

2019/2020

ASS. REC. BY:

REF: 233/III 19020613/Hy 3-1

Special Instruction

Agency: Hocke Ann

ASSIGNMENT (Office)

From (Person):

Stanley Tai

of

III

Date/Time:

05/02/2020

Estimated Cost:

Bill to:

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

To inspect Vehicle No.:

SLS 2234L

Insured:

SH 69017

at Workshop n/s:

Eclipse Auto

Tel:

8128 8789

of

155 Kelki Bukit Ave | Level 1 # 01-00

Policy No.:

Claim No.:

MCT19110436

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/11/2019

2/11/2019

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time:

4:48 pm @ 20/11/19

Person Contacted:

Frankie

Vehicle:

IN / OUT

Date/Time	Action/Instruction
	Should X
	SLS 2234L - X
	SH 69017 - X
	Dismantle: 22/11/19. 10.37am
	After repair: 25/11/19. 5.23pm



26/2 US \$3350/- (Red \$2787/- 45%)
Repair 4 day
26/2/2020

26/2 Typist

RECEIVED 26 FEB 2020

PRS

ASSIGNMENT

Form: Date: 21/11/2019

Estimated Cost:

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

To inspect Vehicle No: SLS 2234L

at Workshop n/s of 155 kaki Bukit Avenue 1 level 1
Gclipse Auto
Insured # 01-00

Policy No:

Claims No:

Sum Insured Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S
X	X

Bal. or Market Value:

IDAC Accident Rpt: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. repairs: 4 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted

Vehicle: IN / OUT

Date / Time Action / Instruction
 Range - 3-4.5h
 rpr Days - 4

MV - 32000
 PV - 45178
 NV - 6800

Veh No: SLS 2234L Reg No: 14/017/17

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hino L-Series 43 cc 1591

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 71372 km T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFJ411MJ5737633

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modf: Nil / S/Rim / STDA/Rim or

Tyre Size: F: 175/65/R15

R: 175/65/R15

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

TOYO / YOKO or

Front R/Bal: 5 mm (TRIANGLE) Rear R/Bal: 4 mm (TRIANGLE)

L/Bal: 5 mm U/Bal: 4 mm

D.O.A: 12/11/19 D.O.I: 21/11/19 335pm

Survey held at: Gclipse Auto

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

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

Date/Time: File Pass by: : Prel. Report

: Final Report

Date/Time: File Pattern by:

1

Proposed Amount: PRS

Emp. Charge/ID No:

Days Of Repair:

Resurvey No. of Trip: 2

Add Fee: Site Insp: 15

Interview: 15

Tech. Insp: 15

Road Test: 15

Survey Fee:

Interpretation:

1 - 1000

11000

12000

13000

14000

15000

PRESERVE

MCT / 14110436 / 01/25

UNINSURED LOSS

PRESERVE

PK Re

SUBRO

Non AR
Eds

PRESERVE

Pr

LPPN

INVESTIGATION FEE

P.S

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

BLK 690 TAMPINES STREET 01
#12-886
SINGAPORE 520896
DRIVER OF SH 6901T



PDX Intercompany Exchange Pte Ltd
010808814810
FROM JK LAW CHAMBERS
PDX Box No. 8010

PDX 8172

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00
IOB BUILDING
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SH 6901T



MC 7/19110436

Writer / Secretary Contact
Email: jeekin@jklc.com.sg /
theresa@jklc.com.sg /
prestina@jklc.com.sg

Date:
06 January 2020

Our Ref:
JK.jia.19.0272.EA.PD

Aid
8/1/2020

Dear Sir,

**ACCIDENT ON 17 NOVEMBER 2019 INVOLVING SLS 2234L AND SH 6901T
ALONG BEDOK RESERVOIR ROAD TOWARDS TAMPINES**

We act for Dream Leasing Pte Ltd.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 17 November 2019 along Bedok Reservoir Road towards Tampines involving our client's vehicle registration no. SLS 2234L and vehicle registration no. SH 6901T driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligence in the 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:-

- 1) Cost of repairs
- 2) Loss of use (11 days @ \$150.00/day)

\$5,000.00
\$1,650.00

FAXED
09 JAN 2020
MOTCLM DEPT.

OK
2
03.30
09/01 09:54
64291048
2665

TRANSMISSION OK
TX/RX NO
RECIPIENT ADDRESS
DESTINATION ID
ST. TIME
TIME USE
PAGES SENT
RESULT

*** TX REPORT ***

WITHOUT PREJUDICE

*See Copy Arch'd
2017 100 Gen*



(UEN No.: 53394571B)

CERTIFICATE OF POSTING

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717
OWNER OF SH 6901T

6A Shenton Way
#04-02 to 08
OUE Downtown Gallery
Singapore 068815

Tel: +65 6914 2681 / 2682
Fax: +65 6429 1048
E-mail: general@jklc.com.sg

CERTIFICATE OF POSTING

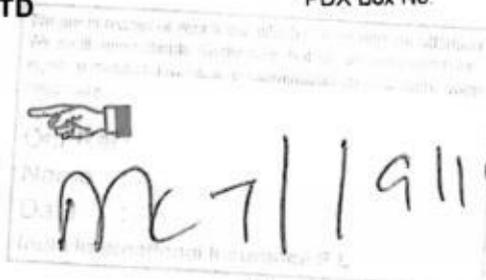
CHER HAN SIN
BLK 896 TAMPINES STREET 81
#12-886
SINGAPORE 520896
DRIVER OF SH 6901T



FROM **JK LAW CHAMBERS**
PDX Box No. **8010**

PDX 8172

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00
IOB BUILDING
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SH 6901T



Writer / Secretary Contact
Email: jeekin@jklc.com.sg /
theresa@jklc.com.sg /
prestina@jklc.com.sg

Date:
06 January 2020

Our Ref:
JK.jia.19.0272.EA.PD

*Ar'd
8/1/2020.*

Dear Sir,

**ACCIDENT ON 17 NOVEMBER 2019 INVOLVING SLS 2234L AND SH 6901T
ALONG BEDOK-RESERVOIR ROAD TOWARDS TAMPINES**

We act for Dream Leasing Pte Ltd.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 17 November 2019 along Bedok Reservoir Road towards Tampines involving our client's vehicle registration no. SLS 2234L and vehicle registration no. SH 6901T driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligence in the 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:-

- 1) Cost of repairs
- 2) Loss of use (11 days @ \$150.00/day)

\$5,000.00
\$1,650.00

3) Survey report	\$ 400.00
4) LTA search fee	\$ 7.49
5) GIA search and report fee	\$ 29.00
6) Costs	\$ 750.00
7) Facsimile, photocopying, printing, postage, transport, telephone charges and other incidental disbursements.	\$ 150.00
	<u>\$7,986.49</u>

A copy each of the following supporting documents is enclosed for your consideration:-

- a) Our client's GIA report;
- b) Our client's police report;
- c) GIA report of SH 6901T;
- d) Invoices being search and report fee for GIA report of SH 6901T;
- e) LTA search on vehicle no. SH 6901T;
- f) Repair bill;
- g) Survey invoice;
- h) Survey report;
- i) Seventy-six (76) copies of scanned coloured photographs showing damage to our client's vehicle.

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 acknowledgment of receipt of this letter within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgment of receipt of this letter.

Should you fail to acknowledge receipt of this letter within 14 days, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

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 Sincerely

JK Law

JK LAW CHAMBERS

Enc. (to India International Insurance Pte Ltd)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 18/11/2019 16:29
Date Of Accident 17/11/2019 16:10
Exact Location Of Accident BEDOK RESERVOIR ROAD TOWARDS TAMPINES
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS2234L
Insured/Policyholder
Name Of Registered Owner DREAM LEASING PTE LTD
Co Reg No 201620953H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-81288789

Vehicle Particulars

Manufacturer KIA
Model CERATO K3-1.6 (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 HIRE

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number DMCFHQ19-000086
Cover Note Number

Driver

Name of Driver YAK ZHENG KAI
NRIC No S8836861D
Date Of Birth 03/10/1988
Occupation INDOOR
Date Of Driving Pass 11/07/2019
Driving Experience 0 YEAR AND 4 MONTH
Gender MALE
Mobile Number (LOCAL) +65-90738098
Fax Number
Contact Number
EMail Address

YAKSFORLIFE@OUTLOOK.COM

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YAK ZHENG KAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLS2234L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Photo



Accident Photo



Accident Photo



Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20191118/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191118/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 12:13		Vide Report No.:		Station Diary No.:	
Name of Informant: YAK ZHENG KAI		Address: 846 TAMPINES STREET 82 #08-163 SINGAPORE 520846			
ID Type / ID No.: NRIC NO / S8836861D		Contact No.: Home/Office:		Mobile: 90738098	
Nationality: SINGAPORE CITIZEN		Email: YAKSFORLIFE@OUTLOOK.COM			
Sex: Male	Age: 31	Date of Birth: 03/10/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2019 16:10	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Plate No.	Vehicle Type	Make	Model	Color	Damage	Count
SH6901T	Car	HYUNDAI		Blue	Slightly Damaged	1
SLS2234L	Car	KIA	cerato forte k3	Black	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191118/7013

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191118/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP166

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/11/2019 12:13

Classification Of Case:

Vehicle Registration Number

SLS2234L

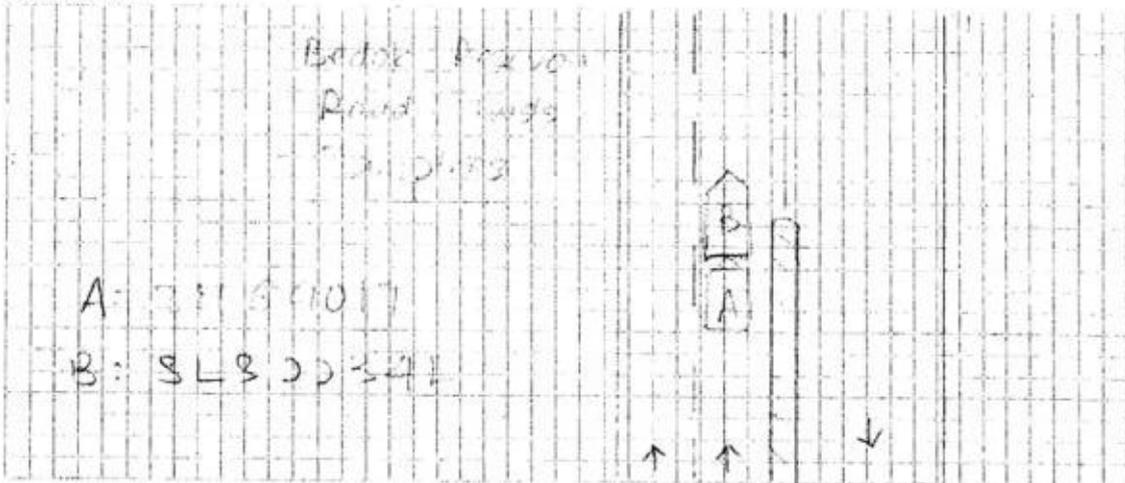
Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/11/19 at about 16:30 hrs, I veh A was driving at above said location with a male passenger onboard. Shortly veh B in front emergency brake, I couldn't manage stop my car in time and slightly collided onto the rear portion of veh B. Scene photo taken. No injury reported at the point of accident.

DECLARATION

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

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.:

Accident Photo



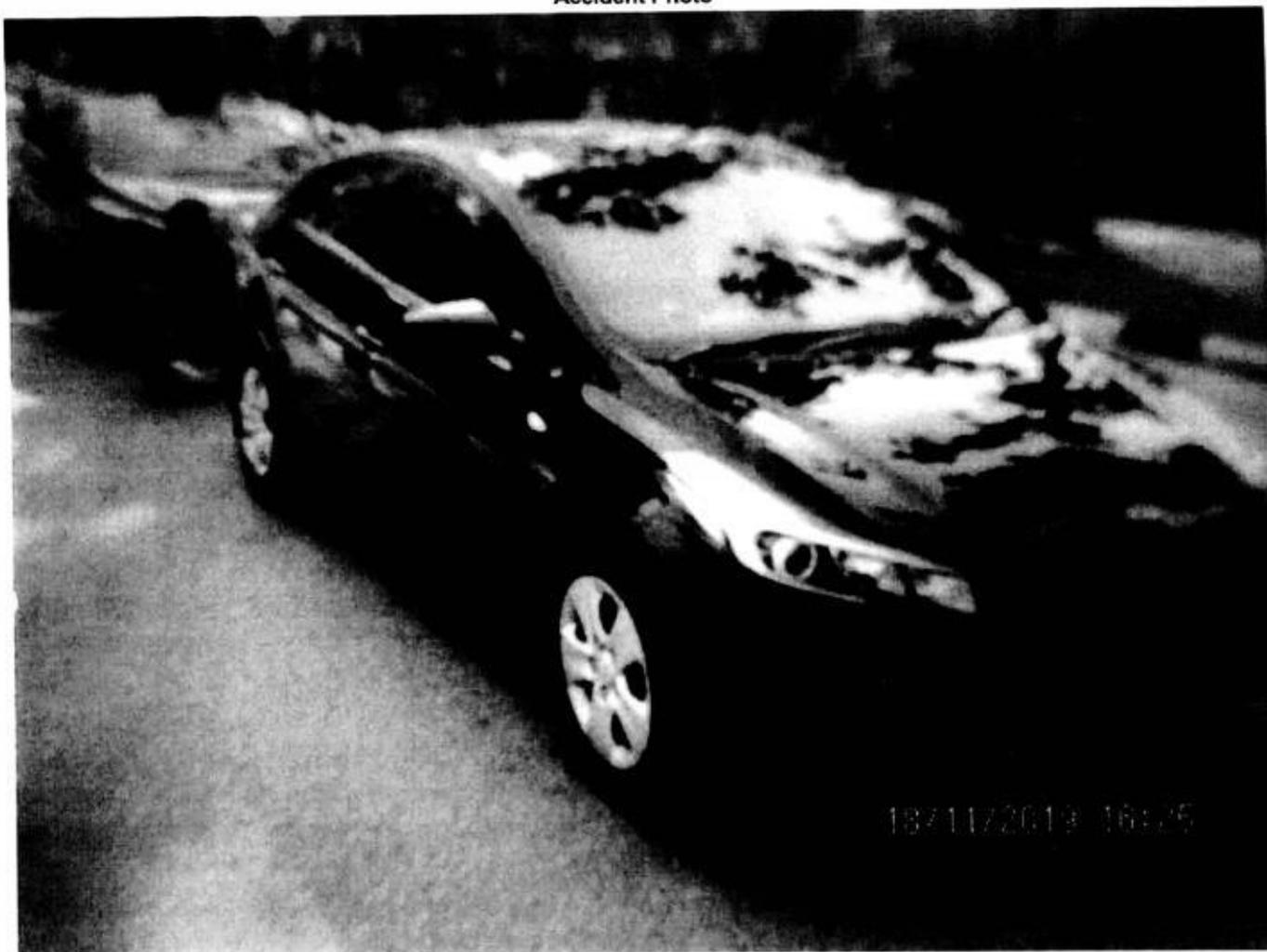
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-190895
Date of Request: 20/11/2019

Your Ref No: SLS2234L.EA

JK LAW CHAMBERS
6A Shenton Way #04-02
One Downtown Gallery
Singapore 068815

Dear Sir/Madam,

Date of Accident: 17/11/2019
Vehicle No: SLS2234L
Place of Accident: BEDOK RESERVOIR ROAD TOWARDS TAMPINES
Involving Vehicle No: SH6901T

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH6901T	BEDOK RESERVOIR ROAD TOWARDS TAMPINES	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
 GIRO Cash Cheque

Enquire Vehicle & Owner Information (Vehicle No. SH6901T As At 17 Nov 2019 / 16:10:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SLS2234L

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.: SH6901T

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:INDIA INT'L INS PTE LTD

Print

OK

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	18/11/2019 16:54
Date Of Accident	17/11/2019 16:20
Exact Location Of Accident	BEDOK RESEVOIR ROAD TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6901T
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	CHER HAN SIN
NRIC No	S7613647E
Date Of Birth	03/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94788884
Fax Number	
Contact Number	
EMail Address	CHER_HS@YAHOO.COM.SG

Address	BLK 896 TAMPINES ST 81 #12-886
Postcode	520896
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SLS2234L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION (PTE) LTD
CO. REG. NO: 109303821K

Policyholder's Signature
Date & Time:

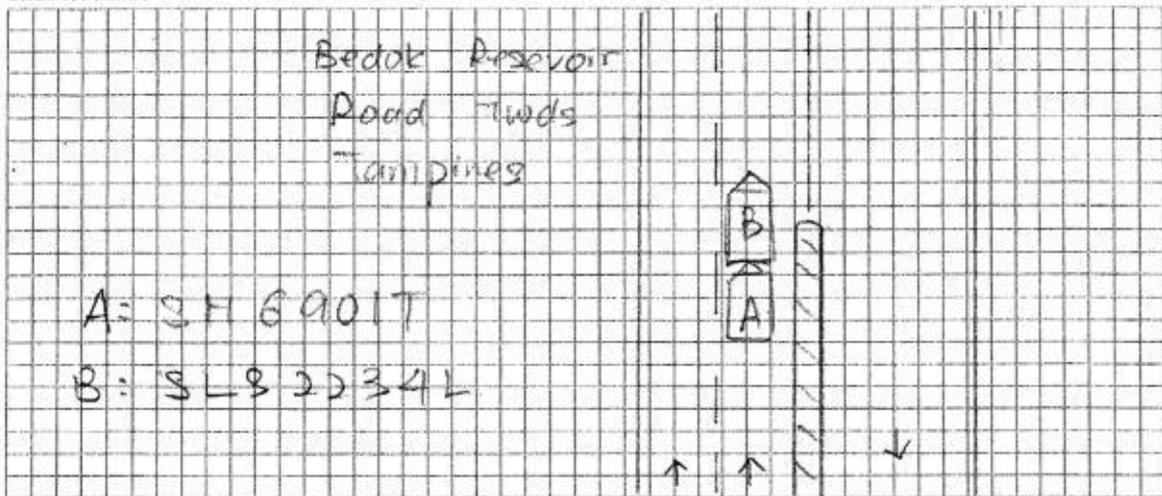
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/11/19 at about 16:30 hrs, I Veh A was driving at above said location with a male passenger onboard. Shortly Veh B in front emergency brake, I couldn't manage stop my taxi in time and slightly collided onto the rear portion of Veh B. Scene photo taken. No injury reported at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC REG NO. 1992035218

Policyholder's Signature
Date & Time:


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

 18/11/19
Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No.: