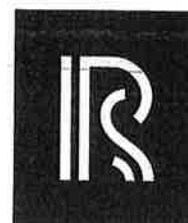


Our Ref. : RSS/2107-7183 (FIX)(PIPD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

6 January 2022



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

C. Costs & Disbursements

\$ 6,406.99

i.	Survey report fee	\$ 646.00
ii.	LTA search fee	\$ 7.49
iii.	GIA search and report fees	\$ 29.00
iv.	Medical Report fee	\$ 374.50
v.	Legal Costs with 7% of GST (At this Stage)	\$ 5,350.00

Total: **\$25,982.79**

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

- (a) Final Repair Bill dated 2nd August 2021 from Fix Auto Pte. Ltd.;
- (b) Tax Invoice No. RA210006 dated 30th July 2021 and Vehicle Rental Agreement from Fix Auto Pte. Ltd. for the payment of vehicle rental fee;
- (c) Survey Report with Invoice No. CL/210382 dated 2nd August 2021 from CL Appraiser Pte Ltd;
- (d) GIA Report lodged by our Client;
- (e) GIA Report lodged by your driver with payment advice for search and report fees;
- (f) LTA search result with payment advice;
- (g) Medical Report by Dr. Samuel J. L. Chan from ProHealth Medical Group@Bukit Batok;
- (h) Tax Invoice No. BB005061 dated 4th September 2021 from ProHealth Medical Group@Bukit Batok for the payment of medical report fee;
- (i) Tax Invoice No. BB004155 dated 26th July 2021 from ProHealth Medical Group@Bukit Batok for the payment of medical fee;
- (j) Medical Certificate No. OD-BB0000020143 dated 26th July 2021 from ProHealth Medical Group@Bukit Batok;
- (k) 101 coloured photographs depicting damages to our Client's vehicle registration No. SLK 6312K; and
- (l) Front and back images of our Client's NRIC and Driving Licence Nos. S7622790Z.

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

5. Please note that you or your insurer should send us an acknowledgement of this letter within 14 days of you receiving this letter. If you or your insurer wish to have our Client examined by your preferred medical practitioner, this should be stated in your acknowledgement. Please also advise within 14 days of the acknowledgement where and when the examination of our Client is to take place.

6. Should you fail to acknowledge this letter within 14 days hereof, our Client is liberty to commence proceedings against you without further notice to you or your insurer.

FIX AUTO PTE. LTD.

5 Soon Lee Street #01-61 Pioneer Point Singapore 627607
Tel No.: +65 67104077 | Mobile No.: +91002311

Date: 2nd August 2021

Invoice No.: FIX/SLK6312K/20210726

Messrs: LIM HONG NEE

Vehicle No.: SLK6312K

	Amount
Final Repair Cost (Lump Sum)	\$7,100.00
Add 7% GST	\$ 497.00
Total:	<u>\$7,597.00</u>

**DOLLARS SGD SEVEN THOUSAND FIVE
HUNDRED AND NINETY-SEVEN ONLY**



Fix Auto Pte. Ltd.

5 Soon Lee Street #01-61 Pioneer Point Singapore 627607
Whatsapp: (65) 91002311 / (65) 91571113 Email: admin@fixauto.biz
Website: www.fixauto.sg Facebook: www.facebook.com/fixauto.sg
Instagram: www.instagram.com/fixauto.sg

Co. /GST Reg. No.: 201733643D

CUSTOMER DETAILS:

LIM HONG NEE
BLK 453 BUKIT BATOK WEST AVE 6
#03-773
SINGAPORE 652453

NAME: MR. JEFFREY LIM
TEL NO.: 91839785

TAX INVOICE

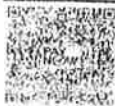
TAX INVOICE NO.: RA210006

DATE: 30/7/2021

VEHICLE NO.: SGL8173K

PAGE: 1

DESCRIPTION	QTY	U/PRICE (SGD)	AMOUNT (SGD)
CAR RENTAL FROM 26/07/2021 TO 30/07/2021 YOUR REFERENCE NO.: SLK6312K	4	\$ 120.00	\$ 480.00
		SUB TOTAL :	\$ 480.00
		ADD 7% GST :	\$ 33.60
		TOTAL AMOUNT :	\$ 513.60



PAY
NOW
UEN 201733643DFIX

1. Corporate PayNow to UEN 201733643DFIX. Indicate Invoice No. or Car Plate No. under "Bill reference number" field.
2. Bank Transfer: DBS Bank / Bank Account No.: 0199061781 / Bank Code: 7171 / Swift Code: DBSSSGSG
3. Payment by cheque should be crossed and made payable to FIX AUTO PTE LTD.

I'm agree to the above price listed, checked
and affirm that goods received in good
condition.

This is a computer-generated Invoice. No signature required.

Signature of Hirer



Fix Auto Pte. Ltd.

5 Soon Lee Street #01-61 Pioneer Point Singapore 627607
Whatsapp: (65) 91002311 / (65) 91571113 Email: admin@fixauto.biz
Website: www.fixauto.sg Facebook: www.facebook.com/fixauto.sg
Instagram: www.instagram.com/fixauto.sg

Co./GST Reg. No.: 201733643D

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS: I/We Lim Hong Nee (Lin Feng Nian) I/C No: S76227902

If Different From Section 1 of

Vehicle Regd. No. <u>S6L8173K Toyota Wish</u>	(Diesel / Petrol) <u>Petrol</u>	
Section 1 Hirers And / Or Drivers Particulars	Date & Time Out: <u>25/08/2021</u>	<u>3pm</u>
Name <u>Lim Hong Nee (Lin Feng Nian)</u>	Date & Time In: <u>30/7/2021</u>	<u>5.30pm</u>
Address <u>B1K453B Bukit Batok West Ave 6</u>	Days @ \$ <u>120 x 4 Days</u>	<u>\$ 480.00</u>
# <u>03-773</u>	Weeks @ \$	-
Dr/Licence No: I/C No: <u>S76227902</u>	Months @ \$	-
Tel No: <u>9183 9785</u>	Nett-Total	
Expiry Date	Deposit	
Replacement Veh. Regd. No.	Refund	-
(Diesel / Petrol)	Balance To Pay	
Date & Time Out:	<u>Cash / Cheque</u>	
Date & Time	Fuel Tank OUT	<u> </u>
	Total Additional Charges	

IMPORTANT NOTES:

1. No insurance coverage if the driver is below 24yrs old or less than 2 years driving
2. This vehicle is licensed to carry _____ passenger only.
3. Hirer is liable to pay first \$ _____ as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
4. For usage to Malaysia subject to higher excess all claims of S\$8000 and different rental rate
5. Please notify our office should there be any accident involving this hired vehicle within 24 hrs
6. No refund will be given (or vehicle returns early-
7. No refund will be given for petrol left in vehicle
8. Hirer is liable to pay all parking fee and traffic summonses
9. Vehicles to be return during office hour only.
10. No Service on Public Holiday and Sunday

I / We declare that the usage of renting the above mention Vehicle are not to be used for illegal purpose including offences in connection with thefts, uncustomed goods, drugs dealings or trafficking or smuggling

Signature of Hirer

I/We hereby accept the terms and conditions herein and overleaf which I have read and understood or have been read over and explain to me and understood by me. I/We hereby declare that the particulars of the Hirer and licence given above are correct in every respect and that I am the holder of a valid driving Licence enabling me to drive the above-mentioned vehicle and not disqualified from driving.

Remarks

Signature of Hirer

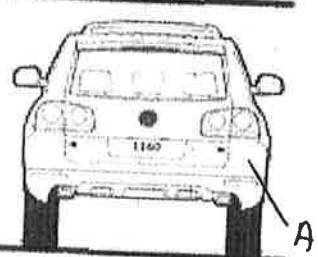
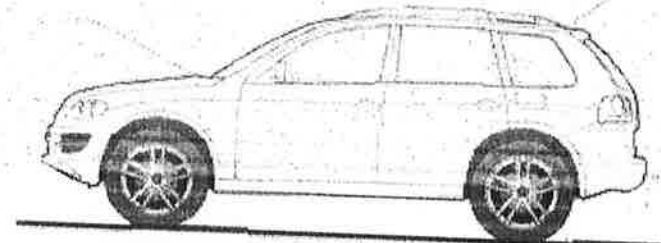
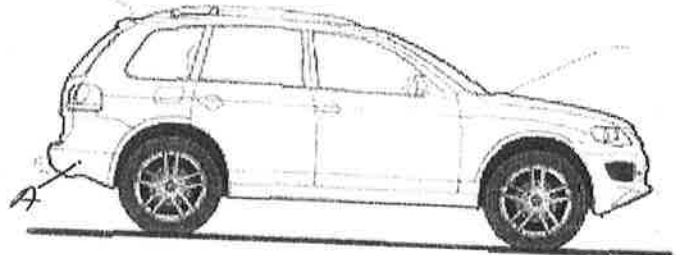
Fix Auto Pte. Ltd.

5 Soon Lee Street #01-61 Pioneer Point Singapore 627607
Whatsapp: (65) 91002311 / (65) 91571113 Email: admin@fixauto.biz
Website: www.fixauto.sg Facebook: www.facebook.com/fixauto.sg
Instagram: www.instagram.com/fixauto.sg

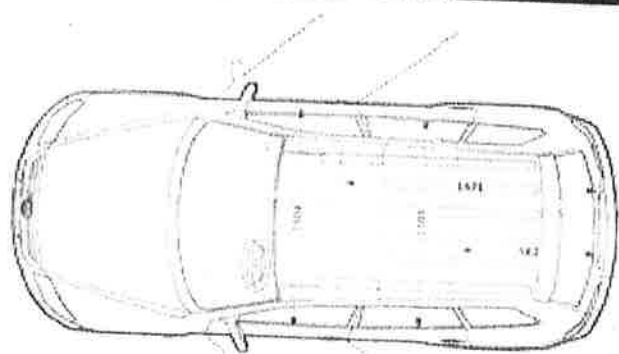
RENTAL INSPECTION CHECKLIST

Customer Name: <i>Lim Hong Nee (Lim FengNian)</i>			
Rental Location: <i>5 Soon Lee St, #01-61 Pioneer Point, Singapore 627607</i>		Insurance Provider: <i>NTUC Income</i>	
Year: <i>2006</i>	Make: <i>Toyota</i>	Model: <i>Wish</i>	License Plate #: <i>S6L 8173K</i>

LEGEND	
A	Scratched
B	Dented
C	Bent
D	Crushed
F	Broken
G	Loose
H	Paint
I	Cracked
J	Scraped
K	Rubbed
L	Marred
M	Nicked
N	Pitted
O	Faded



REMARK



C L APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Lim Hong Nee
C/o: Fix Auto Pte Ltd
5 Soon Lee Street
#01-61 (Pioneer Point), Singapore 627607

Invoice No. : CL/210382

Ref No. : FIX/07/2102/TP

Date : 2 August 2021

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
• SURVEY INSPECTION FOR VEHICLE NO. <u>SLK 6312 K</u>	
• RESURVEY INSPECTION	
• DIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)	
• TRANSPORTATION	
GRAND TOTAL	S\$ 646.00

E & O F

All cheque payment should be "Crossed" and made payable to " C L APPRAISER PTE LTD "

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

SCL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Lim Hong Nee
C/o: Fix Auto Pte Ltd
5 Soon Lee Street
#01-61 (Pioneer Point), Singapore 627607

Date : 2 August 2021
Our ref : FIX/07/2102/TP

Accident Date : 26 July 2021
Inspection Date : 27 July 2021
Repairer Name : Fix Auto Pte Ltd
5 Soon Lee Street
#01-61 (Pioneer Point), Singapore 627607

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SLK 6312 K
Make / Model : Toyota Sienta
Chassis No : NSP1707024423
Engine No : 2NR8590086

Year / Capacity : 2017 / 1496 cc
Colour : White
Mileage : 90987

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Michelin	185/60 R15	5 mm	Sport
Front Offside	Michelin	185/60 R15	5 mm	Sport
Rear Nearside	Michelin	185/60 R15	5 mm	Sport
Rear Offside	Michelin	185/60 R15	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 101 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$7,100.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

SLC L APPRAISER PTE LTD

Vehicle Registration No.: SLK 6312 K

Our Ref No.:

FIX/07/2102/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Rear windscreen moulding	Necessary	\$ 120.70	\$ 120.70
1	Rear tailgate	Damage	\$ 1,602.41	\$ 1,602.41
2	Rear tailgate dampers	Damage	\$ 482.58	\$ 482.58
2	Rear tailgate lamps	Damage	\$ 770.40	\$ 770.40
1	Rear tailgate lock	Damage	\$ 489.67	\$ 489.67
1	Rear tailgate logo	Necessary	\$ 58.50	\$ 58.50
1	Rear tailgate rubber	Necessary	\$ 291.61	\$ 291.61
1	Rear tailgate opening switch	Intact	\$ 189.20	
1	Rear tailgate outer garnish	Damage	\$ 257.30	\$ 257.30
2	Rear taillamps	Damage	\$ 874.40	\$ 874.40
1	Rear end panel	Damage	\$ 820.65	\$ 820.65
1	Rear end panel inner garnish	Damage	\$ 221.50	\$ 221.50
1	Rear bumper	Damage	\$ 788.70	\$ 788.70
2	Rear bumper brackets	Damage	\$ 197.00	\$ 197.00
1	Rear bumper centre pad	Damage	\$ 225.00	\$ 225.00
2	Rear bumper reflectors	Damage	\$ 190.00	\$ 190.00
2	Rear bumper reflector outer garnishes	Damage	\$ 361.00	\$ 361.00
2	Rear bumper side retainers	Damage	\$ 128.80	\$ 128.80
1	Rear floor panel	Necessary	\$ 128.80	\$ 128.80
		Intact	\$ 1,055.00	
			\$ 9,124.42	\$ 7,880.22
		Less 25%	\$ 2,281.11	\$ 1,970.06
			\$ 6,843.32	\$ 5,910.17

Total Cost - List Items

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00
1	Rear bumper clip (1 set)	Necessary	\$ 50.00	\$ 50.00
1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00
1	Rear reverse camera	Damage	\$ 480.00	\$ 480.00
			\$ 960.00	\$ 930.00

Total Cost - Special Nett items

Total cost of parts

\$ 7,803.32	\$ 6,840.17
--------------------	--------------------

Vehicle Registration No.: SLK 6312 K

Our Ref No.: FIX/07/2102/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 7,803.32	\$ 6,840.17

LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00
3	To remove and refit rear reverse sensor and camera.	\$ 150.00	\$ 120.00
4	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 80.00
5	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00
6	To apply undercoating on repaired and replaced panel.	\$ 120.00	\$ 90.00
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00

GRAND TOTAL

\$ 10,643.32	\$ 8,830.17
---------------------	--------------------



C L APPRAISER PTE LTD

Vehicle Registration No.: SLK 6312 K

Our Ref No.:

FIX/07/2102/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 7,100.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD

Cheong K. H
Automotive 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 Submission 26/07/2021 14:32 (SGT)
Date of Accident 26/07/2021 08:35 (SGT)
Exact Location of Accident Near 15 Tukang Innovation Grove, Singapore 618299
Additional Location Information Jln Ahmad Ibrahim slip road into AYE owards City
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK6312K
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner Lim Hong Nee
NRIC No SXXXX790Z
Email Address hong_nee@yahoo.com.sg
Mobile Phone No (Phone) +65-91839785
Alternative Phone No +65-91839785

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
Variant SIENTA 1.5G A
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category No - Claiming third party
Transmission Private car
CC Auto
1498

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070170726
Cover Note Number 23/01/2021-22/01/2022

DRIVER

Name of Driver Lim Hong Nee
NRIC No SXXXX790Z

Date Of Birth 23/07/1976
 Occupation Indoor
 Date Of Driving Pass 18/03/1999
 Driving experience 22 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91839785
 Alt. Phone Number +65-91839785
 Email Address hong_nee@yahoo.com.sg
 Address Blk 453 Bukit Batok West Ave 6 #03-773
 Address complement -
 Postcode 652453
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Roslina Bte Rusli
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

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 SLL8219D
 Vehicle Manufacturer Honda
 Vehicle Model Vezel
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

Name of Driver Ng Joke Keong
NRIC No SXXXX191C
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Lim Hong Nee
Gender Male
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? Medical Leave 2 Days
Were seat belts worn? SLK6312K
Was this injured conveyed to hospital by ambulance? Yes
No

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 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. 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: 26/7/2021 2:15pm

Driver's Signature

(If driver is not the policyholder)

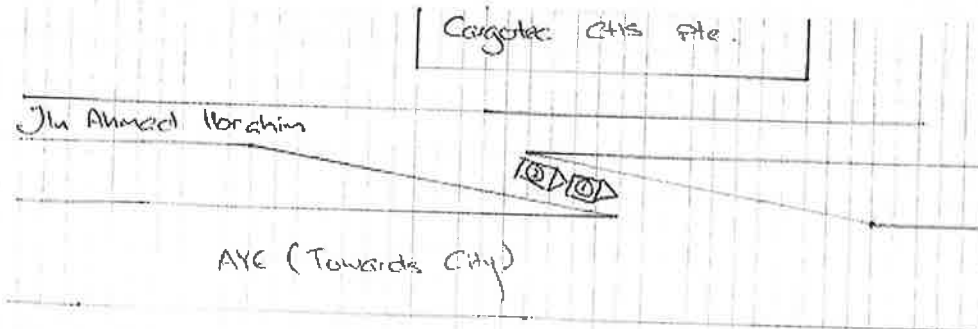
Date & Time:

Reporting Centre Personnel's Signature

Name: Rishad Arshad Ahmad

NRIC/FIN No.:

SKETCH PLAN



- ① SLK 630K
- ② SLK 8219D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/7/2021 at 8:35am, I am the owner of vehicle SLK 630K (Toyota Sienta) driving along Jln Ahmad Ibrahim slip road into AYE (nearest building Canggih C413 Pte). My vehicle is in stationary position behind a long

Suddenly, a vehicle SLK 8219D (Honda Vezel) hit on to my vehicle from the rear. I suffered sprained right wrist and seek medical treatment at Putehlin Medical Group @ Bukit Daruk with 2 days MC after the accident. Nobody was conveyed to hospital during the point of accident.

My vehicle was badly damaged as I unable to open my car boot.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.


Reporting Only
Claim OD
Claim TP
<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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


 Policyholder's Signature
 Date & Time: 26/7/2021 @ 1:50pm

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


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



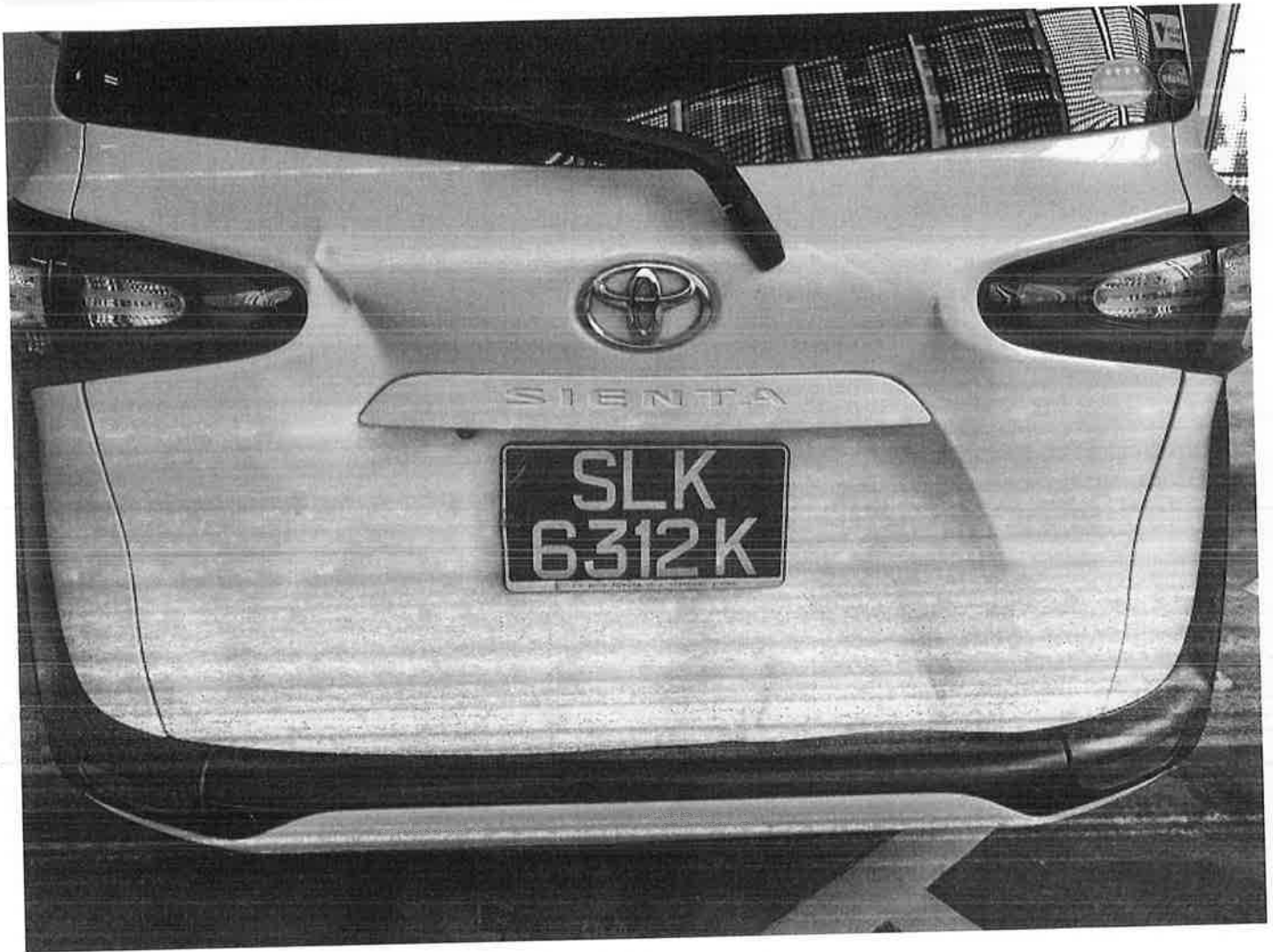








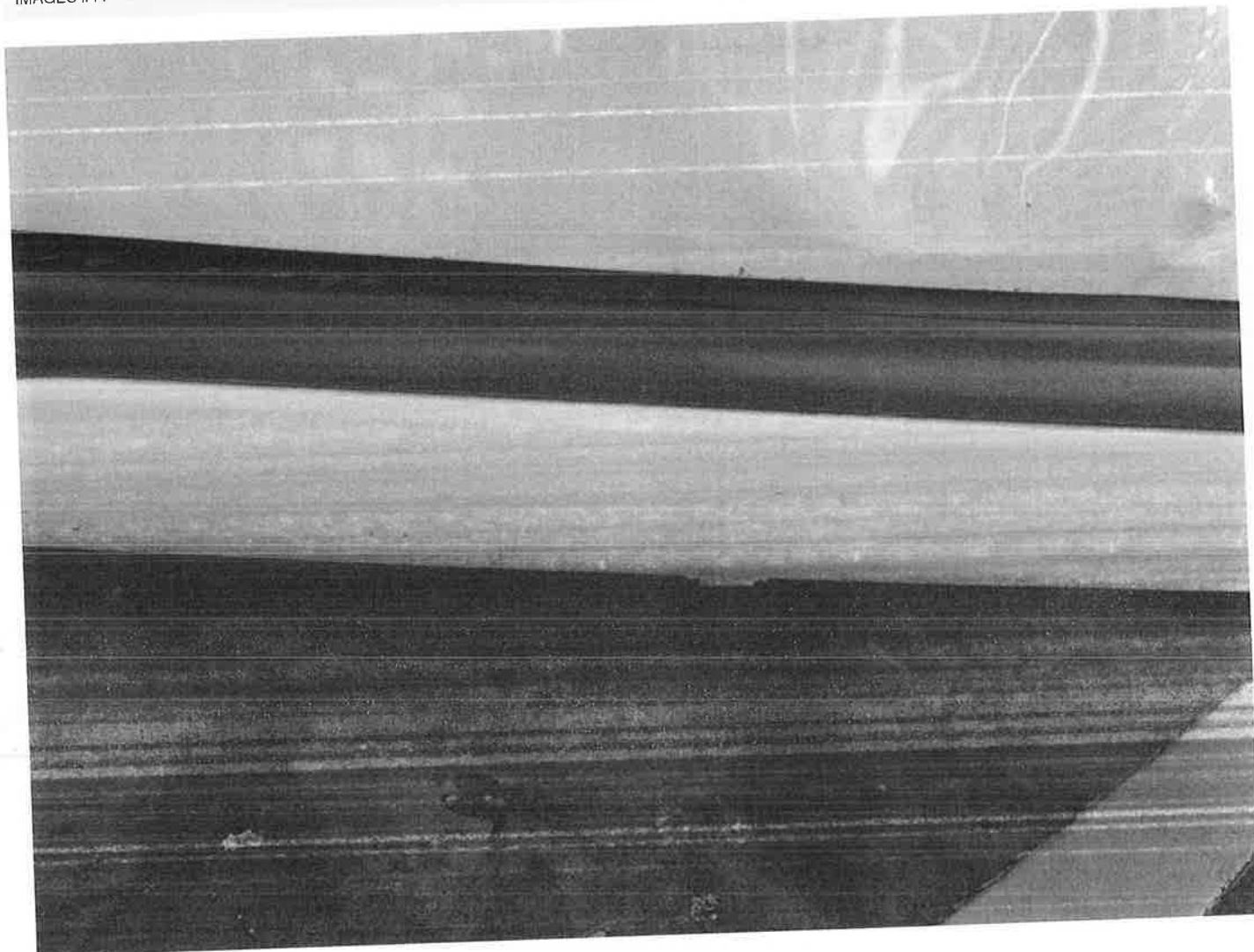




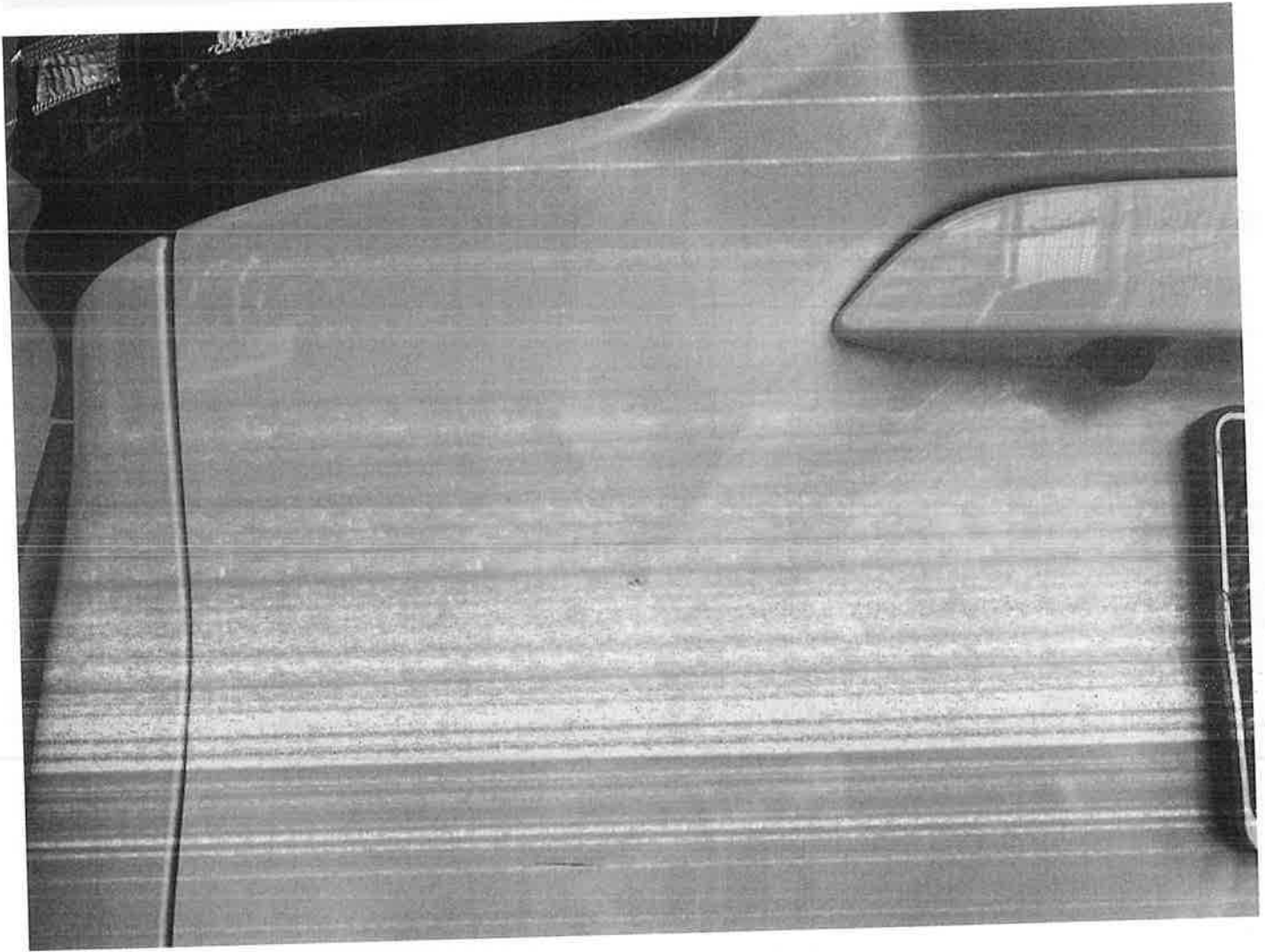






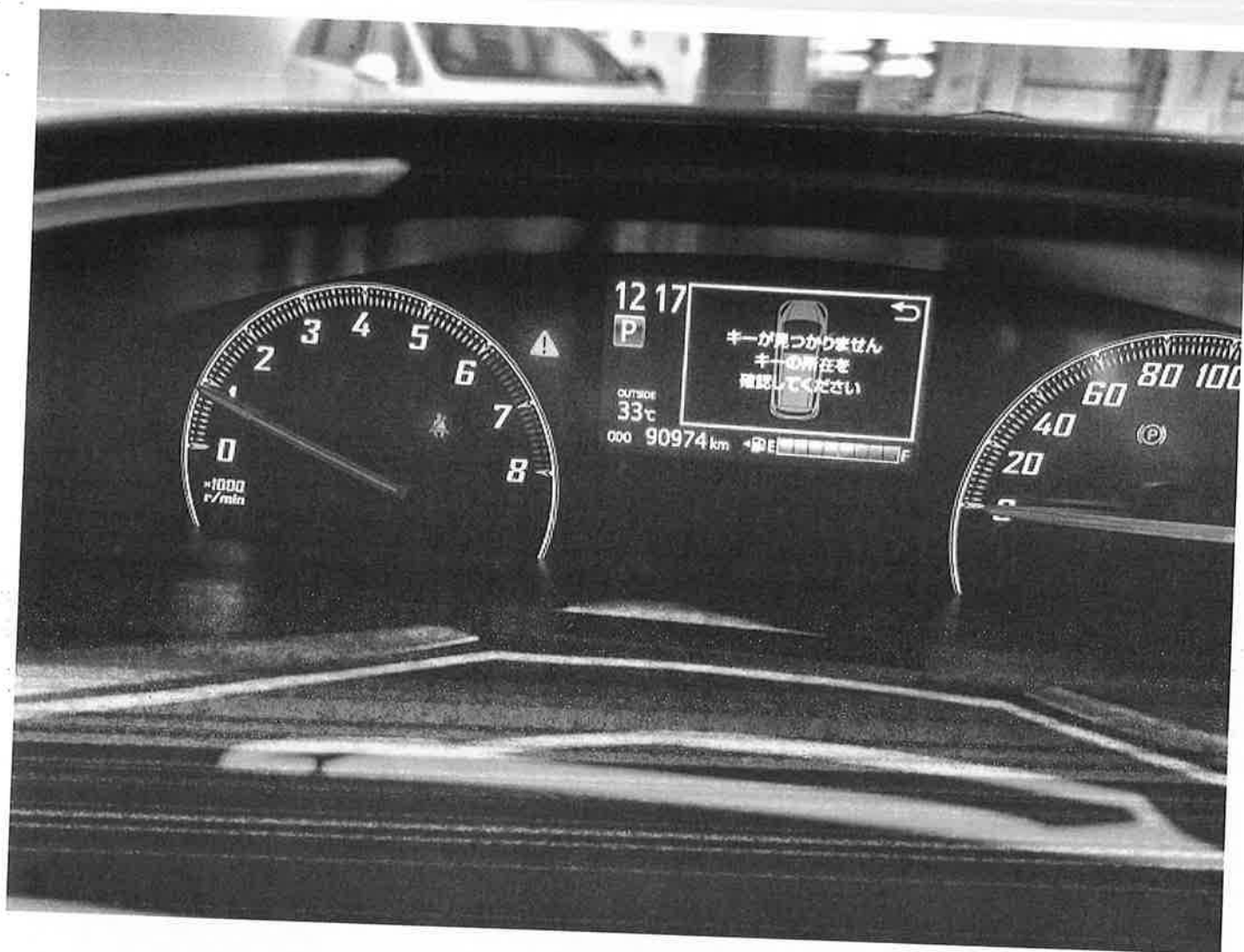


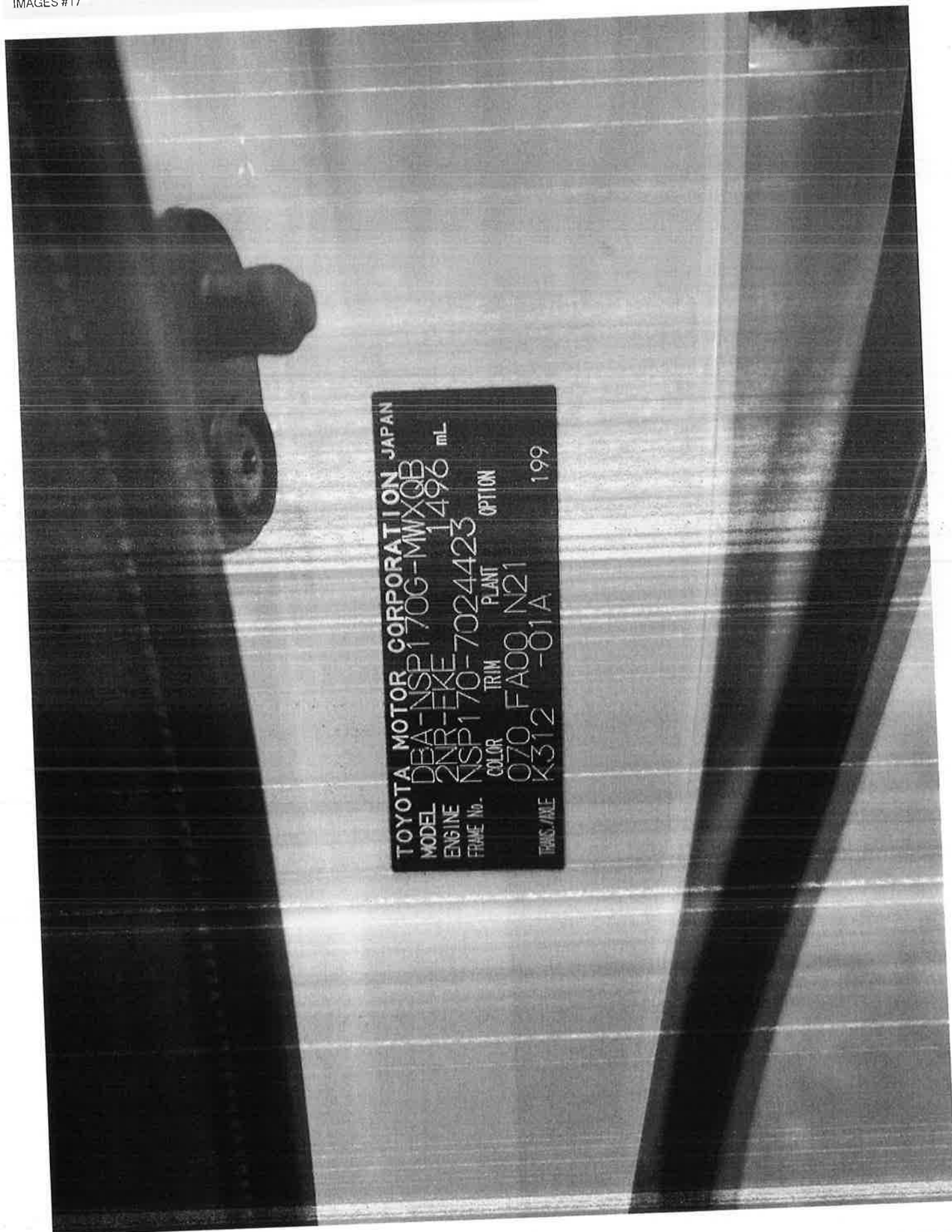














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400917735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No.: SE00217Q0005 Vehicle Registration No.: SLK6312K
Name (as shown in NRIC): Lim Hong Nee NRIC/FIN/Passport No.: SXXXX790Z
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 26/07/2021 Time of Accident: 08.35
Place of Accident: Jln Ahmad Ibrahim slip road into AYE, towards City
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner email hong_nee@yahoo.com to hong_nee@yahoo.com.sg

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rateswaram, Arun
NRIC/FIN No.:
Date:



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 27/07/2021 09:40 (SGT)
Date of Accident 26/07/2021 08:35 (SGT)
Exact Location of Accident Jln. Ahmad Ibrahim, Singapore
Additional Location Information TOWARDS AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL8219D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0000447
Cover Note Number

DRIVER

Name of Driver NG JOKE KEONG
NRIC No S2562191C
Address BLK 551 JURONG WEST STREET 42 #07-251
Address complement
Postcode 640551
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT



Type of Accident
Weather Conditions

Collision - Head to Rear
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) 2

CIRCUMSTANCES OF ACCIDENT

ON 26/07/2021 AT ABOUT 08:35HRS. I WAS DRIVING VEHICLE (A), SLL8219D. I WAS TRAVELLING ALONG JALAN AHMAD IBRAHIM AND ENTERING THE SLIP ROAD TOWARDS AYE. VEHICLE (B) SLK6312K IN FRONT OF ME MAKE A SUDDEN STOP. I IMMEDIATELY PRESSED ONTO MY FOOTBRAKE BUT THE FOOTBRAKE DIDN'T REALLY FUNCTION WELL AND MY VEHICLE REAR ENDED VEHICLE B.

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 SLK6312K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SLL8219D
B-SLK6312K

SKETCH PLAN

12:50 26.07.21

MD NA22IN

Describe Circumstances of the Accident

ON 26/07/2021 AT ABOUT 08:35HRS. I WAS DRIVING VEHICLE A, SLL8219D. I WAS TRAVELLING ALONG JALAN AHMAD IBRAHIM AND ENTERING THE SLIP ROAD TOWARDS AYE. VEHICLE B IN FRONT OF ME MAKE A SUDDEN STOP. I IMMEDIATELY PRESSED ONTO MY FOOTBRAKE BUT THE FOOTBRAKE DIDN'T REALLY FUNCTION WELL AND MY VEHICLE REAR ENDED VEHICLE B.

Declaration

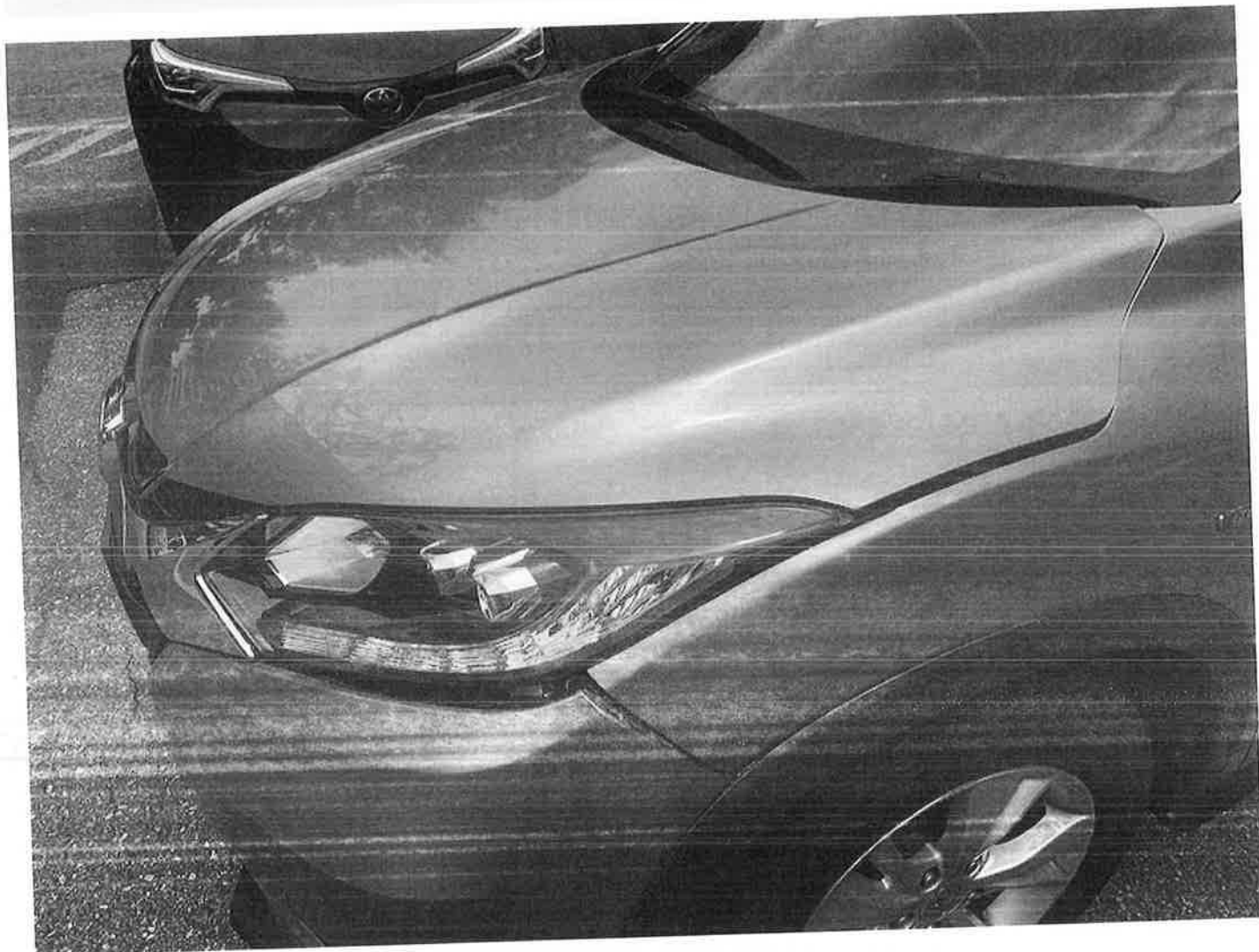
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 12:50 26.07.21

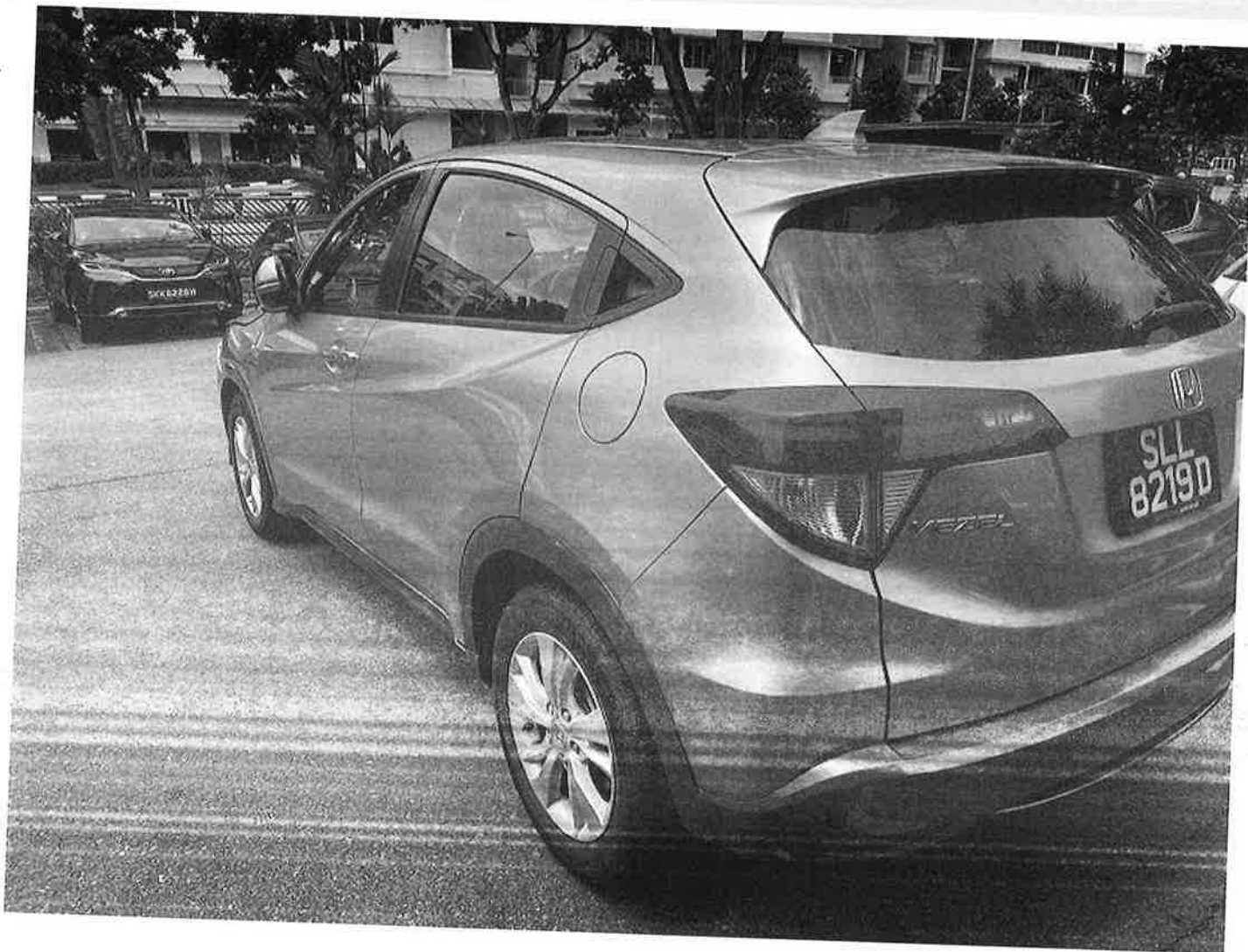
Witnessed by Reporting Centre
Personnel MD NITZELIN



























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: 20/08/2021

Your Ref No: 1234

Dear Sir/Madam,

Date of Accident: 26/07/2021 00:00 (SGT)

Vehicle No: SLK6312K

Place of Accident: Jln. Ahmad Ibrahim, Singapore

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\$)
SLL8219D	Jln. Ahmad Ibrahim, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

Enquire Vehicle's Insurance Particulars (As At 26 Jul 2021 / 08:35:00)

Vehicle No.:

SLL8219D

Make Description/Model:

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20210726172955946499

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Printed on 26 Jul 2021 17:30:04

Copyright © Land Transport Authority of Singapore 2021



ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest Singapore 657991
Tel: 6970 8330 Fax: 6970 8332

GST Reg. No. 202026915C
RCB No. 202026915C



Subject : Medical Report

To: R. S. Solomon LLC

Your Ref: RSS/2107-7183 (PIX)(PIPD)

Regarding: APPLICATION FOR ORDINARY MEDICAL REPORT, PATIENT LIM HONG NEE (LIN FENGNIAN) S7622790Z

To whom it may concern,

The aforementioned was seen in our clinic on 26/7/2021.

He reported that he had been involved in a road traffic accident earlier that day.

He presented to us with slight neck pain and right wrist pain.

In view of neck pain, his neck was examined and some pain was noted on extension. A neurological examination was conducted and no gross abnormalities were noted. Examination findings did not suggest the presence of fractures of his neck.

His right wrist was examined and no bony deformities were noted. Pain was reported on extreme ranges of dorsiflexion. No abnormalities were noted with the nerve functions of his hand. There was no clinical evidence of a wrist fracture.

His cardiovascular, respiratory systems and abdomen were examined and no gross abnormalities were noted.

Final Diagnosis was that of a Grade 2 Whiplash Injury as well as a Wrist Injury.

Prognosis of recovery is anticipated to be good, as there was no clinical suspicion of any fractures.

No surgery or any procedures were performed or required to the best of our knowledge.

He was covered with painkillers and 2 days of medical leave. He was also advised to return for review should additional symptoms develop.

Do kindly contact us if further details or clarification is required.

Sincerely,

Dr. Samuel Chan

M17716D

Prohealth Medical Group @ Bukit Batok

Tel: 69708330

Fax: 69708332

DR SAMUEL J. L. CHAN

陈志立医生

Family Physician 家庭医生

MCR: M17716D

M.B.B.S. (S'pore)

GDFM (Family Medicine, S'pore)

Prohealth Medical Group

PROHEALTH MEDICAL GROUP
@BUKIT BATOK PTE LTD
4 Bukit Batok Street 41
#01-76 Le Quest Singapore (657991)
Tel: 6970 8330 Fax: 6970 8332



ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest Singapore 657991

Tel: 6970 8330 Fax: 6970 8332

GST Reg. No. 202026915C
RCB No. 202026915C



Provider: Dr Samuel JL Chan M17716D

TAX INVOICE

Invoice No. BB005061
Invoice Date: 04/09/2021
Issue By : Abigail

R. S. SOLOMON ADVOCATES & SOLICITORS

Patient: LIM HONG NEE(LIN FENGNIAN) (S7622790Z)

Item Name

Ref ID :BB02358

	Quantity	UOM	Total Price
MEDICAL REPORT (COMPLEX HAND WRITTEN / INSURANCE)	1	EA	350.00

Company : RS SOL

Subtotal : \$350.00

0% GST : \$24.50

Total : \$374.50

Patient Total : \$0.00

Company Total : \$374.50

O/S Balance : \$374.50

All cheques should be crossed & made payable to
"Prohealth Medical Group @Bukit Batok Pte Ltd."

Paynow to UEN 202026915C.
For safety reasons, medications sold are non refundable and non exchangeable.

Printed on 04/09/2021 05:12 PM



ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest Singapore 657991
Tel: 6970 8330 Fax: 6970 8332

GST Reg. No. 202026915C
RCB No. 202026915C



Provider: Dr Samuel JL Chan M17716D

TAX INVOICE

Invoice No. BB004155
Invoice Date: 26/07/2021
Issue By : BB0A1

LIM HONG NEE(LIN FENGNIAN) (SXXXX790Z)

Ref ID :BB02358

Item Name	Quantity	UOM	Total Price
CONSULTATION (\$33) + SURCHARGES (WHEN APPLICABLE)	1	EA	33.00
ARCOXIA 120MG (ETORICOXIB-120)	5	TABS	16.00
SUNITON (PARA/ORPH)	20	TABS	6.00
VOREN GEL (DICLOFENAC)	1	TUBE	6.00

**PROHEALTH MEDICAL GROUP
@BUKIT BATOK PTE LTD**
4 Bukit Batok Street 41
#01-76 Le Quest Singapore (657991)
Tel: 6970 8330 Fax: 6970 8332

Subtotal : \$61.00

7% GST : \$4.27

Total : \$65.27

Amount Paid : \$65.20

Rounding : \$0.07

O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-BB005169	26/07/2021	65.20	CARD		

All cheques should be crossed & made payable to
"Prohealth Medical Group @Bukit Batok Pte Ltd."

Paynow to UEN 202026915C.
For safety reasons, medications sold are non refundable and non exchangeable.

Printed on 26/07/2021 11:15 AM



ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest, Singapore 657991

Tel: 6970 8330 Fax: 6970 8332

GST Reg. No. 202026915C

RCB No. 202026915C



MEDICAL CERTIFICATE

MC No: OD-BB0000020143

NAME: LIM HONG NEE(LIN FENGNIAN)

PID: BB02358

NRIC: S7622790Z

This is to certify that the above patient name is Unfit for Duty for a period of 2 day/s from 26-07-2021 to 27-07-2021 inclusive.

Patient is advised to stay at home for the duration of the MC, unless seeking medical attention.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Samuel J.L. Chan M17716D

Issued by

Signature

26/07/2021

Date

Printed on 26/07/2021 11:12 AM

DR SAMUEL J. L. CHAN

陈志立医生

Family Physician 家庭医生

MCR: M17716D

M.B.B.S. (S'pore)

GDFM (Family Medicine, S'pore)

Prohealth Medical Group



