



No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-50 Singapore 415875
Tel: +65 6452 4457 | Fax: +65 6452 4584 | Email: enquiry@torque5.com
Co. & GST Reg. No.: 201313221G

Torque 5 Pte Ltd

India International Insurance Pte Ltd

64 Cecil Street
#04/#05 IOB Building
Singapore 049711

Tax Invoice

Inv. No. : T51906125
Inv. Date : 28 Jun 2019
Ref : 17/07/2018
Terms : 30 Days
Veh. No. : SLP2337P
Make & Model : HYUNDAI ELANTRA
AD 136 GLS AT

#	Description	Qty	UOM	Unit Price	Disc	Amt
1	TO R&R ACCIDENT AFFECTED AREAS	1.00		400.00	0.00	400.00
2	TO PUTTY & RESPRAY ACCIDENT AFFECTED AREAS	1.00		400.00	0.00	400.00
3	TO R&R FRONT DOOR MECHANISM	1.00		60.00	0.00	60.00
4	TO R&R REAR DOOR MECHANISM	1.00		60.00	0.00	60.00

I agree to the price as listed above and affirm that the goods are received in good condition.

(Customer's Signature and Company Stamp)

Subtotal : S\$ 920.00
GST 7.0% : S\$ 64.40
Total : S\$ 984.40

For **TORQUE 5 PTE. LTD.**



(Authorised Signature)

Reg no: 201313221G

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MCT18070510
Claimant Ref: SLP2337P

We/I, Torque 5 Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 1,240.00 (Global Sum) (repair cost) SG\$ (search fee), vehicle no. SLP2337P that was damaged pursuant to the accident which occurred on 17/07/2018 (date) at Tampines 83 Beside Blk 835 (location) involving vehicle no. SHA7524J (insured vehicle). This is pursuant to the inspection conducted on 26/07/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Choo Kien Kee ("the third party claimant") of vehicle no. SLP2337P to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLP2337P (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 1,240.00 to Torque 5 Pte Ltd

Dated this 28 day of June 20 19

CLAIMANT:

Signature: 

Name: Wu Limei

NRIC: S8928969F

Address: 81 Kaki Bukit Ave 4
#01-49 Premier@KB S(415875)

Nationality: _____

Occupation: _____

WITNESS:

Signature: _____

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park S(408933)

Nationality: _____

Occupation: _____

my execution of this Discharge Voucher is only
for my claim for property damage and not prejudicial
to any other claims arising from the same accident.

Torque 5 Claims

From: Torque 5 Claims <claims@torque5.com>
Sent: 26 March, 2019 11:21 AM
To: 'Vivian Lau (LKKAUTO)'; 'Zayyer (LKKAUTO)'; 'Asher Sng (LKKAUTO)'; 'Poh Kin (LKKAUTO)'; 'Joy Irene (LKKAUTO)'; 'Thin Thin (LKKAUTO)'; 'claims@torque5.com'; 'Admin A'
Cc:
Subject: Accident Involving SLP 2337 P & SHA 7524 J on 17/07/2018. Our Ref: SLP2337P
Attachments: SLP 2337P - 17072018 LOD.pdf

WITHOUT PREJUDICE

Dear Sir/Mdm ,

Attached is the Final repair bill, Rental agreement and E-Day license fee of the above mentioned vehicle.

Claim amount as per below:-

1. Repair Cost	\$ 984.40
2. Loss of Rental for 04 x \$100/- per day	\$ 400.00
3. E-Day license	\$ 20.00
TOTAL:	\$ 1,404.40

The above settlement is in respect of our client's claim for damages pertaining to his motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation of his personal injuries.

Kindly acknowledge by replying to this email and let us have your offer soon.

Your assistance is greatly appreciated.



Thank you.

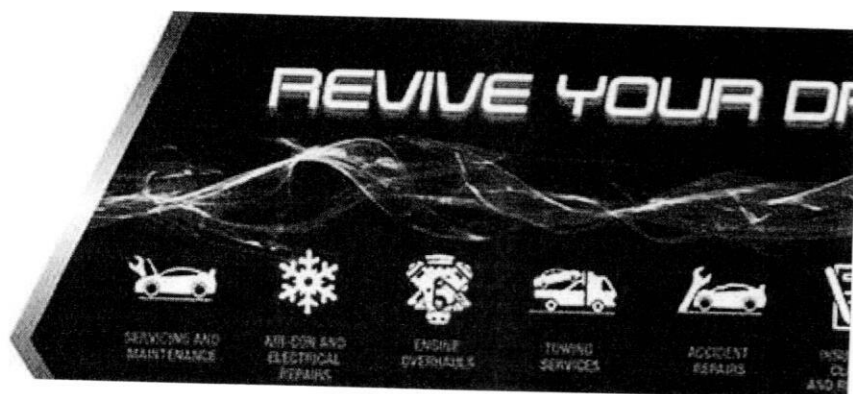
Warmest Regards,
Rachel Wu

Claims Officer | Motor Claims Department

Hotline (65) 6452 4457 EXT 112 | Fax (65) 6452 4584

Address 8 Kaki Bukit Ave 4, #01-49/50/51/52/53/54
Premier @ KB, Singapore 415875

www.torque5.com





Torque 5 Pte Ltd
No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-50 Singapore 415875
Tel: +65 6452 4457 | Fax: +65 6452 4584 | Email: enquiry@torque5.com
Co. Reg. No.: 201313221G

LETTER OF AUTHORISATION

Accident on 17/07/18 along Tampines 83 Beside blk 835
Involving vehicles SLP2337P & SHA7524J

In consideration of **Torque 5 Pte Ltd, 8 Kaki Bukit Ave 4, Premier @ Kaki Bukit #01-50 Singapore 415875**, repairing my/our motor vehicle no SLP2337P at my request, I/We, Choo Kien Kee ("the claimant") of 837 Tampines Street 85 #07-70 (address) bearing NRIC No S70718366 the owner of motor vehicle no SLP2337P, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings related to this accident that are necessary to prosecute the claims maintained by **Torque 5 Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith. In the event that my/our claim is unsuccessful due to untruthful statements from me/us, I/we undertake to pay to **Torque 5 Pte Ltd** the cost of repairs to my/our vehicle.

In the event that the settlement/payment cheque is being made in my/our favour, I/we hereby undertake to return the full amount to **Torque 5 Pte Ltd** account, within 7 days from receiving and clearance of the said settlement/payment cheque. Failing which, **Torque 5 Pte Ltd** will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

I/We further authorize **Torque 5 Pte Ltd** to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to **Torque 5 Pte Ltd** shall amount to a good discharge of **Torque 5 Pte Ltd** obligation to me/us in respect of the settlement monies. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and condition being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Dated this 26 day of 07 (month) 20 18 (year)

Signed by "the claimant"

Name: Choo Kien Kee

NRIC No: S70718366

Signed by Torque 5 Pte Ltd

Name: Poachy





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

Print Date/Time : 30 Jul 2018 / 14:09:54

Receipt Date/Time : 30 Jul 2018 / 14:09:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180730-001170

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference No.

Usage Date: 30 Jul 2018 (Mon)

1 Sales of e-Day Licence - SLP2337P
e-Day Licence @\$20.00 x 1
20180730140857685474

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

20.00	0.00	20.00
-------	------	-------

Sub-Total

20.00	0.00	20.00
-------	------	-------

Total Before Rounding

20.00	0.00	20.00
-------	------	-------

Rounding Difference

0.00

Total Amount Payable

20.00

Paid By

xxxxxxxxxxx5515

Credit Card:
Visa/MasterCard

20.00

Total

20.00

Cash Change

0.00

Tendered Amount

20.00

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.



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-18-110543
Date of Request: 19/07/2018

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 17/07/2018
Place of Accident: TAMPINES 83 BESIDE BLK 835
Client Vehicle No: SLP2337P

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHA7524J	TAMPINES OPEN AIR CAR PARK BLK 835 NEAR GANTRY (IN	17/07/2018 20:00

Thank You.

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.

This is a computer generated document and requires no signature.

TAX INVOICE

Our Ref No: GR-18-110543
Date of Request: 19/07/2018

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 17/07/2018
Place of Accident: TAMPINES 83 BESIDE BLK 835
Client Vehicle No: SLP2337P

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-110548
Date of Request: 19/07/2018

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Date of Accident: 17/07/2018
Vehicle No: SLP2337P
Place of Accident: ALONG TAMPINES 83 BESIDE BLOCK 835
Involving Vehicle No: SHA7524J

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA7524J	ALONG TAMPINES 83 BESIDE BLOCK 835	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit
#01-50 Singapore 415875
Tel: +65 6452 4457 Fax: +65 6452 4584
Email: leasing@torque5.com
Company Reg. No: 201530768C

Choo Kien Kee
837 Tampines Street 83 #07-70
s520837

C/O

Torque 5 Pte Ltd

8 Kaki Bukit Avenue 4, #01-50
Premier @ KB, Singapore 415875
Tel: 6452 4457 Fax: 6452 4584

Rental Invoice

Inv No. : L51807013

Date : 30 Jul 2018

Ref : SLP2337P

Currency : SGD

Terms : COD

RA No. : R18070010

Veh No. : SLL 5338 M

#	Rental Period	Rate	Disc	Amt
1	Rental (26/07/2018 11:20 to 30/07/2018 16:51)	480.00	0.00	480.00

*I agree to the price as listed above and
affirm that the goods are received in good
condition.*

(Customer's Signature and Company Stamp)

Subtotal : S\$ 480.00
GST 7.0% : S\$ 0.00
Total : S\$ 480.00

For **TORQUE 5 LEASING PTE LTD**

(Authorised Signature)



RENTAL AGREEMENT

T 002081

HIRER'S PARTICULAR		Veh. No/Model: SLP2337P H-Elantra																													
Name: CHOO Kien Kee		Rental Veh. No/Model: SLL5338A H.140																													
NRIC/Passport No: S70718366		Date/Time Out: 26/7/18 11:20am																													
Address: 837 Tampines Street 83 #07-70		Date/Time In: 30/7/18 5pm																													
Tel: 93854213		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> OUT E 1/2 F </div> <div style="text-align: center;"> IN F 1/2 E </div> </div>																													
Driving license No: Exp:		Milage: 161731 Milage: 161874																													
ADDITIONAL DRIVER'S PARTICULAR		<table border="1"> <tr> <th>Rental Charges</th> <th>S\$</th> <th></th> <th>S\$</th> </tr> <tr> <td>Hours @</td> <td></td> <td>per hour</td> <td></td> </tr> <tr> <td>Days @ 4</td> <td>120</td> <td>per day</td> <td></td> </tr> <tr> <td>Weeks @</td> <td></td> <td>per week</td> <td></td> </tr> <tr> <td>Months @</td> <td></td> <td>per month</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal</td> <td></td> <td>480</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">GST @ 7%</td> </tr> </table>		Rental Charges	S\$		S\$	Hours @		per hour		Days @ 4	120	per day		Weeks @		per week		Months @		per month		Subtotal			480			GST @ 7%	
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Weeks @		per week																													
Months @		per month																													
Subtotal			480																												
		GST @ 7%																													
Name:		Others																													
NRIC/Passport No:																															
Address:																															
Tel:																															
Driving license No: Exp:																															
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		TOTAL CHARGES 480																													
		Mode of Payment: Cash/Nets/Cheque/Credit Card: <table border="1"> <tr> <td>Deposit</td> <td>Deposit</td> </tr> <tr> <td>Amount</td> <td>Refunded</td> </tr> </table> Remarks: Received by:		Deposit	Deposit	Amount	Refunded																								
Deposit	Deposit																														
Amount	Refunded																														
<p>I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.</p>		<p>Hirer Signature/Date: _____</p> <p>for Torque 5 Leasing Pte Ltd</p> <p>Reg no: 201530768C</p>																													
Physical Damage Excess <table border="1"> <tr> <td>Singapore - Own Damage</td> <td>S\$2,000</td> </tr> <tr> <td>Singapore - 3rd Party Damage</td> <td>S\$2,000</td> </tr> <tr> <td>Malaysia (if applicable)</td> <td>S\$8,000</td> </tr> <tr> <td>For Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age</td> <td>S\$3,000 (Additional)</td> </tr> </table>		Singapore - Own Damage	S\$2,000	Singapore - 3rd Party Damage	S\$2,000	Malaysia (if applicable)	S\$8,000	For Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age	S\$3,000 (Additional)	Acknowledgement 																					
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For Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age	S\$3,000 (Additional)																														
IMPORTANT NOTE: 1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE. 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Torque 5 Leasing Pte Ltd. 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Torque 5 Leasing Pte Ltd immediately.																															
		<p>Owner Signature/Date: _____</p>																													

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	18/07/2018 20:26
Date Of Accident	17/07/2018 19:45
Exact Location Of Accident	ALONG TAMPINES 83 BESIDE BLOCK 835
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2337P
Insured/Policyholder	
Name Of Registered Owner	CHOO KIEN KEE
NRIC No	S7071836G
Email Address	SHIRLEYSHI_24@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93854213
Alternative Phone No	OFFICE-93854213

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00005450
Cover Note Number	

Driver

Name of Driver	CHOO KIEN KEE
NRIC No	S7071836G
Date Of Birth	22/03/1970
Occupation	INDOOR
Date Of Driving Pass	14/10/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854213
Fax Number	
Contact Number	OFFICE-93854213
Email Address	SHIRLEYSHI_24@YAHOO.COM.SG

Address	BLK 837 TAMPINES STREET 83
Postcode	#07-70
	520837
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	
	NAME: : TREVIS
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

My veh was stationary aLong the stop line when suddenly veh b roll forward and collided with my car. There was no driver inside veh b. To driver was assisting his passenger on a wheelchair When the veh starts To roll forward

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7524J
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7L
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAHARUDIN B ATAN
NRIC/Passport Number	S7208444F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: : PASSENGER 1

GENDER: : MALE

Passenger 2

NAME: : PASSENGER 2

GENDER: : MALE

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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 for one or more of the above Purposes.



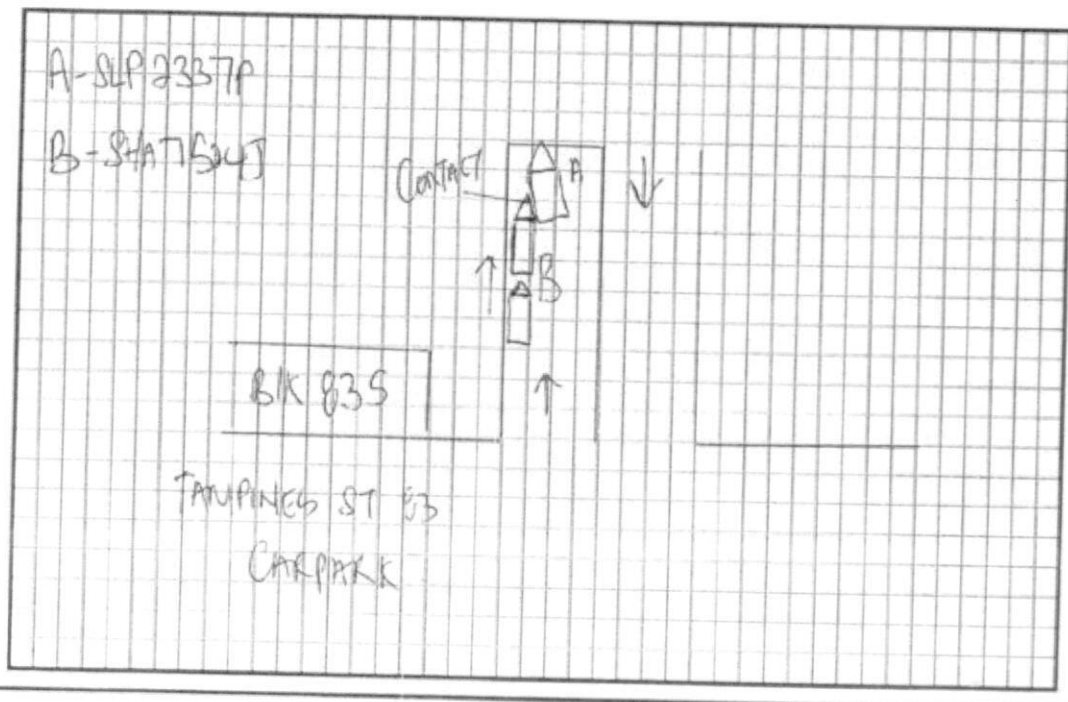
VERIFIED BY AJAX MARS
REPORTING OFFICER
Md Sharil

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

My veh was stationary aLong the stop line when suddenly veh b roll forward and collided with my car. There was no driver inside veh b. To driver was assisting his passenger on a wheelchair When the veh starts To roll forward

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATARini veh b.

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 July 2018 at 6:35 PM

Date/Time:

18 July 2018 at 6:35 PM