

Final Settlement

Your Ref : SHC1094L
Our Ref : SLH7252J

Date : 30/10/2019

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET, #04 / #05
The Concourse
Singapore 199555

Attn : MOTOR CLAIM DEPARTMENT

Subject : ACCIDENT INVOLVING VEHICLE NUM: SLH7252J, SHC1094L ON
26/07/2019 AT JURONG WEST ST 52

Dear Sir/ Madam,

We refer to the above matter.

Enclosed herewith duly signed Discharge Voucher, Letter of Authorization and Final Invoice for your necessary action. Kindly forward your cheque amount of **\$5,272.00** made payable to **ETHOZ Protect Pte Ltd** being full and final settlement.

Thank you.

Yours faithfully,



Joyce Choo
CLAIM DEPARTMENT
DID: 6654 7920
FAX : 6654 7540
EMAIL : joyce.choo@ethozgroup.com

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: TP / MCT19070673
Claimant Ref: SLH7252J

We/I, ETHOZ PROTECT 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\$ 4,280.00 (repair cost), S\$ 963.00 (loss of use/rental), S\$ 29.00 (search fee), vehicle no. SLH7252J that was damaged pursuant to the accident which occurred on 26/07/2019 (date) at JURONG WEST ST 52 (location) involving vehicle no. SHC1094L (insured vehicle). This is pursuant to the inspection conducted on 05/08/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CHONG LEE YEE ("the third party claimant") of vehicle no. SLH7252J 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 SLH7252J (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\$ 5,272.00 to ETHOZ PROTECT PTE LTD.

Dated this 30th day of October 2019

CLAIMANT:

Signature: _____

Signed by "the workshop" (with chop)

Name: _____

ETHOZ Protect Pte Ltd

NRIC: _____

Address: _____

30 Bukit Batok Crescent
S658075

Nationality: _____

Occupation: _____

WITNESS:

Signature: _____

Signed by appointed Surveyor

Name: _____

LKK Auto Consultants Pte Ltd

NRIC: _____

199607198R

Address: _____

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

Nationality: _____

Occupation: _____

*** This Discharge Voucher applies only to be the claimant's Claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

26/07/2019

Date : _____

To : ETHOZ PROTECT PTE LTD
(✓) 30, Bukit Batok Crescent, Singapore 658075
() 50, Gul Crescent, Singapore 629543
() 22, Tampines Street 92, Singapore 528876

From : CHONG LEE YEE
(Name of Owner & Policyholder/Authorising Party**)

CLAIM VEHICLE NO.: SLH7252J

ACCIDENT DATE : 26/07/2019

LOCATION : JURONG WEST ST 52

OTHER VEHICLE (S): SHC1094L
(IF ANY)

1. I hereby authorise ETHOZ PROTECT PTE LTD ("ETHOZ") to: -
- a. proceed with the repairs (the "Repair") to the above accident (the "Accident") damaged vehicle (the "Vehicle"); and
- b. ☐ act as sole and principal agent to claim (the "Claim") on my behalf for the damage to the Vehicle (the "Damage") from my insurer in question (the "Insurer") until the Claim is wholly completed, settled and/or resolved. [Claim against own insurer(s)].
- b. ☒ act as sole and principal agent to claim (the "Claim") on my behalf for the damage to the Vehicle ~~which is not a motor vehicle~~ sustained as a result of the Accident (collectively known hereinafter as the "Damage") from the Third Party and/or Third Party Insurer in question (collectively known as the "Third Party") until the Claim is wholly completed, settled and/or resolved. [Claim against Third Party].
2. I confirm that ETHOZ's authorisation shall include without limitation paying for all relevant reports/documents, corresponding and negotiating with the Insurer/Third Party** and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the Claim and, any or all such other tasks concerning the settlement, resolution and/or completion of the Claim;



¹ Where authorising party is not vehicle owner and policyholder.

*

☐

I am duly authorised by the owner and policyholder of the Vehicle to enter into this Agreement with ETHOZ, on his behalf. Unless the context otherwise requires, any references to "me", "my", "I" and the like in this Agreement shall be taken to mean the vehicle owner and policyholder.

X



Page 1 of 3

*Tick where applicable.
** Delete as appropriate.

EXCEPT: -

- a. such matters or tasks that the Insurer/Third Party** and/or the law requires me to personally attend to; and
 - b. the due submission of the Claim to the Insurer (where applicable).
3. I understand if I submit a claim of whatever nature to my own insurer(s) **FOURTEEN (14) days** after the Accident (or such other time stipulated by my own insurer(s) and/or the law), such claim will not or may not be accepted by my own insurer.
4. I further confirm and accept that: -
- a. **To the extent permitted by law: -**
 - i. I will indemnify and keep ETHOZ indemnified in connection with or arising from the Claim; and
 - ii. That notwithstanding this Agreement or otherwise, under no circumstances will I (jointly or severally) in any manner hold ETHOZ liable for losses/damages of whatever nature arising from or in connection with the Claim.
 - b. ETHOZ does not guarantee and never represented that the Insurer/Third Party** will fully indemnify me for the Damage and/or the Repair's costs AND that I shall be and continue to be liable to ETHOZ for the whole of the Repair's costs.
5. As the extent to which the Insurer/Third Party** will indemnify me or be liable is not conclusive, I agree to place a deposit of S\$_____ (excluding GST) for the Repair's costs (the "Deposit").
6. I agree and accept "ETHOZ's Deposit refund policy". If the final successful percentage of indemnity/contribution/liability from or of the Insurer/Third Party** in respect of the Repair's costs to me is: -
- a. 50% and below - **NO REFUND**
 - b. 100% - **FULL REFUND**
7. I shall inform and forward to ETHOZ all correspondence and letters received by me from the Insurer/Third Party**, any other insurer, solicitors, governmental authorities and/or, any other relevant party.
8. I shall fully co-operate with and act expeditiously on any requests by ETHOZ, particularly the signing/endorsement/execution of any "Discharge Voucher", failing which I shall be liable to ETHOZ for the full repair costs and the expenses incurred (directly or indirectly) by ETHOZ in connection with the Claim.
9. I shall not: -
- a. respond to correspondence and letters; and
 - b. negotiate agree or accept any offer from the Insurer/Third Party** or any other relevant party; without consultation of and expressed approval from ETHOZ.

X

Chung




10. In consideration hereof (including without limitation ETHOZ's agreeing to repair the Vehicle and defer demanding payment of the Repair's cost), I wholly assign to ETHOZ all proceeds of the Claim for: -

- a. the Repair's costs; and
- b. damage, compensation, interest, costs (including party-to-party legal costs on a full indemnity basis) and expenses in connection with the Accident, Repair and/or Claim;

which ETHOZ shall be further entitled to apportion in its absolute discretion with any excess being paid by ETHOZ to me as it deems fit in its absolute discretion.

11. I further confirm that payment to ETHOZ or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good and effective discharge of the payment obligations by any party of the aforesaid proceeds of my Claim And that I shall not be authorised in law to receive payment.

X



Owner & Policyholder's Signature/Company Stamp (if applicable); or**

Authorising Party's Signature/Company Stamp (if applicable)


Name : CHONG LEE YEE

NRIC No. : S8083493D

Designation: POLICYHOLDER

Address: BLK 440C BUKIT BATOK WEST AVE 8 #10-743 S653440)

Signed Without Prejudice For Any Personal Injury Claim



Witness' Signature

Name : JACKSON TEO

NRIC No. : S7316595D

Designation: MOTOR CLAIMS SALES EXECUTIVE

Address: C/O 30 BUKIT BATOK CRESCENT SINGAPORE 658075

TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET, #04 / #05
IOB BUILDING
SINGAPORE - 049711

Tax Invoice : WS 1910/OPR0214
Invoice Date : 30-Oct-2019
Ref. No. : 19071516
GST No. : M2-0057587-3

VEHICLE NO. : SLH-7252-J MAKE & MODEL : TOYOTA LEXUS IS250 AUTO STANDARD HID 2500
ACCIDENT DATE : 26/07/2019

Page 1

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING 100 % SUCCESSFUL CLAIM FOR VEH NO. SLH-7252-J			
ACCIDENT ON 26/07/2019 AS FOLLOWS :-			
REPAIR COSTS			4,000.00
LOSS OF RENTAL			900.00
GIA FEE			27.10
7 % GST			344.90

Total (S\$)			5,272.00
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

Computer generated document no signature required.

CONTACT : JOYCE CHOO
DID : 66547920
Main : 63198000
Fax :

PLEASE DETACH AND ENCLOSED WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : INDIA INTERNATIONAL INSURANCE PTE LTD
Reference. No. : 19071516
Tax Invoice : WS 1910/OPR0214
Invoice Date : 30-Oct-2019
Invoice Amount : S\$ 5,272.00
Payment Due Date : 30-Oct-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



Letter of Demand

Your Ref : SHC1094L
Our Ref : OPR/26072019/TP-10314 - SLH7252J
Date : 13/09/2019

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET, #04 / #05

IOB BUILDING

Singapore - 049711

Attn : Motor Claim Department**Subject : ACCIDENT INVOLVING VEHICLE NUM : SLH-7252-J, SHC1094L ON
26/07/2019 AT JURONG WEST ST 52**

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	4,280.00
2. Loss Of Rental (9 days) - 1 weekend, 2 PH	1,733.40
3. Miscellaneous - GIA Fee	29.00


TOTAL 6,042.40

Enclosed : Copies of Repair Cost Invoice, Hiring Agreement, GIA Search Invoice & GIA Report for your perusal and kind attention.

Kindly look into the matter and revert to us as soon as possible.

Thank you,

Yours faithfully,

Joyce Choo 

CLAIM DEPARTMENT

DID : 66547920

FAX : 66547540

EMAIL : joyce.choo@ethozgroup.com

TAX INVOICE

CHONG LEE YEE
BLK 440C BUKIT BATOK WEST AVE 8
#10-743
SINGAPORE - 653440

Tax Invoice : WS 1909/OPR0205
Invoice Date : 13-Sep-2019
Ref. No. : 19071516
GST No. : M2-0057587-3

Page 1

VEHICLE NO. : SLH-7252-J
ACCIDENT DATE : 26/07/2019

MAKE & MODEL : TOYOTA LEXUS IS250 AUTO STANDARD HID 2500

Description	Qty	Unit Price(S\$)	Amount(S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			4,000.00
7 % GST			280.00

Total (S\$)	4,280.00
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ PROTECT PTE LTD

No receipt will be issued.

Computer generated document no signature required.

CONTACT : JOYCE CHOO
DID : 66547920
Main : 63198000
Fax :

PLEASE DETACH AND ENCLOSED WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : CHONG LEE YEE
Reference. No. : 19071516
Tax Invoice : WS 1909/OPR0205
Invoice Date : 13-Sep-2019
Invoice Amount : S\$ 4,280.00
Payment Due Date : 13-Sep-2019
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



ETHOZ Group Ltd GST NUM : M2-0057587-3 UEN : 198104531H	 HA NUM : HA-178781
HIRING AGREEMENT Vehicle No. : SLC-8511-G Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD	

Hirer : CHONG LEE YEE
 NRIC : S8083493D
 DOB :
 Address : BLK 440C BUKIT BATOK WEST AVE 8
 #10-743
 SINGAPORE - 653440
 Email :

ERP Num : 1126579995
 Nationality : SG
 Home :
 Office :
 HP :
 Fax :

RENTAL RATE	No of days : 7 Start : 28/08/2019 Return : 04/09/2019	CHARGES
Daily : S\$133.00 / Day	DEPOSIT	Rental Payable : S\$931.00
CDW : NIL	Amount : S\$1,000.00 Payment Mode :	
EXCESS SINGAPORE : S\$2,000.00	RENTAL PAYMENT	
FUEL Full tank premium grade fuel upon return. Otherwise, ETHOZ rates apply.	Mode :	GST @7% : S\$65.17
 Signature	Delivery : DRIVE OUT HQ 28/08/2019	Amount Due : S\$996.17
	Collection : DRIVE IN HQ 04/09/2019	
PAI : NIL	Remarks : Accident Vehical number- SLH-7252-J STRICTLY SINGAPORE USE. An additional Excess of S\$1,000 on top of the stipulated excess for drivers with less than 2 years driving exp or above 60 years Of age.	

DRIVER DETAILS			
Name	: CHONG LEE YEE	NRIC	: S8083493D DOB :
Address	: BLK 440C BUKIT BATOK WEST AVE 8 #10-743 653440 (S)	Nationality	: SG
Contact No	:		

HIRER'S DECLARATION

I/We agree to the terms and conditions above and as set out overleaf.
 If I/We opt to pay by credit/charge card, my/our signature here is
 deemed to have been made on the applicable credit card charge slip.

Upon notification that your vehicle is ready for collection, you are to return SLC-8511-G MAZDA 3 1.5 (A) SEDAN
 STANDARD within the day. Failing which, daily rental rate of \$133 will apply from the day of notification.

Authorised Signatory & Company Stamp

Name, Designation

Date :

For ETHOZ Group Ltd
JACKSON TEO
 Prepared By : Lechelle Tan
 TEL :
 FAX :



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-19-121761

Date of Request: 29/07/2019

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Date of Accident: 26/07/2019

Vehicle No: SLH7252J

Place of Accident: JURONG WEST ST 52

Involving Vehicle No: SHC1094L

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\$)
SHC1094L	JURONG WEST ST 52	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

**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-19-121489

Date of Request: 26/07/2019

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 26/07/2019

Place of Accident: JURONG WEST ST 52

Client Vehicle No: SLH7252J

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
SHC1094L	ALONG JURONG WEST ST 52 OUTSIDE BLK 524	26/07/2019 09:10

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.

**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-19-121489
Date of Request: 26/07/2019

Your Ref No: JACKSON TEO (BT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 26/07/2019
Place of Accident: JURONG WEST ST 52
Client Vehicle No: SLH7252J

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

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	26/07/2019 11:02
Date Of Accident	26/07/2019 09:10
Exact Location Of Accident	ALONG JURONG WEST ST 52 OUTSIDE BLK 524
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1094L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	CHENG HOCK HWA
NRIC No	S6832087I
Address	BLK 104 JALAN RAJAH #15-60

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

Circumstances of Accident

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH7252J
Vehicle Make/Model/Colour	LEXUS
Name of Driver	UNKNOWN
Insurance Company Name	

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

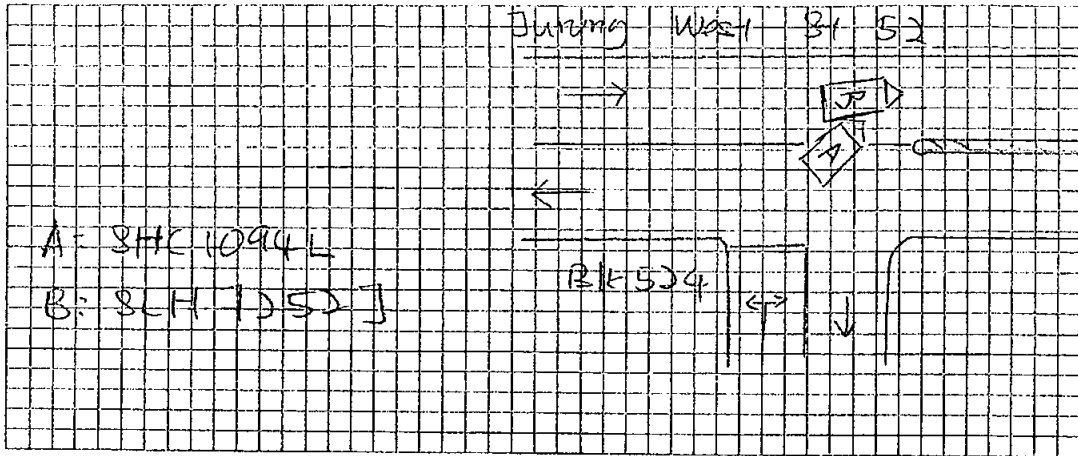
Policyholder's Signature
Date & Time:


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

 26/7/19
Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/7/19 at about 09:10 hrs, I turning right at above said location after I insured no traffic oncoming. In the midst, Veh B come out from left hand side in speedy manner. Due to this, my taxi front left portion collided onto the right rear portion of Veh B. Both of us then alighted to take photo. Of female passenger in my taxi. No injury reported in this accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
200, TELUK ANSON ROAD, SINGAPORE 118608

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: Loke Wei Vian

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	26/07/2019 15:26
Date Of Accident	26/07/2019 09:10
Exact Location Of Accident	JURONG WEST ST 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7252J
Insured/Policyholder	
Name Of Registered Owner	CHONG LEE YEE
NRIC No	S8083493D
Email Address	ANDREW.LOO@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-90125951
Alternative Phone No	OTHERS-90125951
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STANDARD HID

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA145437/1
Cover Note Number	

Driver

Name of Driver	LOO YU FONG
NRIC No	S7985742D
Date Of Birth	19/11/1979
Occupation	INDOOR
Date Of Driving Pass	27/09/2001
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90125951
Fax Number	
Contact Number	
Email Address	ANDREW.LOO@LIVE.COM.SG

Address	BLK 440C BUKIT BATOK WEST AVE 8 #10-743
Postcode	653440
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (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

KINDLY REFER TO SKETCH PLAN.

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	SHC1094L
Vehicle Make/Model/Colour	HYUNDAI (BLUE)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG HOCK HWA
NRIC/Passport Number	S6832087I
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.

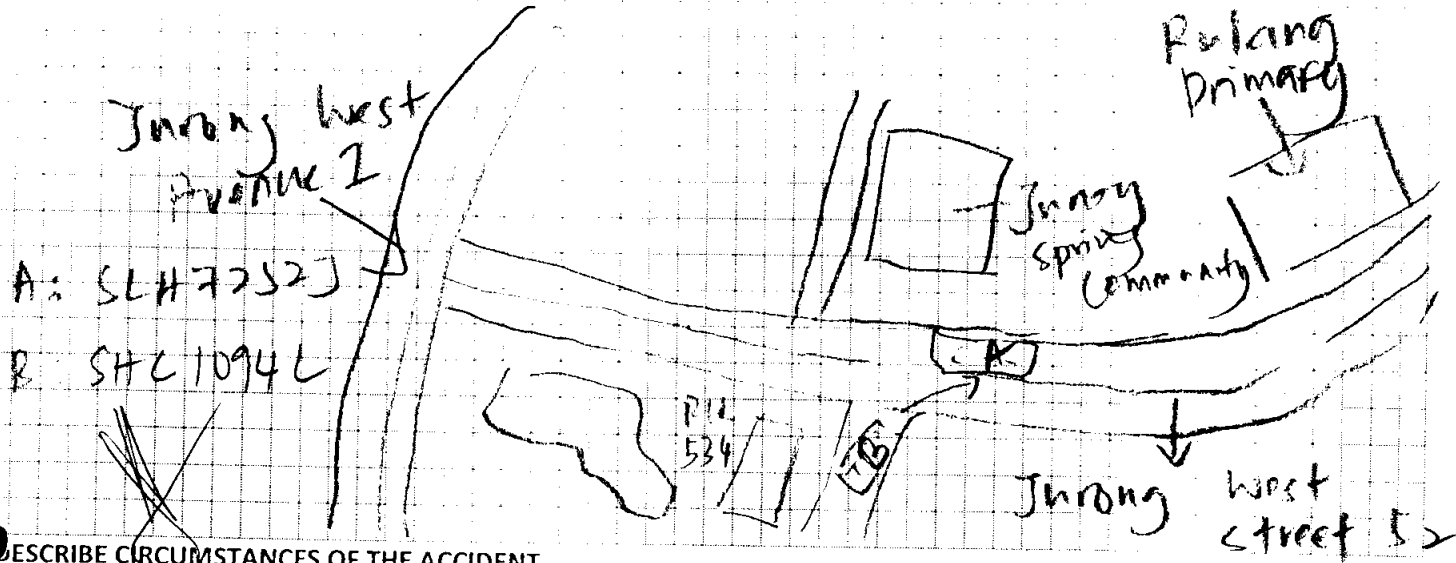
Policyholder's Signature
Date & Time:

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

26/07/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/2019 Friday morning about 9.10 am, I was driving a vehicle SLH 7252 from Jurong West Avenue 1 and turning into Jurong West Street 52. I noticed that there was a taxi SHC 1094L was driving out from BLK 534. I was driving my vehicle at about 30kmph and suddenly the taxi ramped into my vehicle and hit the right rear of my car. As there were no I heard a loud bang after ~~the~~ and I tried to stop the car immediately. As there were following vehicle behind my car and the taxi, we drove our car about 20-30 metre forward and stopped our vehicles. I took some photo of my vehicle and meanwhile also noticed that there was a crack on the left front left bumper on the taxi as a result after the accident.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.