

ASS. REC. BY:

REF: CS3/CT1190191781

f3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Chong Buan Sen of CT1 Date/Time: 30.10.19 2.55p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / (P) WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SM L 88404 Insured: SLR 7367Jat Workshop m/s Guan Auto Tel: 93884210of Bik 7 sin ming Industrial Estate sector C #01-82 / #01-80Policy No: \_\_\_\_\_ Claim No: SNM 1910205098

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 29.10.19  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 30.10.19 3.12p.m Person Contacted: Jacky H.O.D. Endorsement: \_\_\_\_\_

Vehicle IN/OUT

| Date/Time       | Action/Instruction ( X ) Estimate Cancel case                 |
|-----------------|---|
|                 | <u>SM L 88404 - X</u>   |
|                 | <u>SLR 7367J - X</u>  |
| <u>2/4/2020</u> | <u>4.00p.m - Talk to Jacky, cancel case. Cancel 20/4/2020</u> |
|                 |   |
|                 |   |
|                 |   |

## Summer Lee (LKK Auto)

---

**From:** Summer Lee (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Thursday, 2 April, 2020 10:14 AM  
**To:** 'Chong Boon Sen'; 'SUR'  
**Cc:** 'assignments'  
**Subject:** RE: OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Dear Boon Sen,

Please be informed that according to the repairer TP owner already Cancel the claim.

No survey was done for this vehicle SML8840Y.

We will close this file at our end without billing.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>

**Sent:** Wednesday, 30 October, 2019 3:12 PM

**To:** 'Chong Boon Sen' <boonsen.chong@sg.cntaiping.com>; SUR <sur@lkkauto.com>

**Cc:** assignments <assignments@lkkauto.com>

**Subject:** RE: OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

**Sent:** Wednesday, 30 October, 2019 3:06 PM

**To:** [pamela@yoga-legal.com](mailto:pamela@yoga-legal.com)

**Cc:** assignments <assignments@lkkauto.com>

**Subject:** RE: OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases  
Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading  
to Bendemeer Road & Tuas

**Chong Boon Sen**

Claims Executive  
Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG 3 Anson  
Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**From:** Chong Boon Sen

**Sent:** Wednesday, October 30, 2019 2:55 PM

**To:** 'pamela@yoga-legal.com' <pamela@yoga-legal.com>

**Cc:** 'assignments' <assignments@lkkauto.com>

**Subject:** RE: OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases  
Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading  
to Bendemeer Road & Tuas

**WITHOUT PREJUDICE**  
**SAVE AS TO COSTS**

Dear Sir,

We regret to inform that we are not agreeable to your list of proposed surveyors and will be assigning our panel surveyor, M/s LKK Auto Consultants to conduct the Pre-repair survey.

Please contact our surveyor to conduct the post repair inspection before returning the repaired vehicle to the claimant.

Aside to LKK,

Please refer to the email below and liaise with third party workshop accordingly.

Thank you.

**Chong Boon Sen**

Claims Executive  
Department

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Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**From:** Chong Boon Sen  
**Sent:** Wednesday, October 30, 2019 2:54 PM  
**To:** [pamela@yoga-legal.com](mailto:pamela@yoga-legal.com)  
**Subject:** RE: OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Without prejudice

Dear Sir,  
LKK  
STA  
LBS

**Chong Boon Sen**

Claims Executive  
Department

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DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**From:** Claims Dept of CTI

**Sent:** Wednesday, October 30, 2019 2:45 PM

**To:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; [pamela@yoga-legal.com](mailto:pamela@yoga-legal.com)

**Subject:** OUR REF :sNM19D205098-SLR7367J-THP-Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Dear Boon Sen,

Please assist to conduct PRS for SML8840Y.

Note : officer in charge – Irene Tay 63896192.

Regards,

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909  
T: (65) 63896116 | F: (65) 62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** Pamela Pamela [<mailto:pamela@yoga-legal.com>]

**Sent:** Wednesday, 30 October, 2019 9:46 AM

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Cc:** Winnie Phee <[winnie@yoga-legal.com](mailto:winnie@yoga-legal.com)>

**Subject:** Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Dear Sir/Mdm,

We enclosed herewith our letter and accident report (Pre-repair Inspection) dated 30th October 2019 for your attention and information.

Thank you.

Regards,

Pamela

**M/s C. YOGARAJAH LLC**

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel : (65) 6292 5838

Fax : (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

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**Chong Boon Sen**

Claims Executive  
Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

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Please assist to conduct PRS for SML8840Y.

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Regards,

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909  
T: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** Pamela Pamela [<mailto:pamela@yoga-legal.com>]

**Sent:** Wednesday, 30 October, 2019 9:46 AM

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Cc:** Winnie Phee <[winnie@yoga-legal.com](mailto:winnie@yoga-legal.com)>

**Subject:** Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SML 8840Y & SLR 7367J On 29.10.2019 @ 11:30hrs Along PIE heading to Bendemeer Road & Tuas

Dear Sir/Mdm,

We enclosed herewith our letter and accident report (Pre-repair Inspection) dated 30th October 2019 for your attention and information.

Thank you.

Regards,

Pamela

**M/s C. YOGARAJAH LLC**

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel : (65) 6292 5838

Fax : (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

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Our Ref : CY.SML8840Y.19.GA(HW).wp(PT)

Your Ref : Your insured vehicle – **SLR 7367J**

30<sup>th</sup> October 2019

**Lim Siew Hiong**  
**c/o China Taiping Insurance (Singapore) Pte Ltd**  
(Motor Claims Department)  
3 Anson Rd  
#16-00 Springleaf Tower  
Singapore 079909

**BY EMAIL**

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SML 8840Y & SLR 7367J ON 29.10.2019 @ 11:30HRS ALONG PIE HEADING TO BENDEMEER ROAD & TUAS**

We are instructed by Ong Siew Mui to notify you of a road traffic accident on 29.10.2019 at about 11:30hrs along PIE heading to Bendemeer Road & Tuas involving our client's customer's vehicle registration number SML 8840Y and vehicle registration number SLR 7367J driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the 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. 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.

At the same time, our proposed list of surveyors is appended as below:-

1. Winson Goh
2. Amas Ong Poh Meng
3. Ong Ah Keng, Kent
4. Auto Performance Appraisal

Yours faithfully,

  
**C. Yogarajah LLC**  
Enc

Cc: M/s. Guan Auto Service  
Block 7 Sin Ming Industrial Estate Sector C  
#01-82 / #01-80 Singapore 575642  
Mr. Jacky Fong (9388 4210)



## 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             | 29/10/2019 16:18                   |
| Date Of Accident           | 29/10/2019 11:30                   |
| Exact Location Of Accident | PIE HEADING TO BENDEMEER RD & TUAS |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|  |                                      |
|--|--------------------------------------|
| Vehicle Registration Number  | SML8840Y                             |
| <b>Insured/Policyholder</b>  |                                      |
| Name Of Registered Owner   | ONG SIEW MUI                         |
| NRIC No  | S7216966B                            |
| Email Address  | FLOR_OSME@YAHOO.COM.SG               |
| Mobile Phone No  | (LOCAL) +65-98301149                 |
| Alternative Phone No   | OFFICE-98301149                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | TOYOTA                               |
| Model  | VIOS-1.5 (A)                         |
| Exact Purpose for which vehicle was being used at time of accident           | NORMAL USAGE                         |
| 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                          |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 1900106886                           |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | ONG SIEW MUI                         |
| NRIC No  | S7216966B                            |
| Date Of Birth  | 07/05/1972                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 28/04/1999                           |
| Driving Experience   | 20 YEARS AND 6 MONTHS                |
| Gender   | FEMALE                               |
| Mobile Number  | (LOCAL) +65-98301149                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-98301149                      |
| EMail Address  | FLOR_OSME@YAHOO.COM.SG               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 422 ANG MO KIO AVE 3 #02-2536 |
| Postcode  | 560422                            |
| 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 - CHANGE/CROSS LANE |
| 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?   | NO |
| 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 ATTACHED SKETCH PLAN AND STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                           |
|-------------------------------------|---------------------------|
| Vehicle Registration Number         | SLR7367J                  |
| Vehicle Make/Model/Colour           | BMW WHITE                 |
| Details Of Properties               |                           |
| Vehicle Category                    | PRIVATE CAR               |
| Name of Driver                      | LIM SIEW HIONG            |
| NRIC/Passport Number                | S1623803A                 |
| Contact Number                      | 98391641                  |
| Address                             | BLK 270 BANGKIT RD #04-22 |
| Postcode                            | 670270                    |
| Insurance Company Name              |                           |
| Nature Of Damage                    |                           |
| No. Of Passenger (Including Driver) | 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.

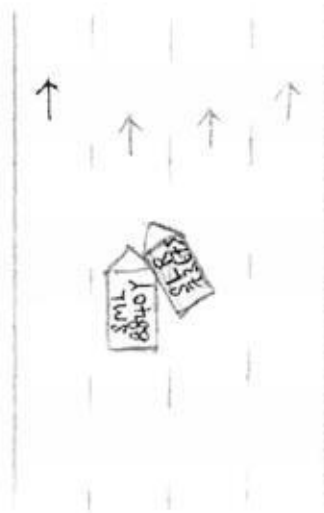
  
Policyholder's Signature

Date & Time: 29 Oct 2019  
3:50pm

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time 11 30am on 29 Oct 2019. Driver: Ong Siew Mui. Vehicle No: SML 8840Y  
NRIC: 57216966-B was driving on PIE Expressway toward Bendemeer Rd &  
Tuas. The Traffic was Jam & weather are clear. When the car in front  
start to move ahead & I drove forward Suddenly a white BMW  
car Vehicle Number: SLR 7367J beside me on the Right suddenly  
turn into my lane ~~be~~ hitting onto my side mirror & Right Side of  
My car.

## DECLARATION

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

  
Policyholder's Signature

Date & Time: 29 Oct 2019  
3 52pm

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

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