

	RESERVES		
	TPPD	PRESERVE	MCT/20010641
	TPPI	PRESERVE	Preserve
	UNINSURED LOSS	PRESERVE	
	SUBRO	PRESERVE	
	LPPN	P.S	
	INVESTIGATION FEE		
	SURVEY FEES		
	LEGAL FEES		
	OTHERS		
	FRAUD CHECK		
	UPLOAD TO MERIMEN		
	GRANT RIGHTS		

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3593
 DESTINATION ADDRESS 965356802
 SUBADDRESS
 DESTINATION ID
 ST. TIME 16/03 07:33
 TX/RX TIME 00' 27
 PGS. 2
 RESULT OK

VISION LAW LLC

Advocates & Solicitors
 (Incorporated with limited liability)

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

Unique Entity Number: 28072148H

133 New Bridge Road
 #18-01/02 Chinatown Point
 Singapore 059413

Main

TEL : (65) 6534 2811

FAX : (65) 6535 6802

E-mail : yvonnellm@visionlawllc.com

Conveyancing & Family Law Practice

TEL : (65) 6358 0703

Fax : (65) 6358 0448

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : DA1-y/v-ins-D11-112823-20-er
 Your Ref : SHB 6644 Y

5 March 2020

INDIA INTERNATIONAL INSURANCE PTE LTD

BY HAND

64 Cecil Street
 #04/06-00 IOB Building
 Singapore 049711

Attention: Motor Claims Department

PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH

Blk 541 Bedok North Street 3

#03-1242

Singapore 460541

CERTIFICATE OF POSTING

(For your information Only)

Dear Sirs,

CLAIMANT : GOH KIM LENG

ACCIDENT INVOLVING SGV 2511 E & SHB 6644 Y ON 25-JAN-2020 AT SLIP ROAD ALONG
 MARINE PARADE ROAD AT ABOUT 1645 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **25-Jan-2020 AT SLIP ROAD ALONG MARINE PARADE ROAD AT ABOUT 1645 HOURS** involving our client's vehicle registration number **SGV 2511 E** and vehicle registration number **SHB 6644 Y** 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:-

1. Costs of Repair	\$ 3,100.00
2. Loss of use (5 days x \$120.00 per day)	\$ 600.00
3. Pre-repair Loss of use (3 days)	\$ 360.00
4. LTA/GIA/TP report/repair fees	\$ 20.00

VISION LAW LLC

Advocates & Solicitors
(Incorporated with limited liability)

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

Unique Entity Number: 280721148H

133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Main

TEL : (65) 6534 2811

FAX : (65) 6535 6802

E-mail : yvonnelim@visionlawllc.com

Conveyancing & Family Law Practice

TEL : (65) 6358 0703

Fax : (65) 6358 0448

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : DA1-ylv-Ins-D11-112823-20-er
Your Ref : SHB 6644 Y

5 March 2020

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/06-00 IOB Building
Singapore 049711

Attention: Motor Claims Department

BY HAND

PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH

Blk 541 Bedok North Street 3
#03-1242
Singapore 460541

CERTIFICATE OF POSTING

(For your information Only)

Dear Sirs,

CLAIMANT : GOH KIM LENG

ACCIDENT INVOLVING SGV 2511 E & SHB 6644 Y ON 25-JAN-2020 AT SLIP ROAD ALONG MARINE PARADE ROAD AT ABOUT 1645 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **25-Jan-2020 AT SLIP ROAD ALONG MARINE PARADE ROAD AT ABOUT 1645 HOURS** involving our client's vehicle registration number **SGV 2511 E** and vehicle registration number **SHB 6644 Y** 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:-

1. Costs of Repair	\$ 3,100.00
2. Loss of use (5 days x \$120.00 per day)	\$ 600.00
3. Pro repair Loss of use (3 days)	\$ 360.00
4. LTA/GIA/TP report/search fees	\$ 39.00
5. Survey report fees	\$ 602.00
6. Costs (with GST)	\$ 963.00
7. Incidentals (with GST)	\$ 85.60
	<u>\$ 5,749.60</u>

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

Our Ref: *mtl20010641*
Name: *Dhany*
Date: *12/3/2020*
India International Insurance P.L.

.../2 to be continued next page

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

Our Ref : DA1-yiv-Ins-D11-112823-20-er
Your Ref : SHB 6644 Y

5 March 2020

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/06-00 IOB Building
Singapore 049711

Attention: Motor Claims Department

PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH

Blk 541 Bedok North Street 3
#03-1242
Singapore 460541

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

- (a) Police/GIA report lodged by driver of SGV 2511 E & SHB 6644 Y;
- (b) LTANet Search;
- (c) Final Repair Bill;
- (d) Surveyor's report & invoice; and
- (e) **82 original photographs** depicting the damages to motor vehicle SGV 2511 E.
 - (P.S:- Original photographs will be sent to insurance co. only)
 - (P.S:- Kindly return us all original photographs within 7 days hereof)

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

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 herein 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



DIANE ANG
(HEAD OFFICE)
Encl.

cc: SGV 2511 E- By fax: 6787 0105 only

{As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.}

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

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	28/01/2020 16:13
Date Of Accident	25/01/2020 16:45
Exact Location Of Accident	SLIP ROAD ALONG MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2511E
Insured/Policyholder	
Name Of Registered Owner	GOH KIM LENG
NRIC No	SXXXX654H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94782283
Alternative Phone No	OFFICE-94782283

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V8008640-VDP-R002
Cover Note Number	

Driver

Name of Driver	GOH JIN LEE
NRIC No	SXXXX089D
Date Of Birth	23/09/1992
Occupation	INDOOR
Date Of Driving Pass	27/07/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-92778963
Fax Number	
Contact Number	
EMail Address	DAMIEN92GOH@GMAIL.COM

Address	60 DAKOTA CRESCENT #14-233
Postcode	390060
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : JOYCE 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

PLEASE SEE ATTACHED.

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	SHB6644Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH
NRIC/Passport Number	SXXXX909A
Contact Number	93582014
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

35089D

GOH JIN LEE

23 Sep 1992

27 Jul 2017

ACCIDENT CLAIM

USE ONLY

002707857C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9235089D

Name

GOH JIN LEE

吴俊利

Race

CHINESE

Date of birth

23-09-1992

Sex

M

Country of birth

SINGAPORE

S9235089D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE

27 Jul 2017

FOR KFS
ACCIDENT CLAIM
USE ONLY



NTIC No. S9235089D



Address

APT BLK 60 DAKOTA CRESCENT

#14-233

SINGAPORE 390060

NP 428A

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Renewal Certificate

ORIGINAL

Name/Address

MR GOH KIM LENG

60 DAKOTA CRESCENT #14-233
SINGAPORE 390060

Policy No. : 2019-V8008640-VDP-R002
Policy Type : Drive And Save Plus
Policy Period : 09-12-2019 to 08-12-2020
Date of Issue : 11-12-2019 Singapore
Agency No. : Z0002471
Gross Premium : SGD*****960.14

IMPORTANT NOTICE

We would remind you that you must disclose to us, fully and faithfully, the facts that you know or ought to know, otherwise, you may not receive any benefits from your policy. Please ensure that this document is prepared correctly. If any error is found, please return it immediately to the Company for correction.

In consideration of the Insured having applied and having paid or agreed to pay the stated premium herein the insurance is hereby continued in force for the period shown herein. This document is to be read in conjunction with the Terms, Conditions, Warranties, Clauses and endorsements in your original policy/certificate (unless subsequently amended).

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg)

Details of Coverage :

Business/Profession: Sales manager
of the Insured

Risk Number : 1 Drive And Save Plus

Particulars of Motor Car:

Registration Number: SGV2511E
Make : NISSAN - LATIO
Type of Body : SALOON/SEDAN
Cubic Capacity : 1498.00
Year of Manufacture: 2007
Engine Number : HR15155342A
Chassis Number : JN1BAAC11Z0005051
Sum Insured : Market Value
Type of Cover : Comprehensive

Description	Annual Premium	Limit
Basic Premium	SGD 1,200.17	
Less NCB (20.000%)	SGD 240.03	
Total Due:	SGD 960.14	
Excess Type : SECTION I		
Driver(s) MR GOH KIM LENG	SGD	Standard Excess 600.00

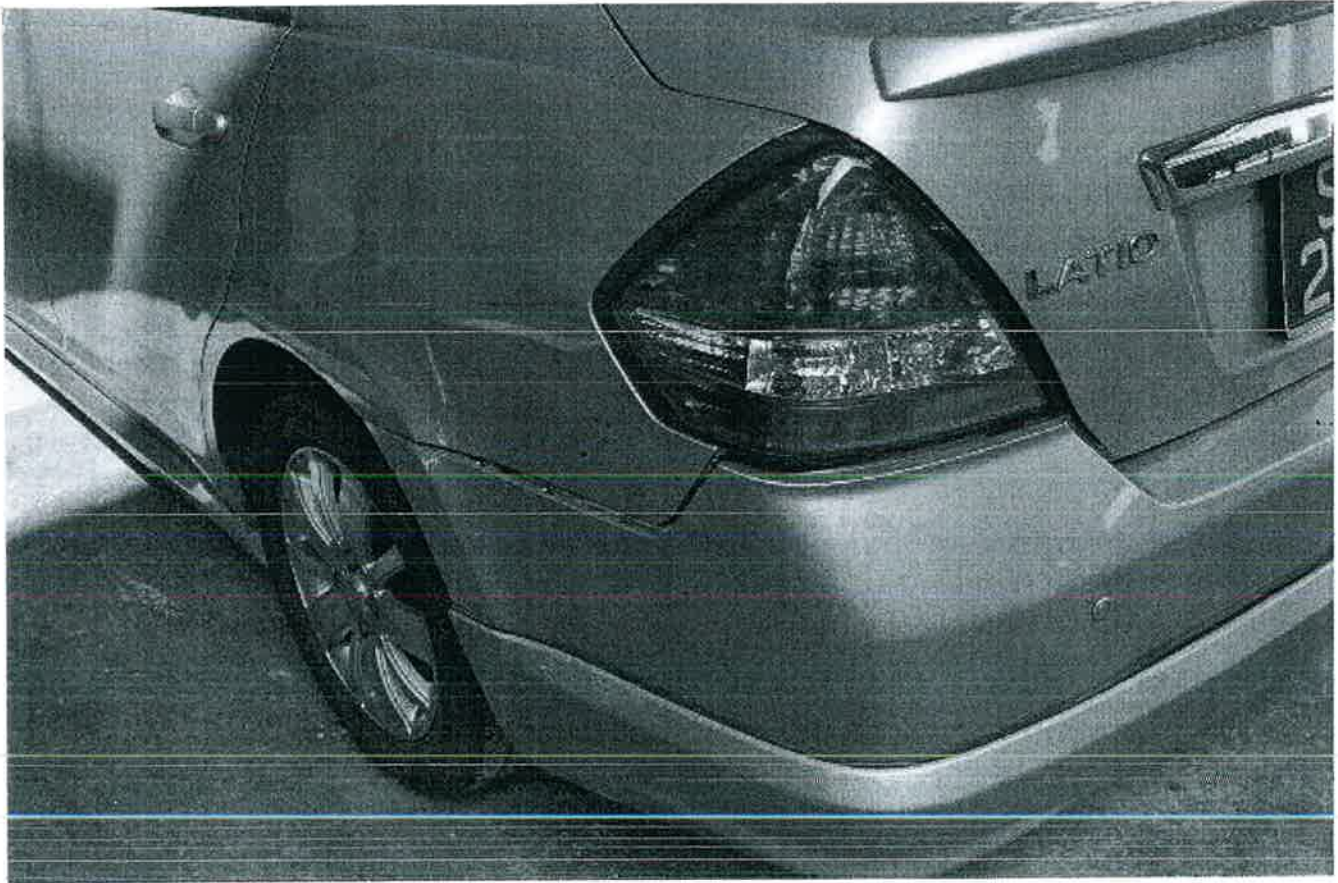
GFGIOHJ

Page - 1-... 2/

GST Regn No. M90366503P

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel +65 6248 2000 Fax +65 6532 2214 greateasterngeneral.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



accident scene photos



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S56550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLFS 20012290 Vehicle Registration No: SGV 2511E

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 25/01/2020 Time of Accident : 1645

Place of Accident : Slip Road along Marine Parade Road

Insurance Company : Great Eastern Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload accident scene photo.

Policyholder / Driver's Signature
Date:

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

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	28/01/2020 16:10
Date Of Accident	25/01/2020 16:45
Exact Location Of Accident	ROXY HOTEL TO MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6644Y
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
--------------------------	--------------------------------

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH
NRIC No	S6940909A
Address	BLK 541 BEDOK NORTH STREET 3 #03-1242

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

Circumstances of Accident

REFER 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	SGV2511E
Vehicle Make/Model/Colour	NISSAN
Name of Driver	UNKNOWN
Insurance Company Name	

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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., LTD., Registered in Singapore

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 25/1/2020 about 16:45hrs, I veh A
Female
existing from above said location with a passenger
onboard. While I approaching give way line, veh B in front
brake to stop abruptly. Due to this course, my taxi
front portion collided onto the rear portion of veh B.
No injury reported.

DECLARATION

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

COMPANY NO. 1520138211

Policyholder's Signature
Date & Time:

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

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

31A/31C SketchPlanForm_V3

Accident Photo



Accident Photo



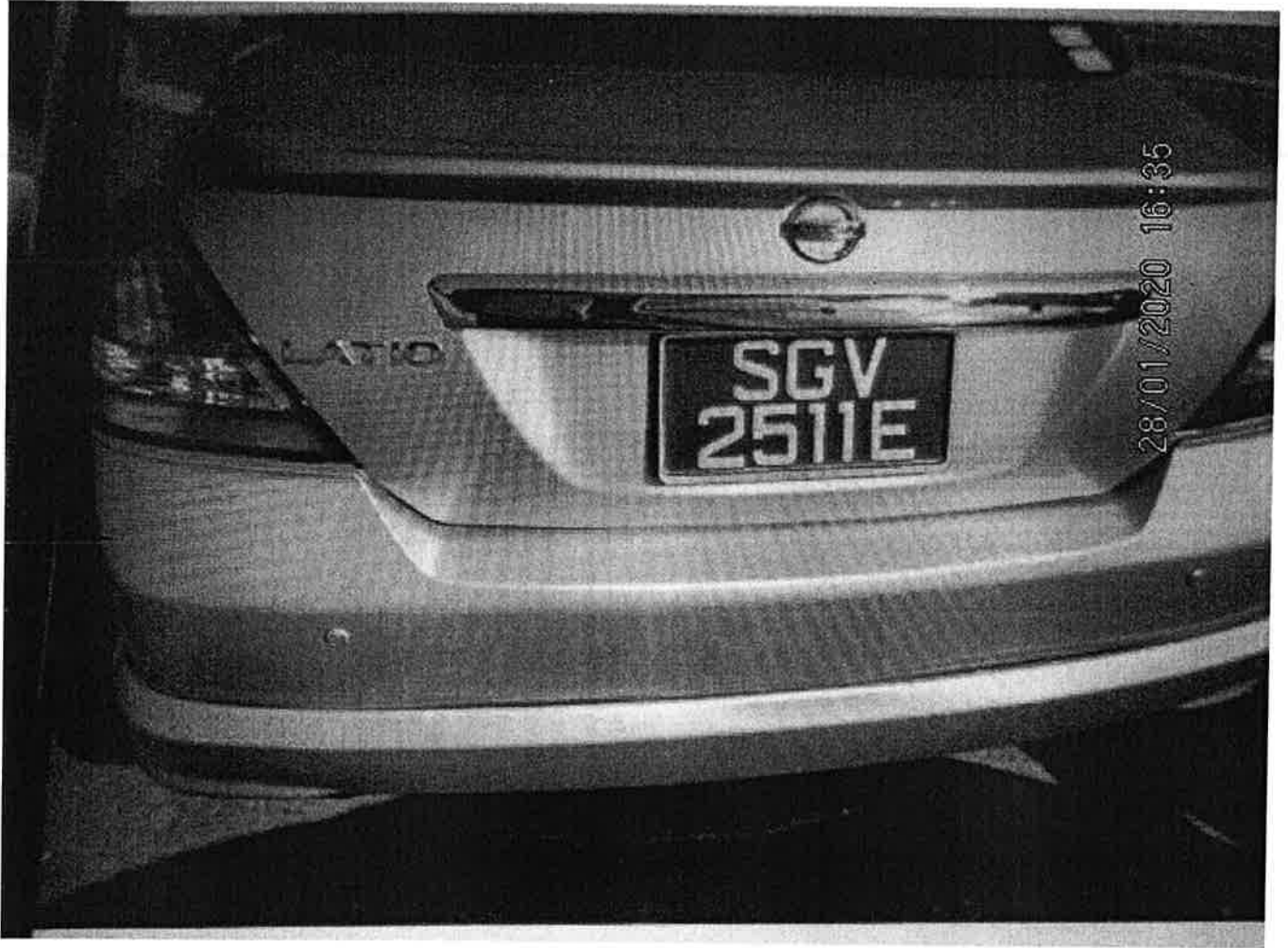
Accident Photo



Accident Photo



SCENE



**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-20-037273

Date of Request: 03/03/2020

Your Ref No: INS-D11-112823-20-ER

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 25/01/2020
Vehicle No: SGV2511E
Place of Accident: SLIP ROAD ALONG MARINE PARADE ROAD
Involving Vehicle No: SHB6644Y

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\$)
SHB6644Y	SLIP ROAD ALONG MARINE PARADE ROAD	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



**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

SEARCH RESULTS

Our Ref No: GR-20-037225

Date of Request: 03/03/2020

Your Ref No: INS-D11-112823-20-ER

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 25/01/2020

Place of Accident: MARINE PARADE

Client Vehicle No: SGV2511E

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHB6644Y	ROXY HOTEL TO MARINE PARADE ROAD	25/01/2020 16:45

Thank You.

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TAX INVOICE

Our Ref No: GR-20-037225
Date of Request: 03/03/2020

Your Ref No: INS-D11-112823-20-ER

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 25/01/2020
Place of Accident: MARINE PARADE
Client Vehicle No: SGV2511E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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Date:

☒ GIRO ☐ Cash ☐ Cheque

Enquire Vehicle & Owner Information (Vehicle No. SHB6644Y As At 25 Jan 2020 / 16:45:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: D11 - SGV2511E

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.: SHB6644Y

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

Insurance Company Name: INDIA INT'L INS PTE LTD



Blk 9002 Tampines Street 93 #01-72 Tampines Ind. Park A Singapore 528836

Tel: 6784 0602 Fax: 6787 0105

Email: derrickmotor@gmail.com

Name : Goh Kim Leng
Address : c/o Blk 9002 Tampines Street 93
#01-72 Tampines Ind Park A
Singapore 528836
Model : Nissan Latio

Date : 20-Feb-20

Final repair bill for **Nissan Latio** no. **SGV 2511 E**

To supply and replace parts, labour charges for
repairing, knocking, welding and to respray painting
(Lump Sum Repair)

\$ 3,100.00

Dollars : Three Thousand And One Hundred Only

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 02-20004/DY

Billing Name & Address
Goh Kim Leng
c/o Blk 9002 Tampines Street 93
#01-72 Tampines Ind Park A
Singapore 528836

Date 20 Feb 2020

Vehicle No : SGV 2511 E

Model : Nissan Latio

Item	Descriptions	Amount S\$
1	Date of inspection : <u>5 Feb 2020</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>82</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 602.00</u>
	SDLS : SIX HUNDRED AND TWO ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : **TP / 02-20004/DY / 2020**
Date of Report : **20 Feb 2020**

Goh Kim Leng
c/o Blk 9002 Tampines Street 93
#01-72 Tampines Ind Park A
Singapore 528836

THIRD PARTY SURVEY ACCIDENT HAPPENED ON 25 Jan 2020

As per your instruction dated **5 Feb 2020** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SGV 2511 E**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : SGV 2511 E
Model : Nissan Latio
Year / Capacity : 2007/1498
Chassis No : JN1BAAC11Z0005051
Engine No : HR15155342A
Mileage : 225282
Colour : Silver

2. TYRES CONDITION

			<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	:	195/60 R15	Bridgestone	3.00	mm	Sport
REAR	O/S	:	195/60 R15	Bridgestone	3.00	mm	Sport
FRONT	N/S	:	195/60 R15	Bridgestone	3.00	mm	Sport
REAR	N/S	:	195/60 R15	Bridgestone	3.00	mm	Sport

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Derrick Motor Works
Blk 9002 Tampines Street 93
#01-72 Tampines Ind Park A
Singapore 528836

5. Estimated normal period of repair : 5 working days to complete.

6. Enclosed number of photograph : 82 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: **SGV 2511 E**
 Report No: **TP/ 02-20004/DY / 2020**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Boot lid	Repair	\$ 764.60	\$
1	Rear taillamp panel	Repair	\$ 236.80	\$
1	Rear end panel	Damage	\$ 442.70	\$ 442.70
1	Rear bumper	Damage	\$ 551.00	\$ 551.00
2	Rear bumper brackets	Repair	\$ 183.40	\$
			<u>\$ 2178.50</u>	<u>\$ 993.70</u>
	Discount	30.0%	\$ 653.55	\$ 298.11
			<u>\$ 1524.95</u>	<u>\$ 695.59</u>
<u>Nett Items</u>				
1	Boot lid lock	Damage	\$ 99.80	\$ 99.80
1	Boot lid rubber	Damage	\$ 85.60	\$ 85.60
1	Boot lid 'LATIO' emblem	Necessary	\$ 62.40	\$ 62.40
1	Boot lid 'NISSAN' emblem	Necessary	\$ 52.70	\$ 52.70
2	Rear taillamps	Damage	\$ 439.80	\$ 439.80
1	Rear end panel inner garnish	Damage	\$ 158.60	\$ 158.60
1	Rear bumper inner sponge	Damage	\$ 56.20	\$ 56.20
2	Rear bumper side retainers	Damage	\$ 126.00	\$ 126.00
1	Rear bumper splash shield	Intact	\$ 58.50	\$
			<u>\$ 1139.60</u>	<u>\$ 1081.10</u>
	Discount	10.0%	\$ 113.96	\$ 108.11
			<u>\$ 1025.64</u>	<u>\$ 972.99</u>
<u>Special Nett Items</u>				
2	Rear taillamp side clips (2 set)	Damage	\$ 42.00	\$ 42.00
1	Rear bumper clip (1 set)	Damage	\$ 35.00	\$ 35.00
1	Rear bumper lower spoiler	Damage	\$ 588.50	\$ 588.50
			<u>\$ 665.50</u>	<u>\$ 665.50</u>

Spare Parts Total \$ 3216.09 \$ 2334.08

Vehicle No: **SGV 2511 E**
Report No: **TP/ 02-20004/DY / 2020**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 3216.09	\$ 2334.08
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 60.00	\$ 40.00
2	To remove and refit rear bumper sensor.	\$ 100.00	\$ 80.00
3	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 650.00	\$ 550.00
4	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1200.00	\$ 880.00
5	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 50.00	\$ 30.00
Total		\$ 5276.09	\$ 3914.08

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 3100.00

SDLS: THREE THOUSAND ONE HUNDRED ONLY


Qualified Appraiser