

## Letter of Demand

Your Ref : GBK2617B  
Our Ref : OPR/09112024/TP-11526 - SMT5524M  
Date : 06/01/2025

### LONPAC INSURANCE BHD.

BLK 100 BEACH ROAD  
-#19-00 SHAW TOWER  
Singapore - 189702

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SMT-5524-M, GBK2617B ON  
09/11/2024 AT BETWEEN BLK 921A TAMPINES ST 91 & BLK 937 TAMPINES

Dear Sir / Madam,

We would like to append our losses as follows :-

|                              | AMOUNT(\$) |
|------------------------------|------------|
| 1. Repair Cost               | 872.00     |
| 2. Loss Of Rental ( 6 days ) | 1,635.00   |
| 3. Miscellaneous - GIA Fee   | 33.18      |

**TOTAL 2,540.18**

**Enclosed :** Copies of Repair Invoice, Rental Invoice, GIA Invoice & GIA Report for your perusal and kind attention.

Kindly look into the matter and revert to us as soon as possible.

Thank you,

Yours faithfully,

Jack See



CLAIM DEPARTMENT

DID : 6654 7713

FAX :

EMAIL : jack.see@ethozprotect.com

## TAX INVOICE

**FIBRWRAP CONSTRUCTION PTE. LTD.**  
6 CLEMENTI LOOP  
#02-20 EAC BUILDING  
SINGAPORE - 129814

**Tax Invoice : WS 2501/OPR0108**  
**Invoice Date : 06-Jan-2025**  
**Ref. No. : 24110727**  
**GST No. : M2-0057587-3**

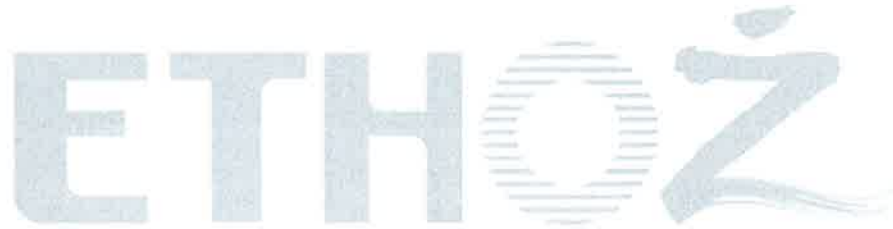
Page 1

**VEHICLE NO. : SMT-5524-M**

**MAKE & MODEL : KIA CERATO L 1.6 (A)**

**ACCIDENT DATE : 09/11/2024**

| Description                             | Qty | Unit Price(S\$) | Amount (S\$) |
|-----------------------------------------|-----|-----------------|--------------|
| BEING REPAIR COST FOR THE ABOVE VEHICLE |     |                 | 800.00       |
| 9 % GST                                 |     |                 | 72.00        |



|                    |               |
|--------------------|---------------|
| <b>Total (S\$)</b> | <b>872.00</b> |
|--------------------|---------------|

E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOŽ PROTECT PTE LTD

No receipt will be issued.

Computer generated document no signature required.

CONTACT : JACK SEE  
DID :  
Main : 63198000  
Fax :

PLEASE DETACH AND ENCLOSED WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

**Customer Name : FIBRWRAP CONSTRUCTION PTE. LTD.**  
**Reference. No. : 24110727**  
**Tax Invoice : WS 2501/OPR0108**  
**Invoice Date : 06-Jan-2025**  
**Invoice Amount : S\$ 872.00**  
**Payment Due Date : 06-Jan-2025**  
**Cheque No. : \_\_\_\_\_**

**Pay To : ETHOŽ PROTECT PTE LTD**  
**UEN No. : 199100103N**  
**Bill Ref. No. : 2501/OPR0108**



\*\* Please input 2501/OPR0108 as the Bill Reference No

## TAX INVOICE

**FIBRRAP CONSTRUCTION PTE. LTD.**  
BLK 477 BT PANJANG RING ROAD  
-#07-539  
SINGAPORE 670447

**Tax Invoice : 2412EAL03171**  
**Invoice Date : 23-Dec-2024**  
**Ref. No. : HA-303474**  
**GST No. : 201613943G**

| Description                                                                                                                 | Amount (S\$) |
|-----------------------------------------------------------------------------------------------------------------------------|--------------|
| Being Rental Charge from 16/11/2024 To 22/11/2024 HA-303474 NISSAN QASHQAI 1.3 (A)<br>MILD HYBRID TURBO PRESTIGE SKU- 565-X | 1,500.00     |
| 9.00% GST on taxable amount S\$ 1,500.00                                                                                    | 135.00       |

(Rental charge for accident vehicle SMT-5524-M, accident no. 24110727)

|                    |                 |
|--------------------|-----------------|
| <b>Total (S\$)</b> | <b>1,635.00</b> |
|--------------------|-----------------|

E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ Auto Leasing Ltd.  
Interest will be charged at 0.0650% per day on overdue amount  
No receipt will be issued

**CREDIT PERIOD STRICTLY 0 DAYS FROM DUE DATE**

Computer generated document printed in black, no signature required

Please contact the following personnel for invoice related queries:-

Name : FELINA CHIN  
DID : 66547984  
E-Mail : Felina.Chin@ethozautolease.com  
Fax : 66547543

Please contact the following personnel for payment related queries:-

Name : CHENG SOON KWANG  
DID : 66547901  
E-Mail : CreditControl@ethozgroup.com  
Fax : 66547549

PLEASE DETACH AND ENCLOSE WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : FIBRRAP CONSTRUCTION PTE. LTD.  
Reference.No : HA-303474  
Invoice No. : 2412EAL03171  
Invoice Amount : S\$1,635.00  
Due Date : 23/12/2024  
Cheque No. : \_\_\_\_\_

Pay To : ETHOZ Auto Leasing Ltd.  
UEN NO. : 201613943GEAL  
Reference No. : 2412EAL03171



\*\* Please input 2412EAL03171 as the Bill Reference No.

**ETHOZ Auto Leasing Ltd.**

30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)

Company Registration No 201613943G


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBK2617B

Date of Accident

09/11/2024 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **20/05/2024 - 19/05/2025**Requested By ..... **Jackson Teo (ETHOZ PROTECT...**Requested Date ..... **12/11/2024 15:58****Payment details**Request Amount: **S\$2**GST Amount: **S\$0.18**Total Amount Due (GST Inclusive): **S\$2.18****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 15/11/2024

Your Ref No: 668899

Dear Sir/Madam,

Date of Accident: 09/11/2024 12:15 (SGT)

Vehicle No: SMT5524M

Place of Accident: 937 Tampines Street 91, Singapore

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

| DOCUMENTS                        | ACCIDENT LOCATION                 | PER DOC (\$\$) | QTY | AMOUNT (\$\$) |
|----------------------------------|-----------------------------------|----------------|-----|---------------|
| GBK2617B                         | 937 Tampines Street 91, Singapore | (31.00 )       | 1   | (28.44 )      |
| GST Amount                       |                                   |                |     | (2.56 )       |
| 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 Actual 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 First Submission        | 11/11/2024 17:51 (SGT)                                   |
| Reported by                     | Both Policyholder and Actual Driver                      |
| Date of Accident                | 09/11/2024 12:15 (SGT)                                   |
| Exact Location of Accident      | Singapore                                                |
| Additional Location Information | BETWEEN BLK 921A TAMPINES ST 91 & BLK 937 TAMPINES AVE 5 |
| Country/State of Loss           | Singapore                                                |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMT5524M |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                                 |
|--------------------------|---------------------------------|
| Is company?              | Yes                             |
| Name Of Registered Owner | ETHOZ AUTO LEASING LTD          |
| Company Reg No           | 2XXXXX943G                      |
| Email Address            | ACCIDENTREPORT@ETHOZPROTECT.COM |
| Mobile Phone No          | (Phone) +65-66547777            |
| Alternative Phone No     | -                               |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Kia                       |
| Model                                                                        | Cerato                    |
| Variant                                                                      | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category                                                             | Private car               |
| Transmission                                                                 | Auto                      |
| CC                                                                           | 1591                      |
| Vehicle Fuel                                                                 | -                         |
| First Registration Date                                                      | -                         |
| Chassis no                                                                   | -                         |
| Effective Date/Time of Ownership                                             | -                         |

#### INSURANCE COMPANY

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company         | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | -                                   |

#### DRIVER

|                                                              |                                 |
|--------------------------------------------------------------|---------------------------------|
| Name of Driver                                               | FAKRUDEEN CHANRAJ ZEESHAN       |
| Passport No/FIN                                              | GXXXX972Q                       |
| Date Of Birth                                                | 31/01/1990                      |
| Occupation                                                   | Outdoor                         |
| Driving Pass Date                                            | 14/03/2016                      |
| Driving License Pass Class                                   | 3C                              |
| Driving License Validity                                     | Valid                           |
| Driving experience                                           | 8 YEARS AND 8 MONTHS            |
| Gender                                                       | Male                            |
| Mobile Number                                                | (Phone) +65-87204050            |
| Alt. Phone Number                                            | -                               |
| Email Address                                                | NOEMAIL@COM.SG                  |
| Address                                                      | BLK 302C ANCHORVALE LINK #02-36 |
| Address complement                                           | -                               |
| Postcode                                                     | 543302                          |
| Is the driver the policyholder?                              | No                              |
| If No, Relationship of the Driver with the Insured           | Hirer                           |
| 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 - Major/Minor Rd |
| Weather Conditions | Raining                    |
| Road Surface       | Wet                        |

#### 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?                                                                | No  |
| Was any injured conveyed to hospital by ambulance?                                                  | -   |
| Was any other vehicle or property damaged?                                                          | Yes |
| Number of Passengers (Including Driver)                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |
| Translator's name                                                                                   | -   |
| Translator's ID                                                                                     | -   |
| Translator's phone number                                                                           | -   |
| Translator's email                                                                                  | -   |
| Original language used in the statement                                                             | -   |

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBK2617B |
|-----------------------------|----------|

|                                         |                      |
|-----------------------------------------|----------------------|
| Vehicle Manufacturer                    | Toyota               |
| Vehicle Model                           | Hiace                |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Goods vehicle        |
| Name of Driver                          | XIAOYU               |
| Contact Number                          | (Phone) +65-81910098 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |



**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.
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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.



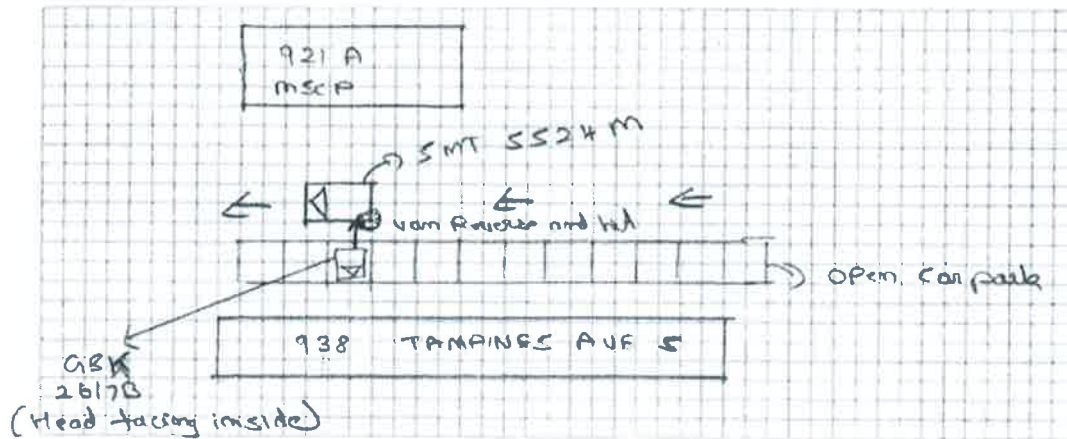
Policyholder's Signature  
Date & Time:

*Signature*  
11/11/24  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SP1924BB0004

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 9 November 2024, 12:15 pm, Myself Fekrudon chamey Zeeham was travelling to Block 922 Tampines St 91, while parking between Block 921A Tampines St 91 and Block 938 Tampines Avenue 5, A Van GIRK 2617B Reverses out and hit my vehicle SMT 5524 M (Left rear/above tyre). I was driving cautiously and did not see any signal from the Van. Almost when I was crossing the location, I heard bang and the Van hit my vehicle rear already.

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

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

## SINGAPORE ACCIDENT STATEMENT

### 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 Actual 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 First Submission        | 15/11/2024 14:21 (SGT)            |
| Reported by                     | Actual Driver                     |
| Date of Accident                | 09/11/2024 12:15 (SGT)            |
| Exact Location of Accident      | 937 Tampines Street 91, Singapore |
| Additional Location Information | OSCP                              |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |                                             |
|-----------------------------|---------------------------------------------|
| Vehicle Registration Number | GBK2617B                                    |
| INSURED/POLICYHOLDER        |                                             |
| Is company?                 | Yes                                         |
| Name Of Registered Owner    | SUCCESS AIRPORT SERVICES HOLDINGS PTE. LTD. |

#### VEHICLE PARTICULARS

|                  |               |
|------------------|---------------|
| Manufacturer     | Toyota        |
| Model            | Hiace         |
| Variant          | -             |
| Vehicle Category | Goods vehicle |
| Transmission     | Auto          |
| CC               | 2754          |

#### INSURANCE COMPANY

|                                   |                      |
|-----------------------------------|----------------------|
| Name of Insurance Company         | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number | Z24VC05024358        |

#### DRIVER

|                                 |              |
|---------------------------------|--------------|
| Name of Driver                  | YU FENGQIANG |
| Passport No/FIN                 | GXXXX297Q    |
| Address                         | NA           |
| Address complement              | -            |
| Postcode                        | -            |
| Does Driver Own Other Vehicles? | No           |

#### GENERAL INFORMATION OF THE ACCIDENT

|                  |                                                 |
|------------------|-------------------------------------------------|
| Type of Accident | Hit and run / Vandalism / Damaged whilst parked |
|------------------|-------------------------------------------------|

Weather Conditions

Raining

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)           | 0   |
| Translator's name                                 | -   |
| Translator's ID                                   | -   |
| Translator's phone number                         | -   |
| Translator's email                                | -   |
| Original language used in the statement           | -   |

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS PARKED STATIONARY AT 937 TAMPINES ST 91 OSCP LOT. I CAME DOWN TO UNLOAD GOODS. SUDDENLY, VEHICLE B CAME STRAIGHT AT A FAST SPEED AND SCRATCHED ONTO MY VEHICLE'S REAR RIGHT PORTION.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SMT5524M    |
| Vehicle Manufacturer        | Kia         |
| 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## Sketch Plan

934 Tampines St 91 0509

A- 68K26178

B- 3MT5514M

WAP 2007

**Describe Circumstance of the Accident**

My vehicle was parked stationary at 934 Tampines  
 St 91 OSCP lot I came down to unload goods  
 Suddenly, vehicle 8 came straight at a fast speed  
 and scratched onto my vehicle's rear right portion.

**Declaration**

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
 (Name as in NRICID card)

