



Our Reference: SGW131B / 7024050
Your Reference: SHC8976X

By Email / Mail

15/10/2024

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

ACCIDENT INVOLVING SGW131B & SHC8976X ON 29 JUNE 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		8,225.06
Loss of Rental	\$ 163.50 x 04 days	654.00
TOTAL		8,879.06

Kindly let us have your offer to 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 7024050	Page 1
16 RAFFLES QUAY	Inv.date. : 31/07/2024	
#42-01 HONG LEONG BUILDING	WIP No. . : 15990	
SINGAPORE	Veh.In/Out: 30/07/2024	
Singapore 048581	*Tel.No. . :	
	Reg.No. . : SGW131B	
Closed by : Kian Zhi Yeu Zoey	Reg.date . : 10/09/2019	
Svc Consultant : ACC	Mileage .. : 92,376	
Remarks : Mdm SEOW KIM KHYOK C	Chassis No: 3PCMANJ55Z0551235	

Parts/Op.No Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802 TO REMOVE & REPLACE BUMPER FRONT COVER & OTHERS RELATED SPARE PARTS.TO REPAIR FENDER LH.	0	1800.00	0		1,800.00	S
800 TO PUTTY, SAND, PRIME, SPRAY PAINT, WASH, POLISH BUMPER FRONT COVER & DOOR FRONT LH TO BLEND FENDER LH.	0	2550.00	0		2,550.00	S
280 TO CHECK WIRING INCLUDE RESET OF ALL ELECTRICAL MODULES.	0	435.00	0		435.00	S
085666205A BUMPER SCREW TAPPING	10.0 EA	1.70	10		15.30	S
620945NA0A SPACER - FRONT BUMPE	2.0 EA	17.10	10		30.78	S
622229CM0A BRACKET - FRONT BUMP	1.0 EA	31.90	10		28.71	S
620225NK1J BUMPER SET FR	1.0 EA	1633.50	10		1,470.15	S
089136065A NUT-U	1.0 EA	4.40	10		3.96	S
0146600261 SCREW	2.0 EA	1.70	10		3.06	S
620755NA0A MOULDING-FR,LH	1.0 EA	210.50	10		189.45	S
0124101011 NUT	10.0 EA	2.70	10		24.30	S

SERVICE TAX INVOICE

<p>0 - F00003 SL: MS FIRST CAPITAL INSURANCE LTD</p> <p>MS FIRST CAPITAL INSURANCE LTD</p> <p>16 RAFFLES QUAY</p> <p>#42-01 HONG LEONG BUILDING</p> <p>SINGAPORE</p> <p>Singapore 048581</p> <p>Closed by : Kian Zhi Yeu Zoey</p> <p>Svc Consultant : ACC</p> <p>Remarks : Mdm SEOW KIM KHYOK C</p>	<p align="right">GST Reg.No:M28920628X</p> <p>Inv.No. . : B&P 7024050 Page 2</p> <p>Inv.date. : 31/07/2024</p> <p>WIP No. . : 15990</p> <p>Veh.In/Out: 30/07/2024</p> <p>*Tel.No. . :</p> <p>Reg.No. . : SGW131B</p> <p>Reg.date . : 10/09/2019</p> <p>Mileage .. : 92,376</p> <p>Chassis No: 3PCMANJ55Z0551235</p>
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Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
01125N6011	BOLT	10.0	EA	3.30	10		29.70	S
01121N6031	BOLT	4.0	EA	3.30	10		11.88	S
0124101151	NUT-SPRING	4.0	EA	6.60	10		23.76	S
0155305933	CLIP-BOTTOM COVER QX	10.0	EA	3.20	10		28.80	S
638489Y000	WHEELARCH CLIP	2.0	EA	15.50	10		27.90	S
960105NA0A	AIR SPOILLER-FR	1.0	EA	864.00	10		777.60	S
76881JG00A	WHEELARCH GROMMET FX	4.0	EA	11.00	10		39.60	S
6384835F00	WHEELARCH CLIP FX50	2.0	EA	6.00	10		10.80	S
01454N5061	SCREW	6.0	EA	2.70	10		14.58	S
11296AG000	CLIP	10.0	EA	3.40	10		30.60	S

Gross Total. 7,545.93

Labour Total	4,785.00	Net.....	7,545.93
Parts Total	2,760.93	GST @ 9.0%	679.13
Package Total	0.00	Total.....	8,225.06
		Paid.....	0.00
		Please Pay..	8,225.06

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.

(PAYMENT BREAKDOWN)

Vehicle No	:	SGW 131B (Insd veh)	Model	:	Infiniti QX50
	:	SHC 8976X (TP veh)			
Date of Accident	:	29/06/2024			

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

Repair Estimate	:	\$ 17,143.65	
Final Repair Cost	:	\$ 8,225.06	
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	:	\$ 8,879.06	

Remarks: _____

Payment Instruction: Payee's Breakdown

1)	WEARNESS AUTOMOTIVE PTE LTD	:	\$ 8,879.06
2)		:	\$
3)		:	\$
4)		:	\$

MOTOR SURVEY ASSIGNMENT

Date	04/07/2024	Our Ref No.	D24005815MFCT
Accident Date	29-06-2024	Claim Type	Third Party
Insured Vehicle	SHC8976X	Third Party Vehicle	SGW131B
Survey Location	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD (S) 159103	Contact Person	ZOEY KIAN - HP 912
Contact No.	91294556	Fax No.	

Survey Type Direct Settlement

Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person		Fax No. 68416315
Contact Number	62563561	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

Encl. Estimate

Cc : Workshop	WEARNES AUTOMOTIVE PTE LTD	Attention	ZOEY KIAN - HP 9129
Officer Incharge	KARENT		

IMPORTANT NOTE

Kindly submit the survey report by **email only** to surveyor@msfirstcapital.com.sg within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Hi Daphne,

Is there any reply on COR approval at your end?

Thank you.

Zoey Kian
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
45 Leng Kee Road Singapore 159103
M (65) 91294556
www.wearnesauto.com zoey.kian@wearnes.com

From: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Sent: Tuesday, September 24, 2024 3:03 PM
To: Zoey Kian Zhi Yeu <zoey.kian@wearnes.com>
Cc: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Subject: Re: FINALIZED Direct Settlement involving vehicle SGW131B & SHC8976X DOA: 29/06/2024

Hi Zoey,

We will be advising our principal a cost of repair P/P \$7,545.93 /- with 04+01= 05 days of repair before GST, subject to their approval.

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.

From: Zoey Kian Zhi Yeu <zoey.kian@wearnes.com>
Sent: Saturday, 21 September 2024 6:28 pm
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Cc: B&P Service Consultants <bnpsc@wearnes.com>
Subject: FINALIZED Direct Settlement involving vehicle SGW131B & SHC8976X DOA: 29/06/2024

Hi En.Rasul,


AUTHORIZATION TO ACT

I, Seow Kim Khyok Carolyn ^("the third party claimant")
of 139 Cavenagh Road #09-05 Singapore 229627 ^(address),
owner of Sgw131B (vehicle no.) hereby authorize
Wearnes 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. Sgw131B that was
damaged pursuant to the accident which occurred on 29/6/2024 (date) along
Rangoon Road (location)
involving vehicle no. SHC8976X ("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.

Dated this 6 day of 8 (month) 20 24 (year)



Signed by "the third party claimant"
Policyholder's Signature only
& Company Chop – (if registered under a company)



Signed by "the workshop"

**Wearnes Automotive Services Pte. Ltd.**

Co Reg No. 193700005K / GST Reg No. 193700005K
45 Leng Kee Road, Singapore 159103
Telephone: +65 6876 5063
www.wearnesleasing.com

RENTAL AGREEMENT**No. RA24/00352**

Date: 31 Jul 2024

VEHICLE DETAILS

Vehicle No. : SLZ5676M
Make : VOLVO
Model : S90 T5 MOMENTUM
Out (Date & Time) : 31 Jul 2024 | 1000
In (Date & Time) :

HIRER PARTICULARS

Name : SEOW KIM KHYOK CAROLYN
C/O FIRST CAPITAL INSURANCE LTD
Address :
Contact No. : 96363655

MAIN DRIVER PARTICULARS

Name : SEOW KIM KHYOK CAROLYN
Address : 139 CAVENAGH ROAD
#09-05
Singapore 2259627
Contact No. : 96363655
Driving License No. :
NRIC/FIN/Passport No : 96363655

PAYMENT

	AMOUNT
Day	\$ 0.00
Week	\$ 0.00
Month: 1 month x 150.00	\$ 150.00
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

SGW131B_First Capital (I)_Zoey
4 days

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 SERVICES 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 Services Pte. Ltd.**

Co Reg No. 193700005K / GST Reg No. 193700005K
45 Leng Kee Road, Singapore 159103
Telephone: +65 6876 5063
www.wearnesleasing.com

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01, CITY HOUSE
Singapore 068877

Tax Invoice

Inv No. : R2400454
Inv Date : 20 Aug 2024
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA24/00352
Billing Period : 31/07/2024 10:00 - 04/08/2024 10:00
Driver Name : SEOW KIM KHYOK CAROLYN

Car Information

Registration No. : SLZ5676M
Make : VOLVO
Model : S90 T5 MOMENTUM

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

Remarks:

SGW131B_First Capital (I)_Zoey

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:

Account Name: WEARNES AUTOMOTIVE SERVICES PTE. LTD.
Bank Name: UOB Bank
Bank Branch: UOB Main Branch
Bank Address: 80 Raffles Place, UOB Plaza Singapore 048624
Bank Code: 7375
Branch Code: 001
Bank Account: 451-312-751-5
Bank Swift Code: UOVBSGSG
Currency Code: SGD
PayNow No.: 193700005K001

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.

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	01/07/2024 11:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2024 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW131B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW KIM KHYOK CAROLYN
NRIC No	SXXXX087H
Email Address	seowlees@gmail.com
Mobile Phone No	(Phone) +65-90211216
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	QX50 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	1997

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V10788/VPC/R02/E00

DRIVER

Name of Driver	LEE EUGENE
NRIC No	SXXXX873F
Date Of Birth	17/08/1961
Occupation	Indoor

Driving Pass Date	19/06/1979
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-90211216
Alt. Phone Number	-
Email Address	seowlees@gmail.com
Address	139 CAVENAGH ROAD #09-05 SINGAPORE
Address complement	-
Postcode	229627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	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

REFER TO ATTACHMENT

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	SHC8976X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

WIP: 15990

- India International - TP

SINGAPORE ACCIDENT STATEMENT**IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorized 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 Authorized 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: 29/6/2024 Time: 7:30 pm
 Exact Location of Accident Rangoon Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW131B

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Seow Kim Khyok Carolyn
 Personal Identification - NRIC (Singaporean/PR) S1475087H
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Infiniti Model QX50 Sensory
 Type of Vehicle* ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____
 Exact Purpose for which vehicle was being used at time of accident Private
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Please select: ☒ Third Party ☐ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company* Liberty
 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 Lee Eugene
 Personal Identification - NRIC (Singaporean/PR) S1506873F
 - FIN/Passport Number
 Date of Birth 17 dd/ 8 mm/ 1961 yy
 Driving Date Pass 19 dd/ 6 mm/ 1979 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation Finance Manager ☒ Indoor ☐ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 90211216

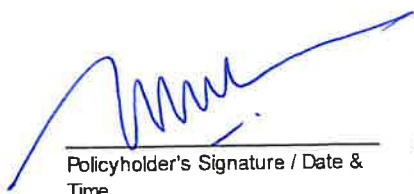
Address of Driver	139 Cavenagh Road #09-05 Singapore		Postcode (229627)
Email Address	seowksee@gmail.com		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	-		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	-		
Insurance Company of Driver's Own Vehicle (if applicable)	-		
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side Swipe		
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, _____
OTHER INFORMATION			
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 type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	1		
DETAILS OF POLICE ACTION			
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 type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SHC 8976X		
Vehicle Make/ Model/ Colour	Toyota		
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)			


Describe Circumstances of the Accident


I was driving from Rangoon Lane to the junction with Rangoon Road at 7.30pm 29 June 2024, to turn right at the junction into Rangoon Road. After turning right into Rangoon Road, the taxi STC 8976X was trying to turn right from Oxford Road, but failed to notice my car SEW 131B was on Rangoon Road. The taxi hit the ~~the~~ side front left side of my vehicle.

Declaration

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

SKETCH PLAN

IMPORTANT NOTICE

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

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

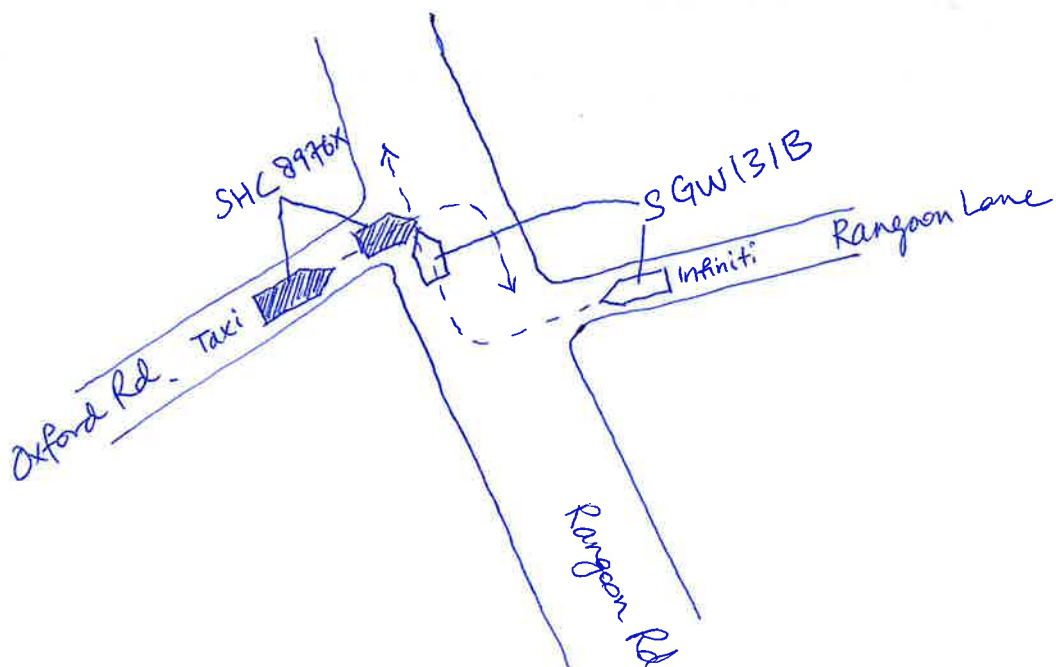
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



REPUBLIC OF SINGAPORE
RESIDENT CARD NO. S1475087H



SEOW KIM KHYOK CAROLYN
蕭金菊

CHINESE
Date of Birth: 08-07-1961
Sex: F
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No: S1475087H

SEOW KIM KHYOK CAROLYN

Birth Date: 06 Jul 1961
Valid Until: 19 Aug 2000

000756276E

139 CAVENAGH ROAD #09-05
SINGAPORE 239627

NRIC No: S1475087H

Date: 11-08-2005

NRIC No: K041232

139 CAVENAGH ROAD #09-05
SINGAPORE 239627

CLASS 3 - Motor Cars and Motor Vehicles less than 3500 cc which includes not more than 2500 cc

Class 3 - Motor Cars and Motor Vehicles less than 3500 cc which includes not more than 2500 cc

