

Surveyor:

ASSIGNMENT (Office)

Minim

From (Person): Mekavathuran of SH Date/Time: 06/01/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SCM1131U Insured: SHA 7985Lat Workshop m/s: Auto Recovery Tel: 9753 2933of 61 Woodlands Ind Park F9 #01-27Policy No: MCOM0015 Claim No: MCT19090649

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/9/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS


Date/Time: 1/10 Person Contacted: Mr Lim Vehicle IN/OUT: IN

Date/Time	Action/Instruction (X) Estimate
	<u>Both vehicles unscathed in this accident</u>
	<u>SCM1131U-X</u>
	<u>SHA 7985L-X</u>
<u>23/1</u>	<u>Submit lump sum \$750/- , 1 day</u>
	<u>(Red: 1768, 70%)</u>

To submit L/S \$750/- with 1 day of rep,
23/01/2020 - minor distortion on TP rear bumper.

— New B4 paint bumper was photographed but no photo to show old and new bumper together after spray. Hence L/S was given.

— Items indicated as HW is without photographs and/or unlikely to be damaged from the impact.

 27/01/2020

Inspected By: Sun Pm



ASSIGNMENT

From:

Date:

Veh No:

SCM 1131 U

Yr Regn: 08/Mar/2017

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: SCM 1131 U

Make: Toyota Voxy 2-0X A C.C. 1986

at Workshop n/s Auto Recovery

Colour: Black.

A/C: Insured / Std / NI / NA

of G1 Woodlands Ind Pk 29 #101-27

Sp Reading: 76808

T/Radio: Insured / Std / NI / NA

Insured:

Eng No:

Policy No:

C/No: ZRR800209291

Claims No:

Gen. Cond: Good ☒ Fair ☐ Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ In order ☐ Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order ☐ Jammed / Leaked / Burnt or

Make of Veh:

Mod: ☒ W / S/Rim / STD A/Rim or

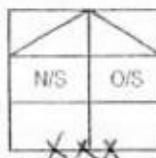
2/10/2019 Nam.

(Policy Condition)

Tyre Size: F: 205/55 R16

R: 205/55 R16

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

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal. 5 mm

R/Bal. 5 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal. 5 mm

L/Bal. 5 mm

Est. Repairs:

days

Res.: Yes or No

D.O.A. 25/09/2017

D.O.I. 02/10/2019 10.55am

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Auto Recovery

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date/Time Action / Instruction

PRS Case

MV: 94k

R / Range: 1K - 2K

R / Days: 2 days

RECEIVED 13 OCT 2019

7/11/2019

Date/Time, File Path in?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip: -

Date/Time, File Path in?

2)

Add Fee: ☐ Site Insp. (5)

Survey Fee:

Transportation

2 + PR. (5)

Phone

10000

20000

30000

Report Format: PRS

Image Date / File Path

☐ Interview (5)

☐ Tech Insp. (5)

☐ Road test (5)

Summer Lee (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Monday, 6 January, 2020 5:59 PM
To: Hsiao Tong (LKKAuto); assignments; Admin A
Subject: FW: MCT19090649

From: Mekavathanan Sarangapani
Sent: Monday, 6 January 2020 5:58:30 PM (UTC+08:00) Kuala Lumpur, Singapore
To: KKLau; Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Cc: Stanley Lai; Manivel Priyadarshini
Subject: MCT19090649

LKK Team

Please do up paper survey TP lawyers claiming 2K odd.

Both vehicles unscathed in this accident.

Please assist so that we can manage TPPD calim thru TP lawyers

Meka

ML7/19090649/01/MP

Auto Recovery Unit ✓
WIC

RESERVES		
TPPD	PRESERVE	
TPPI	PRESERVE	No m' in TP m's
UNINSURED LOSS	PRESERVE	
SUBRO	PRESERVE	
LPPN		
INVESTIGATION FEE		
SURVEY FEES	P.S.	(300)
LEGAL FEES		
OTHERS		* Ask Union Law for repair bill
FRAUD CHECK		
UPLOAD TO MERIMEN		
GRANT RIGHTS		

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2451
 RECIPIENT ADDRESS 65356802
 DESTINATION ID
 ST. TIME 06/12 09:57
 TIME USE 00'30
 PAGES SENT 2
 RESULT OK

FAXED
 06 DEC 2 19
 MGTCLM DEPT.

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
 (Incorporated with Limited Liability)

ERIC NG CHING BOON
 WONG KENG LBONG RAYNEY
 AUDREY WONG SU-HSIEN
 PAUL YAP TAI SAN
 ANJALI D/O MUNIANDY
 ANG KIM NOI DIANE
 RAVENDRA KRISHNASAMY
 CHEONG YUNHUI, CLARISSA
 SONIA LIM WEI LEI

Unique Entity Number. 2007214881

115 New Bridge Road
 #04-01/02 Singapore
 Singapore 059573
 Branch : 490 Toa Payoh Lorong 6
 #03-11 HDB Hub
 (Biz 3 Lobby 1)
 Singapore 310490

RECEIVED
 - 3 DEC 2019

INDIA INTERNATIONAL INSURANCE PTE LTD

TEL: (65) 65342811 (Hunting)
 FAX: (65) 65356802
 EMAIL: jenniferguay@visionlawllc.com
 Branch: TEL: 6580703
 FAX: 6580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this matter

Our Ref : AW1-jgv-ins-A77-111702-19(jw) (Email: jenniferguay@visionlawllc.com)
 Your Ref : SHA 7985 L

2nd December 2019

INDIA INTERNATIONAL INSURANCE PTE LTD
 64 Cecil Street
 #04/06-00
 IOB Building
 Singapore 049711

WITHOUT PREJUDICE
 BY HAND ONLY

COMFORT TRANSPORTATION PTE LTD [OWNER]
 383 Sin Ming Drive
 Gas Building
 Singapore 575717

BY POST ONLY
 [For your information only]

ROSLI BIN MOHAMMED LAZIM (DRIVER)
 Blk 858 Woodlands Street 83
 #04-214
 Singapore 730858

BY POST ONLY
 [For your information only]

Dear Sir,

CLAIMANT: SOH CHEE MENG

ACCIDENT INVOLVING SCM 1131 U & SHA 7985 L ON 25th SEPTEMBER 2019 AT SLIP ROAD FROM BUKIT TIMAH ROAD TOWARDS CHOA CHU KANG ROAD AT ABOUT 15:50 HRS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 25th SEPTEMBER 2019 AT SLIP ROAD FROM BUKIT TIMAH ROAD TOWARDS CHOA CHU KANG ROAD AT ABOUT 15:50 HRS involving our client's vehicle registration number SCM 1131 U and vehicle registration number SHA 7985 L driven by you/your insured at the material time.

Our Ref:
 Name:
 Date:

MCT/190 70649
 Piyu
 5/12/19

"kindly let us have your client's repair bill from Auto Recovery Hub"

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths

(Incorporated with Limited Liability)

Unique Entity Number. 2007214817

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D/O MUNIANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
CHEONG YUNHUI, CLARISSA
SONIA LIM WEI LEI

HEAD OFFICE

133 New Bridge Road
#18-01/02 Chinatown Post
Singapore 059413
Branch : 490 Toa Payoh Lorong 6
#03-11 IIOB Hub
(Biz 3 Lobby 1)
Singapore 310490

HEAD OFFICE:

TEL: (65) 65342811 (Hunting)
FAX: (65) 65356802
EMAIL: jenniferguay@visionlawllc.com
Branch 3
TEL: 6580703
FAX: 6580448 (Conveyancing)

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Our Ref : AW1-jgv-ins-A77-111702-19(jw) (Email: jenniferguay@visionlawllc.com)
Your Ref : SHA 7985 L

2nd December 2019

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/06-00
IOB Building
Singapore 049711

WITHOUT PREJUDICE
BY HAND ONLY

COMFORT TRANSPORTATION PTE LTD [OWNER]
383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST ONLY
[For your information only]

ROSLI BIN MOHAMMED LAZIM [DRIVER]
Blk 858 Woodlands Street 33
#04-214
Singapore 730858

BY POST ONLY
[For your information only]

Dear Sir,

CLAIMANT: SOH CHEE MENG
ACCIDENT INVOLVING SCM 1131 U & SHA 7985 L ON 25th SEPTEMBER 2019 AT SLIP ROAD FROM BUKIT TIMAH ROAD TOWARDS CHOA CHU KANG ROAD AT ABOUT 15:50 HRS

Our Ref: MCT/190 90649
Name: Priya
Date: 5/12/19
India International Insurance P L
= kindly let us have your client's repair bill from Auto Repair Hub "

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 25th SEPTEMBER 2019 AT SLIP ROAD FROM BUKIT TIMAH ROAD TOWARDS CHOA CHU KANG ROAD AT ABOUT 15:50 HRS involving our client's vehicle registration number SCM 1131 U and vehicle registration number SHA 7985 L driven by you/your insured at the material time.

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

01.	Cost of Repair	\$ 2,518.00
02.	Rental Fee for 5 days at \$120.00 per day	\$ 600.00
03.	Pre Repair Loss of Use (2 Days)	\$ 240.00
04.	Survey report fees	\$ 498.00
05.	GIA & LTA search / report fees	\$ 39.00
06.	Cost Contribution (at this stage)	\$ 1,000.00
07.	Disbursements (at this stage)	\$ 100.00

TOTAL \$ 4,995.00

=====

.../2 to be continued next page

CONFIDENTIALITY
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VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AW1-jgv-ins-A77-111702-19(jw) (jenniferguay@visionlawllc.com)
Your Ref : SHA 7985 L

2nd December 2019

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

- (1) Police & GIA report lodged by driver of SCM 1131 U;
- (2) LTANet Search;
- (3) Letter from Comfort dated 7th October 2019;
- (4) Rental agreement & rental receipt from Motorway Car Rental Pte Ltd;
- (5) Final Repair Bill from Auto Recovery Hub Pte Ltd;
- (6) Surveyor's report & invoice; and
- (7) **11 coloured photographs** depicting the damages to motor vehicle SCM 1131 U.
 - (P.S:- Original photographs will be sent to insurance co. only)
 - (P.S:- Kindly return us all original photographs within 7 days hereof)

We hereby give you notice of our client's claim, please revert if you request re-inspection within 14 days of this letter. We have notified you on 30th September 2019 and given you the pre-repair inspection notice.

Take notice that you must also provide us with a copy of your insured's GIA report.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries. As our client's injury has not stabilised, we are now filing our client's damages pertaining to his motor vehicle only and shall forward his claim for damages and consequential loss in relation to his personal injuries later.

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

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

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

Yours faithfully

(HEAD OFFICE)
Enc. (By Hand Only)

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Enquire Vehicle & Owner Information (Vehicle No. SHA7985L As At 25 Sep 2019 / 00:00:00)

Law Firm Search Details:

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: MISC

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.: SHA7985L
Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD

Your Ref: AM-jgv-ins-A77-111702-19(jw)

Our Ref: CT19090649

Date: 07 October 2019



Vision Law LLC Advocates & Solicitors
133 New Bridge Rd
#18-01 Chinatown point
Singapore 059413

Dear Sir/Madam

ACCIDENT ON 25/09/2019 @ 15:55 hrs
ALONG SLIP RD FROM UPP BUKIT TIMAH RD TO CHOA CHU
KANG RD
INVOLVING SCM1131U

We refer to your letter of 04/10/2019.

Driver, ROSLI BIN MOHAMMED LAZIM has reported the accident to us.

His particulars are as follows:-

Name: ROSLI BIN MOHAMMED LAZIM
I/C No: S1671012A
Address: 858
WOODLANDS STREET 83
#04-214
Singapore 730858

The said motor taxi was insured with India International Insurance Pte Ltd at the time of accident.

ROSLI BIN MOHAMMED LAZIM was the hirer of SHA7985L at the time of accident.

The driver was neither our servant nor agent at the material time of the above accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

c.c. India International Insurance Pte Ltd - A copy of Letter from Vision Law LLC Advocates & Solicitors dated 04/10/2019 is enclosed for your kind attention.

This is a computer generated letter. No signature is required.

383 Sin Ming Drive Singapore 575717

Mainline +65 6555 1188

Facsimile +65 6453 3183

LES CAR RENTAL

Blk 303 Woodlands St.31
#01-169 Singapore 730303

RENTAL AGREEMENT

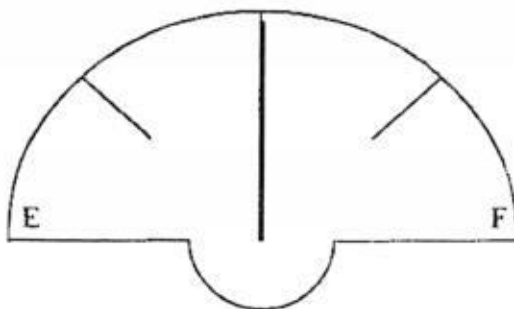
Hirer Soh Chee Meng		Vehicle No SKT673Y		Make & Model Camry 2.0 A	
Address Blk 345 Choa Chu Kang Ave.3 #03-30		Vehicle No	OUT	IN	Expected Return
Singapore 689876		Date	29/09/2019	-	04/10/2019
Occupation	Mobile No 97627776	Home Phone -	Time	1130Hrs	0930Hrs
Driving Licence No. S1811508E	Date of Expiry	Experience 25 YRS	Mode of Payment	CASH	
NRIC/Passport No.	Date of Birth 27-06-1967	Place of Issue	Hour	@\$	

Important notes

1. This rental vehicle is used within Singapore only.
2. Hirer is liable to pay first _____ under section I & II in any accident plus loss of earnings while damaged vehicle under repair
3. When vehicle returns, it must be in a clean condition or \$20 will be charged accordingly.

Remarks In the event vehicle breakdown replacement van is base on availability.

Replacement Vehicle Number	Date Out	Time Out	Date In	Time In



PETROL LEVEL

By initial Hirer agrees to pay additional fee for Collision damage waiver (CDW)

Rental Charge

Delivery & Collection Charge

Diesel

Per Day

Per Month

Total \$ 600.00

Safety Deposit

Deposit \$ 0.00

Amount Due / Refund

Balance

I hereby acknowledged receipt of the sum of \$ _____ being refund due to me as computed above.

Deposit refunded on

I have read and agree to the terms and conditions on both sides of this agreement if I have presented a charge for payment. All amount payable under this agreement and for parking and traffic infringement may be billed to the charge and my signature below will be considered to have been made on this charge. Hirer will assumes full responsibility and in the event of said vehicle being seized, confiscated or forfeited as a result of used for illegal purposes (for instance in connection with theft, drug pedaling or trafficking, smuggling or other criminal activity).

Signed by the parties here to on the 29 day of 09 year 2019

EMERGENCY/BREAKDOWN
24Hrs Call : 92301330

Hirer Signature..... Company Stamp

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	26/09/2019 14:33
Date Of Accident	25/09/2019 15:50
Exact Location Of Accident	SLIP RD FROM BUKIT TIMAH RD TWDS CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM1131U
Insured/Policyholder	
Name Of Registered Owner	SOH CHEE MENG
NRIC No	S1811508E
Email Address	ADDYSOH@TEDINTL.COM
Mobile Phone No	(LOCAL) +65-97627776
Alternative Phone No	OTHERS-97627776
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA / VOXY 2.0X A
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10050702R01
Cover Note Number	
Driver	
Name of Driver	SOH CHEE MENG
NRIC No	S1811508E
Date Of Birth	27/06/1967
Occupation	INDOOR
Date Of Driving Pass	19/03/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97627776
Fax Number	
Contact Number	OTHERS-97627776
Email Address	ADDYSOH@TEDINTL.COM

Address BLK 345 CHOA CHU KANG AVENUE 3 #03-30
Postcode 689876
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 - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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?
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1
NAME: : WOO YUEN KWAN AUDREY
GENDER: : FEMALE

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

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 SHA7985L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver ROSLI BIN MOHAMMED LAZIM
NRIC/Passport Number S1671012A
Contact Number 96799865
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodging 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:

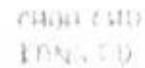
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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 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 in 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 be collected and used to compile claims history for the purpose of fraud detection, investigation and management and may be disclosed to the relevant authorities;
- (e) that disclosure of my Personal Information to the Insurers and/or GIA and/or any other third parties (both local and overseas) for the purposes of the above Purposes is necessary for the Insurers and/or GIA and/or any other third parties to comply with the relevant laws, regulations, guidelines or other requirements.

Insured's Signature
Date: 2017/11/17

Insurer's Signature
Date: 2017/11/17

Reporting Centre Personnel's Signature
Date: 2017/11/17

SKETCH PLAN



DATE: 15th Sept 2011

Final 1520 hrs

My car was heading left towards cross street Hwy 22, from
up the Rabbit Tunnel at At the stop road, after the school
crossings, my car was stationary waiting for an on-coming
vehicle to clear before I turn left, which this time
I did believe but on the 4th day...

Before my wife and myself got out of the car and saw that our rear bumper was cracked. The two ladies who had come out and almost to have knocked us over back - the woman that had to get out to guard her car from thieves, as he was saying that his passengers - baby with a mother will fly out soon that night.

As exchange are details and contacts and have told
him that I will about to my apartment to tonight for
case.

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

Published by Springer-Verlag

Date & Time 21/11/14

Environ Biol Fish (2015) 98:1299–1309

Date: 8/1/2011

© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 105–112

Figure 1

SINGAPORE ACCIDENT STATEMENT

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. 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	26/09/2019 11:08
Date Of Accident	25/09/2019 15:55
Exact Location Of Accident	SLIP RD (UPP BUKIT TIMAH RD TO CHOA CHU KANG RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7985L
Insured/Policyholder	
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	ROSLI BIN MOHAMMED LAZIM
NRIC No	S1671012A
Date Of Birth	18/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96799865
Fax Number	
Contact Number	
Email Address	RMOHDLAZIM@YAHOO.COM

Address	BLK 858 WOODLANDS STREET 83 #04-214
Postcode	730858
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 TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED

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	SCM1131U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH CHEE MENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO VISIBLE DAMAGE

No. Of Passenger (Including Driver)

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.

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

Policyholder's Signature
Date & Time:

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

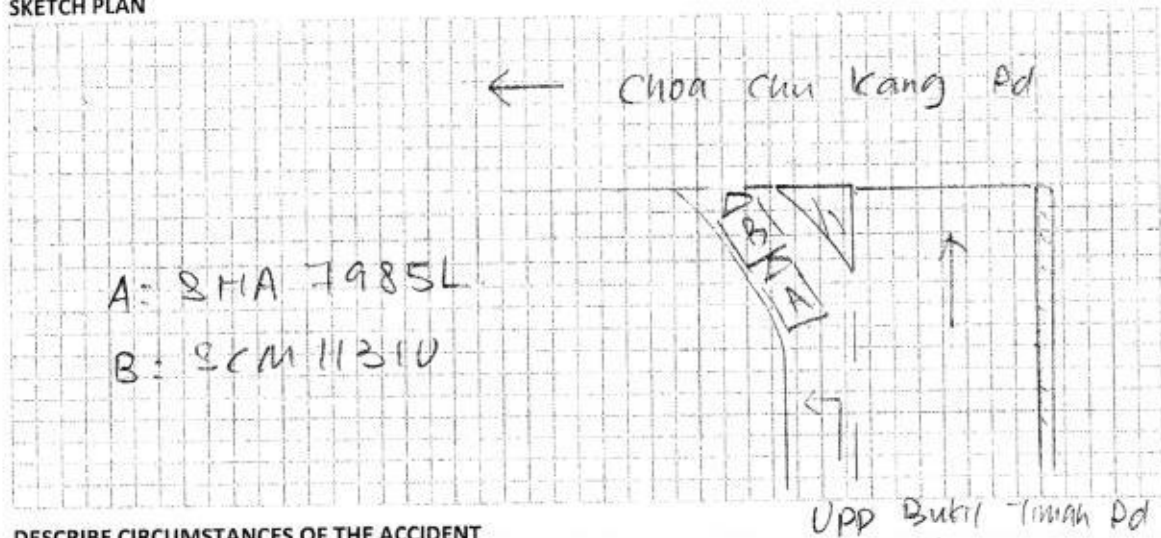
Reporting Centre Personnel's Signature
Name: **Loke Wei Yeng**
NRIC/FIN No.:

GIA BRAC SketchPlanForm_V3

4-9
8-8

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/9/19 at about 15:55 hrs, my taxi Veh A was stop behind Veh B at above said location. My taxi front portion made a slight collision with Veh B rear portion when my taxi roll forward. No damage on both vehicle. photo taken. 01 male passenger in my taxi. No injury reported in this accident.

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: Loke Wei Yiong
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



LES Appraiser

Block 303 Woodlands Street 31 Unit 01-169
Singapore 730303. Tel : 6100 2183 Fax : 6365 7024
Email : les-appraiser@hotmail.com

TAX INVOICE

AUTO RECOVERY HUB PTE LTD
BR : 61 Woodlands Industrial Park E9
#01-27 (9 Premium) Singapore 757047

on behalf of :
Soh Chee Meng (S1811508E)

INV No. : LA18/scm1131u/290919

INV Date : 29/09/2019

Reference No. : ACLA-TP/scm1131u/les

Code : ARH19 - 19/10/02

PROFESSIONAL SERVICE FEE

Vehicle No : SCM1131U

Insured Vehicle :

Claim No :

Policy No :


Accident Date : 25/09/2019 15:50

Inspection Date : 26/09/2019 14:33

DESCRIPTION	AMOUNT
Survey Inspection	\$498.00
Resurvey Inspection	-
Digital Photograph	-
Transportation	-
	-
SUB-TOTAL	\$498.00
GST %	-
GRAND TOTAL	\$498.00

We shall be glad if you could forward the payment at your early convenience.
Cheque should be crossed and made payable to [**LES APPRAISER**]

LES Appraiser



LES Appraiser

Block 303 Woodlands Street 31 Unit 01-169
Singapore 730303. Tel : 6100 2183 Fax : 6365 7024
Email : les-appraiser@hotmail.com

Affiliated to Federation International Des Experts En Automobile

AUTO RECOVERY HUB PTE LTD
BR : 61 Woodlands Industrial Park E9
#01-27 (9 Premium) Singapore 757047
on behalf of :
Soh Chee Meng (S1811508E)

Reference : ACLA-TP/scm1131u/les
Date : 29/09//2019
Code : ARH19 - 19/09/29

(1) Policy Particulars : - THIRD PARTY CLAIM

Insured Vehicle : SCM1131U
Policy No. :
Claim No. :
Assign From :

Vehicle Inspected : SCM1131U
Coverage (\$) : 0.00
Excess (\$) : 0.00
Assign Date : 29/09/2019

(2) Vehicle Particulars and Condition

Make & Model : Toyota Voxy
Engine No. : 3ZRB795571
Chassis No. : ZRR800209291
Odometer : 68846
Brakes : In Order
General : Good

Capacity : 1986cc
Year of Reg. : 2016
Colour : Black
Steering : IN Order
Modification : Sports Rim

(3) Condition of Tyres

R/H Front Tyre : 205/55/R16
L/H Front Tyre : 205/55/R16
R/H Rear Tyre : 205/55/R16
L/H Rear Tyre : 205/55/R16

DUNLOP	Balance 6mm
DUNLOP	Balance 6mm
DUNLOP	Balance 6mm
DUNLOP	Balance 6mm

(4) Description of Damage

The Vehicle sustained damages at the rear bumper portion.
Damages see details.

(5) General Information

Accident Date : 25/09/2019 Inspection Date : 02/10/2019
Survey held at : Auto Recovery Hub Pte Ltd
BR : 61 Woodlands Industrial Park E9 #01-27 (9 Premium) Singapore 757047.

(6) Remarks

The inspection was conducted on a (without prejudice) basis.
In accordance to your instructions, we have not authorised repairs.
Estimated normal period for repair : 05 working days.

LES Appraiser

Block 303 Woodlands Street 31 Unit 01-169
Singapore 730303. Tel : 6100 2183 Fax : 6365 7024
Email : les-appraiser@hotmail.com

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO.: SCM1131U

Qty	Description of Parts	Condition	Estimated by Workshop	Repair Cost (\$)
01	REAR BUMPER	CRACKED	875.00	875.00
02	REAR BUMPER RETAINER RH & LH	CRACKED	150.00	150.00
01	REAR HATCH DOOR LOCKING MECH	MULFUNCTION	665.00	665.00
01	REAR REVERSE SENSOR	MULFUNCTION	320.00	320.00
01	REAR END PANEL	Refer to Labour	-	-
	LESS DISCOUNT 20% <i>25%</i>	<i>875.00</i> <i>656.25</i>	-402.00	-402.00
			1,608.00	1,608.00
	<u>LABOUR</u>			
	INSTALLATION FRONT BUMPER		95.00	95.00
	REAR END PANEL, PANEL BEAT WORK		250.00	250.00
	PAINT WORKS REAR BUMPER	<i>295.00</i>	480.00	480.00
	REAR HATCH DOOR LOCKING MECH INSTALLATION		85.00	85.00
			910.00	910.00
	<i>1 day</i>	<i>951.25</i> <i>457501</i>		
GRAND TOTAL			2,518.00	2,518.00

Report Reference No.: ACLA-TP/SCM1131U/les

**RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE ACCIDENT CONDITION)**

2,518.00

DANIEL LIM

**IAEA, B.Eng.
Appraiser**

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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III19017300/Dtf3s2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 23-01-2020	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 7985L	Veh. Inspected	SCM 1131U
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19090649	Excess (\$)	0.00
Assign From	MEKAVATHANAN	Assign Date	06/01/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VOXY 2.0X A	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZRR800209291	Colour	BLACK
Odometer	76808	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	DUNLOP	5 mm
L/H Front Tyre	205/55 R16	DUNLOP	5 mm
R/H Rear Tyre	205/55 R16	DUNLOP	5 mm
L/H Rear Tyre	205/55 R16	DUNLOP	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/09/2019	Inspection Date	02/10/2019
Survey held at	61 WOODLAND INDUSTRIAL PARK E9 # 01-27		
Repairer	AUTO RECOVERY HUB PL		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 Working Days	

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SCM 1131U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CRACKED	875.00	875.00
2	REAR BUMPER RETAINER RH & LH	NOT NECESSARY	150.00	-
1	REAR HATCH DOOR LOCKING MECH	NOT NECESSARY	665.00	-
1	REAR REVERSE SENSOR	NOT NECESSARY	320.00	-
1	REAR END PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-402.00	-
	LESS 25% DISCOUNT		-	-218.75
			1,608.00	656.25
	<u>LABOUR</u>			
	INSTALLATION FRONT BUMPER.		95.00	95.00
	REAR END PANEL, PANEL BEAT WORK.	NOT NECESSARY	250.00	-
	PAINT WORKS REAR BUMPER.		480.00	200.00
	REAR HATCH DOOR LOCKING MECH INSTALLATION.	NOT NECESSARY	85.00	-
			910.00	295.00
	GRAND TOTAL		2,518.00	951.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				750.00

Report Ref No. CS3/III19017300/Dtf3s2-1

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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