

FS CAPITAL PTE. LTD.

Co. Reg. No. : 201631787R

Tax Invoice

India International Insurance Pte Ltd
64 Cecil Street
#05-00 IOB Building
Singapore 049711

Inv. No. : FS1906001
Inv. Date : 19/06/2019
Ref : 29/01/2019
Terms : 30 Days
Veh. No. : GBD 3403 G
Make & Model : NISSAN
CABSTAR

#	Description	Qty	UOM	Unit Price	Disc	Amt
1	TO SUPPLY SPARE PARTS AND LABOUR FOR ACCIDENT REPAIR PARTS LUMP SUM AMOUNT	1		2,000.00	0.00	2,000.00

Remarks:

GBD3403G (Car Out: 21/02/19)

Subtotal: S\$ 2,000.00
GST 7.0%: S\$ 140.00
Total: S\$ 2,140.00

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

On behalf of **FS CAPITAL PTE. LTD.**

(Customer's Signature and Company Stamp)

(Authorised Signature)



Please make cheque payable to "FS Capital Pte Ltd" and mail to 8 Kaki Bukit Avenue 4,
Premier@KB #01-49 Singapore 415875 or direct bank transfer to DBS Bank Account 003-943479-0.



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19010842
Claimant Ref: GBD 3403G

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 CONSULTANT PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 2,140.00 (repair cost), S\$ 600.00 (loss of ~~use~~/rental), S\$ 36.45 (search fee), vehicle no. GBD 3403G that was damaged pursuant to the accident which occurred on 29/01/2019 (date) at LOYANG AVE (SLIP RD) TWDS PASIR RIS AVE 3 (location) involving vehicle no. SHD 8764Z (insured vehicle). This is pursuant to the inspection conducted on 11/02/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ADS AND SIGNS COMMUNICATIONS PTE LTD ("the third party claimant") of vehicle no. GBD 3403G 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 GBD 3403G (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\$ 2,776.45 to TORQUE 5 PTE LTD FS Capital Pte Ltd

Dated this 19 day of June 2019

CLAIMANT:

Signature: [Signature]

Name: Wulinei

NRIC: S895949E

Address: 8 Kaki Bukit Ave 4 #01-49

Nationality: Premiere (BR 5415875)

Occupation:

WITNESS:

Signature: [Signature]

Name: LKK AUTO CONSULTANT PTE LTD

NRIC: 199607198R

Address: 51 UBI AVE 1 #02-25

Nationality: PAYA UBI INDUSTRIAL PARK S(408933)

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.

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance Pte Ltd Payment will be credited directly
(Name of Paying Organisation)
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,
obtain his banker's certification in Part II and return the duly completed form to
India International Insurance Pte Ltd
(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: India International Insurance Pte Ltd
(Name of Paying Organisation)

Supplier's Particulars:

Name : FS Capital Pte Ltd
Address : 6, SHENTON WAY, # 21-08, ONE DOWNTOWN SINGAPORE 068809
Telephone Number: 6221 0958 Fax Number: _____
Name of Bank : DBS Bank Name of Branch: Shenton Way
Account Number To Be Credited : 0039434790
I/We hereby authorise India International Insurance Pte Ltd to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: DBS Bank
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.



Signatures and Company's stamp As In Bank Account

19/06/2019

Date

Part II (To Be Completed By Supplier's Bank)

To: _____
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank

Branch

Account Number

--	--	--	--

--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name & Signature of Authorised Bank Officer

Date

Torque 5 Claims

From: Torque 5 Claims <claims@torque5.com>
Sent: 01 March, 2019 3:14 PM
To: hsiaotong@lkkauto.com
Cc: claims@torque5.com; 'Admin A'
Subject: Accident Involving GBD 3403 G & SHD 6764 Z on 29/01/2019. Our Ref: GBD3403G.
Attachments: GBD 3403G - 29012019 LOD.pdf

WITHOUT PREJUDICE

Dear Hsiao Tong

Attached is the Final repair bill, Rental bill, LTA fee and GIA fee, of the above mentioned vehicle.

Claim amount as per below:-

1. Repair Cost	\$ 2,140.00 -
2. Loss of Rental for 04 Days x \$150/- per day	\$ 600.00 -
3. LTA/GIA fee	\$ 36.45 -
TOTAL:	\$ 2,776.45 -

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 advise who is the officer in charge.

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 29/01/2019 along ADS AND SIGNS COMMUNICATIONS PTE LTD
Involving vehicles GBD34036 & SHD67642

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 GBD34036 at my request, I/We, ADS AND SIGNS COMMUNICATIONS PTE LTD ("the claimant") of 67 Ayer Rajah Crescent #02-01 (address) bearing NRIC No 200206659M the owner of motor vehicle no GBD34036, 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 19 day of 02 (month) 20 19 (year)

Signed by "the claimant"

Name: ADS AND SIGNS COMMUNICATIONS PTE LTD

NRIC No: 200206659M

Signed by Torque 5 Pte Ltd

Name: Peach Ang

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 31 Jan 2019 / 15:03:46

Receipt Date/Time : 31 Jan 2019 / 15:03:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190131-001925

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

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

Result of Insurance Enquiry - SHD6764Z

As at 29 Jan 2019/10:40:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHD6764Z

Enquiry Fee

20190131150206905960

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

7.00	0.49	7.49
------	------	------

Rounding Difference

0.04

Total Amount Payable

7.45

GRD34039

Paid By

20190131150308762 Direct Debit: eNETS Debit
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

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.

Print Receipt

OK

Save as PDF



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

TAX INVOICE

Our Ref No: GR-19-018264

Date of Request: 01/02/2019

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: 29/01/2019

Place of Accident: PASIR RIS DR 3 LOYANG AVE

Client Vehicle No: GBD3403G

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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-19-018264
Date of Request: 01/02/2019

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: 29/01/2019
Place of Accident: PASIR RIS DR 3 LOYANG AVE
Client Vehicle No: GBD3403G

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
SHD6764Z	LOYANG AVE (SLIP RD) TWDS PASIR RIS AVE 3	29/01/2019 10:35

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.



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

TAX INVOICE

Our Ref No: GR-19-018266

Date of Request: 01/02/2019

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: 29/01/2019

Vehicle No: GBD3403G

Place of Accident: PASIR RIS DR 3/LOYANG AVE

Involving Vehicle No: SHD6764Z

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\$)
SHD6764Z	PASIR RIS DR 3/LOYANG AVE	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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

B 萬豐利汽車服務

BAN HONG LEE MOTOR SERVICES

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 263102/00M
TOWING SERVICE: 6858 4067 (After 10.30pm)

Truck Rental
Motor Repair
Motor Insurance Claims
Insurance Agent
Dealer in Used Car
Authorised Carpool Service Centre

必甲及羅里出租
汽車修理
保險賠償
代理保險
買賣汽車
維修服務中心



車輛出租合同

VEHICLE RENTAL AGREEMENT

62B034036

Date:

Owner: **BAN HONG LEE MOTOR SERVICES ("the owner")**

Hirer: ADS AND SIGNS COMMUNICATIONS PTE LTD

Address: 67 Ayer Rajah Crescent #02-01

NRIC / Co. Reg. No: 260206659M

Tel: _____ Fax: _____ H/P: _____

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: <u>6BA680H</u> (canopy)		Agreement No.: <u>139788A</u>	
Driver's Particulars		Odometer: <u>525309</u>	
Name: <u>Lam How Toi</u>		Date & Time Out: <u>19/02/2019 @ 10am</u>	
Address: <u>716 Jurong West ST 71 #09-64</u>		Date & Time In: <u>01/02 23/02/19</u>	
I/C No: <u>525483343</u>	Dr/Licence No:	Hour @\$	
Date of Issue:	Occupation:	<u>4</u> Days @\$ <u>250</u>	
Date of Birth: <u>09/06/1945</u>	Tools: <u>do set</u>	Wks @\$	
	Spare Tyre: <u>do set</u>	Mths @\$	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3500 comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3000 excess for collision/damage to first party, (i.e.) BAN HONG LEE MOTOR SERVICES (including windscreen) plus loss of earning while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):

Sub-Total: 1000/-

Balance To Pay:

**PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY**

BAN HONG LEE MOTOR SERVICES

Authorised Signature

Hirer's Signature



ads . 19.2.19.

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 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 Report	30/01/2019 09:36
Date Of Accident	29/01/2019 10:40
Exact Location Of Accident	PASIR RIS DR 3/LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3403G
Insured/Policyholder	
Name Of Registered Owner	ADS AND SIGNS COMMUNICATIONS PTE. LTD.
Co Reg No	200206659M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83779552

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103956873
Cover Note Number	

Driver

Name of Driver	LAM HOW TOI
NRIC No	S2548334J
Date Of Birth	07/06/1945
Occupation	INDOOR
Date Of Driving Pass	23/09/1967
Driving Experience	51 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83779552
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 716 JURONG WEST ST 71 #09-69
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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: ---
 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

WHEN MY VEHICLE WAS STATIONARY AT PASIR RIS DR 3/LOYANG AVE FILTER LANE TO GIVE WAY FOR TRAFFIC FROM THE MAIN ROAD. SUDDENLY A VEHICLE CAME FROM BEHIND HIT ONTO THE REAR PORTION OF MY VEHICLE.

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 SHD6764Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

IDAC BUKIT BATOK (VAC)
511 F 103 1 7 73
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

