

Our Ref. : RSS/1904-7216 (KW)(PD)

Your Ref. :

W : Natalie Ng

E : natalie_ng@rssolomon.com

8 June 2020



ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

MS FIRST CAPITAL INSURANCE PTE LTD

36 Robinson Road

#16-01 City House

Singapore 068877

Attn: Motor Claim Dept

BY PDX: [8002]

WITHOUT PREJUDICE

Dear Sirs,

**ACCIDENT INVOLVING SKB3057B & SHD8507L ALONG SELETAR EXPRESSWAY
TOWARDS WOODLANDS NEAR LENTOR ON 23RD APRIL 2019 AT ABOUT 0830 HRS**

We act for SJ Motor Enterprise ("our Client"), owner of vehicle registration no. SKB3057B, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SHD8507L at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and it has been put to loss and expense, particulars of which are as follows: -

(a) Cost of Repair	\$ 6,750.00
(b) Loss of use for 10 working day at \$120.00 per day (i.e. including two days for Pre-repair survey)	\$ 1,200.00
(c) Survey report fee	\$ 620.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 700.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	<u>\$ 9,356.49</u>

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

- (a) Final Repair Bill no. KWC/SKB3057B/23042019 dated 1st March 2020 from Kok Wang Car Grooming;
- (b) Survey Report with Invoice No. NS-2019-213 from Absolute Appraisal Services Pte Ltd;
- (c) GIA Report lodged by our Client's driver;
- (d) GIA Report lodged by your insured driver with payment advice for search and report fees;
- (e) LTA search result with payment advice; and
- (f) 75 coloured photographs depicting damages to our Client's vehicle registration No. SKB3057B.

Our Ref. : RSS/1904-7216 (KW)(PD)

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NOTARY PUBLIC

4. **TAKE NOTICE** that unless we receive your acknowledgement of receipt to this letter and enclosures **within fourteen (14) days from the date hereof**, our Client will have no alternative but to commence proceedings against your insured and/or its driver without further notice to you.

Yours faithfully,

R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

Encl.

Cc: CITYCAB PTE LTD
383 Sin Ming Drive
GAS Building
Singapore 575717

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Cc: CHIEW LEONG @ TONG KENG HONG
832 Yishun Street 81
#10-448
Singapore 760832

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

TAKE NOTICE that if you have a counterclaim against our Client arising out of the above-captioned accident, you are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of you receiving this letter.

KOK WANG CAR GROOMING

No. 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627605

Tel No.: +65 91839633 | Fax: +65 6694 4864

Date: 1st March 2020

Invoice No.: KWC/SKB3057B/23042019

Messrs: SJ Motor Enterprise **Vehicle No.:** SKB3057B

	Amount
FINAL REPAIR COST	\$ 6,750.00
(LUMP SUM)	

Total: \$ 6,750.00

SGD SIX THOUSAND SEVEN HUNDRED FIFTY ONLY



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0418 Fax: 6266-7396
Email: absolute.app svcs@gmail.com

Invoice

Customer: SJ Motor Enterprise
C/o: 1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605

Date: 01.03.2020

Invoice No: NS-2019-213

Description		Amount
Vehicle No:	SKB3057B	
Make & Model:	Mitsubishi ASX (A)	
Our reference:	AAS/2019/213	
Services rendered for appraiser / inspection report		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Six hundred and twenty dollar only	Total:	SGD \$ 620.00

Notes:

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No" on the reverse side of the cheque

Please do not hesitate to contact us should you have any enquiries



Absolute Appraisal Services Pte Ltd



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9666-0418 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: SJ Motor Enterprise
C/o: 1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605

Date of report: 01.03.2020
Date of request: 06.05.2019
Date of inspection: 06.05.2019
Date of accident: 23.04.2019
Claim type: Third Party Claim

Report No: AAS/2019/213

Particulars of affected vehicle:

Registration no:	SKB3057B	Odometer:	277194 km
Make/Model:	Mitsubishi ASX (A)	Engine Capacity:	1997 cc
Year of registration:	2011	Engine no:	4B11GB6930
Colour:	Metallic Black	Chassis no:	JMYXTGA2WBZ000102

Condition of tires:

Front Left:	6mm	Front Right:	6mm
Make:	Goodridge	Make:	Goodridge
Rear Left:	6mm	Rear Right:	6mm
Make:	Goodridge	Make:	Goodridge

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. Kok Wang Car Grooming
1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:	\$ 10,444.50
Revised estimate:	\$ 8,459.40
Recommended reserve:	\$ 6,750.00 (Lump sum)

Estimated normal duration of repairs : 8 Working days



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160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle No: SKB3057B

Report No: AAS/2019/213

W/O PREJUDICE

Point of impact

At the rear portion.

General description of damages

The tailgate, tailgate lamp LH, tail lamp LH, rear bumper, exhaust silencer, rear end panel, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Kok Wang Car Grooming as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$8,459.40

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$6,750.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 8 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 75 photographs.

Your Faithfully

Absolute Appraisal Services Pte Ltd



Nicky Seah
Automobile Appraiser
MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
 160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
 Mobile: 9688-0418 Fax: 6266-7396
 Email: absolute.app.svcs@gmail.com

Vehicle No: SKB3057B
 Appraisal Schedule

Report No: AAS/2019/213

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Tailgate	1	Dented/Distorted		\$ 1,014.00	\$ 1,014.00
2	Tailgate glass moulding	1	Necessary		\$ 87.00	\$ 87.00
3	Tailgate emblem	1	Necessary		\$ 94.00	\$ 94.00
4	Tailgate nameplate 'ASX'	1	Necessary		\$ 86.00	\$ 86.00
5	Tailgate C&C badge	1	Necessary		\$ 60.00	\$ 60.00
6	Tailgate lamp LH/RH	2	LH Broken	\$ 252.00	\$ 504.00	\$ 252.00
7	Tailgate lock	1	Distorted		\$ 470.00	\$ 470.00
8	Tailgate striker	1	Serviceable		\$ 19.00	-
9	Tailgate trim board	1	Cracked		\$ 671.00	\$ 671.00
10	Tailgate weather-strip	1	Necessary		\$ 211.00	\$ 211.00
11	Tailgate stay LH/RH	2	Serviceable	\$ 119.00	\$ 238.00	-
12	Tail lamp LH/RH	2	LH Broken	\$ 584.00	\$ 1,168.00	\$ 584.00
13	Rear bumper	1	Dented		\$ 883.00	\$ 883.00
14	Rear bumper fog lamp cover	1	Grazed/Repair		\$ 29.00	-
15	Rear bumper tow hook cover	1	Serviceable		\$ 12.00	-
16	Rear bumper reflector LH/RH	2	LH Grazed	\$ 27.00	\$ 54.00	\$ 27.00
17	Rear bumper retainer LH/RH	2	Cracked/Necessary	\$ 78.00	\$ 156.00	\$ 156.00
18	Rear bumper reinforcement	1	Dented		\$ 470.00	\$ 470.00
19	Rear end panel	1	Dented		\$ 352.00	\$ 352.00
20	Rear end panel trim	1	Serviceable		\$ 115.00	-
21	Rear end panel breather vent	1	Serviceable		\$ 63.00	-
22	Exhaust silencer	1	Dented		\$ 649.00	\$ 649.00

Total:	\$ 7,405.00	\$ 6,066.00
-10%	\$ 740.50	\$ 606.60
List total:	\$ 6,664.50	\$ 5,459.40

1	Tailgate glass sealant	1	Necessary		\$ 60.00	\$ 40.00
2	Reverse sensor	1set	Malfunctioned		\$ 300.00	\$ 250.00
3	Rear bumper clips	1set	Necessary		\$ 50.00	\$ 30.00
4	Joint sealant	1	Necessary		\$ 60.00	\$ 40.00

Special nett total:	\$ 470.00	\$ 360.00
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Parts Total:	\$ 7,134.50	\$ 5,819.40
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ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle No: SKB3057B

Report No: AAS/2019/213

S/N Labour Description

Repairer's Est

Revised Est

1 Remove & reinstall rear trimmings.

\$ 100.00

\$ 60.00

2 Remove & transfer tailgate component.

\$ 100.00

\$ 80.00

3 Remove & transfer tailgate glass.

\$ 180.00

\$ 150.00

4 Renew reverse sensor.

\$ 80.00

\$ 50.00

5 Rust proofing on rear affected & replacement panels.

\$ 100.00

\$ 40.00

6 Renew exhaust silencer.

\$ 100.00

\$ 60.00

7 Spray painting on rear affected & replacement panels.

\$ 1,400.00

\$ 1,200.00

8 Conduct panel beating, straightening, cutting & reforming. Renew rear damaged parts. Re-align all affected area.

\$ 1,250.00

\$ 1,000.00

Labour Total:

\$ 3,310.00

\$ 2,640.00

Grand Total:

\$ 10,444.50

\$ 8,459.40

The final adjusted lump sum amount is \$6,750.00

Under normal circumstances, the repair should be completed within a reasonable period of 8 working days.

75 Photographs were taken at the time of inspection.

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.

MSIG1905315 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 26/04/2019 11:28
SUBMITTED BY: Waseed Richard Vincent

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 26/04/2019 11:45

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 willful 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 26/04/2019 11:28
Date Of Accident 23/04/2019 08:30
Exact Location Of Accident SLE TOWARDS WOODLANDS NEAR LENTOR
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB3057B
Insured/Policyholder
Name Of Registered Owner SJ MOTOR ENTERPRISE
Co Reg No NA
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-87820635

Vehicle Particulars

Manufacturer MITSUBISHI
Model AXS
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number A 28098825 TMC

Cover Note Number**Driver**

Name of Driver CHARANPAL SINGH S/O TEJA SINGH
NRIC No S1599698F
Date Of Birth 29/03/1963
Occupation OUTDOOR
Date Of Driving Pass 05/07/1980
Driving Experience 38 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +66-87820635
Fax Number
Contact Number
Email Address PAULSINGH53@GMAIL.COM

Address 120T TANAH MERAH BESAR LANE
 Postcode 498987
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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? YES
 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: : NA
 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

REFER 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 SHD8507L
 Vehicle Make/Model/Colour YELLOW CITY CAB
 Details Of Properties FRONT
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHARANPAL SINGH S/O TEJA SINGH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB3057B
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

Resend06-04-19;13:06

RECEIVED 21/04/2019 07:53
Kok Leong

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reject your 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 declaration 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 short 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 if needed.
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 my 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/are 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 situated 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, regulatory, 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:Representing General Insurance Association's Signature
Name:
NIC/PIN No.:

GIA/INSURANCE/WORKSHOP

Resend26-04-19:11:52 ;

RECEIVED 09/05/2019 01:39

Kok Leong ;

5/ 5

Resend08-04-19:18:06 ;

RECEIVED 21/04/2019 07:53

Kok Leong ;

2/ 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 April 2019 at 830 am I was travelling on SLE towards Woodlands near border heavily traffic the car in front slow down I also slow down suddenly I heard a bonk being from behind I went down to check my behind vehicle number SAD 8507 L hit me from behind. The driver inform me to get claim insurance from his company

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.:

SINGAPORE ACCIDENT STATEMENT

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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	23/04/2019 13:45
Date Of Accident	23/04/2019 08:30
Exact Location Of Accident	S L E TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8507L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	CHIEW LEONG @TONG KENG HONG
NRIC No	S0165775E
Address	832 10-448 YISHUN STREET 81

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

SEE ATTACH.

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

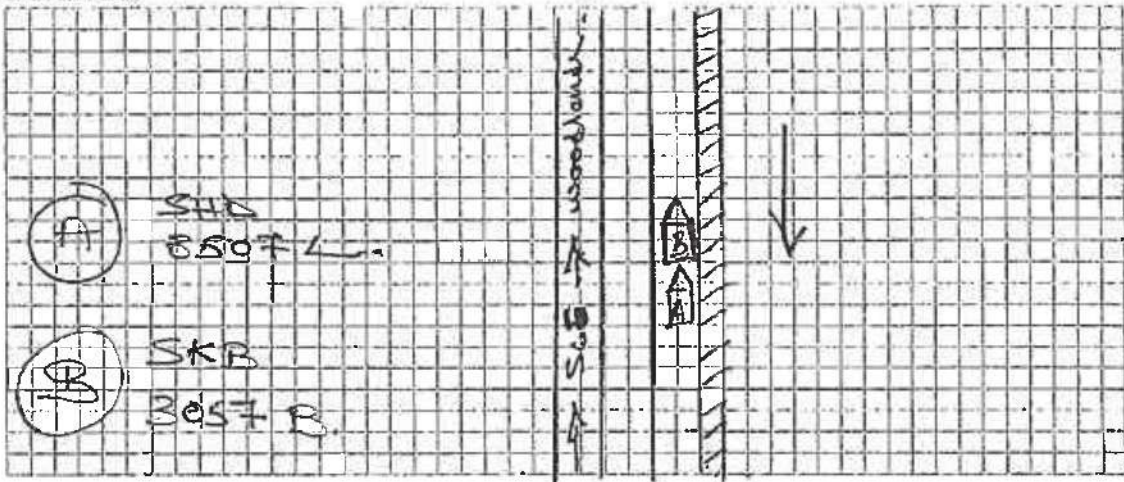
SKB3057B

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 23 April 2019 @ 0820 hr.

I VEH A was driving along the

above location straight suddenly

veh B f-brake. I VEH A came

stop in time and hit veh B rear.

at the point of accident

veh A being a male passenger

injured.

DECLARATION

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

CITYCAB PTE LTD
 JO-REG-NO. 1096028390
 Policyholder's Signature
 Date & Time:

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

[Signature] (SO)
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

CITYCAB PTE LTD
CO. REG. NO. 1995028300

Policyholder's Signature
Date & Time:

x *fu*

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

J. Man *28/4*

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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-19-078206

Date of Request: 16/05/2019

Your Ref No: RSS/1904-7216(KW)(PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Date of Accident: 23/04/2019

Vehicle No: SKB3057B

Place of Accident: SLE TOWARDS WOODLANDS NEAR LENTOR

Involving Vehicle No: SHD8507L

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SHD8507L	SLE TOWARDS WOODLANDS NEAR LENTOR	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

TAX INVOICE

Our Ref No: GR-19-078204
Date of Request: 16/05/2019

Your Ref No: RSS/1904-7216(KW)(PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 23/04/2019
Place of Accident: ALONG SLE TWDS WOODLANDS NEAR
Client Vehicle No: SKB3057B

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

Thank You.

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735**SEARCH RESULTS**

Our Ref No: GR-19-078204

Date of Request: 16/05/2019

Your Ref No: RSS/1904-7216(KW)(PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 23/04/2019

Place of Accident: ALONG SLE TWDS WOODLANDS NEAR

Client Vehicle No: SKB3057B

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
SHD8507L	S L E TWDS WOODLANDS	23/04/2019 08:30

Thank You.

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Enquire Vehicle & Owner Information (Vehicle No. SHD8507L As At 23 Apr 2019 / 08:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: RSS/1904-7216(KW)(PD)

Current Owner Details

Owner ID Type: Company
Owner ID: 199502839G
Owner Name: CITYCAB 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.: SHD8507L
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Insurance Company Name: MS FIRST CAPITAL INSURANCE LIMITED

MOTORING



THANK YOU

Star-Kon Yew has successfully logged out.

Your last login date and time was 26 Apr 2019, 12:58:22.

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Session Transaction History

SN	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	123456789	123456789	12.12 Enquire Veh Owner Info Others by Law Firm	749	26 Apr 2019 12:59:13