

DATE OF ISSUE OF IOD: 01 DEC 21

IOD NO: CY 20/21/0028

TO: HSIAO TONG & JASLIN / 6256 3561

LKK AUTO CONSULTANTS PTE LTD

Instrument of demand to engage the services of an insurance Claims Adjuster (Period
Contract No: (DEF000ETT21000043)

UNIT/ HUB	DATE OF ACCIDENT	MID & CIVILIAN INFORMATION			REMARK
SAF 1 TPT / KRANJI NODE	16/12/19 1550HRS	VEH NO	CIVILIAN	MILITARY	ACCIDENT INVOLVING MID 46215 & SLB 1044P AT SLE NEAR EXIT 1B TOWARDS CTE.
			SLB1044P	MID46215	
		DRIVER NRIC	-	TXXXX239D	
		DRIVER NAME	MS AW WEI LIANG	LCP LIU YUYANG	
		DAMAGE TO VEHICLE	Front bumper dented and front number plate damaged	Rear bumper dented	

Requesting Officer

DATE: _____

OA: _____

GRA: _____

(SIGNATURE)

MAJ EDWIN KANG
HD Traffic Accident Investigation
& Education Sect
HQ Transport

FOR INFO:

INCOME INSURANCE LIMITED
75 BRAS BASAH ROAD S189557

Page 1 of 1

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PS DEFENCE
C/O LKK AUTO CONSULTANT PTE LTD
51 UBI AVENUE 1
#01-25 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

147049



Date: 01/12/2022
Bank Reference: 2212016954000076
Customer Reference:
PVG00001609533
Amount: SGD 1,813.02

Payment Details:
Claim No. MT/1076475-002 SLB1044P / MID46215 on 16 Dec 2019
DSTA20-010002/NTUC



Cheque is valid before 01-Jun-23.

NOT NEGOTIABLE
A/C PAYEE ONLY

Date 01/12/22

DD / MM / YY

SECURA 302741/10

DBS Bank Ltd

Pay
Singapore
Dollars

PS DEFENCE

**One Thousand Eight Hundred Thirteen and Two cents
Only**

S\$ ** 1,813.02 **

Ser Liang Koh (011489)

Boon Hwee Goh (005779)

Please sign above this line

Cheque No.

Bank/Branch Code

Account No.

147049 7171 003 0039586 16 71



RECORD 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

Date of Request: 05/04/2022

Your Ref No: CC2/MIDA21012163/p

LKK Auto Consultants Pte Ltd

Blk. 1007 Bukit Merah Lane 3 #01-11

Dear Sir/Madam,

Date of Accident: 16/12/2019 00:00 (SGT)

Vehicle No: SLB1044P

Place of Accident: SLE TWDS TPE

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLB1044P	SLE TWDS TPE	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.

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 Submission 19/12/2019 11:52 (SGT)
Date of Accident 16/12/2019 15:30 (SGT)
Exact Location of Accident SLE TWDS TPE
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB1044P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE AH MUI

VEHICLE PARTICULARS

Manufacturer Toyota
Model ESTIMA
Variant -
Vehicle Category Private car
Transmission -
CC -

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5102788399-01
Cover Note Number -

DRIVER

Name of Driver AW WEI LIANG
NRIC No SXXXXX108Z
Address 6 JLN MALU-MALU
Address complement -
Postcode 769624
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG SLE TWDS TPE ON THE 3RD LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	46215MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN


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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:



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



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

FORM 10-1 (Rev. 1/10)

SKETCH PLAN

A = SLB 1044 P
B = 46215 MID

SLE twds TPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:























Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Tuesday, 13 December 2022 9:43 AM
To: HO AIK SENG, DENNIS
Cc: EDWIN KANG WEE HUAT; SHETH AADIT SACHIN (MINDEF)
Subject: YOUR REF: CY 20/21/0028 // MID46215
Attachments: CHEQUE_MID46215.pdf

Dear Sirs,

We have received a copy of cheque amount of \$1,813.02/- from NTUC.

Attached for your easy reference.

Best Regards,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | Email: chewht@lkkauto.com |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)