

# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 19/20/20/VP05/023455

Your Ref : CS3/LPC20007160/Qtf3e2

27 July 2020

M/s LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1  
#01-25 Paya Ubi Industrial Pk  
Singapore 408933

Dear Sirs/Madam

## **PAPER SURVEY OF SJN2504H**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SJN2504H
- b) GIA report SJN2504H
- c) GIA report and photos of SKG2827B

Kindly study the documents and let us have your report by 11 August 2020.

Yours faithfully

**GERALD POH**  
**SENIOR EXECUTIVE**  
**(CLAIMS)**  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

Address [REDACTED]  
Postcode [REDACTED]  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
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? 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: : CHARTLOTTE ONG ZOEY  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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 SKG2827B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SAM WEE ONN  
NRIC/Passport Number [REDACTED]  
Contact Number [REDACTED]  
Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA9584A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver PHANG CHING ING  
NRIC/Passport Number [REDACTED]  
Contact Number 8 [REDACTED]  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHIA WAI LAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJN2504H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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**.
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.

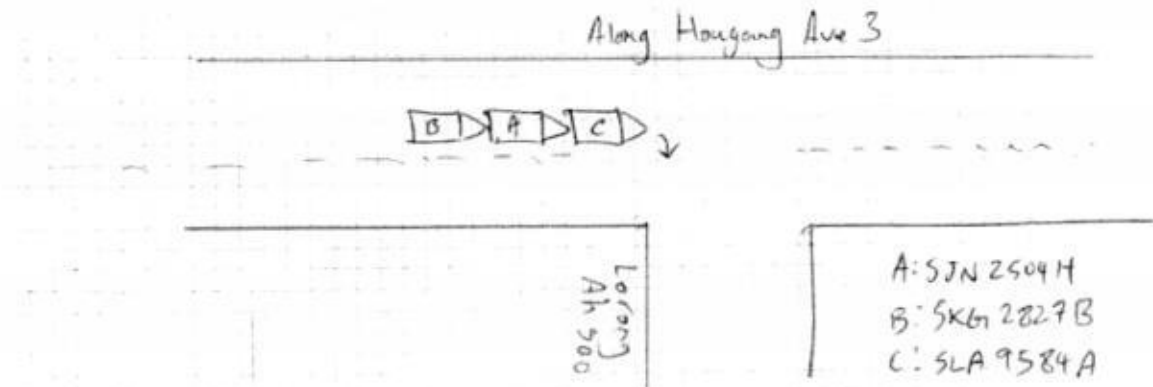
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

Please also email GHA Report to  
Infinity Capital & Insurance  
accident@myinfinity.com.sg

## 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:  
IRUC/FIN No.:



**SINGAPORE  
POLICE FORCE**



F/20200709/7016

1 of 3

**POLICE REPORT (NP299)**

Report No. F/20200709/7016

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No 1800-2180000

Date/Time Report Made 09/07/2020 10:45	Vide Report No.	Station Diary No.
Name Of Informant CHIA WAI LAN	Address [REDACTED]	
ID Type / ID No. NRIC NO / [REDACTED]	Contact No. Home/Office: [REDACTED]	Mobile: [REDACTED]
Nationality MALAYSIAN	Email Address [REDACTED]	
Occupation Accountant	Sex Female	Age [REDACTED]
Institution/School Name	Date of Birth [REDACTED]	Race Chinese
Date/Time Of Incident 09/07/2020 06:55 - 09/07/2020 07:05	Location Of Incident HOUGANG AVENUE 3	

**Brief details.**

On the mentioned date, time, i was driving my vehicle SJN2504H, while i was waiting stationary for the turning arrow for turning into Lorong Ah Soo, a vehicle (Estima SKG2827B) bang on to the rear of my car. The impact was very huge that my vehicle jerk forward and my car collided onto the front vehicle SLA9584A. My vehicle was badly damaged. My daughter and I was inside the car. The weather was dry and clear. There was no other injury at the point of accident. However, i felt unwell after i drop my my daughter to school at PLMGS. I am making this report, for future references and investigation if required.

Signature Of Officer Recording The Report Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2020 10:45
Officer In-Charge Of Case:	Classification Of Case

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20200709/7016

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200709/7016

<b>Subject</b>			
Person Name	SAM Wee Onn (SKG2827B)		
ID Type	NRIC NO	ID No	[REDACTED]
Gender	Male	Race	Chinese
<b>Victim</b>			
Person Name	CHIA WAI LAN		
ID Type	NRIC NO	ID No	[REDACTED]
Gender	Female	Age	[REDACTED]
Race	Chinese	Language	English
Occupation	Accountant	Address Type	[REDACTED]
Address	[REDACTED]	Mobile No	[REDACTED]
Is Informant A Victim?	Yes		
<b>Informant</b>			
Person Name	Charlotte Ong Zoey		
ID Type	NRIC NO	ID No	[REDACTED]
Gender	Female	Age	[REDACTED]
Race	Chinese	Language	English
Occupation	Student	Relation To Informant	Daughter
Person Name	CHIA WAI LAN (Informant)		
Signature Of Officer Recording The Report		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter		Date/Time	
Not applicable		09/07/2020 10:45	
Officer In-Charge Of Case		Classification Of Case	
Authentication Stamp			

**SINGAPORE  
POLICE FORCE**

F/20200709/7016

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200709/7016

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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

09/07/2020 10:45

Classification Of Case:



## RW AUTOMOTIVE APPRAISERS SERVICES

(Licensed Appraisers & Claims Adjusters)

256 Bishan St. 22 #12-472 Singapore 570256

Tel: +65 6996 9988 Hp: +65 8338 9988 Fax: + 65 6553 3912

Reg. No. 52821270B

Chia Wai Lan  
c/o Legacy Tecnica Motorsports  
38, Woodlands Close  
#01-08, MEGA@Woodlands  
Singapore 737856

Report No : RW/0036/20TP

Date : 20.07.2020

### VEHICLE INSPECTION REPORT

#### REFERENCE

Requested by : Workshop, owner's behalf  
Date of Request : 09.07.2020  
Date of Accident : 09.07.2020  
Date of Inspection : 09.07.2020  
Inspected at : Legacy Tecnica Motorsports  
38, Woodlands Close, MEGA@Woodlands  
#01-08, Singapore 737856

#### VEHICLE DETAILS

Vehicle No.	: SJN 2504 H	Make & Model	: Toyota Altis
Year Make	: 2009	Colour	: Blue
Engine No.	: 3ZZ4825856	Chassis No.	: MR053ZEE106127760
Engine Capacity	: 1598 cc	Mileage	: 169,047 km
Air-Con	: Yes	Radio/CD/Cassette	: Yes
Seat Belt	: Yes	Rims	: Sport

#### GENERAL CONDITION OF VEHICLE

General Condition : Good  
Brakes : Serviceable  
Steering : Serviceable

Modification : Nil  
Handbrake : Serviceable

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Rim</u>	<u>Tread Balance</u>
Front Right	Dunlop	205/55 R16	Sport	6 mm
Front Left	Dunlop	205/55 R16	Sport	6 mm
Rear Right	Dunlop	205/55 R16	Sport	6 mm
Rear Left	Dunlop	205/55 R16	Sport	6 mm

#### ASSESSMENT

	<u>Repairer's Estimate</u>	<u>Recommendation</u>
Spare Parts	\$ 5,782.18	\$ 4,866.33
Labour Charges	\$ 3,050.00	\$ 2,505.00
Paint Work	\$ 1,750.00	\$ 1,500.00
Towing Charges	\$ -	\$ -
Total	\$ 10,582.18	\$ 8,871.33
Recommend lump sum repairs		\$ 7,090.00
Reduction		\$ 3,492.18
Estimated Period Required for Repair		10 days

**RW AUTOMOTIVE APPRAISERS SERVICES**

(Licensed Appraisers &amp; Claims Adjusters)

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Reg. No. 52821270B

Page : 1

**ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS**

Vehicle No: SJN 2504 H

Report No.: RW/0036/20TP

<u>S/No</u>	<u>QTY</u>	<u>Description</u>	<u>Condition/ Remarks</u>	<u>Repairer's Estimates</u>	<u>My Recommendation</u>
<b><u>REPLACEMENT OF DAMAGED PARTS</u></b>					
			Torn	\$ 476.20	\$ 476.20
1)	1	Rear bumper	Necessary	\$ 30.00	\$ 30.00
2)	1set	Rear bumper clips	Necessary	\$ 76.00	\$ 76.00
3)	2	Rear bumper side holders	Cracked	\$ 138.40	\$ 138.40
4)	2	Rear bumper reflectors	Bent	\$ 152.60	\$ 152.60
5)	1	Rear bumper bar	Cracked	\$ 80.90	\$ 80.90
6)	1	Rear bumper sponge	Dented	\$ 171.20	\$ 171.20
7)	2	Rear bumper impact brackets	Dented	\$ 532.80	\$ 532.80
8)	1	Rear end panel	Distorted	\$ 192.70	\$ 192.70
9)	1	Rear end panel top garnish	Cracked	\$ 684.00	\$ 684.00
10)	2	Rear tail lamps	Necessary	\$ 40.00	\$ 40.00
11)	2	Rear tail lamp gaskets	Dented/Bent	\$ 592.60	\$ 592.60
12)	1	Rear boot lid	Dented	\$ 121.50	\$ 121.50
13)	1	Rear boot lid lock	Necessary	\$ 195.50	\$ 195.50
14)	1	Rear boot lid weatherstripe	Serviceable	\$ 321.40	\$ -
15)	2	Rear boot lid reflectors	Necessary	\$ 52.00	\$ 52.00
16)	1	Rear 'Toyota' logo	Necessary	\$ 46.00	\$ 46.00
17)	1	Rear '1.6' emblem	Necessary	\$ 48.00	\$ 48.00
18)	1	Rear 'Corolla' emblem	Necessary	\$ 48.00	\$ 48.00
19)	1	Rear 'Altis' emblem	Cracked	\$ 439.20	\$ 439.20
20)	1	Front bumper	Necessary	\$ 30.00	\$ 30.00
21)	1set	Front bumper clips	Necessary	\$ 121.40	\$ 121.40
22)	2	Front bumper side holders	Bent	\$ 339.20	\$ 339.20
23)	1	Front bumper reinforcement	Serviceable	\$ 106.50	\$ -
24)	1	Front bumper lower grille	Cracked	\$ 298.80	\$ 298.80
25)	1	Front grille	Necessary	\$ 32.80	\$ 32.80
26)	1	Front logo	Cracked	\$ 982.20	\$ 982.20
27)	2	Front headlamps	Bent	\$ 113.10	\$ 113.10
28)	1	Front brace panel	Repairable	\$ 699.90	\$ -
29)	1	Front support panel			
				\$ 7,162.90	\$ 6,035.10
Less 25%				\$ 1,790.73	\$ 1,508.78
				\$ 5,372.18	\$ 4,526.33
30)	1	Rear reverse sensors	Failed	\$ 350.00	SN \$ 280.00
31)	1	Front number plate	Dented	\$ 30.00	SN \$ 30.00
32)	1	Front number plate holder	Cracked	\$ 30.00	SN \$ 30.00
<b>Total (Parts):</b>				<b>\$ 5,782.18</b>	<b>\$ 4,866.33</b>

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Page : 2

Vehicle No: **SJN 2504 H**Report No.: **RW/0036/20TP**

Balance brought forward	\$ 5,782.18	\$ 4,866.33
<b><u>LABOUR CHARGES</u></b>		
33) Cut out, replace and weld rear end panel. Panel beat rear spare tyre panel, rear tail lamp panels, front support panel and front fenders. Straighten rear chassises. Remove and replace all damaged parts.	\$ 1,800.00	\$ 1,600.00
34) Check wiring and lightings.	\$ 100.00	\$ 65.00
35) Remove and reinstall rear upholstery, cushion seats and roof lining to enable repair.	\$ 150.00	\$ 120.00
36) Transfer rear boot lid fittings.	\$ 150.00	\$ 100.00
37) Remove and replace rear reverse sensors.	\$ 100.00	\$ 60.00
38) Remove and reinstall rear camera.	\$ 120.00	\$ 80.00
39) Remove and reinstall air cond condenser and recharge gas (134a).	\$ 150.00	\$ 120.00
40) Remove and reinstall front radiator assy and conduct pressure test.	\$ 120.00	\$ 80.00
41) Conduct waterproof test after repair.	\$ 120.00	\$ 80.00
42) Rust proofing treatment on affected area.	\$ 240.00	\$ 200.00
43) Spray painting on affected area.	\$ 1,750.00	\$ 1,500.00
<b>Total (Labour):</b>	<b>\$ 4,800.00</b>	<b>\$ 4,005.00</b>
<b>Total:</b>	<b><u>\$ 10,582.18</u></b>	<b><u>\$ 8,871.33</u></b>



# RW AUTOMOTIVE APPRAISERS SERVICES

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Reg. No. 52821270B

Page : 3

Vehicle No: SJN 2504 H

Report No.: RW/0036/20TP

## POINT OF IMPACT

At the front and rear portion of the vehicle.

## RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is \$8,871.33.

## CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of \$7,090.00 corresponding to labour charges, spray painting and replacement of parts.

SURVEYED WITHOUT PREJUDICE



RICHARD WONG  
(Licensed Appraiser)

## 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	09/07/2020 14:54
Date Of Accident	09/07/2020 07:00
Exact Location Of Accident	HOUGANG AVE 3 TWDS EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2827B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAM WEE ONN
NRIC No	S7387188C
Email Address	SAMWEEONN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92328740
Alternative Phone No	OTHERS-92328740

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VP05/023584-001
Cover Note Number	25/05/2020 - 15/08/2020

### Driver

Name of Driver	SAM WEE ONN
NRIC No	S7387188C
Date Of Birth	02/11/1973
Occupation	INDOOR
Date Of Driving Pass	17/08/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92328740
Fax Number	
Contact Number	OTHERS-92328740
EMail Address	SAMWEEONN@GMAIL.COM

Address	BLK 327 HOUGANG AVE 5 #02-152
Postcode	530327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	3
Passenger 1	NAME: : SAM ZI YING GENDER: : FEMALE
Passenger 2	NAME: : SAM ZI YANG 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

MOTOR CAR SJN2504H SUDDEN JAM BRAKE INFRONT, I QUICKLY FOLLOW TOO BUT COULDNT IN TIME AND HIT ONTO THE REAR OF SJN2504H. UPON ALIGHTING, I THEN REALISED MOTOR CAR SJN2504H HAD COLLIDED ONTO THE REAR OF VEHICLE C (SLA9584A). NO ONE WAS INJURED.

#### 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	SJN2504H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHANG CHING ING
NRIC/Passport Number	S7303036F
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA9584A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

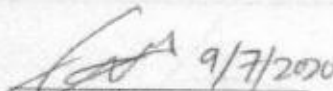
VEHICLE NO.: SKG 2827B  
INSURER: LAMPAC  
DATE & TIME: 09/07/20 @ 0700

### 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.
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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.

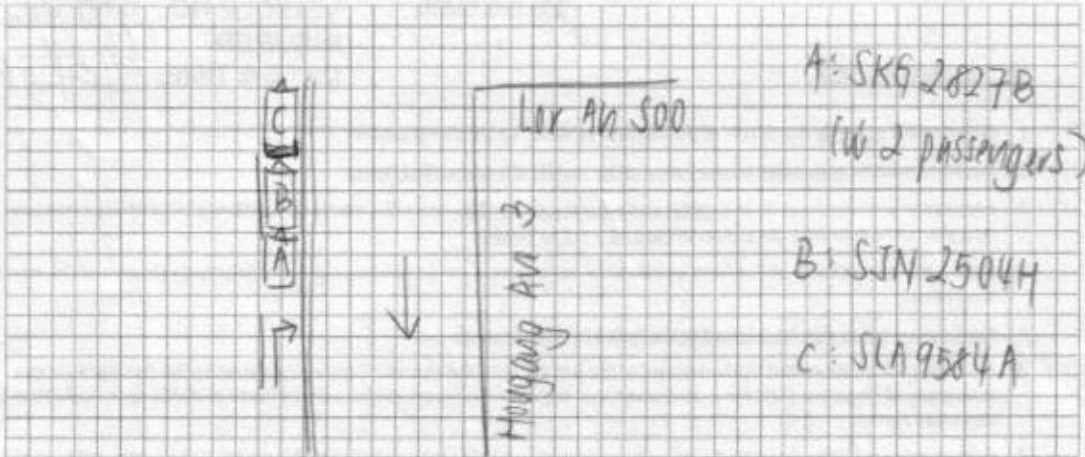
  
Policyholder's Signature  
Date & Time: 9/7/2020

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

  
Reporting Centre Personnel's Signature  
Name: Jenny Lam  
NRIC/FIN No.: 09107120

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SK52827B (Lexus)  
Date & Time: 09/07/2020 @ 0700 (clearing)  
Motor car SJN2504H sudden jam brake in front, i quickly follow  
too but couldn't in time and thus hit onto the rear of  
SJN2504H. Upon alighting, i then realised that car SJN2504H had  
~~contact~~ collided onto the rear of vehicle C (SLA9584A)  
No one was injured.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim  
under your own comprehensive policy. Please check with your policy for more information.

## 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: (Signature)  
NRIC/FIN No.:

GARMC SketchManForm\_V0

☒ Claim Own Policy    ☐ Claim Third Party    ☐ Reporting Only  
☐ Claim OD/TP at other workshop (\_\_\_\_\_)

# Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7387188C



Name  
**SAM WEE ONN**

車偉安

Race  
**CHINESE**

Date of birth  
**03-11-1973**

Country/Place of birth  
**MALAYSIA**

Sex  
**M**

Identity Card No.  
**S7387188C**

REPUBLIC OF SINGAPORE - DRIVING LICENCE

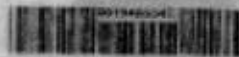


Identity Card No. **S7387188C**

Name  
**SAM WEE ONN**

Issued on: **05 Nov 1973**

Valid till: **23 Mar 2015**



Identity Card No. **S7387188C**



Date of issue  
**07-07-2000**

Address  
**APT BUC 307 HONGKONG AVENUE 3  
#02-102  
SINGAPORE 603327**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRING DATE

Class 2B Motorcycles  $\leq 200$  cc 17 Aug 2009  
Class 3 Motor Cars  $\leq 3500$ kg with  $\leq 7$  passengers, exclusive of the driver, and other motor vehicles  $\leq 2000$ kg 17 Aug 2009



SP 4154