

ASS. REC. BY:

REF: CS3/SMO19016112/Pdf3-1

Special Instruction:

Surveyor

Ram

ASSIGNMENT (Office)

From (Person):

Gnoh Pau Loong

of

SMO

Date/Time:

11/12/2019  
10.9.19 17.30pm

Estimate/Coat:

Bill to:

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

To Inspect Vehicle No:

SKA 55777

Insured:

XD 5732H

at Workshop in/s

Guan Auto

Tel:

93884210

of Bit 7 on Ming Industrial Estate Sector C #01-80

Policy No:

DIBMT/CVE 003051

Claim No:

CMD1904277

Sum Insured:

Excess:

Make of Veh:

D.O.A 9.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

rnp

H.O.D. Enforcement:

Date/Time:

11.9.19 10.23a.m

Person Contacted:

Jacky

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SKA 55777 12/12/2019/71462 DCA - 09/09/2019
	XD 5732H - ✓
	Dismantle: 12/9/2019
	After repair: 20/9/2019

3/1/20 Submit \$11900f

Repair day 6

7/1/20 file pass to Typist

RECEIVED 07 JAN 2020

  
 2/1/2020

REF: SMD

PRS

## ASSIGNMENT

From:

Until:

11.9.2019

Estimate No.:

Vehicle:

SKA 5577J

To Report: NOV / 2019

OD: TP / WS / TP RES / OD RES / EVA / INV / MV

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

To inspect Vehicle No.:

SKA 5577J

Make: Toyota altis

cc 1598

at Workshop n/s:

Guan Auto

Colour: BEIGE

A/C: Insured / Std / NI / NA

of:

Blk 7 Sin Ming Industrial Estate Seah

Sp Reading: 148256

T/Radio: Insured / Std / NI / NA

Insured:

C #01-80

Eng/No:

Policy No.:

CRNo:

MTC03ZEE106176703

Claims No.:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

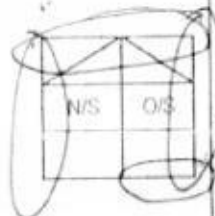
(Policy Condition)

Tyre Size:

F: 195/65 R15

R: 195/65 R15

Remark: The veh had commenced its repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

FALKEN

Bal. or Market Value:

Front:

Rear:

IDAC Accident Report:

Consistent?: Yes or No

R/Bal: 4 / run mm

R/Bal: 4 mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal: 4 mm

L/Bal: 4 mm

Est. Repairs:

days:

Res.: Yes or No

DOA: 09/09/2019

DOI: 11/09/19

Lump Sum:

%

3 Val: Yes or No

Survey held at:

Guan auto

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

Frt O/S N/S / Rear O/S N/S / O/S

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Repair days: 12 days

Range \$11000-\$12000

  
24/9/2019

MV: \$21000

PV: \$13402

NV: \$7000

Date/Time: File Pass to:

☐ : Preli. Report

Days Of Repair: 12

1)

☐ : Final Report

Resurvey No. of Trip: 2

Date/Time: File Return to:

Survey Fee

Transportation

2)

Add Fee: ☐ Site Insp (\$

) 5 + PR: 24

☐ Interview (\$

) Photo:

☐ Tech. Insp (\$

) Other:

☐ Weekend (\$

) TOTAL

Report Format:

PRG.

Lump Sum / L.B.I. (\$

TOTAL

## Nivitha (LKK Auto)

---

**From:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>  
**Sent:** Tuesday, 10 December 2019 2:25 PM  
**To:** Admin-D <admin-d@lkkauto.com> (admin-d@lkkauto.com);  
'assignments@lkkauto.com'; 'sur@lkkauto.com'; Admin A  
**Subject:** RE: Your ref : DP.SL.11045.19.GA ; Sompo ref : CMTD1904277 ; Accident involving XD5732H ( Sompo ) and SKA5577J on 09/09/2019  
**Attachments:** CMTD1904277 - PD SUV 1 of 2.pdf; CMTD1904277 - PD SUV 2 of 2.pdf;  
CMTD1904277 - Insured driver efile report for XD5732H.pdf; CMTD1904277 - Third party efile report of SKA5577J.PDF  
**Importance:** High

Dear M/s LKK AUTO,

Following up from the email below, we enclose the third party survey report and respective e-file reports, thank you.

Best Regards  
Gnoh Pau Loong  
Claims Division  
D: 6329 5217 | T: 6461 6555 | F: 6221 3147



## A Century of Trust

Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Website: [www.sompo.com.sg](http://www.sompo.com.sg) | Facebook: [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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---

**From:** Gnoh, Pau Loong  
**Sent:** Tuesday, 10 December, 2019 2:16 PM  
**To:** 'Daniel Poon & Co.' <law@dpco.com.sg>; Admin-D <admin-d@lkkauto.com> (admin-d@lkkauto.com) <admin-

d@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>; sur@lkkauto.com; 'Admin A' <admin-a@lkkauto.com>

**Subject:** Your ref : DP.SL.11045.19.GA ; Sompo ref : CMTD1904277 ; Accident involving XD5732H ( Sompo ) and SKA5577J on 09/09/2019

**Without Prejudice**

Dear Sir / Madam,

With reference to above, we acknowledge receipt of your letter dated 30/10/2019.

We have clarified with our surveyor, M/s LKK AUTO that post repair inspection was done and we will be carrying out the resurvey and kindly hold hands as we will revert to you as soon as possible.

Please quote our ref : CMTD1904277 when replying, thank you.

Your ref : CS3/SMO19016112/FCF3S2

To M/s LKK AUTO,

Please assist for the above and do forward the soft copy once ready, thank you.

Best Regards

**Gnoh Pau Loong**

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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**INSURANCE**

**A Century of Trust**

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or



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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 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 GlA 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	10/09/2019 10:04
Date Of Accident	09/09/2019 08:25
Exact Location Of Accident	ALONG PENJURU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5577J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAH TAIK SIM
NRIC No	S0123619I
Email Address	CHUAH_TS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93368181
Alternative Phone No	OTHERS-93368181

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800125608
Cover Note Number	

### Driver

Name of Driver	CHUAH TAIK SIM
NRIC No	S0123619I
Date Of Birth	11/10/1953
Occupation	INDOOR
Date Of Driving Pass	18/10/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93368181
Fax Number	
Contact Number	OTHERS-93368181
Email Address	CHUAH_TS@HOTMAIL.COM

Address	57 YUK TONG AVENUE
Postcode	596358
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190909/2083.

#### 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	XD5732H
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHUAH TAIK SIM
Approximate Age	65
Injuries Sustain	
Injured person in which vehicle?	SKA5577J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	57 YUK TONG AVENUE
Postcode	596358

**SKETCH PLAN**

**IMPORTANT NOTICE**

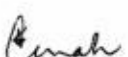
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

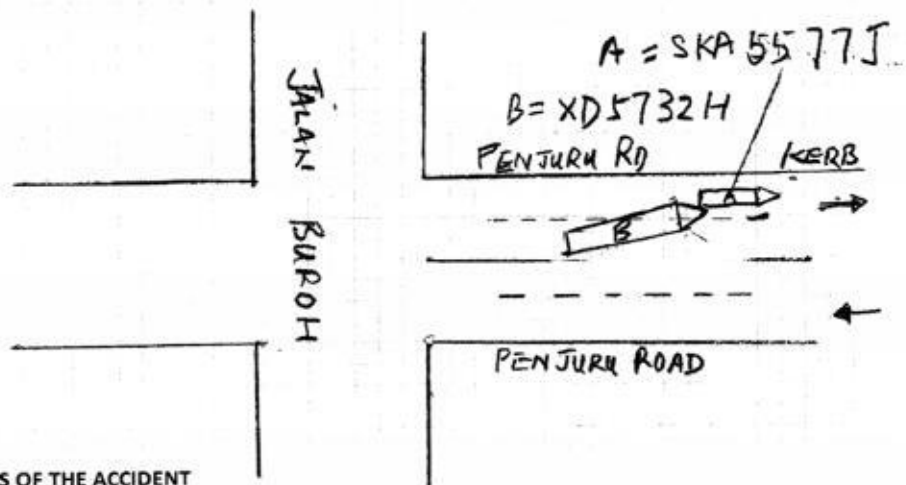
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:  
10 SEP 2019  
C0204A2

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/9/2019  
C0204A2

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Peh Kwee Choo  
NRIC/FIN No.: S6340583A



### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

SEE POLICE REPORT T/20190909/2083.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

10 SEP 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10 Sept 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

wee Choo  
S6340583A



**SINGAPORE  
POLICE FORCE**



T/20190909/2083

1 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20190909/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2019 14:26	Vide Report No.: D/20190909/0039	Station Diary No.: 13
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHUAH TAIK SIM	Address: 57 YUK TONG AVENUE SINGAPORE 596358		
ID Type / ID No.: NRIC NO / S0123619I	Contact No.: Home/Office: Mobile: 93368181		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 65	Date of Birth: 11/10/1953	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: FINANCE MANGER	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/09/2019 08:25	Type of Location: Straight Road
Location: Along Road 1 PENJURU ROAD				
Lamp Post Number: 55				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA5577J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Seriously Damaged	1
XD5732H	Trailer				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKA5577J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800125608	22/11/2018	21/11/2019



**SINGAPORE  
POLICE FORCE**



T/20190909/2083

2 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20190909/2083

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUAH TAIK SIM	ID No.	S0123619I
Related Vehicle	SKA5577J (Car)	Contact No.	93368181
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/09/2019	Date Discharge	09/09/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving on the extreme left of 2 lanes when suddenly I felt an impact on the right rear and lost control of my vehicle. The car then mount the curb and hit onto a tree. The traffic in front of me was travelling smoothly. The driver wanted change lane and did not see my car thus the collision happened.

I called for the police and shortly after, Traffic Police and Ambulance arrived at the accident location. I was then conveyed to Ng Then Fong General Hospital and received 2 days MC. My car was towed to a car workshop by my husband. There is no in car camera installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190909/2083

3 of 3

Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

Report No. T/20190909/2083

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

D /

Sgt 3 SAIFULBAHRI BIN SHA'ARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/09/2019 14:26

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168





# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

**Name of Policyholder** : Chuah Talk Sim  
**Period of Insurance** : 22 Nov 2018 To 21 Nov 2019  
**Engine No.** : 3ZZB003272  
**Chassis No.** : MR053ZEE106176703

**Vehicle No.** : SKA5577J  
**Policy No.** : 1800125608  
**Endorsement No.** :  
**Issued Date** : 07 Nov 2018

### ABOUT THE COVER

**Make/Model** : TOYOTA COROLLA ALTIS 1.6  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2010  
**Insuring with COE/PARF** : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0.

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Chuah Talk Sim

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan**: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. N. K.*

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

Puay Khee Goh

MEDICAL CERTIFICATE + MEDICAL BILL Pg. 1

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:5128850)

ORIGINAL

NAME: CHUAH TAIK SIM

NRIC: S0123619I

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **9/9/2019** to **10/9/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **09/09/2019 09:37** to **09/09/2019 11:40**.

09/09/2019  
Date

Dr. Teck Tsin Kevin CHAN (64667I)  
Issued by

Signature

Location: NTFGH EMERGENCY

MEDICAL CERTIFICATE + MEDICAL BILL Pg. 2

Ng Teng Fong General Hospital  
Jurong Community Hospital  
Jurong Medical Centre



Members of the NUHS

TAX INVOICE

TO:  
MDM. CHUAH TAIK SIM  
57 YUK TONG AVENUE  
SINGAPORE 596358

MRN/NRIC : S0123619I  
BILL NO : 13817975C  
BILL DATE : 09.09.2019  
VISIT DATE : 09.09.2019  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME: CHUAH TAIK SIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9218952824Z Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	120.00
ECG 12 Leads	24.60
XR Chest AP / PA	33.00
Orphenadrine 35MG/Paracetamol 450MG Tab	8.00
Total Charges	185.60
Less: Government Subsidy	65.60-
Add: 7% GST	8.40
Less: GST Absorbed	8.40-
<b>Amount Payable</b>	<b>120.00</b>

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
<b>Total Bill Amount</b>	<b>120.00</b>				
CHUAH TAIK SIM	120.00	120.00-	0.00	0.00	

Amount to be paid: \$0.00

Receipt Information

09.09.2019 Receipt No: J001109270

\$120.00 (VISA)

Important Note  
PAGE 1 OF 1  
Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life (if approved Integrated Plan). (Please refer overleaf for information on payment to Medisave/MediShield Life/Medisave-approved Integrated Plan).  
National University Health Services Group Pte Ltd (Reg no:200910555Z) 1 Jurong East Street 21, Singapore 609606 Tel: 6716 2000 www.juronghealthcampus.com.sg

Accident Photo





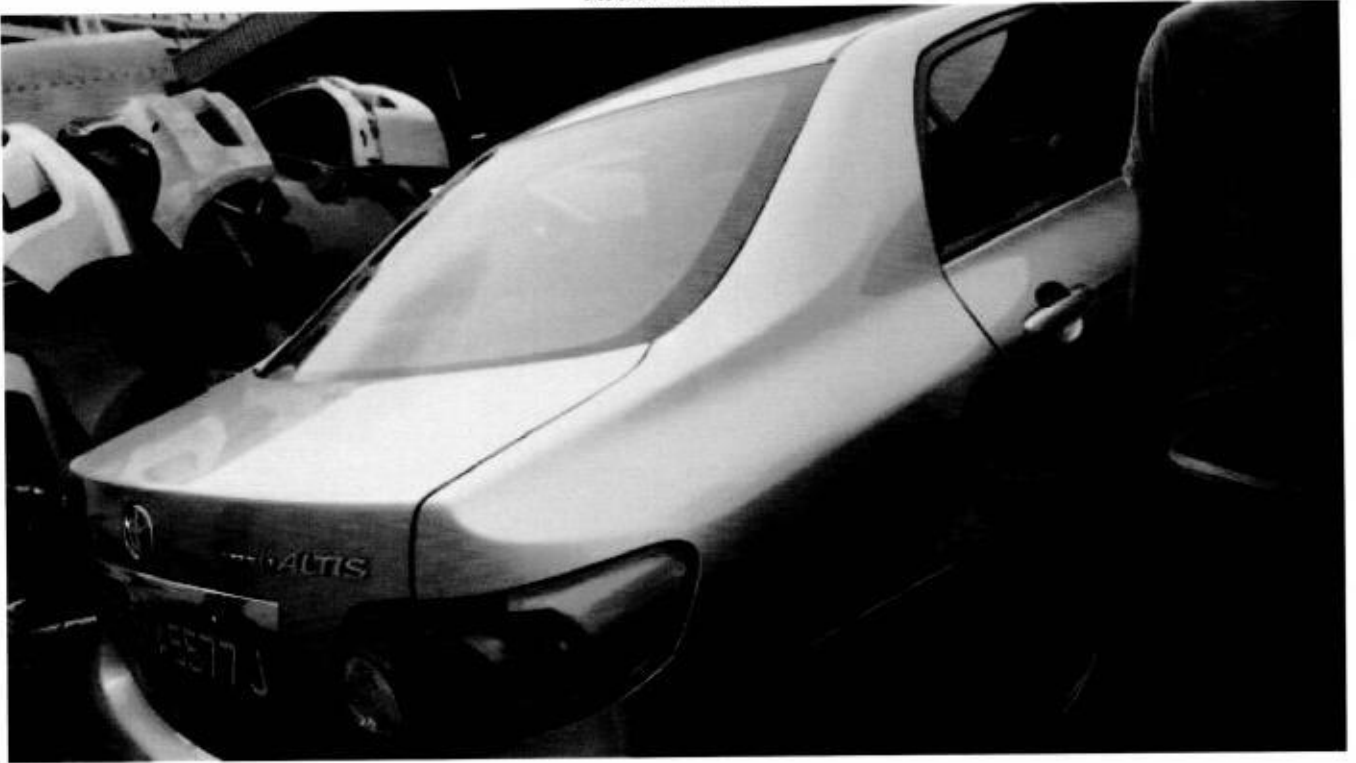
Accident Photo



Accident Photo



Accident Photo



## 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	10/09/2019 14:17
Date Of Accident	09/09/2019 08:45
Exact Location Of Accident	OUTSIDE 51 PENJURU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5732H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SENG GUAN CONTAINER SERVICE
Co Reg No	52287700A
Email Address	SENGGUANCONTAINERSERVICE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94899139
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	DAF
Model	CF85.410-12.9 D FT (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTHCVE003051
Cover Note Number	

### Driver

Name of Driver	ZHAO YINGMING
Passport No/FIN	G2482597W
Date Of Birth	16/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85889556
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	N/A
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE HEADQUARTERS
Police Station Address	ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT NO: T/20190909/2090

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TRAFFIC POLICE TOOK THE SD CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA5577J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93368181
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

UNKNOWN DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKA5577J

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

SENG GUAN CONTAINER SERVICE  
BLK 674B JURONG WEST ST 65 #06-52  
SINGAPORE 642674  
TEL : 65604516 FAX : 65601078  
UEN : 52287700A  
DBS ACC : 0800019746

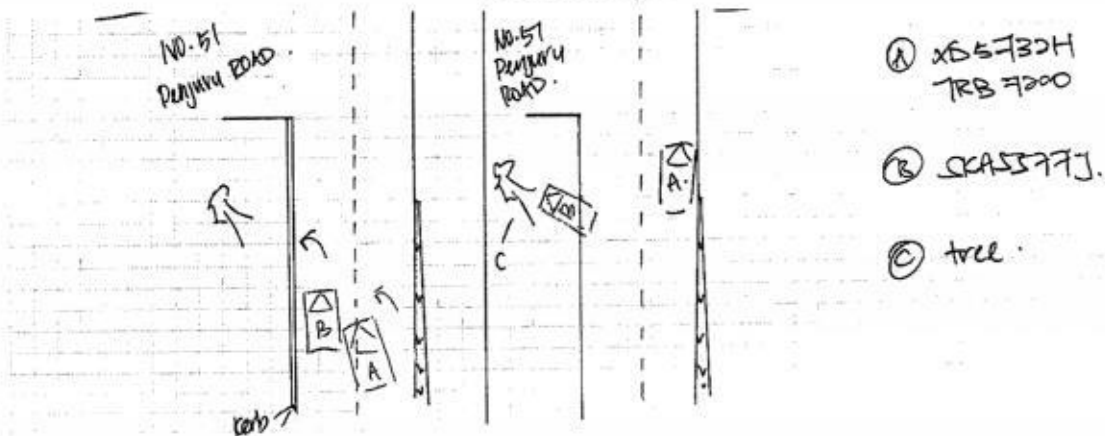
Policyholder's Signature  
Date & Time:

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

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL

### Sketch Plan Pg. 2



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report No. 7/20190910

## DECLARATION

W/S END GUIN CONTAINER SERVICE

BLK 674B JURONG WEST ST 65 #06-52  
SINGAPORE 642674  
TEL: 65604516 FAX: 65601078  
UEN: 52287700A  
DBS ACC: 3600019746

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

☐ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other works hop.  
☒ For record purpose

Policy No. D18WTA CV 003051

Insurer COMP Veh.No. XD5722

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: