



Our Reference: SJA7370L / 7024537  
Your Reference: SHD3689C

By Email / Mail

14/04/2025

**MS FIRST CAPITAL INSURANCE LTD**  
Attn: Third Party Claim Department –

**ACCIDENT INVOLVING SJA7370L & SHD3689C ON 09 DEC 2024**

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		8,031.05
Loss of Rental	\$ 163.50 x 04 days	654.00
<b>TOTAL</b>		<b>8,685.05</b>

Kindly let us have your offer to [Jodie.lee@wearnes.com](mailto:Jodie.lee@wearnes.com)

Your soonest reply is much appreciated. Thank you.



Yours faithfully  
Wearnes Automotive Pte Ltd  
Bodyshop and Paint Division  
45 Leng Kee Road  
Singapore 159103

This is a computer generated printout, no signature is required.

# **SERVICE TAX INVOICE**

0 - F00003	SL: MS FIRST CAPITAL INSURANCE LTD	GST Reg.No:M28920628X
MS FIRST CAPITAL INSURANCE LTD		Inv.No. . : B&P 7024537 Page 1
16 RAFFLES QUAY		Inv.date. : 21/02/2025
#42-01 HONG LEONG BUILDING		WIP No. . : 33452
SINGAPORE		Veh.In/Out: 17/02/2025 21/02/2025
Singapore 048581		*Tel.No. . :
		Reg.No. . : SJA7370L
Closed by .... : Juan Paulo Bongon Ba		Reg.date . : 23/09/2020
Svc Consultant : ACC		Mileage ... : 53,523
Remarks ..... : Mr Sumit Bhandari		Chassis No: 3PCMANJ55Z0552464

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount
802	TO REPLACE FASCIA RR BUMPER LO	0		900.00	0		900.00
	RR QTR ARC MLDG, RR DOOR ARC						
	MLDG, & RELATED PARTS						
	TO REPAIR RR BUMPER UPPER						
800	TO PRIME & SPRAY PAINT	0		850.00	0		850.00
	RR BUMPER						
280	TO CHECK WIRING INCLUDE	0		498.00	0		498.00
	RESETTING OF ALL ELECTRICAL						
	MODULES						
0031	TO REPLACE RHR ALLOY RIM	0		100.00	0		100.00
419	WHEEL ALIGNMENT	0		280.00	0		280.00
850B25NB0J	FASCIA-REAR BUMPER,L	1.0	EA	1270.50	10		1,143.45
852205NA0A	BRACKET-BUMPER RH	1.0	EA	123.00	10		110.70
788605NA0A	MLDG-FILLET RHR QTR	1.0	EA	328.00	10		295.20
788605NA1A	MLDG-FILLET RHR DOOR	1.0	EA	328.00	10		295.20
403005NA4A	WHEEL-ROAD AL	1.0	EA	2991.30	10		2,692.17
0155310501	CLIP	10.0	EA	3.20	10		28.80

# **SERVICE TAX INVOICE**

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Closed by .... : Juan Paulo Bongon Ba		Reg.date . : 23/09/2020
Svc Consultant : ACC		Mileage ... : 53,523
Remarks ..... : Mr Sumit Bhandari		Chassis No: 3PCMANJ55Z0552464

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	
407004CB0B	SEN UNIT-TIRE P		1.0 EA	193.80	10		174.42	

				Gross Total.	7,367.94
Labour	Total	2,628.00		Net.....	7,367.94
Parts	Total	4,739.94		GST @ 9.0%	663.11
Package	Total	0.00		Total.....	8,031.05
				Paid.....	0.00
				Please Pay..	8,031.05

GST: S=StdRated; O=OutOfScope; Z=ZeroRated; P=PreviousRate  
 Enquiries must be lodged within 14 days from the invoice date  
 This is a computer generated invoice. No signature is required.

## Juan Paulo Bongon Baldoz

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**From:** Serene Ler <Sereneler@msfirstcapital.com.sg>  
**Sent:** Wednesday, 11 December 2024 3:56 pm  
**To:** Juan Paulo Bongon Baldoz; Aini Binte; Hueh Yin (LKK Auto)  
**Cc:** Zoey Kian Zhi Yeu; SUR  
**Subject:** RE: D24010797MFCT/CTPL/TPD 2 - Direct Settlement involving vehicle SJA7370L (Ours) & SHD3689C (Your Insured) DOA: 09/12/2024  
**Attachments:** SJA7370L ESTIMATE TP (MSFC).pdf; SJA7370L FRT VIDEO.mp4

### Without Prejudice

Dear Juan,

Thanks for the attached and copied in SJE/LKK.

We are agreeable to Direct Settlement subject to quantum to be agreed.

Kindly note and quote our case reference when corresponding with us.

Thanks and Regards,

**Serene Ler**

Motor Claims

### MS First Capital Insurance Limited

#### A Member of **MS&AD** Insurance Group

16 Raffles Quay, #42-01 Hong Leong Building | Singapore 048581 | Reg. No. 195000106C

☎: 6359 1814 | Tel: 6359 1800 | Fax: 6223 0541

Motor Claims: [motor\\_claims@msfirstcapital.com.sg](mailto:motor_claims@msfirstcapital.com.sg) | Website: [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg)

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

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**From:** Juan Paulo Bongon Baldoz <[juan.paulo@wearnes.com](mailto:juan.paulo@wearnes.com)>

**Sent:** Wednesday, December 11, 2024 3:35 PM

**To:** Motor Claims <[MotorClaims@msfirstcapital.com.sg](mailto:MotorClaims@msfirstcapital.com.sg)>; Aini Binte <[Aini@msfirstcapital.com.sg](mailto:Aini@msfirstcapital.com.sg)>

**Cc:** Zoey Kian Zhi Yeu <[zoey.kian@wearnes.com](mailto:zoey.kian@wearnes.com)>; Serene Ler <[Sereneler@msfirstcapital.com.sg](mailto:Sereneler@msfirstcapital.com.sg)>

**Subject:** RE: Direct Settlement involving vehicle SJA7370L (Ours) & SHD3689C (Your Insured) DOA: 09/12/2024

**Importance:** High

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Hi Motor Claims,

Please advise liability status.

Refer to attached repair estimate & video.

## AUTHORIZATION TO ACT

I, SUMIT BHANDARI ("the third party Claimant")  
of 327 RIVER VALLEY ROAD #24-02 (address),  
owner of SJA 7370L (vehicle no.)  
hereby authorize WEARLESS AUTOMOTIVE PTE LTD ("The workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or loss of use  
("claim") for my Vehicle No. SJA 7370L that was damaged  
pursuant to the accident which occurred on 09/12/2024 (date) along  
LEONIE HILL ROAD (location)  
involving Vehicle No/s SHD 3689C ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 10 day of 12 (month) 20 24 (year)

Sumit Bhandari

Signed by "the third party claimant"



Signed by "the workshop"

## (PAYMENT BREAKDOWN)

Vehicle No	:	5JA7370L (Insd veh)	Model	:	INFINITI QX50
	:	SHD3689C (TP veh)			
Date of Accident	:	09/12/2024			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$14,477.20	
Final Repair Cost	:	\$8,031.05	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 654.00	4 days at \$ 163.50 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$8,685.05	

Remarks: \_\_\_\_\_

### Payment Instruction: Payee's Breakdown

1)	WEARNESS AUTOMOTIVE PTE LTD	:	\$8685.05
2)		:	\$
3)		:	\$
4)		:	\$



Petrol Full

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X  
45 Leng Kee Road, Singapore 159103  
Telephone: +65 6876 5063  
www.wearnesleasing.com

## RENTAL AGREEMENT

**No. RA25/00026**

Date: 14 Feb 2025

### VEHICLE DETAILS

Vehicle No. : SMU4411G  
Make : LAND ROVER  
Model : DISCOVERY SPORT 2.0P R-DYNAMIC SE 7S  
Out (Date & Time) : 17 Feb 2025 | 0900  
In (Date & Time) :

### HIRER PARTICULARS

Name : Sumit Bhandari C/O MS First Capital Insurance Ltd  
Address :  
Contact No. : 92725250

### MAIN DRIVER PARTICULARS

Name : Sumit Bhandari  
Address : 331 RIVER VALLEY ROAD  
#14-04  
Singapore 238363  
Contact No. : 92725250  
Driving License No. :  
NRIC/FIN/Passport No : SXXXX295G

### PAYMENT

Day: 1 days x 150.00 \$ 150.00  
Week \$ 0.00  
Month \$ 0.00  
Add HRS \$ 0.00  
Subtotal \$ 150.00  
GST (subjected to the prevailing GST rate) \$ 13.50

**Nett Amount \$ 163.50**

Security Deposit \$ 0.00

### PAYMENT MODE

- Bank Transfer
- GIRO

### REMARKS

SJA7370L\_MSFC (I)\_Paulo

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

I wish to be contacted via mailing for future promotions.

I wish to be contacted via SMS for future promotions.

I wish to be contacted via email for future promotions.

All information i have given Wearnes Automotive Pte Ltd in connection with this agreement is true.

Hirer's Signature  
(Affix Company Stamp)

Main Driver's Signature  
(if not hirer)

Credit Card Holder's  
Signature (if not hirer)

Leasing Consultant  
Wearnes Representative



**Wearnes Automotive Pte. Ltd.**  
Co Reg No 199501400R / GST Reg No M28920628X  
45 Leng Kee Road, Singapore 159103  
Telephone +65 6876 5063  
www.wearnesleasing.com

## Tax Invoice

**FIRST CAPITAL INSURANCE LTD**  
36 ROBINSON ROAD  
#16-01, CITY HOUSE  
Singapore 068877

**Inv No.** : R2500043  
**Inv Date** : 24 Feb 2025  
**Ref** :  
**Terms** : 90 Days

### Rental Information

Agreement No. : RA25/00026  
Billing Period : 17/02/2025 09:00 - 21/02/2025 09:00  
Driver Name : Sumit Bhandari

### Car Information

Registration No. : SMU4411G  
Make : LAND ROVER  
Model : DISCOVERY SPORT  
2.0P R-DYNAMIC SE 7S

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	4.00	Day	150.00	600.00

### Remarks:

SJA7370L\_MSFC (I)\_Paulo

Interbank GIRO deduction will take place from 5th to 9th of the month.  
Please ensure there is sufficient funds in your account as late payment charges applies.

**Subtotal :** S\$ 600.00  
**GST 9.0% :** S\$ 54.00  
**Total :** **S\$ 654.00**

### Bank Transfers:

Oversea-Chinese Banking Corporation Limited  
Bank Code: 7339  
Branch Code: 501  
Bank Account Name: Wearnes Automotive Pte Ltd  
Bank Account: 501-296727-001  
SWIFT CODE: OCBCSGSG

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date that the payment is due, compounded daily, plus an administrative fee of S\$50.00 (excluding GST) each time.

*This is a computer generated document. No signature is required.*



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MSFC - TP

SW0D24CA0001 / Wearnes Automotive Pte Ltd  
ENTRY DATE & TIME: 10/12/2024 16:02 (SGT)  
SUBMITTED BY: Juan Paulo Bongon Baldoz  
VERSION: 1 (10/12/2024 16:02 (SGT))

## 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	10/12/2024 16:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/12/2024 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LEONIE HILL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7370L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Sumit Bhandari
NRIC No	SXXXX295G
Email Address	sumitbhandari1977@gmail.com
Mobile Phone No	(Phone) +65-92725250
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	QX50 2.0T SENSORY
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	23/09/2020
Chassis no	3PCMANJ55Z0552464
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	Sumit Bhandari
NRIC No	SXXXX295G
Date Of Birth	09/06/1977
Occupation	Indoor
Driving Pass Date	22/11/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92725250
Alt. Phone Number	-
Email Address	sumitbhandari1977@gmail.com
Address	327 RIVER VALLEY ROAD #24-02
Address complement	-
Postcode	238359
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	WIFE
Gender	Female

#### PASSENGER 2

Name	DAUGHTER
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

#### REFER TO ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3689C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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MSFC-TP

SJA 7370L

**SINGAPORE ACCIDENT STATEMENT****IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

**ACCIDENT STATEMENT**

Date and Time of Accident Date: 09/12/24 Time: 9:40 am  
 Exact Location of Accident Leone Hill Road

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJA 7370L

**INSURED / POLICYHOLDER (OWN VEHICLE)**

Name of Registered Owner (See Insurance Cert.) SUMIT BHANDARI  
 Personal Identification - NRIC (Singaporean/PR) S7787295G  
 - FIN/Passport Number  
 - Not Applicable

**VEHICLE PARTICULARS (OWN VEHICLE)**

Vehicle Make / Model Manufacturer WIPAC Model Qx5a  
 Type of Vehicle\*  
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☒ Others, \_\_\_\_\_  
 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? ☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)  
 Vehicle Category\* ☒ Private ☐ Commercial ☐ Motorcycle

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company \* Liberty Insurance  
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
 Fleet Policy ☐ Yes ☒ No  
 Policy Number  
 Motor CI

**DRIVER**

☒ Same as Insured above  
 Name of Driver  
 Personal Identification - NRIC (Singaporean/PR)  
 - FIN/Passport Number  
 Date of Birth 09 dd/ 06 mm/ 1977 /yy  
 Driving Date Pass 22 dd/ 11 mm/ 2010 /yy  
 Year of Driving Experience Year(s) Month(s)  
 Occupation ☒ Indoor ☐ Outdoor  
 Gender ☒ Male ☐ Female  
 Contact Number / Mobile Phone / Fax No. 92725250

Address of Driver	Postcode ( )	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	CHANGE / CROSS LANE	
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet <input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Number of Passengers (Including Driver)	3	D-1 W-1
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SHD 36 89 C	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



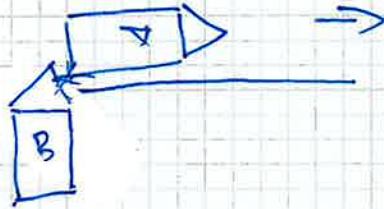
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



(A) SJA7370L  
(B) SHD3687C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going down on Leonie hill road when a taxi which decided to take a U-turn in the middle of the road, crossed a solid white line & drove right into the back half of my car. The rim of the tyre and the body of the car above the right back wheel was damaged. The taxi instead of making sure road was clear decided to cut into my lane where I was driving ~~through~~ after driving through the solid white line. The driver said he didn't see me coming on the road & was only looking on the other side & not the lane he decided to cut into. The front of <sup>taxi</sup> driver's car collided with the back right of my car.

## DECLARATION

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

Sumit Bhandari

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.: