Our Ref.

: RSS/1905-7268 (KW)(PD)

Your Ref.

W : Natalie Ng

E

: natalie ng@rssolomon.com

24 June 2020

COMMISSIONER FOR OATHS NOTARY PUBLIC

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Kind Attn: Motor Claim Dept

Dear Sirs,

We are in receipt of your letter, which it will are agout ettention. e shall revert shortly. Kindly to be ghts to conduct a medical re-exacultation on your client where

ACCIDENT INVOLVING SJW9032J & SHA7364D 10TH MAY 2019 AT ABOUT 1905 HRS

LONG 177 SIMS AVENUE O

India Interna

PDX: [8172] thout Prejudice

We act for LA Rentals Pte Ltd ("our Client"), the owner of vehicle registral SJW9032J, and refer to the above-captioned matter.

We are instructed that you are the insurers of vehicle registration no. SHA7364D at the 2. material time. We are further instructed that the aforesaid accident was caused solely by your 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	\$ 3,750.00	
(b)	Loss of use for 6 working days at \$80.00 per day	\$ 480.00	
	(i.e. including two days for Pre-repair)		
(c)	Survey report fee	\$ 491.00	
(d)	GIA report & search fees	\$ 29.00	
(e)	LTA search fee	\$ 7.49	
(f)	Costs	\$ 500.00	
(g)	Transport, Xerox, postages & Other Incidentals	\$ 50.00	
	Total·	\$ 5.307.49	

- We enclose herewith copies of the following documents in support of our Client's claim: -3.
 - (a) Final Repair Bill No. KWC/SJW9032J/10052019 dated 15th April 2020 from Kok Wang Car Grooming:
 - (b) Survey Report with Invoice No. NS-2019-243 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

PAGE 1 OF 2

Our Ref.

: RSS/1905-7268 (KW)(PD)

Your Ref.

W

: Natalie Ng

Е

: natalie ng@rssolomon.com

24 June 2020



(f) 51 coloured photographs depicting damages to our Client's vehicle registration No. SJW9032J.

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:

Comfort Transportation Pte Ltd

383 Sin Ming Drive

GAS Building

Singapore 575717

Cc:

Ng Boon Keng

Block 202B Punggol Field

#11-246

Singapore 822202

By Certificate of Posting

Without Prejudice

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 abovecaptioned 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: 15th April 2020

Invoice No.: KWC/SJW9032J/10052019

Messrs: <u>LA Rentals Pte Ltd</u> Vehicle No.: <u>SJW9032J</u>

Amount

FINAL REPAIR COST (LUMP SUM)

\$3,750.00

Total: \$3,750.00

DOLLARS SGD THREE 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: 9688-0413 Fax: 6266-7896 Email: absolute.app.svcs@gmail.com

Invoice

Customer: LA Rentals Pte Ltd

Date:

15.04.2020

C/o:

1 Soon Lee Street #06-40 Pioneer Centre

Singapore 627605

Invoice No: NS-2019-243

	Amount		
Vehicle No:	SJW9032J		
Make & Model:	Toyota Corolla Altis 1.6 (A)		
Our reference:	AAS/2019/243		
Services rendered for	or appraiser / inspection report	:	
Survey Fee			
Photographs			
Transport Fees			
Re-inspection Fees			
SGD Dollar : Four hun	dred ninety one dollar only	Total:	SGD \$ 491.00

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 enquires.

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: 9688-0418 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: C/o: LA Rentals Pte Ltd

Singapore 627605

1 Soon Lee Street #06-40 Pioneer Centre

Date of inspection:

Date of accident: 10.05.2019

Claim type: Third Party Claim

Report No: AAS/2019/243

Particulars of affected vehicle:

Registration no: Make/Model:

SJW9032J

Toyota Corolla Altis 1.6 (A)

Year of registration:

2010

Colour: Metallic Blue Odometer:

Chassis no:

Engine Capacity:

Engine no:

Date of report:

Date of request:

3774988354

147223 km

1598 cc

15.04.2020

22.05.2019

22.05.2019

MR053ZEE106171612

Condition of tires:

Front Left:

6mm

Yokohama

Rear Left:

Make:

Make:

6mm Yokohama Front Right:

6mm

Make:

Rear Right:

6mm

Make:

Yokohama

Yokohama

Type of road wheel:

Allov

(The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork

: Good : Good

Paintwork Handbrake Footbrake

Steering

: In order : In order : In order

Apparent engine modification

: Nil

The Assignment

The inspection was conduct 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:

5,888.35

Revised estimate:

4,694.73

Recommended reserve:

\$ 3,750.00 (Lump sum)

Estimated normal duration of repairs: 4 Working days



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: SJW9032J

Report No: AAS/2019/243

Point of impact

At the RHF portion.

General description of damages

The front bumper, RH headlamp, RHF fender, RH wing mirror, RHF road wheels, RHF undercarriages, etc.

W/O PREJUDICE

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 \$4,694.73

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$3,750.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of $\underline{4}$ 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 $\frac{51}{2}$ 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: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

 Veh	icle No: SJW9032J				Re	port No: AAS	/2019/	243
	raisement Schedule				1	L	, ,	
	Parts Description	Qty	Condition		Rej	pairer's Est	Rev	vised Est
1	Front bumper	1	Grazed/Torn		\$	557.80	\$	557.80
2	Front bumper emblem	1	Necessary		\$	58.30	\$	58.30
3	Front bumper seal	1	Necessary		\$	61.90	\$	61.90
4	RH headlamp	1	Grazed		\$	786.50	\$	786.50
5	RHF fender nameplate 'VVTI'	1	Necessary		\$	41.70	\$	41.70
6	RH wing mirror assy	1	Grazed/Cracked		\$	1,265.30	\$	1,265.30
7	RHF shock absorber	1	Serviceable		\$	453.60		*
8	RH knuckle arm	1	Distorted		\$	497.70	\$	497.70
9	RHF wheel bearing	1	Distorted		\$	156.40	\$	156.40
10	RHF wheel hub	1	Distorted		\$	283.80	\$	283.80
11	RH lower arm	1	Bent		\$	596.90	\$	596.90
12	RH lower arm balljoint	1	Serviceable		\$	255.60		×
13	RH stabilizer link	1	Serviceable		\$	102.30		
14	RHF fender		Grazed/Repair			-		2
				Total:	\$	5,117.80	\$	4,306.30
				-25%	\$	1,279.45	\$	1,076.58
				List total:	\$	3,838.35	\$	3,229.73
1	Front bumper clips	1set	Necessary		\$	50.00	\$	30.00
2	RHF sport rim	1	Dented/Grazed		\$	300.00	\$	300.00
3	RHF tyre	1	Serviceable		<u></u>	200.00		-
				Special nett total:	\$	550.00	\$	330.00
				Parts Total:	\$	4,388.35	\$	3,559.73
S/N	Labour Description				Rej	pairer's Est	Rev	vised Est
1	Renew RHF sport rim & tyre.				\$	50.00	\$	20.00
2	Renew RHF undercarriages.				\$	300.00	\$	250.00
3	Carry out wheel alignment.				\$	100.00	\$	60.00
4	To check lightings & wirings.				\$	50.00	\$	30.00
5	Spray painting on affected & rep	lacemer	nt panels.		\$	500.00	\$	400.00
5	Conduct panel beating, straighte	ning, cu	tting & reforming. R	enew front	\$	500.00	\$	375.00
	damaged parts. Re-align all affect	ted area	a.					
				Labour Total:	\$	1,500.00	\$	1,135.00
The	final adjusted lump sum amount	is S	3,750.00	Grand Total:	\$	5,888.35	\$	4,694.73

Under normal circumstances, the repair should be completed within a reasonable period of 4 working days.

51 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.

MSI118082612 / STA INSPECTION PTE LTD - SIN MIND ENTRY DATE & TIME: 14/03/2019 14:26 SUBMITTEO BY: Wong Lip Yong

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/05/2019 14:39

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 migrepresentation or witholding 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.
- 6. Any false reporting may be referred to the Police for Investigation.
- 8. 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

	ACCIDENT STATEMENT	
Date Of Report	14/05/2019 14:26	
Date Of Accident	10/05/2019 19:05	
Exact Location Of Accident	177 SIMS AVE	ž
Country/State of Loss	SINGAPORE	

DETAILS OF O	WN VEI	HICLE
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可谓在人生,这种主要是这种形式。

全数据证据 法指数的的支援支援。

SJW9032J Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner LA RENTALS PTE LTD

201838059Z Co Reg No

JOEL@LAYAUTO.COM Email Address

Mobile Phone No

OFFICE-93874666 Alternative Phone No.

Vehicle Particulars

Model COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at

time of accident

Manufacturer

WORK PURPOSE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

TOYOTA

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5106245957 Policy Number

Cover Note Number

Driver. LIM BOON HUAT Name of Driver

NRIC No 37042634Z 08/12/1970 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 01/12/1997

21 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87660043 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

Page 1 of 17

Address

BLK 256 KIM KEAT AVE #13-160

SINGAPORE

Postcode

310258

Was driver an employee of the Insured's Company

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 - CHANGE/CROSS LANE

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

NO

ambulance?

YES

Wee any other material or property damaged? I have been approached by unknown person(s)

policiting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

R NA # MALE

2 2<u>1</u>52

GENDER:

Details of Police Action

Was the accident reported to the police?

1 w 20 12 12 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

Vehicle Registration Number

SHA7364D

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NG BOON KENG

NRIC/Passport Number

\$1748088Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Pege Z al 17

34. A

No. Of Passenger (Including Driver)

Page 3 of 17

Sketch Plan #2 Pg. 1

CH PLAN	1.1.7. Par Ave
	A- SJW9032 B- 141A 736
	->
350006	~
	ANALYMENT DESCRIPTION OF THE PROPERTY OF THE P
ERIBE CIRCUMSTANCE	
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-Miller -	
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	Driver's Signature, Reporting Course Personnel's Signaturo

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 flability on the part of the insurance companius.
- 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 aforesold.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General insurance Association of Singopore ("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 Parsanal 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)
 - (i) processing, handling and/or dealing with my dalms including the sottlement of the claims and any necessary investigations relating to the cloims:
 - (ii) Investigating the accident and/or my dolms:
 - (III) carrying out and/or dealing with my instructions or responding to any enquiries by may
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data shout me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (y) complying with applicable law in administoring, processing, handling and/or dealing with my claims (collectively the
- (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
- 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 lawyors/law tirms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.
- the information so collected under (d) shove 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 agancies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Drivelle bignature

lif driver is not the policyholder!

Date & Time:

Reporting Centra Parsonnal's Signature Names

NRIC/FIN No.

MCD619061118 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 11/05/2019 09:31 SUBMITTED BY: Huang XiaoYan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Was there any audio recorded?

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

alorodate.	
	ACCIDENT STATEMENT
Date Of Report	11/05/2019 09:31
Date Of Accident	10/05/2019 18:25
Exact Location Of Accident	SIMS AVE NEAR TO LOR 23 GEYLAND RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7364D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	NG BOON KENG
NRIC No	S1748088Z
Address	BLK 202B PUNGGOL FIELD #11-246
General Information of the Accident	
Type Of Accident	SIDE SWIPE
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	
PLS REFER TO ATTACHED	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ė.

NO

Vehicle Registration Number Vehicle Make/Model/Colour Name of Driver Insurance Company Name SJW9032J

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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 TransPro-Texton File LTU CO. REG. NO. 199203621R

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Loke Wei Yieng

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

4/5/19

Sketch Plan Pg. 2

SKETCH PLAN	- [, - 1]	estament y distribution the same of the sa
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DECLARATION	TENERO CONTRACTOR CONT	1
/We declare the foregoing particulars a	re true in every respect.	
IFGNU DROGEROF DELDE FILL	Comme	Loke Wei Yleng
CO 263 NO 1991938219		
olicyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Water State of the Control of the Co

Accident Photo



Accident Photo

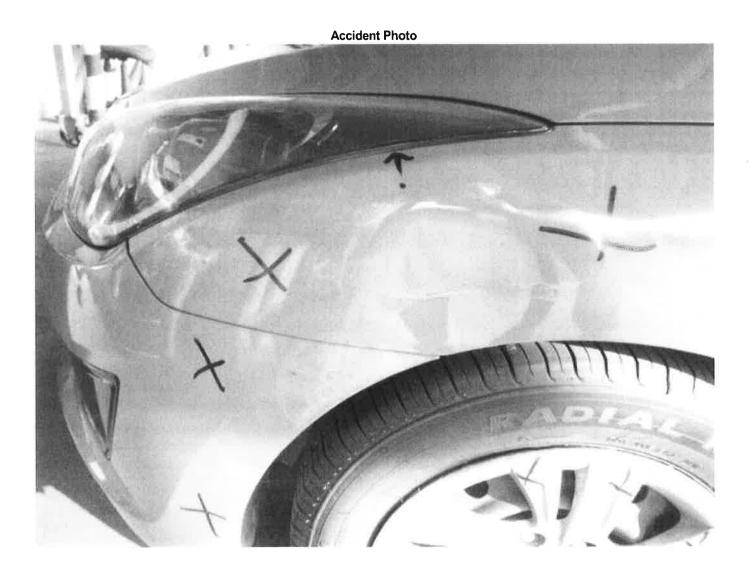






















Accident Photo









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-19-088858

Date of Request:

04/06/2019

Your Ref No:

RSS/1905-7268(KW)(PD)

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

Dear Sir/Madam,

Date of Accident:

10/05/2019

Vehicle No:

SJW9032J

Place of Accident: Involving Vehicle No:

177 SIMS AVE **SHA7364D**

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\$)
SHA7364D	177 SIMS AVE	1	4.00 1	13.08
GST Amount	0.92			
Total Amount Due (C	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.

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For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



RECORDS MANAGEMENT CENTRE

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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-19-088844

Date of Request:

04/06/2019

Your Ref No:

RSS/1905-7268(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:

10/05/2019

Place of Accident:

ALONG 177 SIMS AVE

Client Vehicle No:

SJW9032J

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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For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



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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-19-088844

Date of Request:

04/06/2019

Your Ref No:

RSS/1905-7268(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:

10/05/2019

Place of Accident:

ALONG 177 SIMS AVE

Client Vehicle No:

SJW9032J

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
SHA7364D	SIMS AVE NEAR TO LOR 23 GEYLAND RD	10/05/2019 18:25

Thank You.

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.

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5/22/2 119 Vehicle Hub

Enquire Vehicle & Owner Information (Vehicle No. SHA7364D As At 10 May 2019 / 19:05:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

RSS/1905-7268(KW)PD

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.:

SHA7364D

Make Description/Model:

HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD

MOTORING

X Seven date 用预试样

X One Motoring X ,, https://vrl.lla.gov.sg/lta/vrl/act. X

General Infol Feedback Contact Info Singapore Government

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Your last login date and time was 22 May 2019, 10:12:29. Siaw Kin Yeow has successfully logged out.

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Session Transaction History

lime	
Log Date/Time	22 May 2019 / 10:13:20
Transaction Amount(5\$) Log Date/T	r Info (Others) by Law Firm
Transaction Type	18,19 Enquire Veh Owner Info (Others) by Law Firm
Asset Owner ID	8
Asset ID	SHA7364D
Asset Type	Vehicle
≣ToN/S	es:

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Land Transport Authority

We keep Your World Moving

Vehicle Huh 1/22/2 119

Enquire Vehicle & Owner Information (Vehicle No. SHA7364D As At 10 May 2019 / 19:05:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

RSS/1905-7268(KW)PD

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

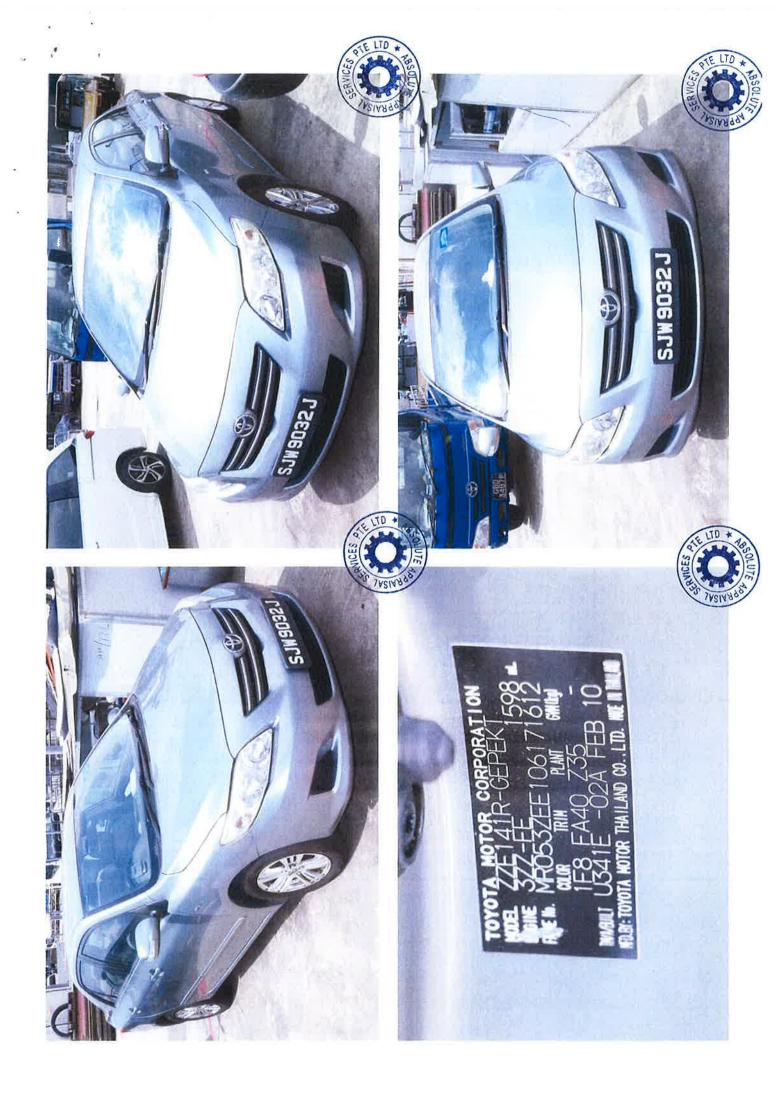
Vehicle No.:

SHA7364D

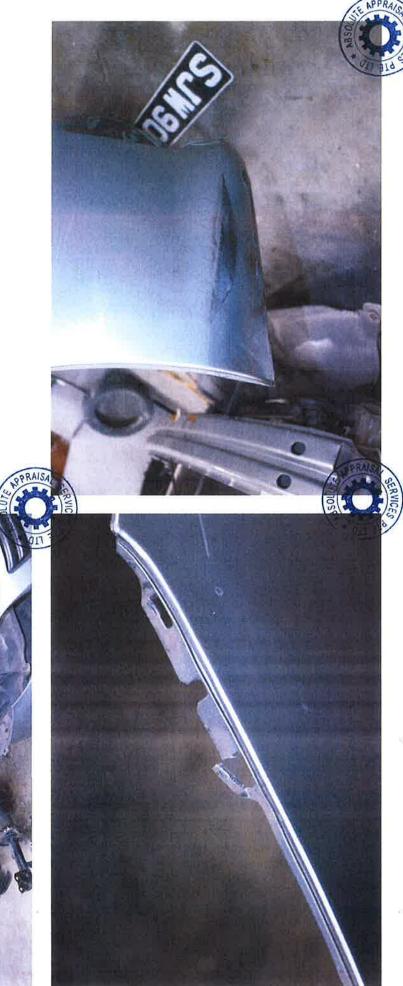
Make Description/Model:

HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

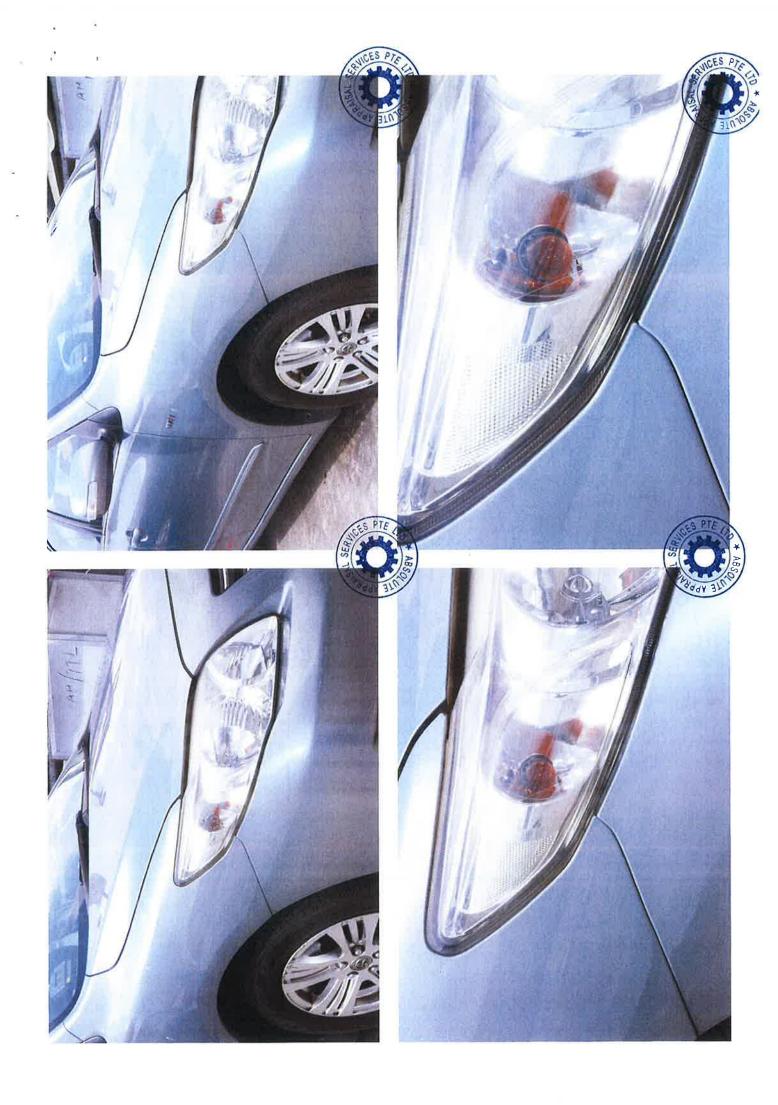
Insurance Company Name: INDIA INT'L INS PTE LTD

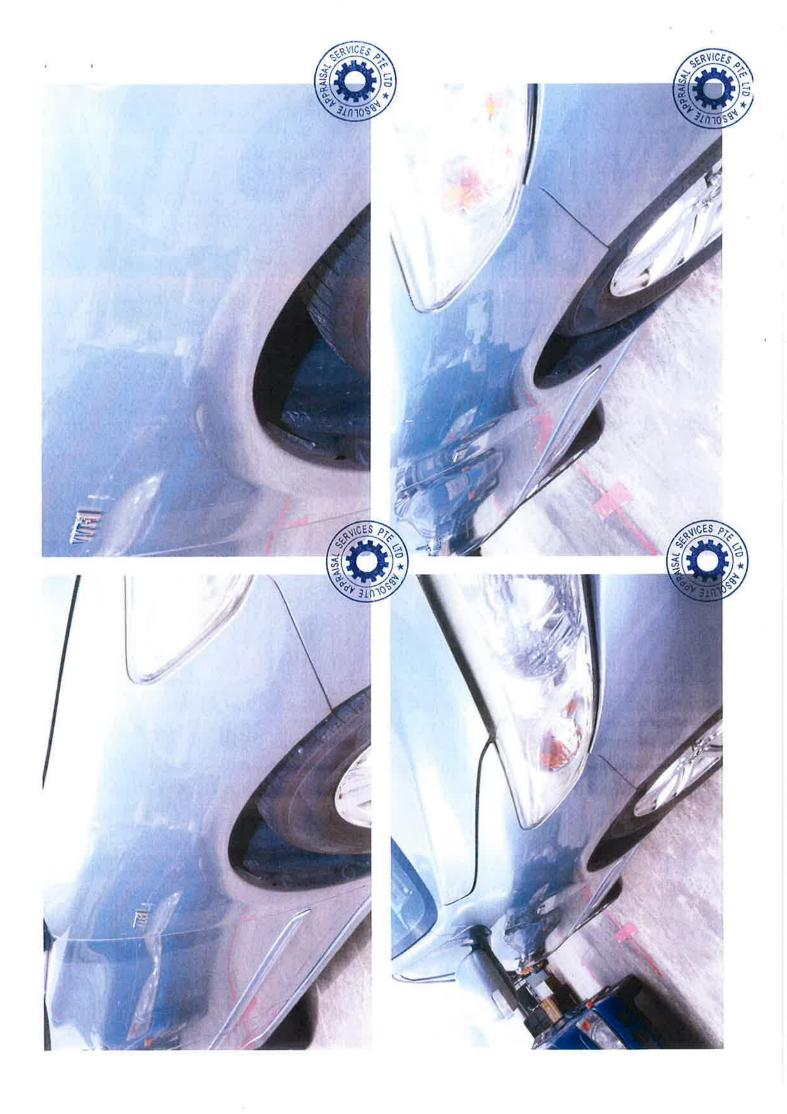


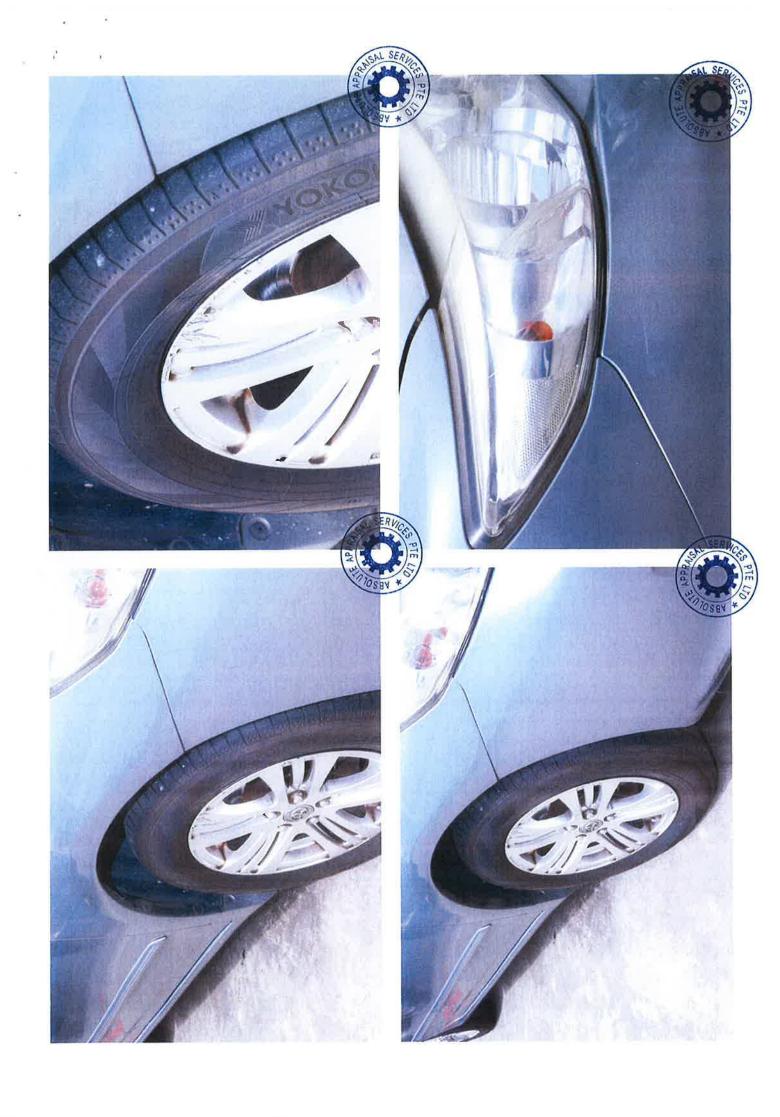


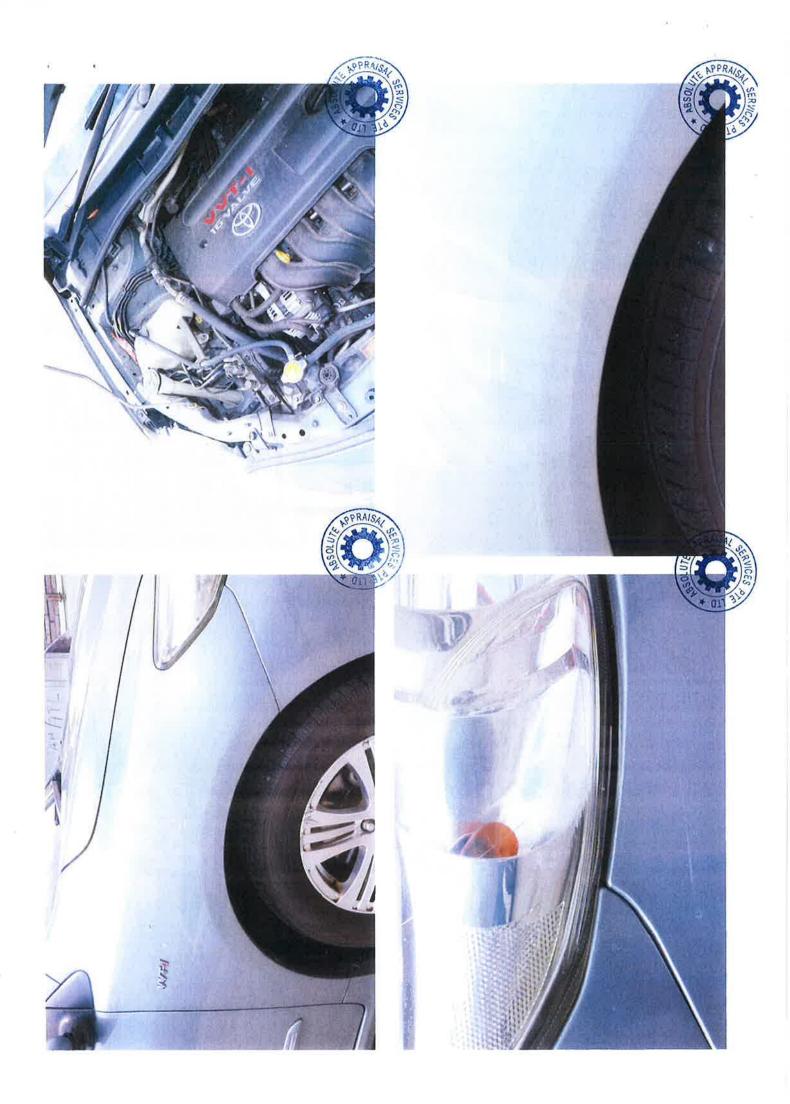




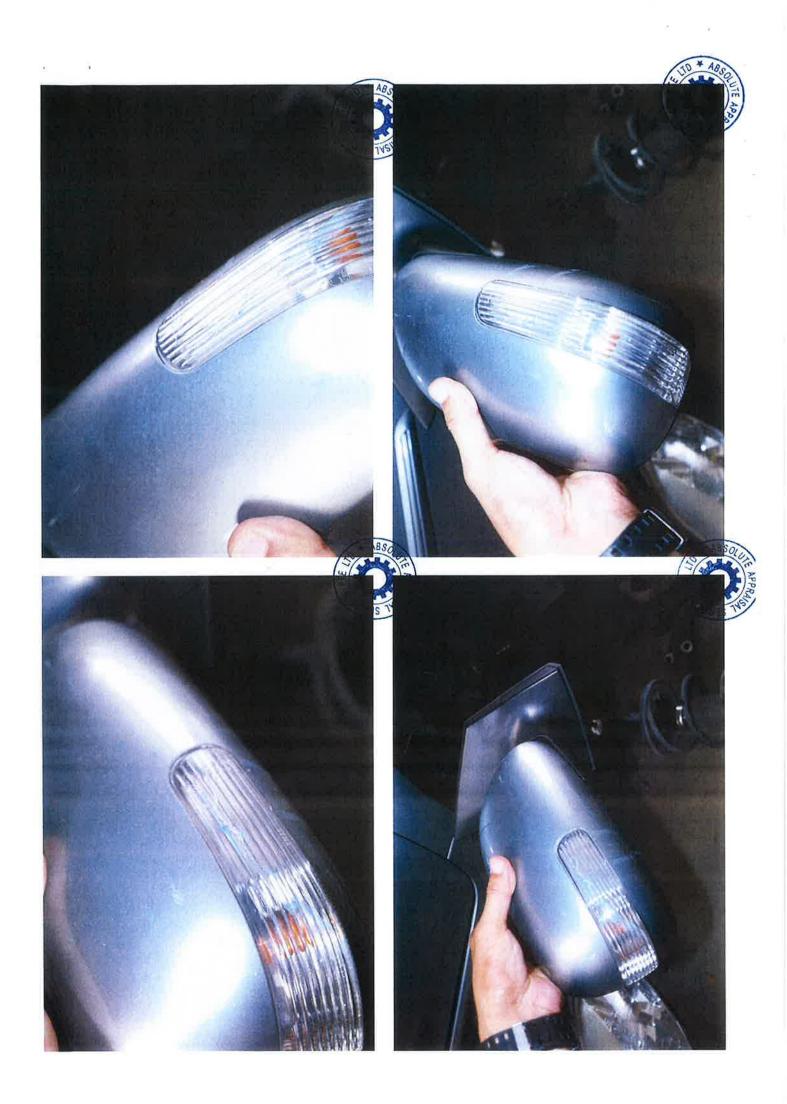






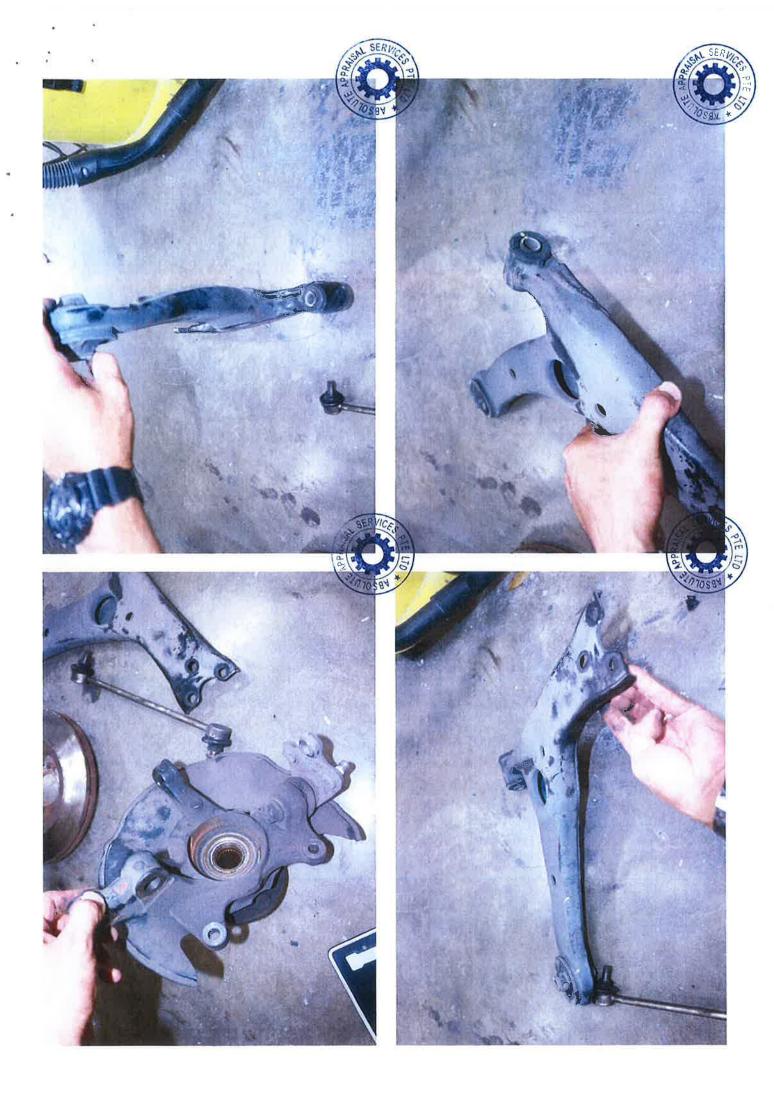


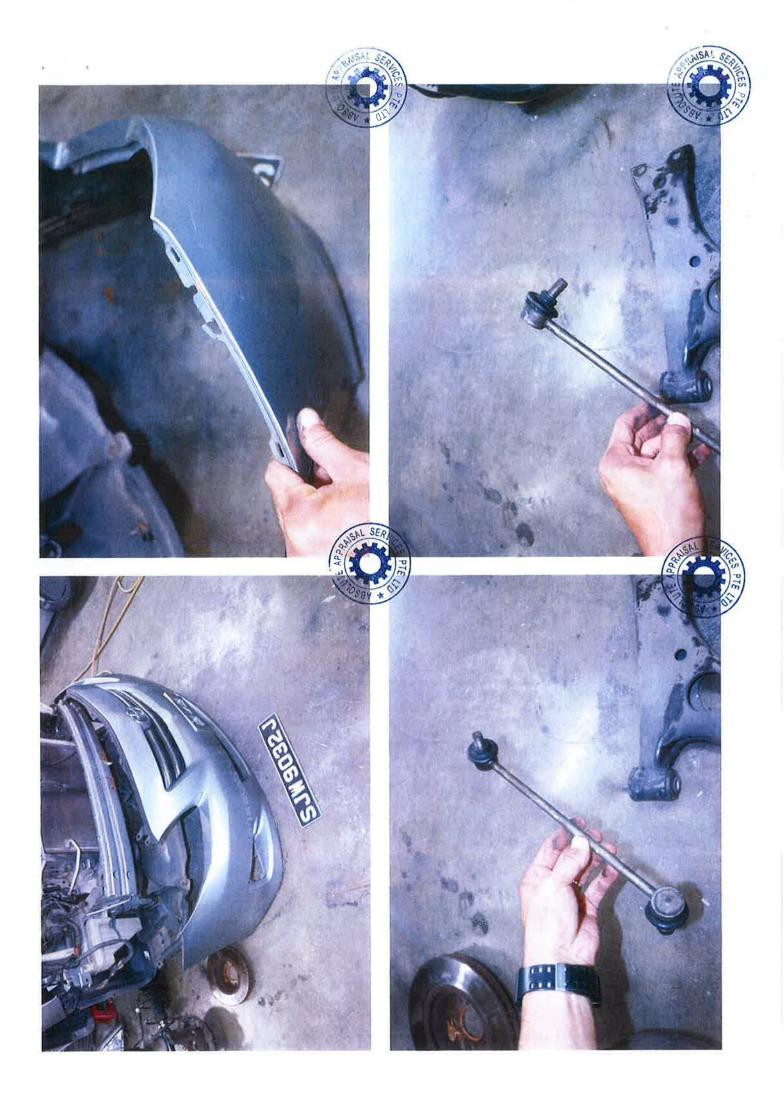
















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Session Transaction History

S/NO4E Asset Type	et Type	Assection	Asset Owner IU	Iransaction Type	Transaction Amount(S\$)	Log Date∕Time
Vehicle	C D	SHA7364D	A7364D	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	22 May 2016 / 10

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