

# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: [claim.autoworxhouse@gmail.com](mailto:claim.autoworxhouse@gmail.com)

•TEL: 6452 8211 •FAX: 6451 7420

## Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: SKW 7836 H

AIG Asia Pacific Insurance Pte. Ltd.

Attn: Officer In Charge

(Motor Claim Department)

06/03/2020

Dear Sir,

### RE : ACCIDENT INVOLVING SKW 7836 H & SJV 2388 J ON 01/06/2019.

We have been authorized by LIM THIAM YONG, the registered owner of vehicle number SKW 7836 H, which was involved in the above accident and at the material time to make a 3<sup>rd</sup> party claims against vehicle number SJV 2388 J.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	4550.00
Loss of Rental (10days x \$140.00) + 7% GST	S\$	1498.00
Search Fee	S\$	2.00
Total	S\$	6050.00

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

Autoworx House



# AUTOWORK HOUSE

The Autowork House is a unique and exciting project that will be completed in 2023.

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# AUTOWORX HOUSE

C/O. 176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517420

Registration No. 5296929B


INVOICE

5395

AIG Asia Pacific Insurance Pte. Ltd.

3/26/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE : HONDA VEZEL / SKW 7836 H</u>	
	Lump sum repair for the above mentioned vehicle.	4,550.00
	Total	4,550.00







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-19-087406

Date of Request: 03/06/2019

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd  
176 Sin Ming Drive #02-01  
Sin Ming Autocare  
Singapore 575721

Dear Sir/Madam,

Enquiry Date 03/06/2019

Enquiry By Yuki Ho

TP Vehicle No. SJV2388J

Accident Date 01/06/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque



友立旅遊服務私人有限公司  
**UNIQUE TOURIST SERVICE (PTE) LTD**

1, Rochor Road, #02-574,  
Rochor Centre Singapore 180001  
Tel: 6292 7656 Fax: (65) 6293 97  
E-mail: uniqtour@singnet.com.sg  
STB LIC TA/00076

Co. Reg. No.: 197401067R  
GST Reg. No.: M2-0019671-6

**TAX INVOICE**

NO. **WP2017647**

Mr Lim Thiam Yong  
Blk 433 Tampines Street 43  
#01-73  
Singapore 520433

20, Sin Ming Lane,  
#08-51, Midview City  
Singapore 573968  
Tel: 6292 7656

11.06.2019

Singapore, \_\_\_\_\_ 20

DATE	PARTICULARS	@	\$	cts
------	-------------	---	----	-----

Rental of one unit Toyota Picnic 2.0 Auto  
Registration no. SGK 6623 Y self driven as from  
01.06.2019 at 1215 hrs to 10.06.2019 at 2100 hrs.

10 days at \$140.00 per day

Add GST at 7%  
Amount Due

\$	1400.00
\$	1400.00
\$	98.00
\$	<u>1498.00</u>

( SIN DOLLARS: ONE THOUSAND FOUR HUNDRED AND NINETY EIGHT ONLY )

Standard Rated Supplies:\$	1400.00
Total Amount of GST:\$	98.00

  
AUTHORISED SIGNATURE

Mr Lim Thiam Yong

EX-10 集

Singapore 250433

Tel: 6292 7658  
Singapore 573988  
#08-57, Midview City  
30, Sin Ming Lane

Tel: 0202 7828 4400 2019

WP5011643

Rental of one unit Toyota Picnic 2.0 Auto  
Registration no. 8GK 6623 Y self driven as from  
01.06.2019 at 12:15 hrs to 10.06.2019 at 2:00 hrs

10 days at \$140.00 per day

Amount Due  
Add GST at 7%

00.0041	2
00.0041	2
00.88	2
00.8841	2

(IN DOLLARS: ONE THOUSAND FOUR HUNDRED AND NINETY EIGHT ONLY)

Total Amount of GST:	98.00
Standard Rated Supplies:	1400.00



# UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22272

VEHICLE NO.

SKK 6623Y

MAKE/MODEL

TOYOTA PICNIC

NAME OF HIRER

MR. LIM THIAM YONG

ADDRESS

BLK 433 TAMPINES STREET 43

# 01-73

SINGAPORE

520433

OFFICE TEL

RES TEL

HP

NAMED DRIVER

MR. LIM THIAM YONG

OCCUPATION

NATIONALITY

S'POREAN

PASSPORT / NRIC

S 15809864

DATE OF BIRTH

130663

DRIVING LIC NO.

S 15809864

PLACE OF ISSUE

S'PORE

DATE PASS/EXPIRY

110584

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL

RES TEL

HP

OCCUPATION

NATIONALITY

PASSPORT / NRIC

DATE OF BIRTH

DRIVING LIC NO

PLACE OF ISSUE

DATE PASS/EXPIRY

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ \_\_\_\_\_ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ \_\_\_\_\_ FOR USE IN MALAYSIA FROM \_\_\_\_\_ TO \_\_\_\_\_ "X"

\* THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$ 1200/-

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DATE OUT 010619 TIME OUT 1215HRS

PETROL OUT E 1/4 1/2 3/4 F

DATE IN 10/6/19 TIME IN 2100HRS

PETROL IN E 1/4 1/2 3/4 F

RENTAL RATES: \$ \_\_\_\_\_

MONTHLY @ \$ \_\_\_\_\_

WEEKLY @ \$ \_\_\_\_\_

DAILY 10 @ \$ 140/- 1400.00

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ 7% 98.00

RENTAL DEPOSIT

TOTAL: 1498.00

DEPOSIT REFUND

PAYMENT BY: BILL CO / CREDIT CARD / CASH

ATTENDED BY:

OF UNIQUE TOURIST SERVICE (PTE) LTD

## DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE \* OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

2. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

3. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

DATE:

SIGNATURE OF HIRER

DATE:


SIGNATURE OF HIRER

To: Autoworx House  
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SPW 7836 H & SJV 2388 J  
ALONG/AT Pasir Ris Drive 8  
ON 01/06/2019.

1. I/We, LIM THIAM YONG (NRIC No. S1580986 H),  
owner/driver of motor vehicle no. SPW 7836 H, & residing at  
Autoworx House  
respectively in consideration of your workshop Autoworx House  
repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of  
repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the  
said service of a solicitor to proceed with negotiation with the defaulting party's insurance  
company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue  
Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the  
claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our  
assistance as per second paragraph stated herein below.
2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever  
reasonable assistance to you including signing all relevant Court's document and attendance in  
Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite  
request from you, you shall be entitled to claim from me/us the repair costs together with legal  
costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain  
payment from defaulting party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third  
party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are  
authorised to sign any Discharge Voucher or any document to confirm my acceptance of the  
settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our  
full authority to collect all compensation monies pertaining to the above-mentioned accident from  
insurance company or any other party, directly to your workshop M/s  
Autoworx House.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after  
deducting all costs and disbursements incurred should be drawn in your name or my/our name/s (at  
your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: 

Name: LIM THIAM YONG

NRIC NO: S1580986 H

Date this 03 day of JUNE 2019.

## 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	03/06/2019 12:08
Date Of Accident	01/06/2019 07:45
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7836H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM THIAM YONG
NRIC No	S1580986H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94380190
Alternative Phone No	OFFICE-94380190

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0002590
Cover Note Number	

### Driver

Name of Driver	LIM THIAM YONG
NRIC No	S1580986H
Date Of Birth	13/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94380190
Fax Number	
Contact Number	OFFICE-94380190
EMail Address	NOEMAIL

Address	433 TAMPINES STREET 43 01-73
Postcode	520433
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SJV2388J (PRIVATE CAR)
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?	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)	1

#### 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

I WAS TRAVELLING FROM PARIS RIS GROVE INTO PASIR RIS DRIVE 8. WHILE FILTERING TOWARDS THE EXTREME RIGHT LANE, VEHICLE B, WHICH WAS BEHIND MY VEHICLE FROM PASIR RIS GROVE, FAILED TO SLOW DOWN AND COLLIDED INTO THE REAR OF MY VEHICLE WITH A HARD IMPACT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2388J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIO HE WEI
NRIC/Passport Number	S7209637A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

# Sketch Plan

☐ Scene Pic  
☐ Auth Letter

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
01/06/2019	0746 HRS	PASIR RIS DRIVE 8

## INSURED/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	SKW 7836 H
Name of Policyholder	LIM THIAM YONG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S1580986 H
Address	433 TALAPIVES STREET 43
Address	#01-73 (51520433
Contact Number	Tel: 94380190 Hp:
Email Address	NDEMAIL

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA VEZEL
Type of Vehicle	Saloon, MPV, <u>CAR</u> , Van, Lorry, Bus M/cycle, Others: _____
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	D18MPC0003590

## DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	
NRIC/ FIN/ Passport	
Date of Birth	
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	
Address	
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured	
No. of Passenger in vehicle (including Driver)	(including Driver)

Please state:

Name:	Gender:
Name:	Gender:
Name:	Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

## GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

## OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

## Sketch Plan #2

OWN VEHICLE REGISTRATION NUMBER

SKW 7836 H

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

#### Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number STV 2388 J  
 Make/ Model/ Others LEXUS  
 Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle  
 Name of Driver LIO HE WEI  
 NRIC/ FIN/ Passport S7209637 A  
 Contact Number

#### Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number  
 Make/ Model/ Others  
 Vehicle category ☐ Private ☐ Commercial ☐ Motorcycle  
 Name of Driver  
 NRIC/ FIN/ Passport  
 Contact Number

### DETAILS OF WITNESS

Name  
 Phone / Email Address  
 NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name  
 Contact Number  
 Injuries Sustained  
 If Vehicle Occupants, state in which vehicle?  
 Were Seat Belts Worn? ☐ Yes ☐ No  
 Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

### DETAILS OF INJURED PERSON 2

Name  
 Contact Number  
 Injuries Sustained  
 If Vehicle Occupants, state in which vehicle?  
 Were Seat Belts Worn? ☐ Yes ☐ No  
 Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

### Declaration

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

  
 \_\_\_\_\_  
 Signature of Policy Holder  
 (Company Chop if applicable)

Date & Time

\_\_\_\_\_  
 Signature of Driver / Date & Time  
 (If Driver is not the Policy Holder)

Date & Time

## Sketch Plan #3


### 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:

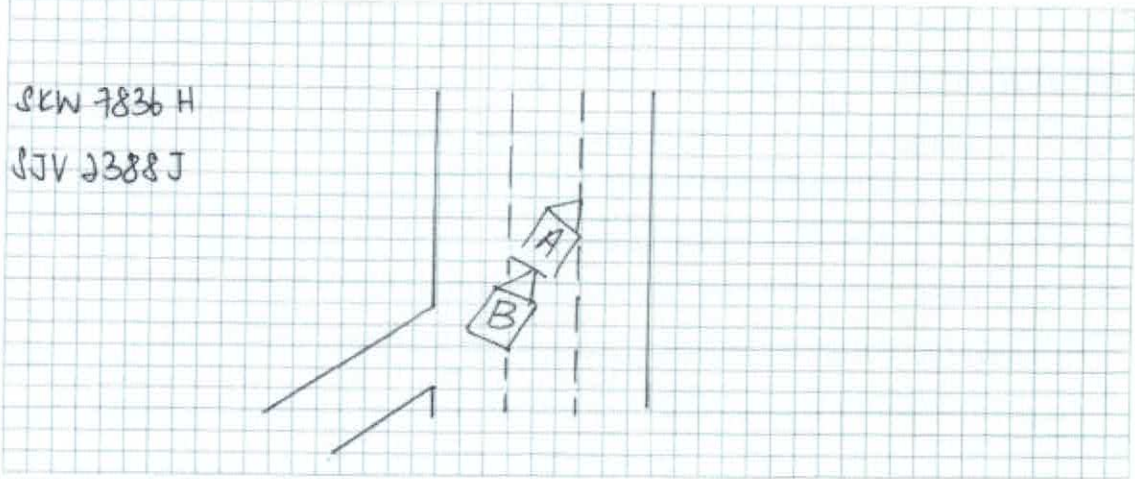
  
Reporting Centre Personnel's Signature  
Name: YUEI HO PHO GI  
NRIC/FIN No.: S9925256A

# Sketch Plan #4

## SKETCH PLAN

A: SKW 7836 H

B: SJV 2388 J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Pasir Ris Grove into Pasir Ris Drive while filtering towards the extreme right lane, vehicle B, which was behind my vehicle from Pasir Ris Grove failed to slow down and collided into the rear of my vehicle with a hard impact.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: YUEN HO BAO QI  
NRIC/FIN No.: S992526A

