

# TwinCar AUTOMOTIVE PTE LTD

**Company Registration and GST No. 200714616M**

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 67440510

Fax: 67410510

P.I.C - Sandy

Reply to :claim@twincar.com.sg

19 February 2025

Our Ref : CLM16492 / SNN4920D / NOV-31/2024

## **INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

### **RE: ACCIDENT INVOLVING SNN4920D & SMM9272A ON 26/11/2024** **ALONG CAIRNHILL RD TWDS GRANGE RD X BIDEFORD RD**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SMM9272A** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

|                                              |      |                 |                  |
|----------------------------------------------|------|-----------------|------------------|
| Cost of repairs                              | \$   | 2,180.00        | (Include 9% GST) |
| Loss of rental                               | \$   | 360.00          | (\$120 X 3 Days) |
| Additional 2 days loss of use for pre repair | \$   | 200.00          | (\$100 X 2 Days) |
| LTA search fee                               | \$   | 27.25           |                  |
|                                              | S \$ | <u>2,767.25</u> |                  |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16492
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 16998
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SNN4920D

We look forward to your prompt reply.

Yours faithfully,



.....  
**Twincar Automotive Pte Ltd**

C.K.SIAH

Director

# TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub

2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921

Tel No. : +65 6842 0051 Fax No. : +65 6741 0510

E-Mail : sales@n51.com.sg

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

## TAX INVOICE

Date : 15/02/2025

Date in : 26/11/2024

Vehicle Num. : SNN4920D

Make/Model : HONDA VEZEL 1.5G CVT-2022

Chassis/Eng# : RV31005777/L15Z1006730

Accident Date : 26/11/2024

Claim No : CLM16492

Reference : NOV-31/2024

Policy No. : 5141677317 (11/12/2024)

LUMPSUM REPAIR BILL

REF : CLM16492-TWINCAR DATED 27/11/2024

BY DIRECT

Amount S\$

2,000.00



|                      |           |          |
|----------------------|-----------|----------|
| E. & O.E.            | Sub S\$ : | 2,000.00 |
| Add GST ( 9% ) S\$ : |           | 180.00   |
| Total Amount S\$ :   |           | 2,180.00 |

for TWINCAR AUTOMOTIVE PTE LTD



福泉興汽車出租及貿易私人有限公司

HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD.

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

HIRER'S PARTICULARS

If Different From

Section ①

I/We Yeo Ah Leng

of BLK 210 Boon Lay Place #03-113

S 640210

Tel: 97562152

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) **THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**

the Excess which is the maximum amount of **\$1500** to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) **COMPREHENSIVE MOTOR VEHICLE COVERAGE**

the Excess which is the maximum amount of **\$2000** for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

|                                                                                                                                              |                                                             |                                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|----------------------------------|
| Vehicle Regn No. 車輛註冊號碼 <u>SLL 3624 A</u>                                                                                                    |                                                             | Rental Agreement 合同號碼 <b>No. H 16998</b>                   |                                  |
| Section ① Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄                                                                                    |                                                             | 租出日期及時間<br>Date & Time OUT <u>26/11/2024 1640HRS</u>       |                                  |
| 姓名<br>Name: <u>AS ABOVE</u>                                                                                                                  |                                                             | 交車日期及時間<br>Date & Time IN <u>29/11/2024 1625HRS</u>        |                                  |
| 地址<br>Address: <u>AS ABOVE</u>                                                                                                               |                                                             | Chargeable                                                 | Rates Amount                     |
| S                                                                                                                                            |                                                             | <u>3</u>                                                   | 天<br>Days @ \$ <u>8360/-</u>     |
| 居民證/護照號碼<br>I/C No./Passport No: <u>S7147602B</u>                                                                                            | 駕駛執照號碼<br>Driving Licence No: <u>S7147602B</u>              | 星期<br>Weeks @ \$                                           |                                  |
| 居民證/護照種類<br>Type of I/C/Passport:                                                                                                            | Pass 日期<br>Pass Date: <u>11/10/1991</u>                     | 月<br>Months @ \$                                           |                                  |
| 出生日期<br>Date of Birth: <u>07/08/1971</u>                                                                                                     | 發出地<br>Place of Issue:                                      |                                                            |                                  |
| 三號保險底金 \$1500/-<br>a) Third Party Only Policy Excess \$1500/-                                                                                |                                                             | 一號保險底金 \$2000/-<br>b) Comprehensive Policy Excess \$2000/- |                                  |
| 車輛必須歸還車主於<br>Vehicle Must Be Returned To Owner's Office By:                                                                                  |                                                             | 保險<br>Insurance                                            | 總計<br>Total Charge               |
| 備註與付款記錄<br>Remarks & Payment Records                                                                                                         |                                                             | 按金<br>Security Deposit                                     |                                  |
|                                                                                                                                              |                                                             | 總金額<br>Total Payable                                       | <u>8360/-</u>                    |
|                                                                                                                                              |                                                             | 來銀<br>Amount Paid                                          |                                  |
|                                                                                                                                              |                                                             | 送車/費<br>Delivery Fees                                      |                                  |
| <b>IMPORTANT!</b><br>For Singapore Use only.                                                                                                 |                                                             | 收車費用<br>Collection Fees/Misc.                              |                                  |
|                                                                                                                                              |                                                             | 超過/小時<br>Extra Hours @ \$                                  |                                  |
| 出車油箱<br>Fuel Tank OUT <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u>                                                                                 | 出車油箱<br>Fuel Tank IN <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u> | 租費不包括汽油<br>Rates Do Not Include Fuel                       | 添油<br>Refuelling                 |
| 車牌號碼<br>Vehicle No: 1)                                                                                                                       | 起<br>From:                                                  | 至<br>To:                                                   |                                  |
| 車牌號碼<br>Vehicle No: 2)                                                                                                                       | 起<br>From:                                                  | 至<br>To:                                                   |                                  |
| 工具<br>Tools                                                                                                                                  | 輪胎<br>Spare Tyre                                            | 裝飾品<br>Accessories                                         | 加額費用<br>Total Additional Charges |
| 車輛發出人<br>Vehicle Issued By:                                                                                                                  | 車輛接收人<br>Vehicle Collected By:                              |                                                            |                                  |
| <b>NOTE: 註</b><br>租車者或司機必須付所有停車, 違反交通及噴過量黑煙法例負起一切的責任。<br>HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION. |                                                             |                                                            |                                  |
|                                                                                                                                              |                                                             | 總計<br>Grand Total                                          |                                  |

租車者不准載沙或石灰  
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE  
PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING.

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期

Date:

租車者簽名

Signature of Hirer:

SNN 4920A (TC)



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Nov 2024 / 16:15:54  
Receipt Date/Time : 26 Nov 2024 / 16:15:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241126-003222  
Previous Receipt No. :

| S/N                                                                                                           | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SMM9272A<br>As at 26 Nov 2024/14:11:00<br>Insurance Co: INDIA INT'L INS PTE LTD |                                                                     |                               |                        |                              |
| 1                                                                                                             | Insurance Enquiry - SMM9272A<br>Enquiry Fee<br>20241126161539535801 | 25.00                         | 2.25                   | 27.25                        |
| Sub-Total                                                                                                     |                                                                     | 25.00                         | 2.25                   | 27.25                        |
| Total Before Rounding                                                                                         |                                                                     | 25.00                         | 2.25                   | 27.25                        |
| Rounding Difference                                                                                           |                                                                     |                               |                        | 0.00                         |
| Total Amount Payable                                                                                          |                                                                     |                               |                        | 27.25                        |
| Paid By                                                                                                       |                                                                     |                               |                        |                              |
| 001ynyan                                                                                                      |                                                                     |                               | Credit Card            | 27.25                        |
| Total                                                                                                         |                                                                     |                               |                        | 27.25                        |
| Cash Change                                                                                                   |                                                                     |                               |                        | 0.00                         |
| Tendered Amount                                                                                               |                                                                     |                               |                        | 27.25                        |
| Excess Refundable Amount                                                                                      |                                                                     |                               |                        | 0.00                         |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## LETTER OF AUTHORISATION

To: M/s Twincar Automotive Pte Ltd  
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SNN 4920D & Smm 9272A  
ALONG CAENHILL RD TWS GRANGE RD X BIDEPO RD ON 26/11/2024

I/We YEO AN LERN NRIC/Passport No: S74762B  
of BLK 210 BOON LAY PLACE #03-113 S(645210)  
the owner of vehicle no. SNN4920D hereby authorise you to commence repair to the said  
vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are \_\_\_\_\_  
Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Excess: \_\_\_\_\_

  
\_\_\_\_\_  
Owner's Signature/Co's stamp (if applicable)

\_\_\_\_\_  
Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

# 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        | 26/11/2024 17:47 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 26/11/2024 14:11 (SGT)              |
| Exact Location of Accident      | Cairnhill Rd, Singapore             |
| Additional Location Information | TWDS GRANGE ROAD & BIDEFORD RD      |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SNN4920D                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | YEO AH LENG             |
| NRIC No                     | S7147602B               |
| Email Address               | YEOAHLENG1688@GMAIL.COM |
| Mobile Phone No             | (Phone) +65-97562152    |
| Alternative Phone No        | -                       |

## VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Honda                     |
| Model                                                                        | Vezel                     |
| 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                                                                           | 1500                      |
| Vehicle Fuel                                                                 | -                         |
| First Registration Date                                                      | -                         |
| Chassis no                                                                   | -                         |
| Effective Date/Time of Ownership                                             | -                         |

## INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5141677317               |

## DRIVER

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| Name of Driver                                               | YEO AH LENG                    |
| NRIC No                                                      | S7147602B                      |
| Date Of Birth                                                | 07/08/1971                     |
| Occupation                                                   | Indoor                         |
| Driving Pass Date                                            | 11/10/1991                     |
| Driving License Pass Class                                   | 3                              |
| Driving License Validity                                     | Valid                          |
| Driving experience                                           | 33 YEARS AND 1 MONTH           |
| Gender                                                       | Male                           |
| Mobile Number                                                | (Phone) +65-97562152           |
| Alt. Phone Number                                            | -                              |
| Email Address                                                | YEOAHLENG1688@GMAIL.COM        |
| Address                                                      | BLK 210 BOON LAY PLACE #03-113 |
| Address complement                                           | -                              |
| Postcode                                                     | 640210                         |
| 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 - Major/Minor Rd |
| 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  |
| Translator's name                                                                                   | -   |
| Translator's ID                                                                                     | -   |
| Translator's phone number                                                                           | -   |
| Translator's email                                                                                  | -   |
| Original language used in the statement                                                             | -   |

#### PASSENGER 1

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| 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

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SNN4920D) ALONG CAIRNHILL ROAD TOWARDS GRANGE ROAD ON THE RIGHT LANE OF A 3 LANES ROAD. AS I WAS PASSING BY A SLIP ROAD OF BIDEFORD ROAD, VEHICLE B (SMM9272A) CAME OUT OF THE SLIP ROAD FROM MY RIGHT AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY VEHICLE.

#### ATTACHMENT(S)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
|-----------------------------------------------|-----|

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Was there any video captured by Car Camera? .....       | Yes              |
| Reasons for not uploading a video of the accident ..... | WITH TP WORKSHOP |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Registration Number .....             | SMM9272A             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | LIM JUN JIE JONATHAN |
| Contact Number .....                          | (Phone) +65-83329904 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | VEHICLE B            |
| No. Of Passenger (Including Driver) .....     | -                    |

#### INJURED PERSONS DETAILS

##### INJURED 1

|                                                           |             |
|-----------------------------------------------------------|-------------|
| Name of injured person .....                              | YEO AH LENG |
| Gender .....                                              | Male        |
| Phone No .....                                            | -           |
| Address .....                                             | -           |
| Address Complement .....                                  | -           |
| Post Code .....                                           | -           |
| Approximate Age Years Old .....                           | -           |
| Injuries Sustained .....                                  | -           |
| Injured person in which vehicle? .....                    | SNN4920D    |
| Were seat belts worn? .....                               | Yes         |
| Was this injured conveyed to hospital by ambulance? ..... | No          |

##### INJURED 2

|                                                           |               |
|-----------------------------------------------------------|---------------|
| Name of injured person .....                              | YONG JI YOUNG |
| Gender .....                                              | -             |
| Phone No .....                                            | -             |
| Address .....                                             | -             |
| Address Complement .....                                  | -             |
| Post Code .....                                           | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | -             |
| Injured person in which vehicle? .....                    | -             |
| Were seat belts worn? .....                               | -             |
| Was this injured conveyed to hospital by ambulance? ..... | -             |

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 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 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.
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:

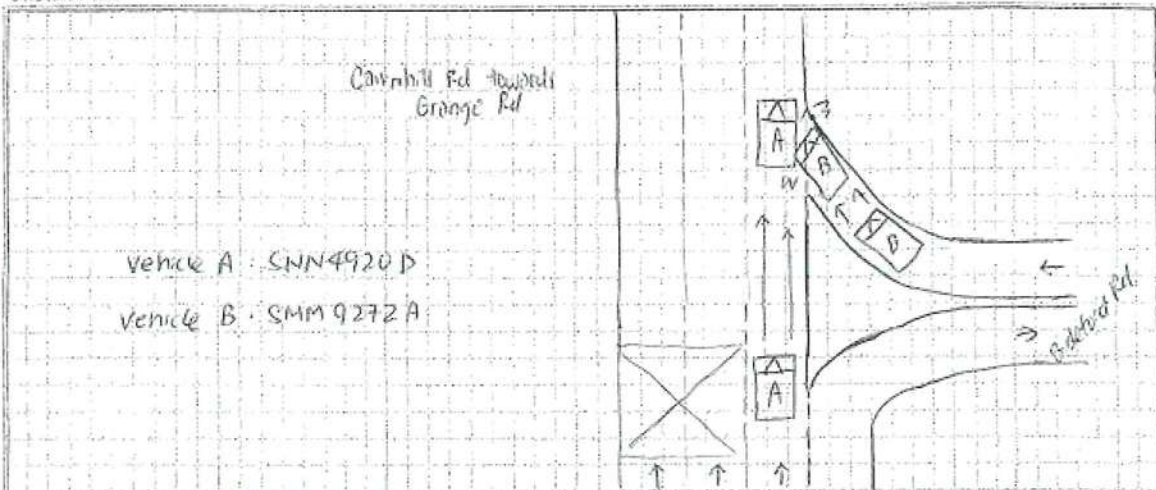
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident


As of above date & time, I was driving my vehicle  
 (SNN4920D) along Caunth Rd towards Grange Rd on the  
 right lane of a 3 Lane Rd. As I was passing by a  
 slip Rd of Bickford Rd, vehicle B (SMM9772A) came out of  
 the slip Rd from my right & collided into the right rear  
 portion of my vehicle

Video footage attached.

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

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