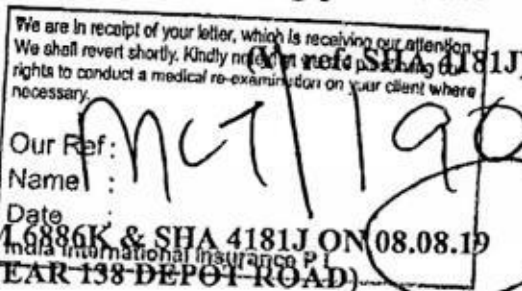
Dear Sirs,

**ACCIDENT INVOLVING SLM 6886K & SHA 4181J ON 08.08.19  
 AT/ALONG DEPOT ROAD (NEAR 138 DEPOT ROAD)**

We act for **Gan Beng Tat (Yan Mingda)**, owner of vehicle registration number **SLM 6886K**.

We are instructed to claim for damages against you in connection with the above-captioned road traffic accident involving our client's vehicle and your vehicle registration number **SHA 4181J**.

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



19/10/19

# KURU & CO

Advocates & Solicitors  
UEN / GST Registration No: 53130937A

150 South Bridge Road  
#04-06 Fook Hai Building  
Singapore 058727

Kurubalan s/o Manickam Rengaraju  
Jan Chua Peck Kiang

Tel: 65322 009 (5 lines)

Fax: 65322 007 (Our fax no. is not for service of court documents)

Our ref: **L.19.1024.CYN**

(Please quote our reference when replying)

11 October 2019



BY CERTIFICATE OF POSTING

BY HAND

Comfort Transportation Pte Ltd  
383 Sin Ming Drive  
Gas Building  
Singapore 575717

India International Insurance Pte Ltd  
64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711

(Yr ref: SHA 4181J)

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

Our Ref: **SHA 4181J**  
Name: **MC1/19080178**  
Date: **08.08.19**

India International Insurance Pte Ltd

Dear Sirs,

**ACCIDENT INVOLVING SLM 6886K & SHA 4181J ON 08.08.19  
AT/ALONG DEPOT ROAD (NEAR 138 DEPOT ROAD)**

We act for **Gan Beng Tat (Yan Mingda)**, owner of vehicle registration number **SLM 6886K**.

We are instructed to claim for damages against you in connection with the above-captioned road traffic accident involving our client's vehicle and your vehicle registration number **SHA 4181J**.

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

Cost of repairs	\$ 7,304.68
Rental	\$ 1,560.00
Survey fee/s	\$ 780.00
LTA fee/s	\$ 7.49
Incidentals (Inclusive of GST)	\$ 53.50
Cost at this stage (Inclusive of GST)	\$ 749.00

Enclosed are the supporting documents for your perusal:

Pre-repair Notification letter

Our client's SAS report

Your insured's LTA search

Repair Bill

Survey report, invoice and **180 colored photographs** (on your undertaking to return the same within 03 days upon demand)

Rental agreement cum invoice

Certificate of insurance



Our ref: **L.19.1024.CYN**  
(Please quote our reference when replying)

11 October 2019

**ACCIDENT INVOLVING SLM 6886K & SHA 4181J ON 08.08.19  
AT/ALONG DEPOT ROAD (NEAR 138 DEPOT ROAD)**

We have on 13.08.19 notified your insurer of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 14.08.19.

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

Please also note that you or your insurer should send 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 without further notice to you or your insurer.

Yours faithfully,



Encl.

**N.B. Supporting documents are forwarded only to your insurer BY HAND**

**Cc. NTUC Income Insurance Co-operative Ltd (Mutual client – SLM 6886K) /  
BY FAX: 6338 1500**

Please do not prejudice our mutual client's claim in whatsoever way. Meanwhile, we would be obliged if you could let us have a complete set of third party's SAS/police report if you have received a copy of same for our attention.

Cc. Client

III-PRI / L19.1024.cj // ACCIDENT INVOLVING SLM 6886K & SHA 4181J ON  
08/08/2019 AT/ALONG DEPOT ROAD (NEAR 138 DEPOT ROAD) NOTIFICATION OF  
ACCIDENT AND PRE-REPAIR SURVEY

From: Kuru & Co (kurulegal@yahoo.com.sg)

To: motorclaim@iii.com.sg; sherini@iii.com.sg

Date: Tuesday, 13 August 2019, 3:33 pm SGT

Dear sirs

**ACCIDENT INVOLVING SLM 6886K & SHA 4181J ON 08/08/2019  
AT/ALONG DEPOT ROAD (NEAR 138 DEPOT ROAD)  
NOTIFICATION OF ACCIDENT AND PRE-REPAIR SURVEY**

We act for **Gan Beng Tat (Yan Mingda)**, whose vehicle registration number **SLM 6886K** was damaged in the above accident.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within **2 working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle.

A copy of our client's SAS report is enclosed.

If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Regards

Irene

Kuru & Co

150 South Bridge Road

#04-06 Fook Hai Building

Singapore 058727

Tel: 6532 2009

Fax: 6532 2007

13082019152046.pdf

110.8kB

## 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	08/08/2019 16:49
Date Of Accident	08/08/2019 12:30
Exact Location Of Accident	DEPOT ROAD (NEAR 138 DEPOT ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6886K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN BENG TAT (YAN MINGDA)
NRIC No	S7732237Z
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97569100
Alternative Phone No	OFFICE-97569100

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090235505-02
Cover Note Number	

### Driver

Name of Driver	GAN BENG TAT (YAN MINGDA)
NRIC No	S7732237Z
Date Of Birth	31/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569100
Fax Number	
Contact Number	OFFICE-97569100
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 103A DEPOT ROAD #20-539
Postcode	101103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4181J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARUMUGAM RAJAGOPAL
NRIC/Passport Number	S0782785G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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 SIA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and a free copy 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 no 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 purposes 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



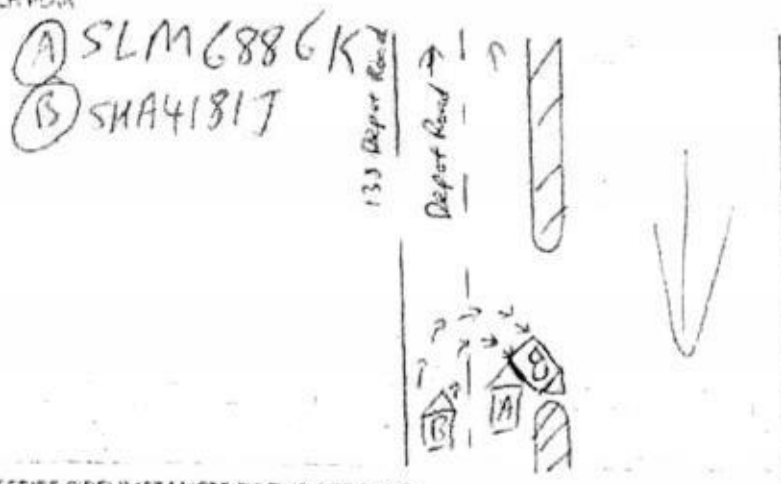
Driver's Signature  
(if driver is not the policyholder)  
Date & Time



Expediting Centre Representative's Signature  
Name  
NRIC / PAN No.

# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Depot Road when vehicle (B) made an illegal U-turn all of a sudden & hit my car (A)

## DECLARATION

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

*[Signature]*  
 Date & Time

*[Signature]*  
 Date & Time

*[Signature]* 8/8/17  
 Date & Time

## Enquire Vehicle & Owner Information ( Vehicle No. SHA4181J As At 08 Aug 2019 / 12:30:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: L19.1024.CJ

### Current Owner Details

Owner ID Type: Company  
Owner ID: 199303821R  
Owner Name: COMFORT TRANSPORTATION PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 383  
Registered Street Name: SIN MING DRIVE  
Registered Unit No.: -  
Registered Building Name: GAS BUILDING  
Registered Postal Code: 575717

### Current Vehicle Details

Vehicle No.: SHA4181J  
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Insurance Company Name: INDIA INT'L INS PTE LTD

## 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	08/08/2019 16:03
Date Of Accident	08/08/2019 12:40
Exact Location Of Accident	DEPOT RD TWDS HENDERSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4181J
<b>Insured/Policyholder</b>	
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	ARUMUGAM RAJAGOPAL
NRIC No	S0782785G
Date Of Birth	30/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1971
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96171432
Fax Number	
Contact Number	



Address	BLK 3 TELOK BLANGAH CRESCENT #11-534
Postcode	090003
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 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?	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.	YES
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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6886K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN BENG TAT
NRIC/Passport Number	S7732237Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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.
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

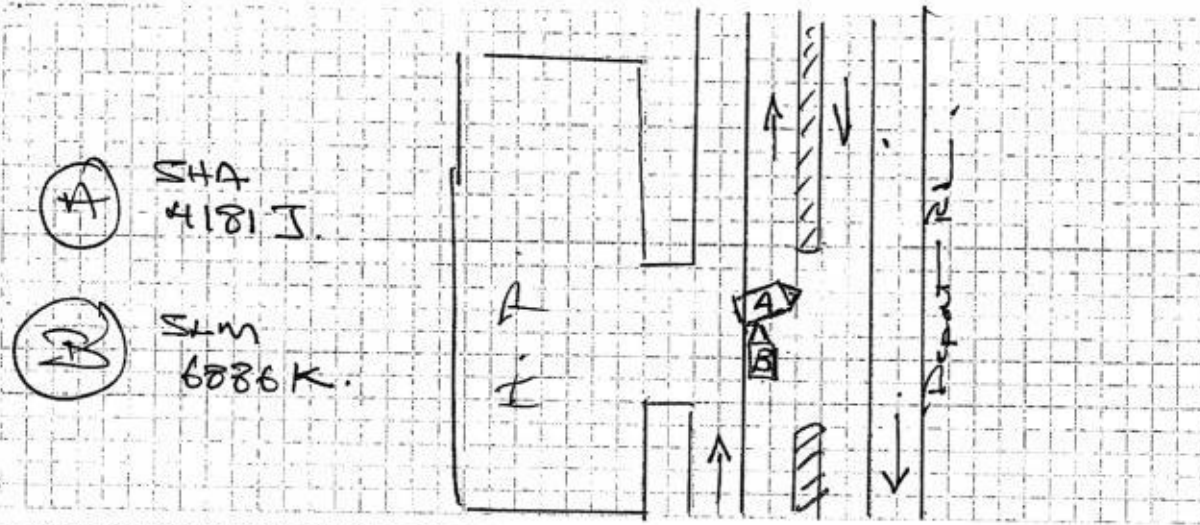
Policyholder's Signature  
Date & Time:

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

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

**Sketch Plan Pg. 2**

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON. 8 Aug 2019 @ 12:40 hr I. Vert A

make a 'u' turn I set A already chr

there near 200 vehicle on my Right

I vet A just move suddenly vet B

Gene very fast on lit. VET A

Regist. rev. at the point of accident.

Vert  $\textcircled{A}$  no par..

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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

*N. J. B. 8/8*

Accident Photo



Accident Photo

