

ApeosPort-V C6680 T2

Transmission Report

G3-ID
Local Name
Company Logo

Date & Time : 10/03/2020 17:03
Page : 1(Last Page)

The job has been sent.
Original Size: A4

ETHOZ
WITHOUT PREJUDICE

Letter of Demand

Your Ref : SHC77068
Our Ref : OPR/06022020/TP-10438 - SKN75507
Date : 06/03/2020

MS FIRST CAPITAL INSURANCE LIMITED
BLK 36 ROBINSON ROAD
#16-01 CITYHUBS
Singapore - 068877

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SKN75507 (NHC7168) ON 06/03/2020 AT ALONG ECP > JURONG

MS First Capital Insurance Limited
Claim No.: 0201495/601 (L2020)
O-I-C : Eric Lim
TEL: 6507 3848
 We are looking into your claim and will contact you soon.
 We wish to re-inspect your / your vehicle.
Please give us 1 week notice on a written form.

Dear Sir / Madam,

We would like to append our losses as follows :

	AMOUNT (\$)
1. Repair Cost	2,166.51
2. Loss Of Rental (4 days)	569.24
3. Miscellaneous - 6% fee	29.00

TOTAL 2,764.82

Enclosed : Copies of Repair Cost Invoice, Rental 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 Lim
CLAIM DEPARTMENT
DID : 66547920
FAX : 66547920
EMAIL : joyce.lim@ethozgroup.com

ETHOZ PROTECT PTE LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6319 8080 | www.ethozgroup.com

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	9700	866547540	3-10; 17:02	33 Secs	1/1	Super G3		Completed

Aini Binte

From: Caroline Cabrera
Sent: Friday, March 6, 2020 4:34 PM
To: Aini Binte
Subject: FW: Your ref: SHC7706R Our ref: SKN7350P
Attachments: SKN7350P LOD.pdf

Dear Aini,

LOD - D20000985MFSH *CCP*

Thank you & Regards,
Caroline Cabrera
Motor Claims

MS First Capital Insurance Ltd

36 Robinson Road #16-01 City House | Singapore 068877 | D: 6507 3848 | F: 6507 3849 | Reg. No. 195000106C

A member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 (PDPA)

Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to our website msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This email is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is addressed, you may not copy, forward, disseminate, or part of it.

If you have received this message in error, please delete the message and all copies from your system, and notify the sender immediately by return email.

From: Joyce Choo <Joyce.Choos@ethozgroup.com>
Sent: Friday, March 6, 2020 4:23 PM
To: Motor_Claims <Motor_Claims@msfirstcapital.com.sg>
Subject: Your ref: SHC7706R Our ref: SKN7350P

Dear Sir/Madam,

We refer to the above matter.

We attach Letter of Demand for your necessary action.

Kindly let us hear from you as soon as possible.

Thank you.

Best regards,
Joyce Choo
Claims Settlement



ETHOZ GROUP LTD

22 Tampines Street 92 Singapore 528876

DID: 6654 7920 | Fax: 6654 7540

Website: www.ethozgroup.com



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WITHOUT PREJUDICE

Letter of Demand

Your Ref : SHC7706R
Our Ref : OPR/06022020/TP-10438 - SKN7350P
Date : 06/03/2020

MS FIRST CAPITAL INSURANCE LIMITED
BLK 36 ROBINSON ROAD
#16-01 CITYHOUSE
Singapore - 068877

Attn : Motor Claim Department

Subject : ACCIDENT INVOLVING VEHICLE NUM : SKN-7350-P, SHC7706R ON 06/02/2020 AT ALOLNG ECP > JURONG

MS First Capital Insurance Limited

Claim No.: D20/985/EW/Am (copy) Date: 10/3/2020
 O-I-C : Etc 1000
 TEL: 6507 3848

We are looking into your claim and will advise you soon.
 We wish to re-inspect your / your vehicle and property.
 Please give us 1 week notice on a written notice.
 Kindly quote our Claims No. for future reference.

Dear Sir / Madam,

We would like to append our losses as follows :-

	AMOUNT (\$)
1. Repair Cost	2,166.58
2. Loss Of Rental (4 days)	569.24
3. Miscellaneous - GIA fee	29.00

TOTAL 2,764.82

Enclosed : Copies of Repair Cost Invoice, Rental 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 : 6547390

EMAIL : joyce.choo@ethozgroup.com

TAX INVOICE

LEONG CHONG
BLK 511 JURONG WEST ST 52
#10-53
SINGAPORE - 640511

Tax Invoice : WS 2003/OPR0131
Invoice Date : 06-Mar-2020
Ref. No. : 20020596
GST No. : M2-0057587-3

VEHICLE NO. : SKN-7350-P
ACCIDENT DATE : 06/02/2020

MAKE & MODEL : HYUNDAI ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Page 1

Description	Qty	Unit Price(S\$)	Amount (S\$)
BEING REPAIR COST FOR THE ABOVE VEHICLE			2,024.84
7 % GST			141.74

Total (S\$) 2,166.58

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 : LEONG CHONG
Reference. No. : 20020596
Tax Invoice : WS 2003/OPR0131
Invoice Date : 06-Mar-2020
Invoice Amount : S\$ 2,166.58
Payment Due Date : 06-Mar-2020
Cheque No. : _____

ETHOZ PROTECT PTE LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



ETHOZ Group Ltd	ETHOZ
GST NUM : M2-0057587-3 UEN : 198104531H	HA NUM : HA-179407
HIRING AGREEMENT	
Vehicle No. : SLC-8521-C Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD	

Hirer : LEONG CHONG	ERP Num : 1126648196
NRIC : ****516E	Nationality : SG
DOB : 16/08/1959	Home : :
Address : BLK 511 JURONG WEST ST 52	Office : :
#10-53	HP : 97313818
SINGAPORE - 640511	Fax : :
Email :	

RENTAL RATE	No of days : 4 Start : 24/02/2020 Return : 28/02/2020	CHARGES
Daily : S\$133.00 / Day	DEPOSIT	Rental Payable : S\$532.00
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\$37.24
<i>Leong</i> Signature	Delivery : SELF DRIVE OUT @ HQ ON 24/02/2020 Collection : SELF DRIVE IN @ HQ ON 28/02/2020	Amount Due : S\$569.24
PAI : NIL	Remarks : ACCIDENT VEHICLE: SKN-7350-P An additional Excess of S\$1,000 on top of the stipulated excess for drivers with less than 2 years driving experience or above 60 years of age.	

DRIVER DETAILS			
Name	: LEONG CHONG	NRIC	: ****516E
DOB	: 16/08/1959		
Address	: BLK 511 JURONG WEST ST 52	Nationality	: SG
	: #10-53		: 640511 (S)
Contact No	: 97313818(HP)		

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/cash card, my/our signature here is deemed to be

Upon notification that your vehicle is ready for collection, you are to return SLC-8521-C MAZDA 3 1.5 (A) SEDAN STANDARD within the day. Failing which, daily rental rate of S133 will apply from the day of notification.

Authorized Signatory & Company Stamp

Leong Chong
Name: CHONG
Date: *28/2/2020*

For ETHOZ Group Ltd
RAKESWARAN ANAND
Prepared By : Toh Yi Xin
TEL : 66547892
FAX : 66547545





**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-20-025796
Date of Request: 12/02/2020

Your Ref No: RAKESWARAN ANAND (BUKIT BATOK)

ETHOZ Protect Pte Ltd
30 Bukit Batok Crescent
Singapore 658075

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 06/02/2020
Place of Accident: ALOLNG ECP > JURONG
Client Vehicle No: SKN7350P

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



**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-20-025911 Your Ref No: RAKESWARAN ANAND (BUKIT BATOK)
 Date of Request: 12/02/2020

ETHOZ Protect Pte Ltd
 30 Bukit Batok Crescent
 Singapore 658075

Dear Sir/Madam,

Date of Accident: 06/02/2020
 Vehicle No: SKN7350P
 Place of Accident: ALOLNG ECP > JURONG
 Involving Vehicle No: SHC7706R

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\$)
SHC7706R	ALOLNG ECP > JURONG	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

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	12/02/2020 12:14
Date Of Accident	06/02/2020 08:45
Exact Location Of Accident	ECP TWDS CITY BEFORE TANJONG PAGAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7706R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN HENG LEE
NRIC No	SXXXX755D
Address	BLK 463 TAMPINES STREET 44 #12-92

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

PLS REFER TO ATTACHED

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	SKN7350P
-----------------------------	----------

Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

LEONG

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim's 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 lodging 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.

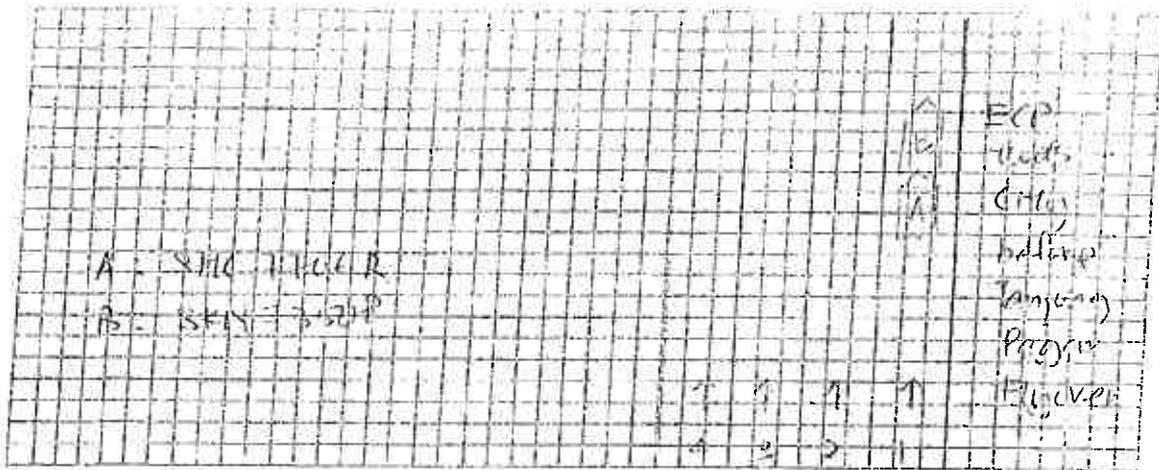
CLYCAR POLI 1
CO. (IN G. NO. 1995028396

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name: Loka Wai Yiang
NRIC/FIN No.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/2/2020 at about 08:45 hrs, I Ven A have a slight contact with Ven B at above said location when Ven B prefer to stop in sudden. Both of us then alighted to talk, and we agreed to settle privately. Today I received his call that he wanted to claim insurance, then I come to file this report. No injury reported in this accident. No visible damage on both vehicle.

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:
NRIC/TIN No.:

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	12/02/2020 16:16
Date Of Accident	06/02/2020 09:30
Exact Location Of Accident	ALOLNG ECP > JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7350P
Insured/Policyholder	
Name Of Registered Owner	LEONG CHONG
NRIC No	SXXXX516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97313818
Alternative Phone No	OFFICE-97313818
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10014346R02
Cover Note Number	
Driver	
Name of Driver	LEONG CHONG
NRIC No	SXXXX516E
Date Of Birth	16/08/1959
Occupation	INDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97313818
Fax Number	
Contact Number	OFFICE-97313818
EMail Address	NOEMAIL

Address BLK 511 JURONG WEST ST 2 #10-53
 Postcode 640511
 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? 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/offerring accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1 NAME: : CHAN AH ENG
 GENDER: : FEMALE
 Passenger 2 NAME: : PASSENGER 2
 GENDER: : FEMALE

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

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 SHC7706R
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver TAN HENG LEE
 NRIC/Passport Number SXXXX755D
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

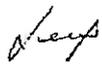
SKETCH PLAN

IMPORTANT NOTICE

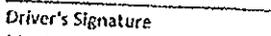
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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:

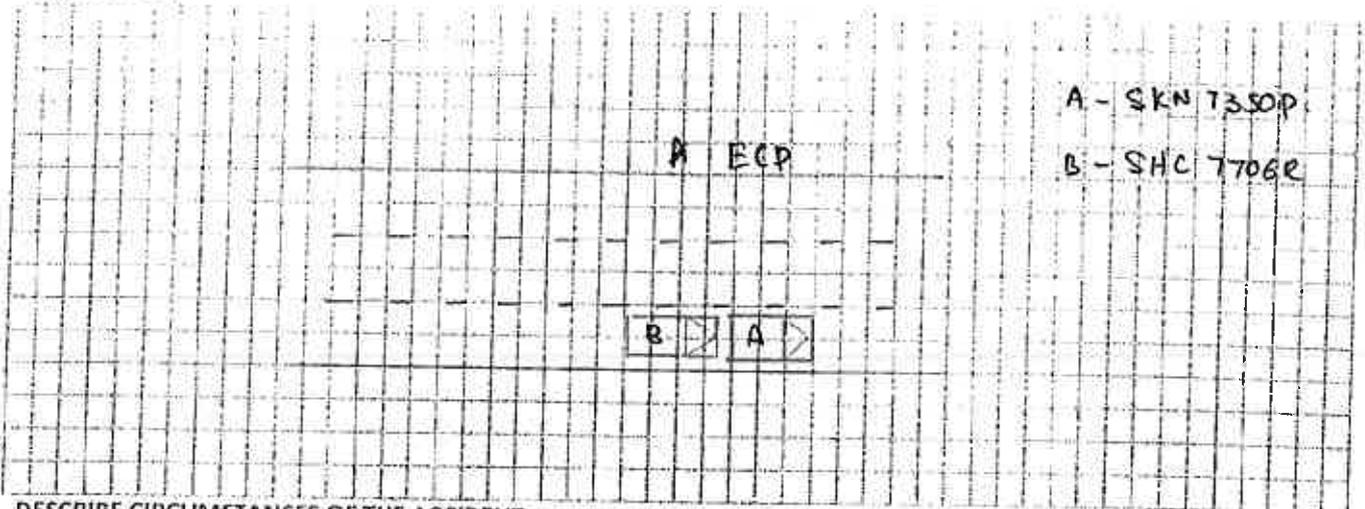


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along ECP towards Jeromy. When I was travel along vehicle infront of me applied brake to slow down and I also applied brake and slow down. But suddenly vehicle B hit me from behind. My rear bumper damage cause by this accident. No persone was injured in this accident.

I was not aware to make a accident report. Police ask to settle by own. So I was make a late report. We try to private settle but the 3rd party not agree to settle.

[Handwritten signature]

<p>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.</p>		- Reporting Only
		- Claim OD
	✓	- Claim TP
		- Claim OD/ TP at other workshop

DECLARATION

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

[Handwritten signature]

Policyholder's signature
Date & Time

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

[Handwritten signature]

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