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SURVEY FEES

P-S - CLK 32

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3596
 DESTINATION ADDRESS 965365368
 SUBADDRESS
 DESTINATION ID
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Jusequity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

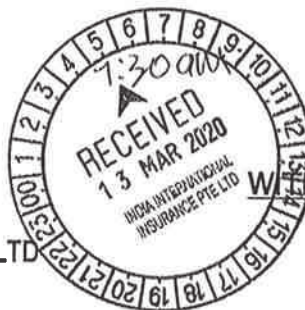
133 New Bridge Road #10 - 03, Chinatown Point, Singapore 059413
 Telephone (65) 6536 9339, Fax : (65) 6536 5368 (Litigation & Conveyancing)
 Email : claims@juseq.com.sg website : www.juseq.com.sg

Our Ref: JEQ/191196/1119/OMT (zl)

Your Ref: SHA2933U

11 March 2020

INDIA INTERNATIONAL INSURANCE PTE LTD
 64 Cecil Street #04/05
 IOB Building
 Singapore 049711



ARC
 WITHOUT PREJUDICE

BY HAND

COMFORT TRANSPORTATION PTE LTD
 383 Sin Ming Drive
 GAS Building
 Singapore 575717

BY CERTIFICATE OF POSTING

Dear Sirs

Our Ref: MCT/19050334
Name: Sundar
Date: 14/2/2020
**PROPERTY DAMAGE CLAIM ARISING FROM ACCIDENT INVOLVING VEHICLES FBN6926S
 AND SHA2933U AT 441A PASIR RIS DRIVE 6 MSCP ON 13.05.2019**

We act for RASHINAH BINTE ABDUL RASHID, the owner of motor vehicle no. FBN6926S, in her claim for damages as a result of the above accident.

We are instructed that on the 13 May 2019, the driver of your insured motor vehicle no. SHA2933U so negligently drove, managed and controlled the said motor vehicle that he caused or permitted the same to collide into our client's vehicle.

The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. SHA2933U.

As a result of the said collision, our client has suffered loss and damage which are set out hereunder as follows: -



J&EQ JusEquity Law Corporation

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IOB Building

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COMFORT TRANSPORTATION PTE LTD

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Dear Sirs

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The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. SHA2933U.

As a result of the said collision, our client has suffered loss and damage which are set out hereunder as follows: -

A	Damages	
a.	Total Loss value recommended by SJE	\$ 10,109 .00
b.	Loss of use (14 days @ 50.00 per day)	\$ 700.00

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

B	Disbursements		
	a. Search Fees / LTA / GIA (at this stage)	\$	36.49
	b. Automobile Inspection Report	\$	365.00
C	Cost with GST (at this stage)	\$	1,070.00

We enclose herewith copies of the following documents in support of our client's claim: -

- a) GIA report lodged by the driver of our client's vehicle and the driver of vehicle SHA2933U;
- b) GIA search result and invoice for SHA2933U;
- c) Our letter dated 19 November 2019 to 3rd party and his insurers;
- d) LTA search result and invoice for SHA2933U;
- e) Repair invoice from Ong Motor Trading;
- f) Automobile Inspection Report & Invoice from Prudent Adjustors Services; and
- g) Sixty-five (65) colour / non-colour photographs depicting the damage to our client's motor vehicle.

We had on 19 November 2019 notified you / your insurer of the accident, and a pre-repair survey of our client's vehicle was carried out.

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

Please note that you as insurers / owner 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 your insured(s) / you without further notice to you.

Please also note that if you have a counterclaim against our clients 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



Encl.

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	14/05/2019 15:46
Date Of Accident	13/05/2019 13:30
Exact Location Of Accident	BLK 441A PASIR RIS DRIVE 6 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6926S
Insured/Policyholder	
Name Of Registered Owner	RASHINAH BINTE ABDUL RASHID
NRIC No	S7629947A
Email Address	MRSNORMAN2721@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81618553
Alternative Phone No	OTHERS-81618553

Vehicle Particulars

Manufacturer	VESPA
Model	GTS150
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105800481

Cover Note Number

Driver

Name of Driver	MUHAMMAD NORMAN BIN KAMARUDIN
NRIC No	S7540458A
Date Of Birth	27/03/1975
Occupation	INDOOR
Date Of Driving Pass	15/03/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87001909
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 480 SEMBAWANG DRIVE #02-461
Postcode	750480
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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	3
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)	0

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 THE ATTACHED STATEMENT.

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	SHA2933U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR PEH
NRIC/Passport Number	
Contact Number	97860206
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
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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.
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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 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: 13/05/19


Driver's Signature

(If driver is not the policyholder)

Date & Time

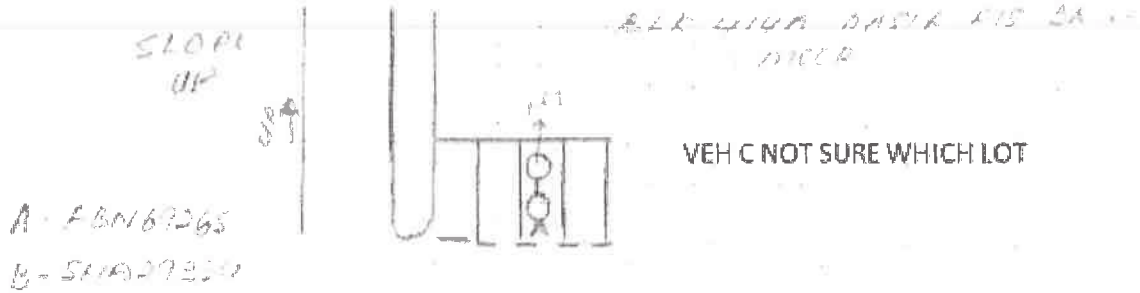

Repair Centre Personnel's Signature

Name

NRIC/ON No.

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My RIDE WAS INVOLVED AT THE MISC OF BLK 441A AND ON DRIVE 6 AND THE ACCIDENT HAPPENED @ 4:30 PM, THE 403 NUMBER POLICE TRUCK REPAIRED ME AT THE POINT OF TIME AND DROVE AWAY. I HAVE NO RECORD THE POLICE @ MISC AND WAS TOLD ABOUT THE ACCIDENT. MINUTES TO SPEAK WITH THE DRIVER INVOLVED IN THE CRASH AND HE HAD TOLD ME THAT AS HE DROVE UP THE SLOPE HE LOST CONTROL AND HAD HIT A RIDGE POLE THAT WAS STATIONARY AT THE INTERSECTION AND MY RIDE WAS BADLY DAMAGED.

DECLARATION

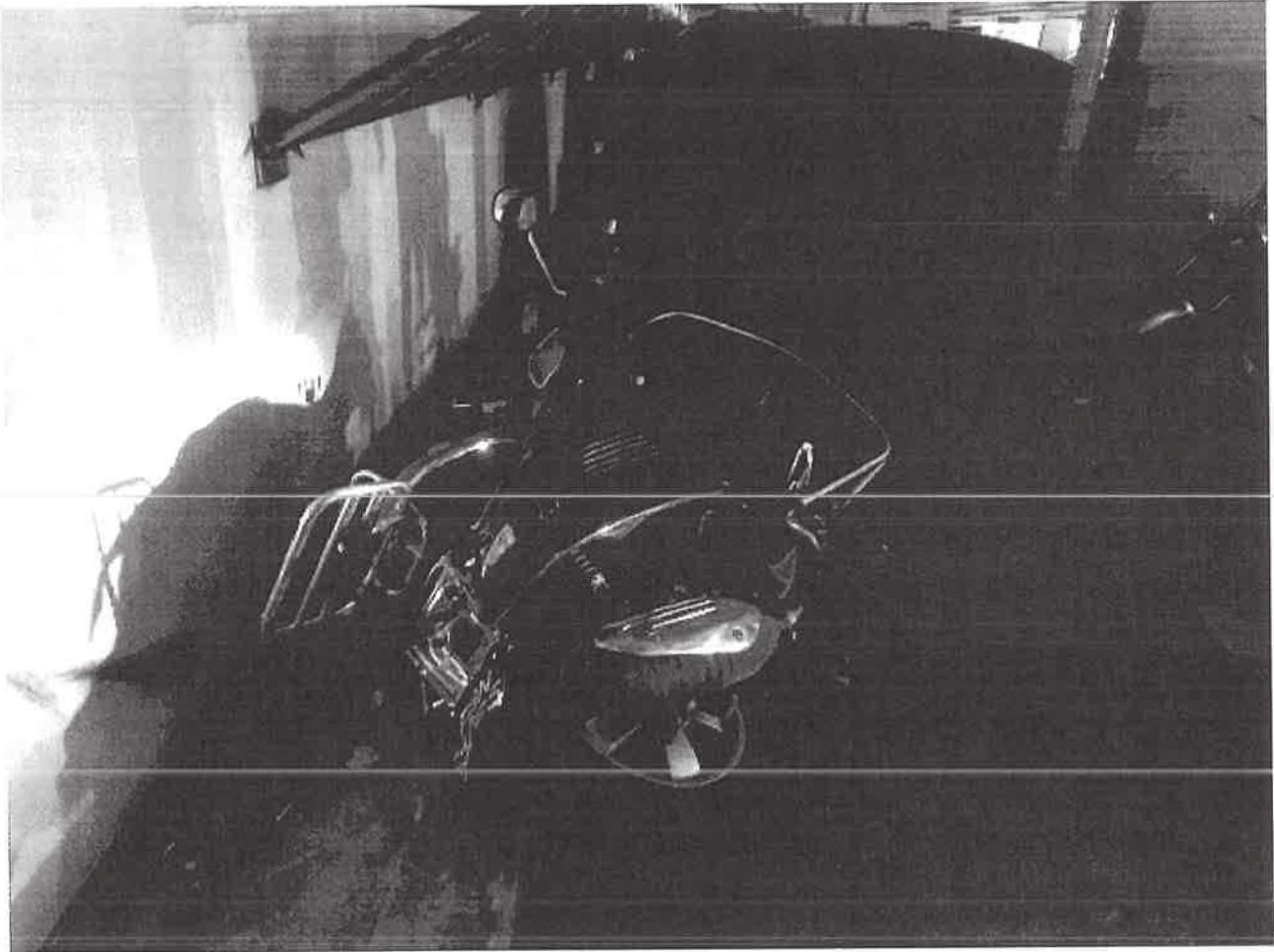
I/We declare the foregoing particulars are true in every respect

[Signature]
 Policyholder's Signature
 Date & Time 10/05/19

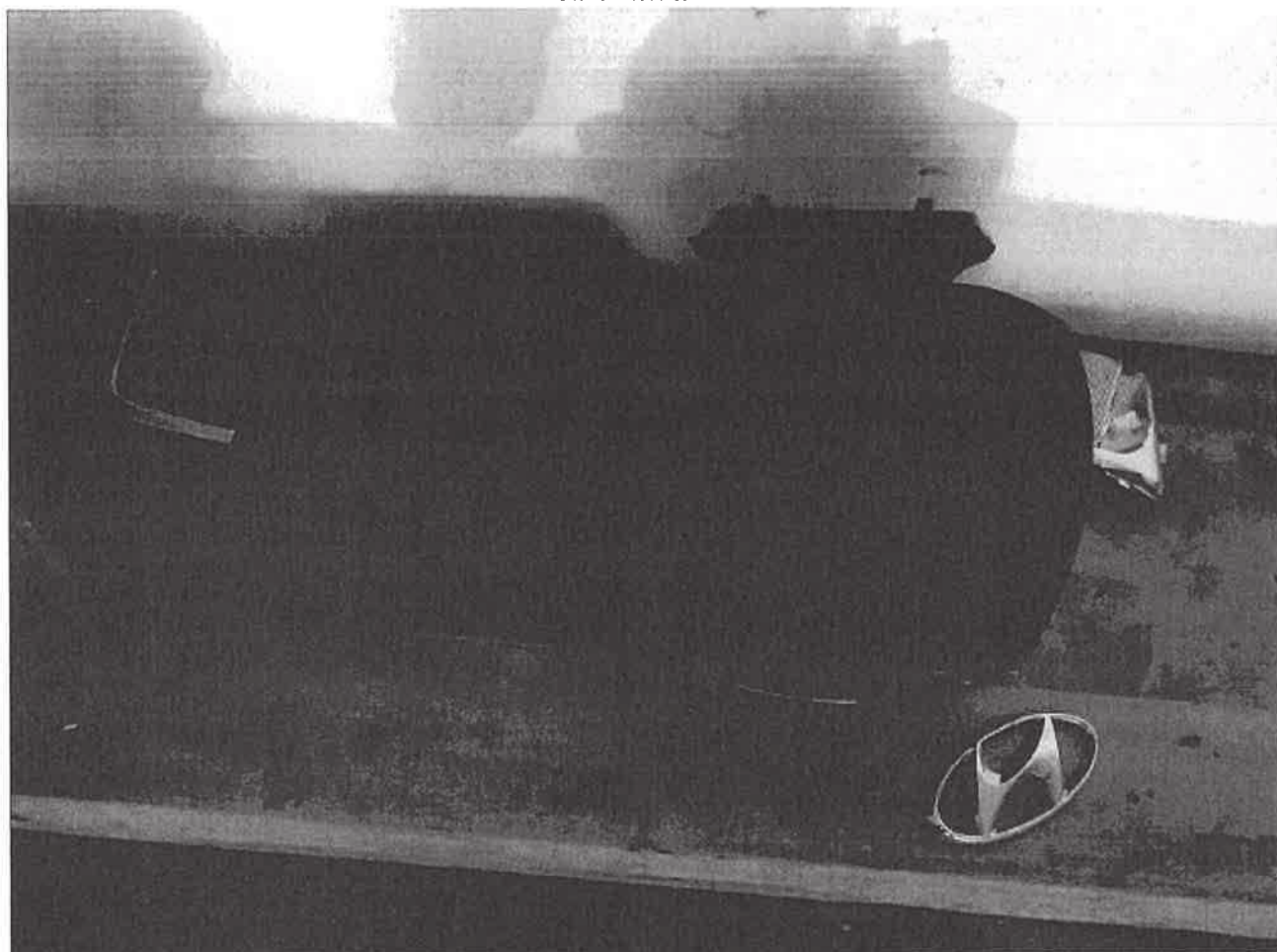
[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

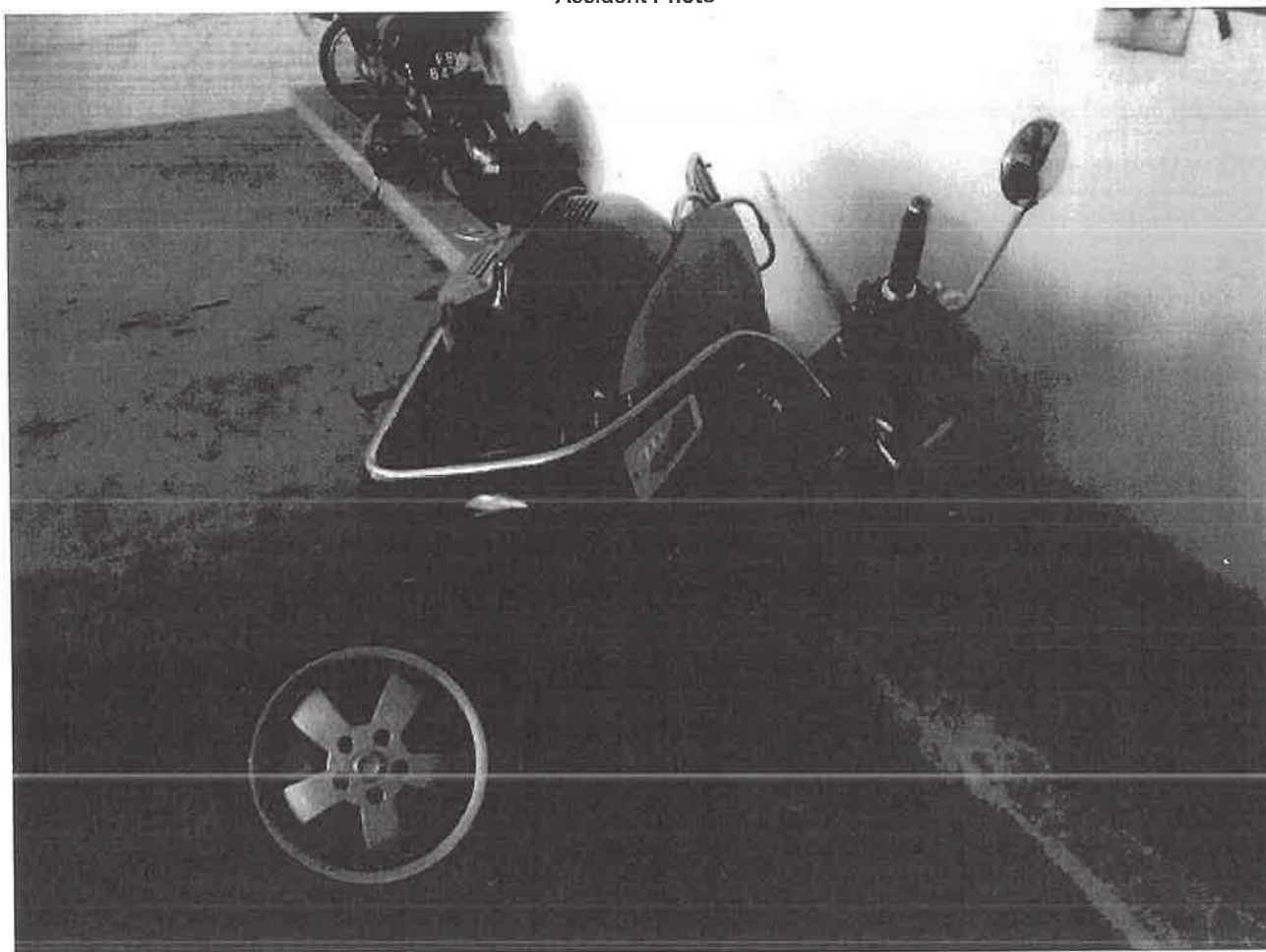
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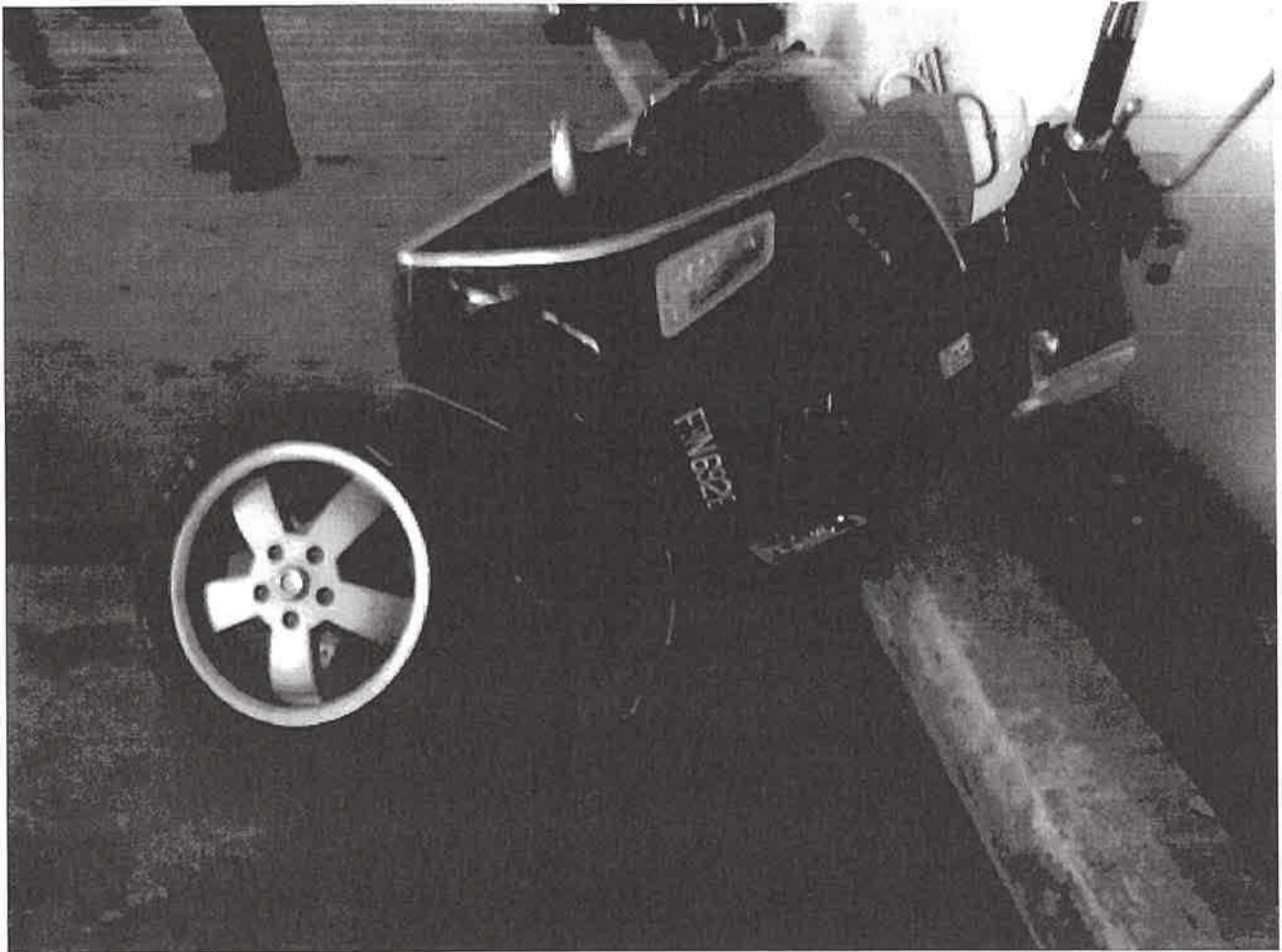
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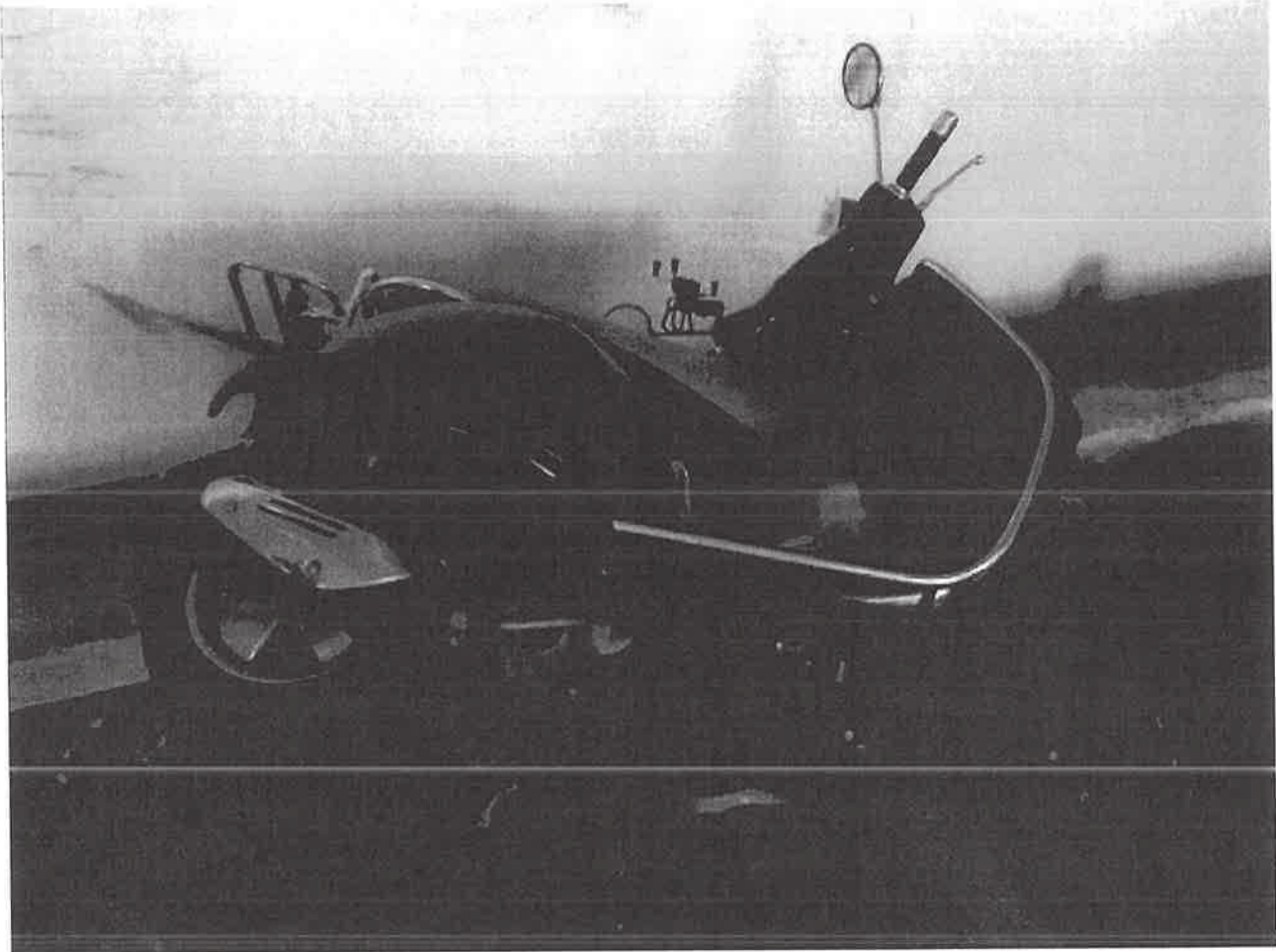
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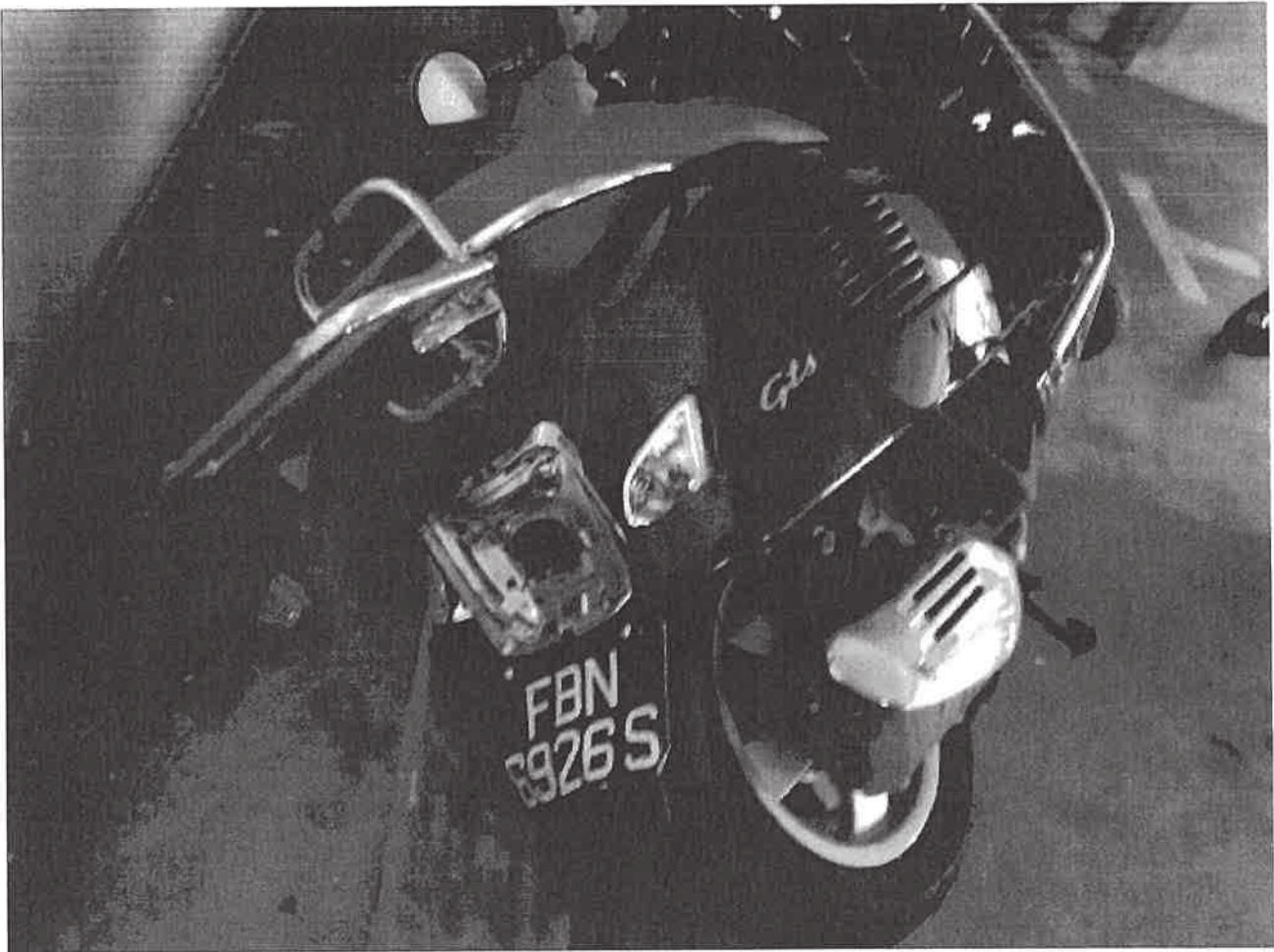
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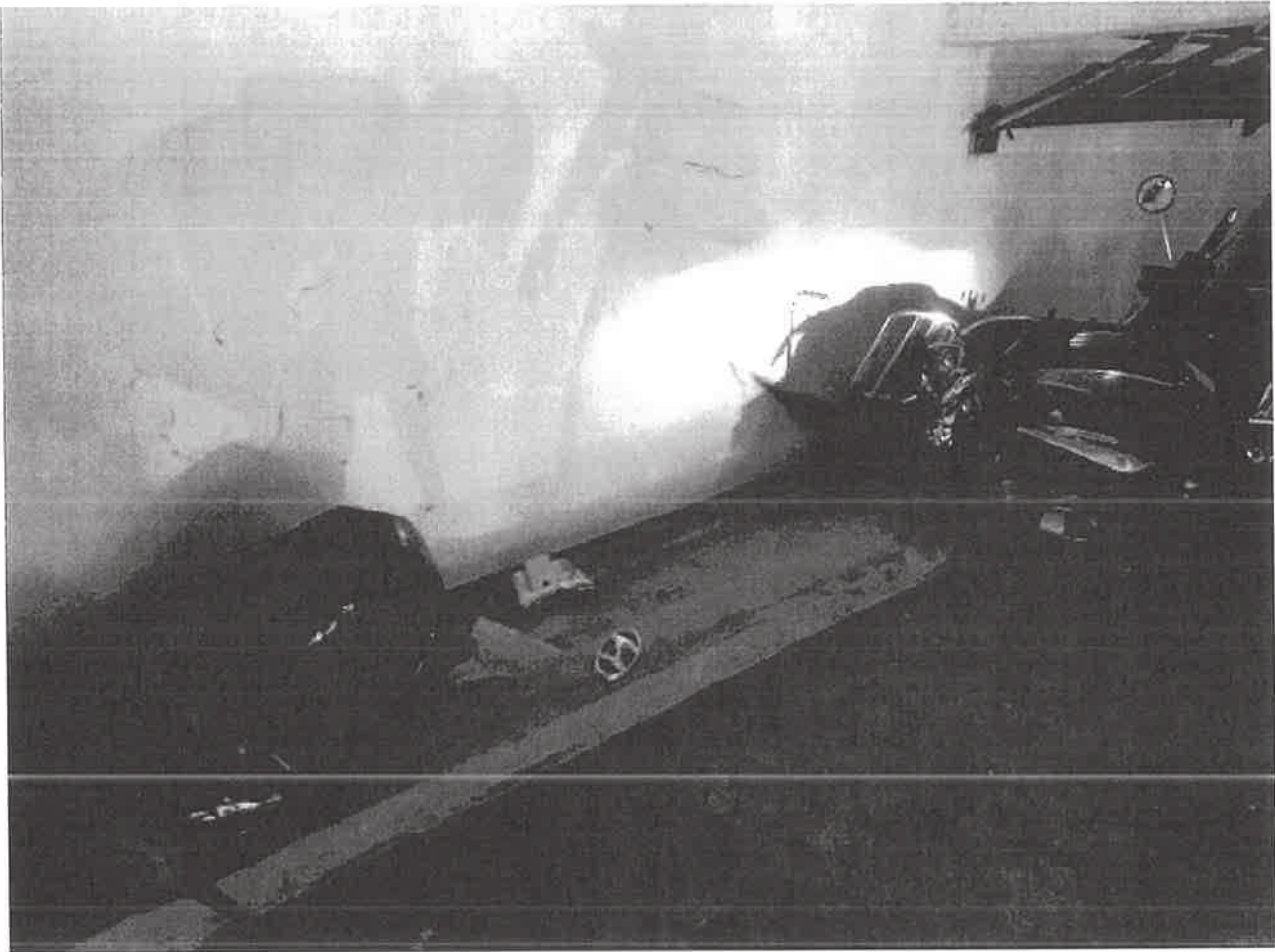
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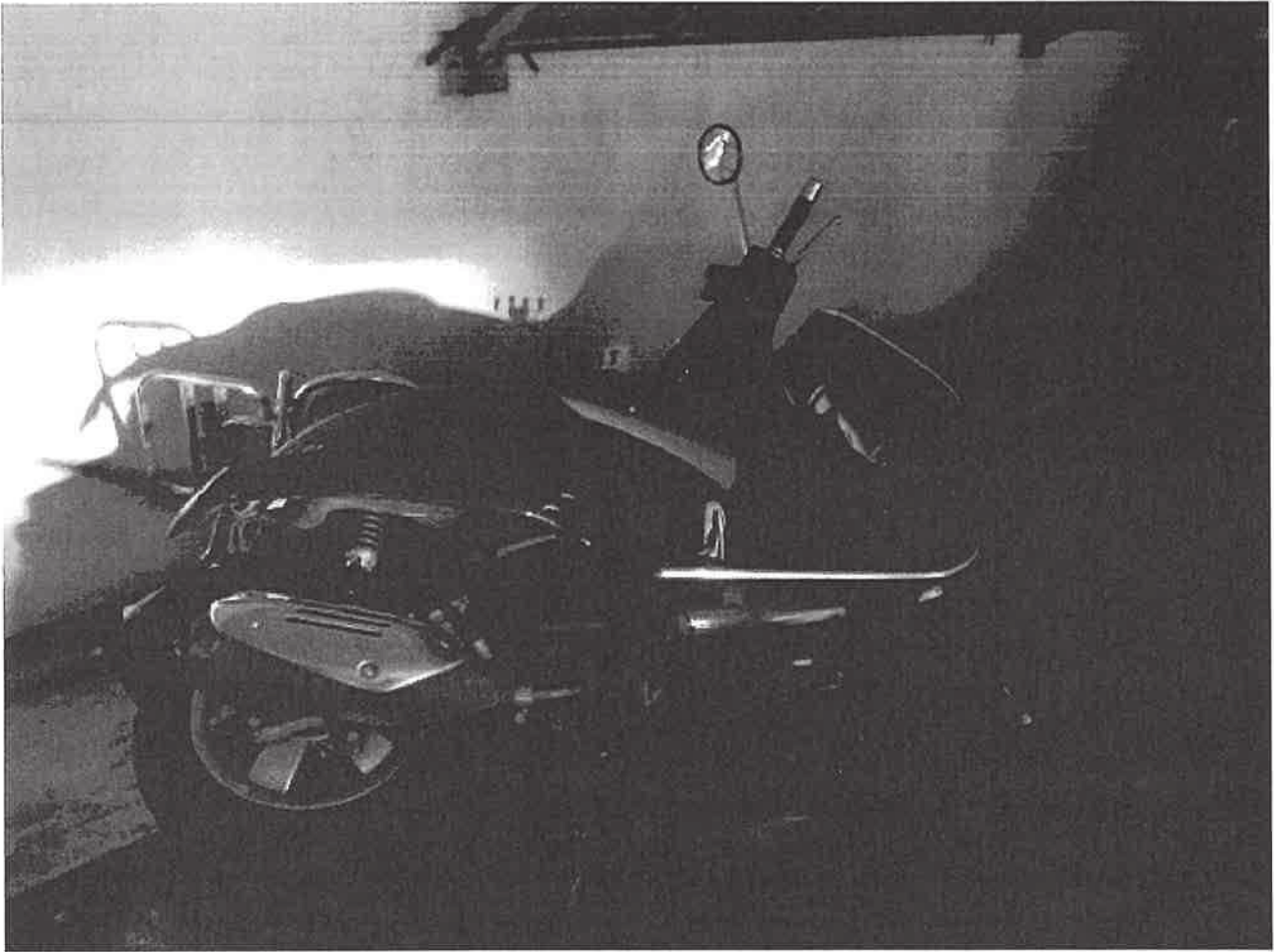
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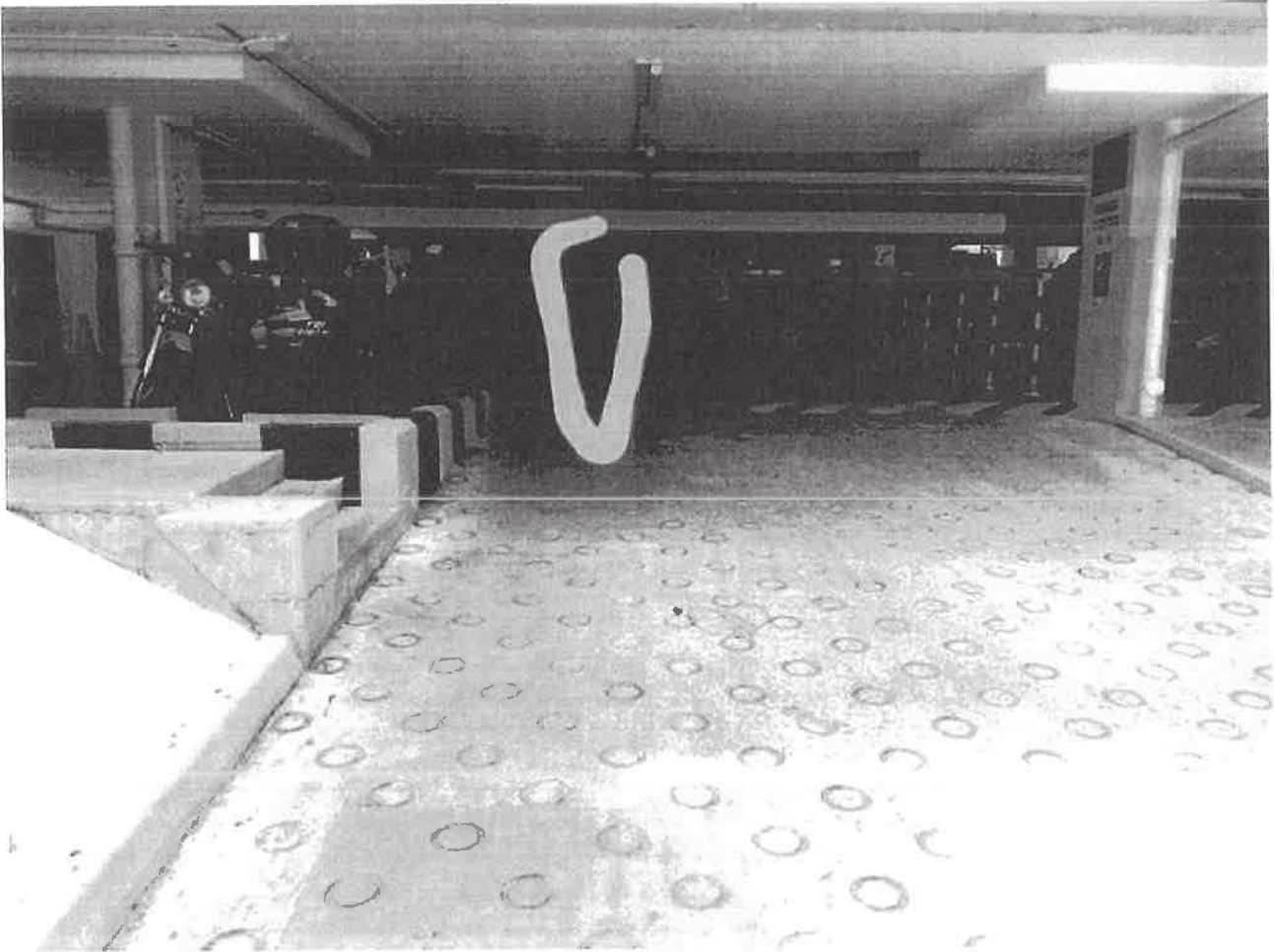
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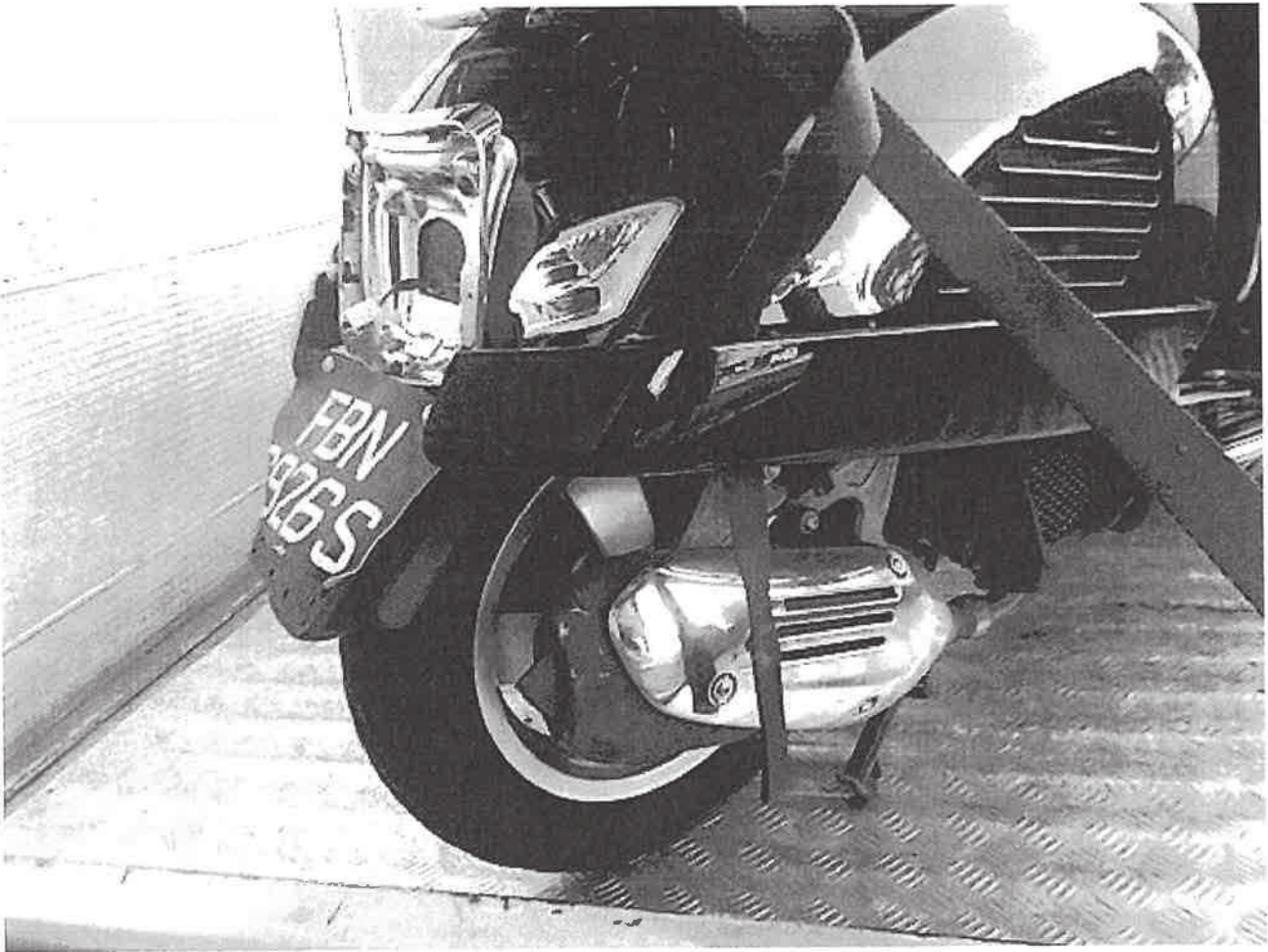
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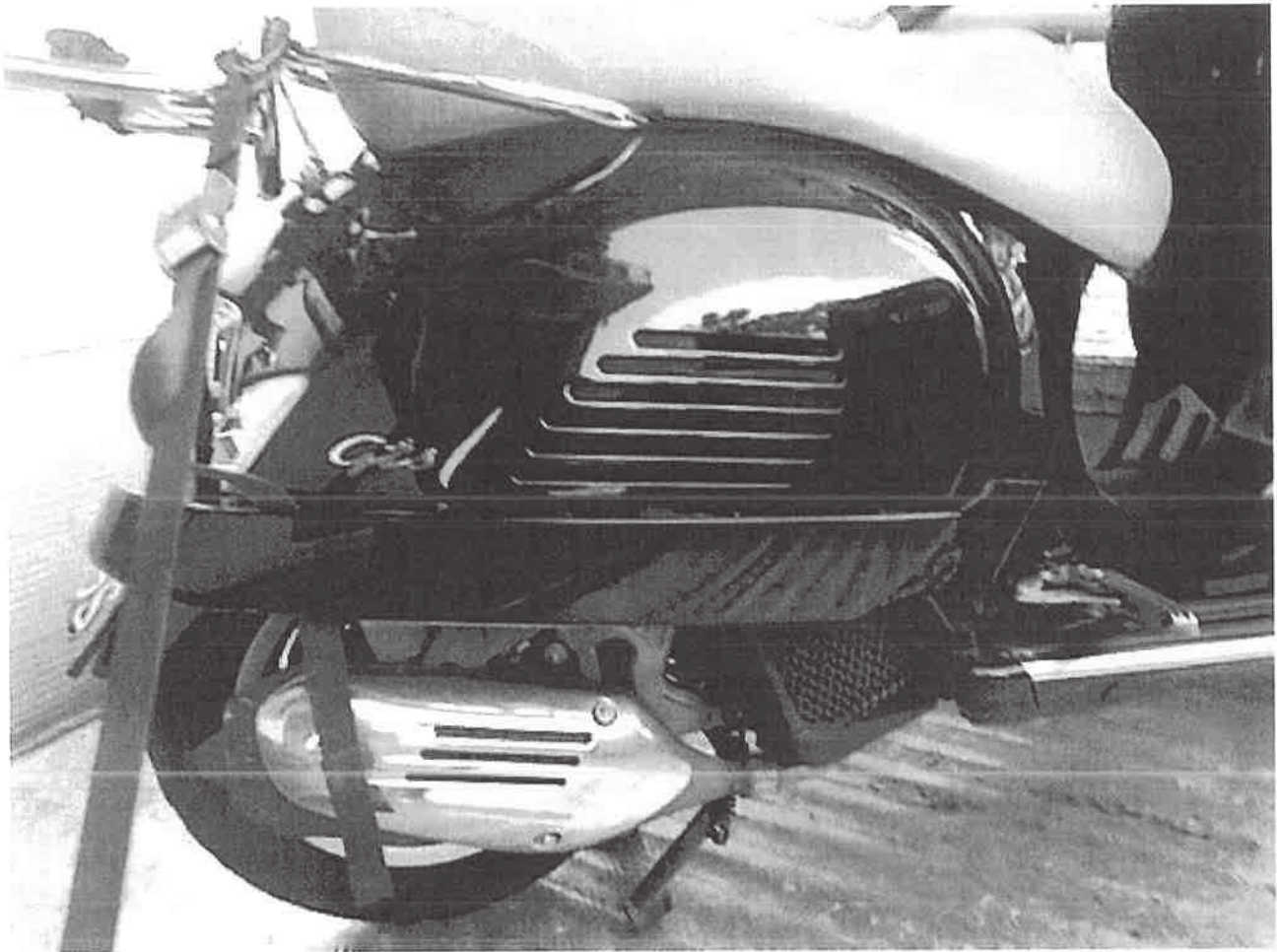
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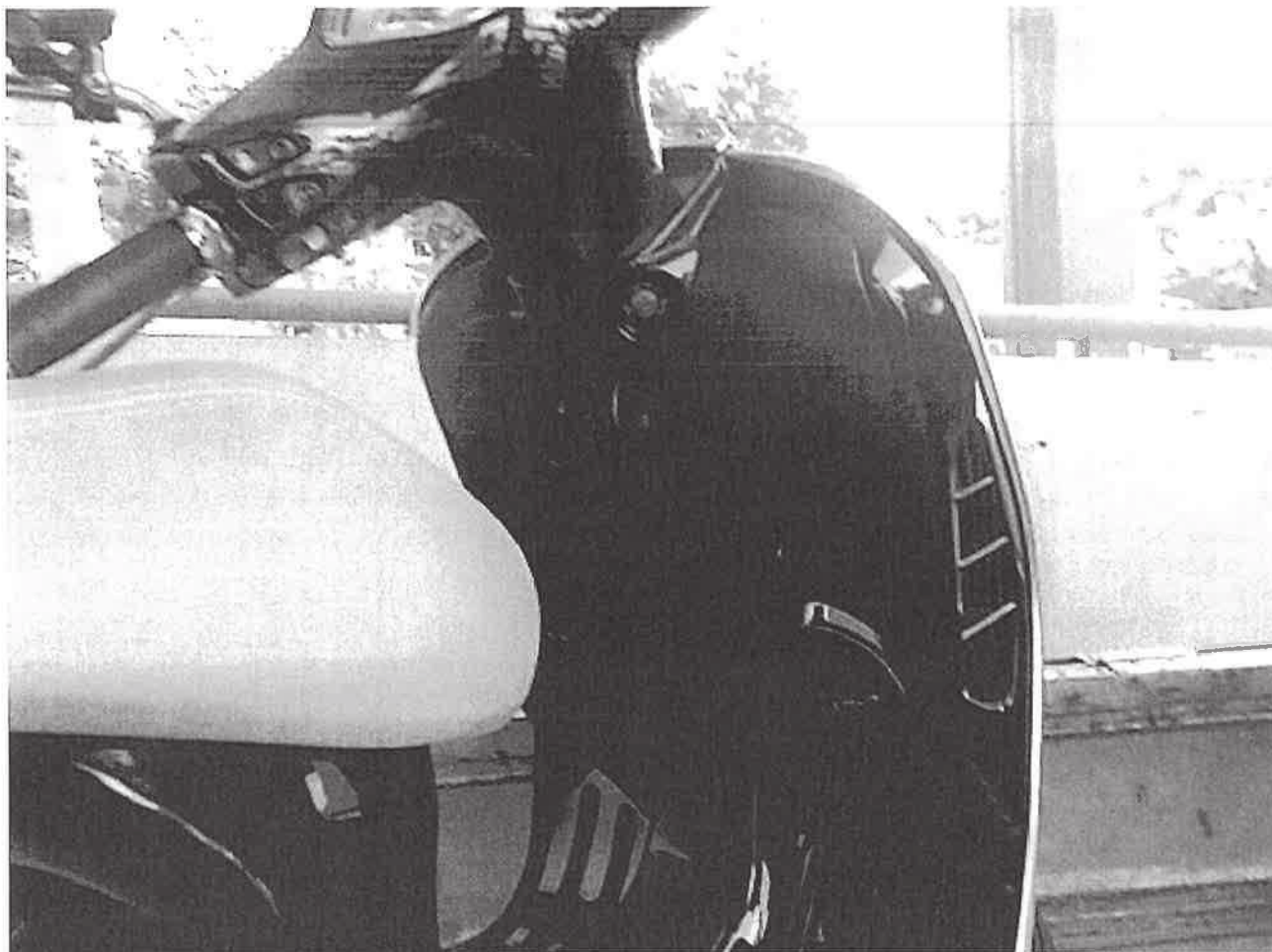
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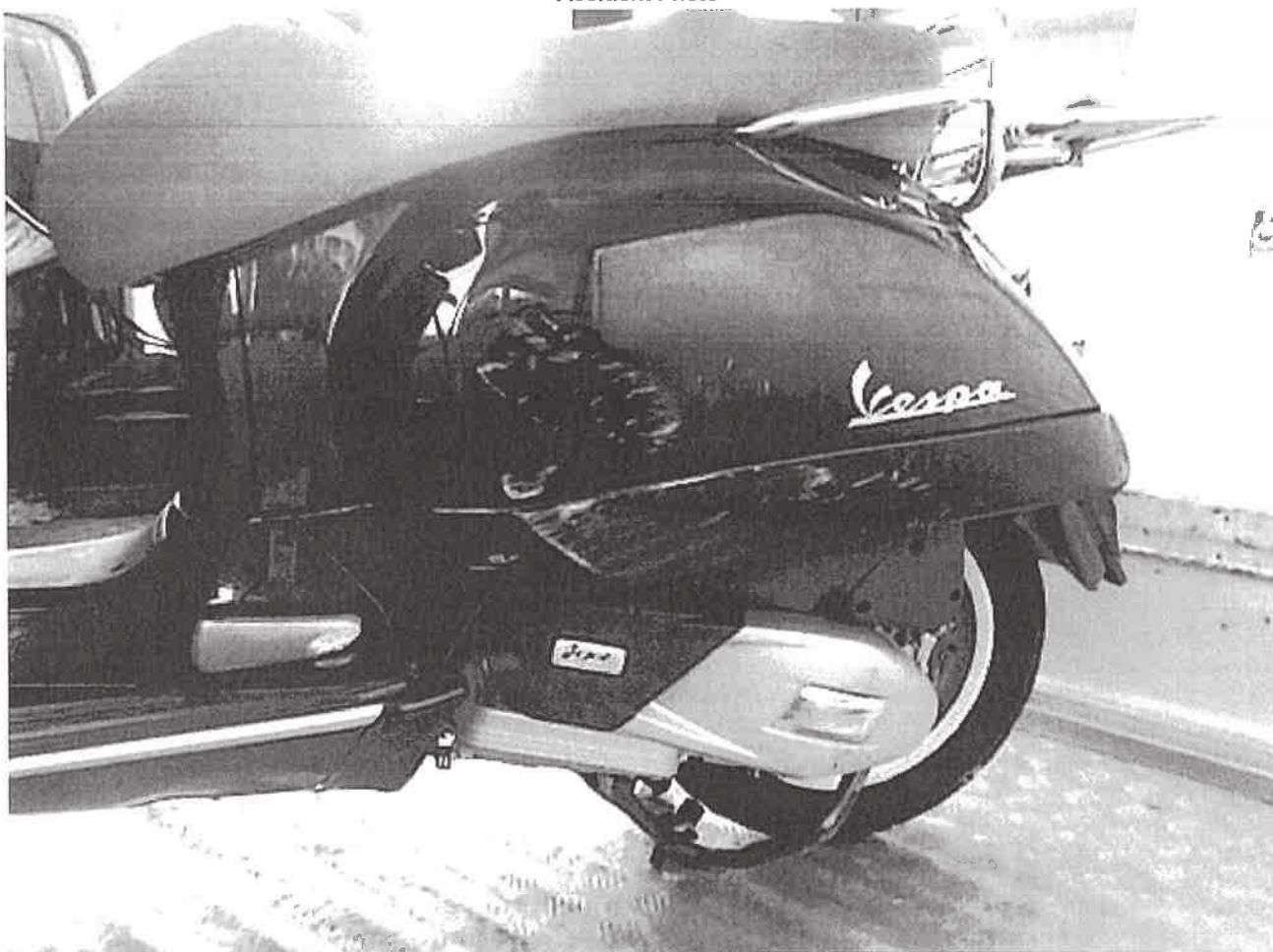
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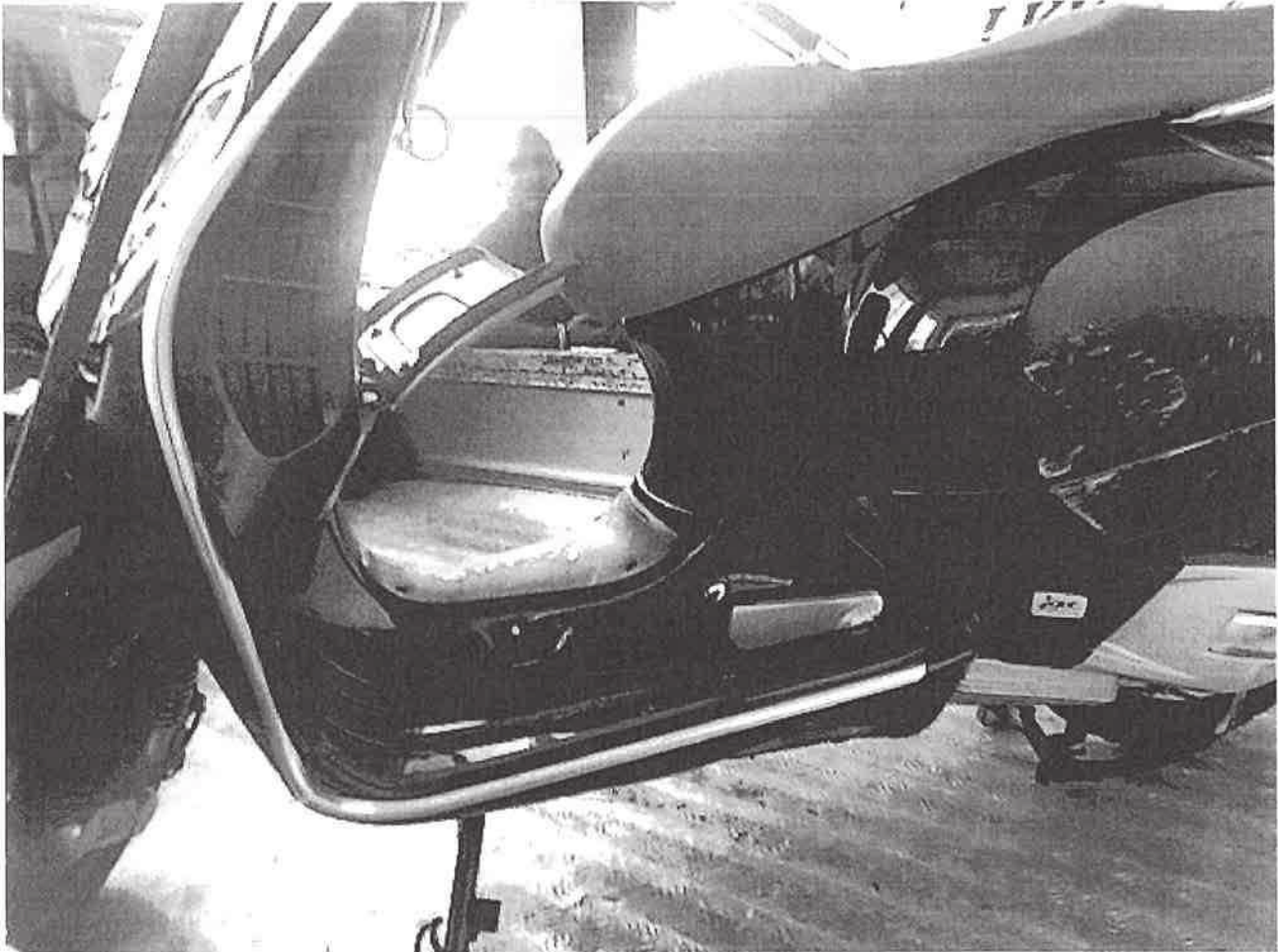
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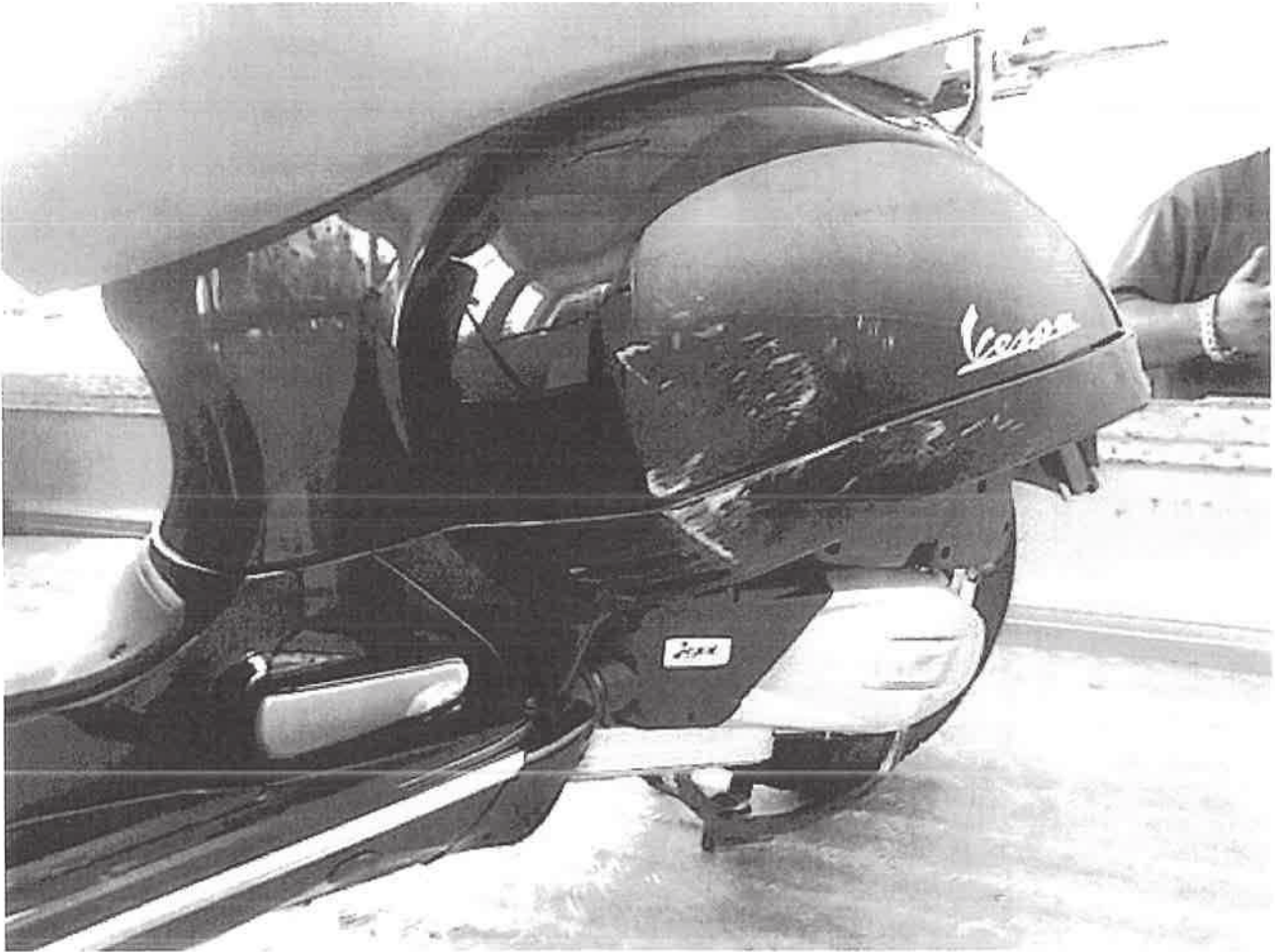
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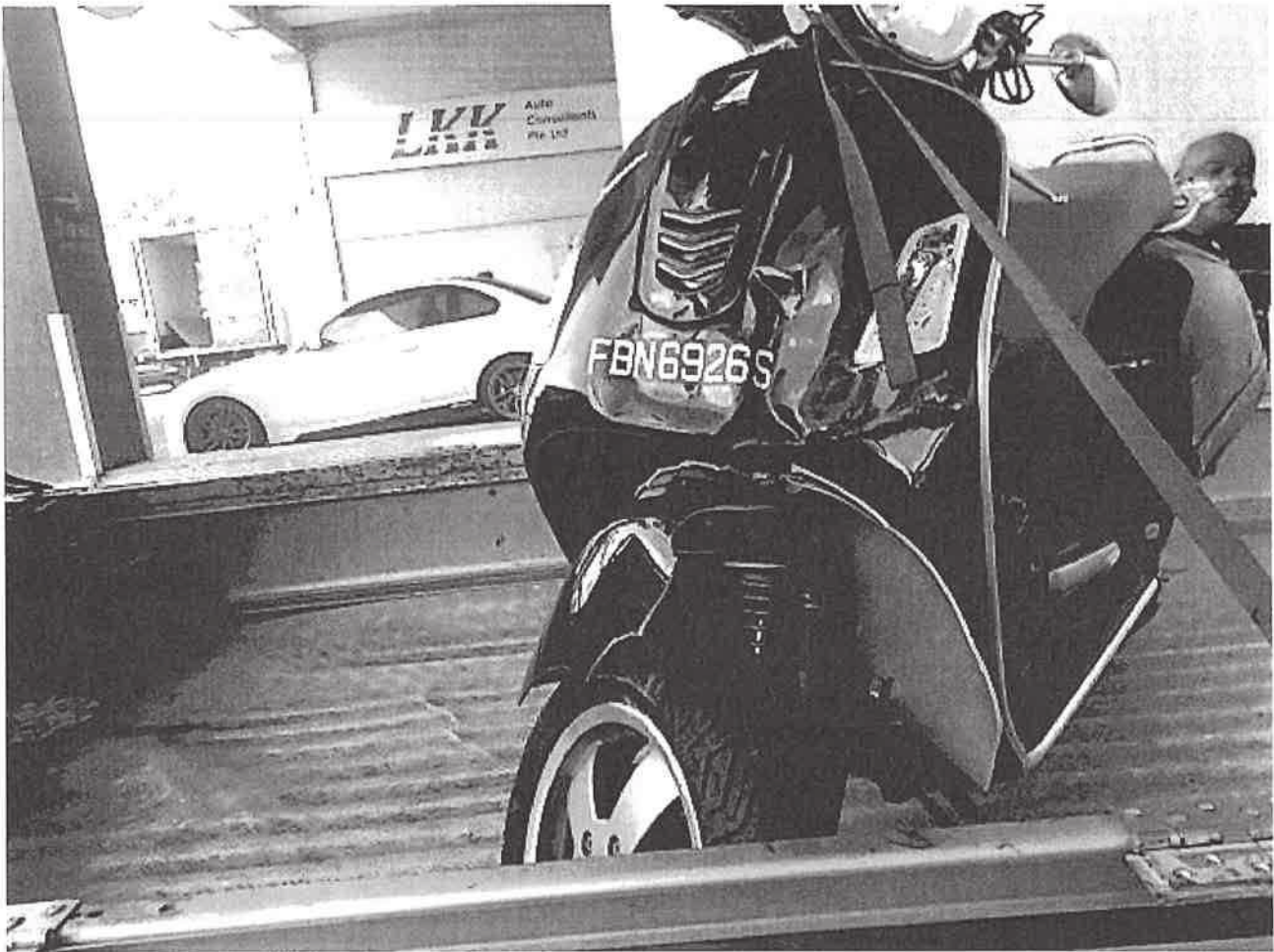
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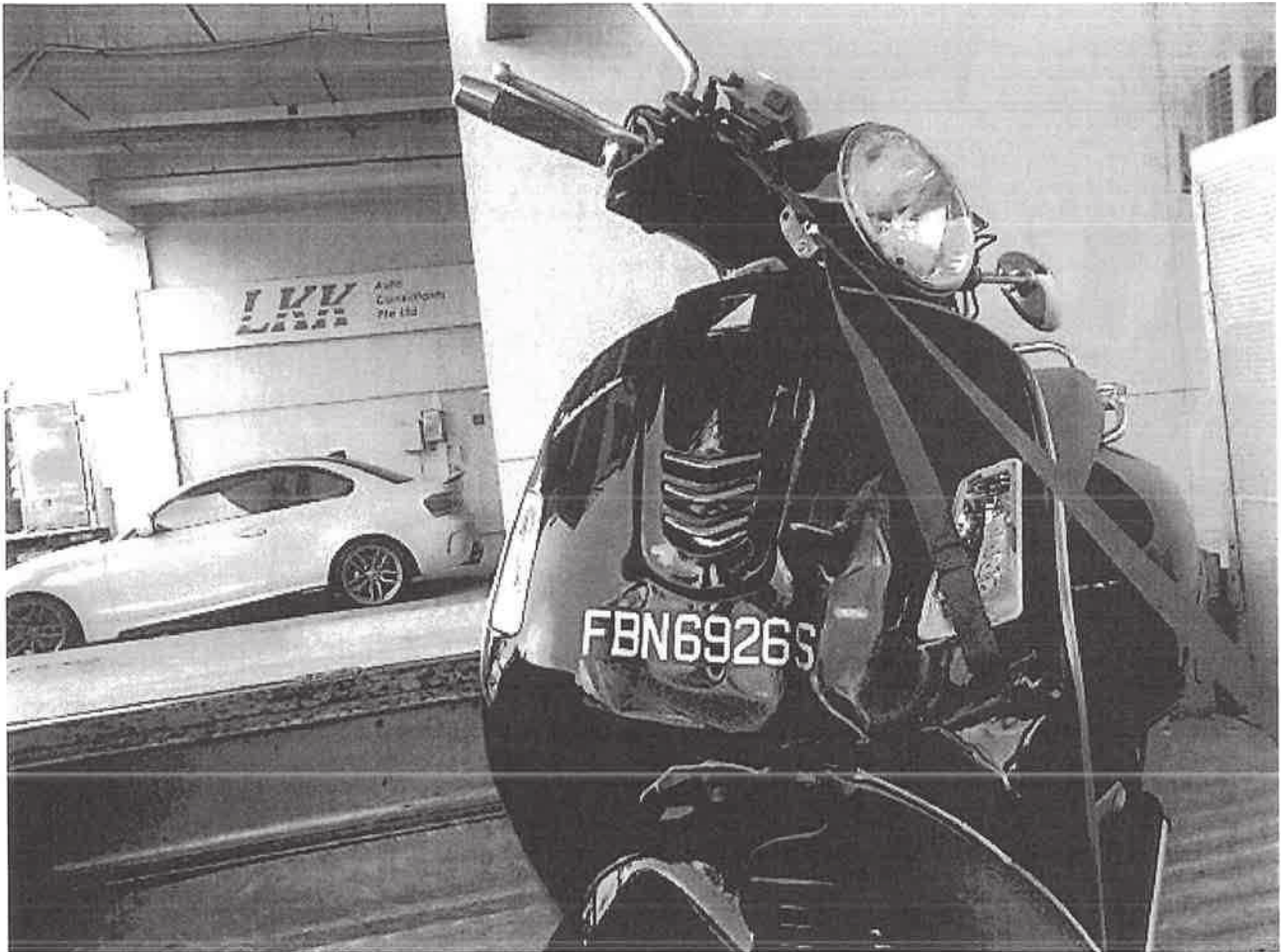
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