

To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

Attn: **Motor Claims Department**

Date: 3<sup>RD</sup> May 2020

Dear Sir/Madam,

Claimant: **Leow Nyok Jin**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 20/03/2020 at along Singapore Island Country Club Carpark involving our client's vehicle registration number SGD 2929 D and vehicle registration number ET 3633 P driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

|   |            |
|---|------------|
| 1) Vehicle Repair Costs                 | \$1,350.00 |
| 2) Loss of Rental (SGD\$120.00 x 5Days) | \$600.00   |
| 3) LTA Search Fee                       | \$7.45     |
| 4) Purchase of GIA Report               | \$29.00    |

**Total :** **\$1,986.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipts

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

***Elin Cai***

**Zoom Autowerks Pte Ltd**

130 Bedok Reservoir Road  
#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

## 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             | 24/03/2020 09:17                      |
| Date Of Accident           | 20/03/2020 15:15                      |
| Exact Location Of Accident | SINGAPORE ISLAND COUNTRY CLUB CARPARK |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGD2929D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | MADAM LEOW NYOK JIN  |
| NRIC No                     | SXXXX660E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97686384 |
| Alternative Phone No        | OFFICE-97686384      |

### Vehicle Particulars

|  |                                  |
|--|----------------------------------|
| Manufacturer   | NISSAN                           |
| Model  | SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                      |
| 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 | QBE INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                     |
| Fleet Policy              | NO                                |
| Policy Number             | 8-V0018543-MVA-R001               |
| Cover Note Number         |                                   |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | CHEW KER YEE (ZHOU KEYI) |
| NRIC No              | SXXXX961A                |
| Date Of Birth        | 11/08/1975               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 30/07/1993               |
| Driving Experience   | 26 YEARS AND 7 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-97686384     |
| Fax Number           |                          |
| Contact Number       | OFFICE-97686384          |
| Email Address        | NOEMAIL                  |

|   |                   |
|---|-------------------|
| Address   | 41 LENGKONG EMPAT |
| Postcode  | 417628            |
| Was driver an employee of the Insured's Company     | NO                |
| If No, Relationship of the Driver with the Insured  | CHILDREN          |
| Vehicle Registration Number of Driver's Own Vehicle | -                 |
|   | -                 |
|   | -                 |
| Insurance Company of Driver's Own Vehicle           | -                 |
|   | -                 |
|   | -                 |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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)   | 0   |

#### 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 STATEMENT.

#### 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         | ET3633P     |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 82020833    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) | 2           |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

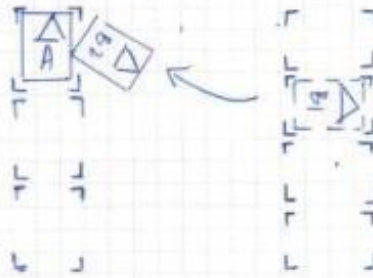
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Vehicle A: S6D2929D

Vehicle B: ET3933P



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', S6D2929D, was parked along the stated venue. When I returned to my vehicle, vehicle 'B', ET3933P, left a note that he had collided onto my 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/FIN No.:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



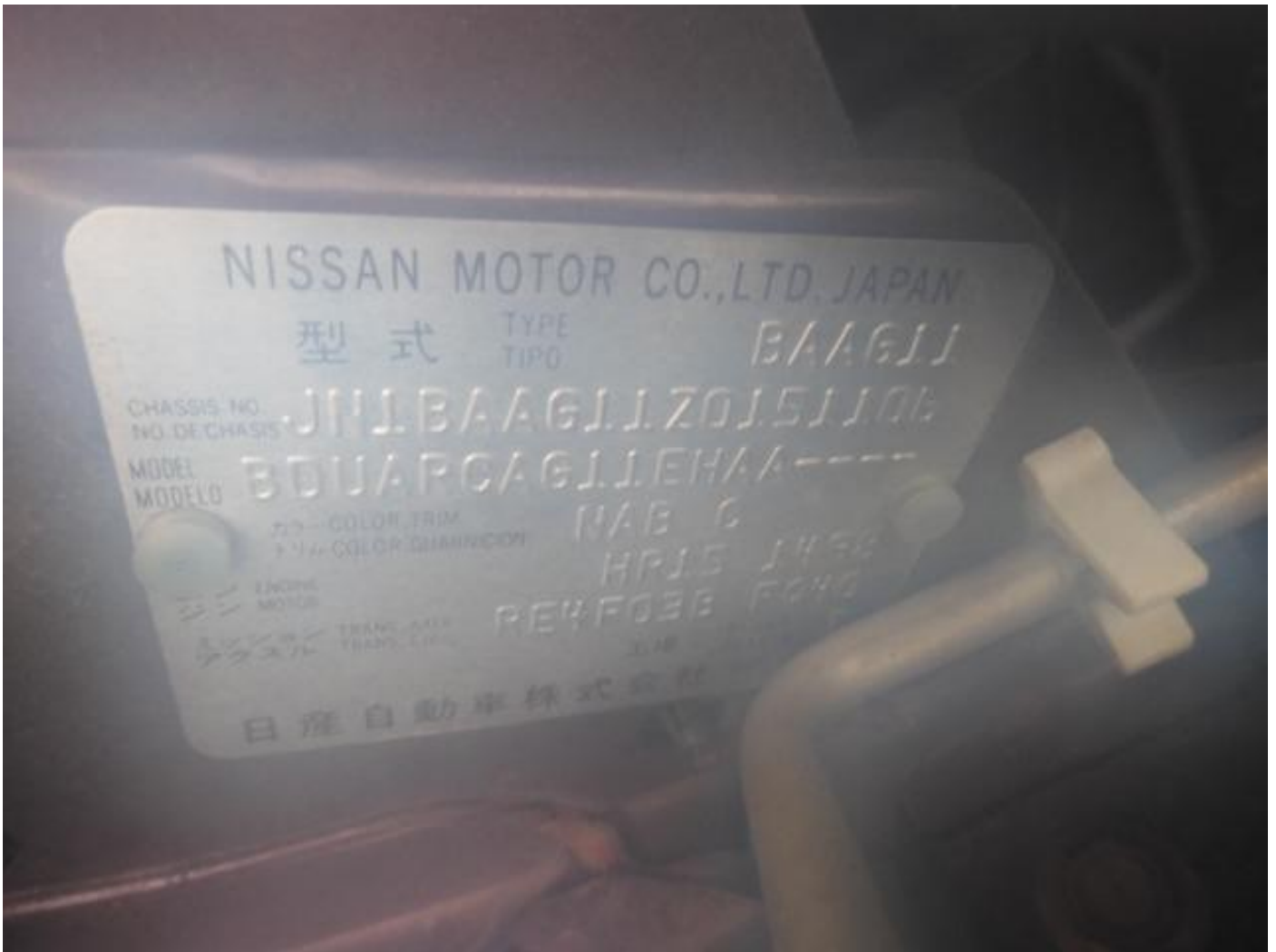
Accident Photo







Accident Photo





**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

**PROFORMA INVOICE**

To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

PF No. : ZP0000413  
Date : 3/5/2020  
VRN : SGD 2929 D  
Make & Model : Nissan Sylphy  
DOA : 20/3/2020  
Terms : COD

| S/N. | Description                                 | Qty | U/P | Amt      |
|------|---|-----|-----|----------|
| 1    | Repair & Respray Accident Affected Portions |     |     | 1,350.00 |
| 2    | Loss of Rental (\$120.00 x 5Days)           |     |     | 600.00   |
| 3    | LTA Search                                  |     |     | 7.45     |
| 4    | Purchase of GIA Report                      |     |     | 29.00    |

|                |                   |
|----------------|-------------------|
| <b>TOTAL :</b> | <b>\$1,986.45</b> |
|----------------|-------------------|

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

\_\_\_\_\_  
(Customer's Signature )

\_\_\_\_\_  
(by Zoom Autowerks Pte Ltd)



## ZOOM AUTOWERKS PTE LTD

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

Tel: 9450 7920

✉ zoomautowerks@gmail.com

### LETTER OF AUTHORIZATION

Accident on 20/03/2020 @ 15:15 along Singapore Island Country Club carpark  
Involving vehicles SGD2929D and ET3633P

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SGD2929D at my request, I/We, LEOW NYOK JIN ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No SXXXX660E the owner of motor vehicle no SGD2929D, 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 that are necessary to prosecute the claims maintained by **Zoom Autowerks 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, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 20 day of 03 (month) 20 20 (year)

LEOW NYOK JIN  
Signed by "the claimant"

Name: LEOW NYOK JIN

NRIC No: SXXXX660E



Signed by Zoom Autowerks Pte Ltd

Name: Elm Cai



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Mar 2020 / 23:12:10

Receipt Date/Time : 23 Mar 2020 / 23:12:10

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200323-003731

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - ET3633P

As at 20 Mar 2020/15:15:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - ET3633P

Enquiry Fee

20200323231107710233

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

Paid By

526471XXXXXX0962 eNETS Credit Card 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.

# ZOOM CAR LEASING

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

Zoom Autowerks Pte Ltd

Tel: 9450 7920

## RENTAL INVOICE

Invoice No. : **INV0000549**

Date : 3/5/2020

Ref : SJZ 7504 L

Your Ref : SGD 2929 D

Terms : 30Days

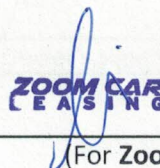
| # | Rental Period   | Rate     | Quantity | Amount   |
|---|---|----------|----------|----------|
| 1 | Rental Charges for SJZ 7504 L<br>(23/03/2020 to 28/03/2020) | \$120.00 | 5 Days   | \$600.00 |

C/O Chew Ker Yee

Contact: 9768 6384

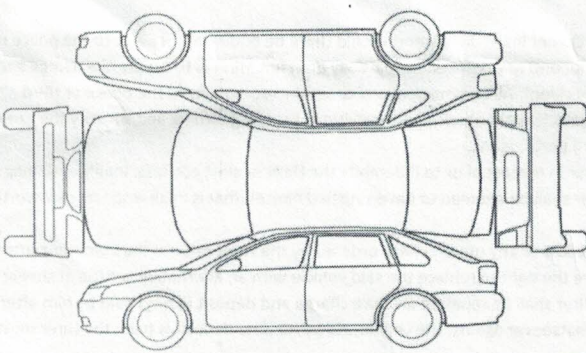





**Total : \$600.00**

\_\_\_\_\_  
(Customer's Signature/Stamp)

  
\_\_\_\_\_  
(For Zoom Car Leasing)



## RENTAL AGREEMENT

| HIRER'S PARTICULAR  |                          | VEHICLE DETAIL  |              |   |                       |             |           |             |   |                          |  |  |
|---|--------------------------|---|--------------|---|-----------------------|-------------|-----------|-------------|---|--------------------------|--|--|
| Name: <u>Chew Ker Yee</u>   |                          | Vehicle No.: <u>8JZ 7504L</u>   |              |   |                       |             |           |             |   |                          |  |  |
| NRIC/Passport No.: <u>SXXX961A</u>  |                          | Vehicle Make/Model: <u>Hyundai Avante</u>   |              |   |                       |             |           |             |   |                          |  |  |
| Address:  |                          | Date/Time Out: <u>23/03/2020</u>  |              |   |                       |             |           |             |   |                          |  |  |
|   |                          | Date/Time In: <u>28/03/2020</u>   |              |   |                       |             |           |             |   |                          |  |  |
| Tel: <u>9768 6384</u>   |                          | <div> <div>E <input checked="" type="checkbox"/> ¼ ½ ¾ F</div> <div>OUT</div> </div> <div> <div>E <input type="checkbox"/> ¼ ½ ¾ F</div> <div>IN</div> </div> |              |   |                       |             |           |             |   |                          |  |  |
| Driving License No./Exp.:   |                          | Mileage: <u>164067</u>  | Mileage:     |   |                       |             |           |             |   |                          |  |  |
| ADDITIONAL DRIVER'S PARTICULAR  |                          | RENTAL CHARGES  |              |   |                       |             |           |             |   |                          |  |  |
| Name:   |                          | Hours @ per hour  |              |   |                       |             |           |             |   |                          |  |  |
| NRIC/Passport No.:  |                          | <u>5</u> Days @ <u>\$120</u> per day  | <u>\$600</u> |   |                       |             |           |             |   |                          |  |  |
| Address:  |                          | Weeks @ per week  |              |   |                       |             |           |             |   |                          |  |  |
|   |                          | Months @ per month  |              |   |                       |             |           |             |   |                          |  |  |
| Tel:  |                          | Other Charges   |              |   |                       |             |           |             |   |                          |  |  |
| Driving License No./Exp.:   |                          | Petrol Top-Up   |              |   |                       |             |           |             |   |                          |  |  |
| (A) - Accident (D) - Dent (S) - Scratch   |                          | Sub-total   |              |   |                       |             |           |             |   |                          |  |  |
|    |                          | TOTAL CHARGES   | <u>\$600</u> |   |                       |             |           |             |   |                          |  |  |
|   |                          | PRE-PAYMENT   |              |   |                       |             |           |             |   |                          |  |  |
|   |                          | Downpayment and Deposit   |              |   |                       |             |           |             |   |                          |  |  |
|   |                          | Amount Refunded Due   |              |   |                       |             |           |             |   |                          |  |  |
| <p>I/We agreed to the terms and conditions above, overleaf and that all information given are true &amp; correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.</p>  |                          |   |              |   |                       |             |           |             |   |                          |  |  |
| <p><b>PHYSICAL DAMAGE EXCESS ACKNOWLEDGEMENT</b></p> <table border="1"> <tbody> <tr> <td>Singapore - Own Damage</td> <td>S\$2,000.00</td> <td rowspan="4">  </td> </tr> <tr> <td>Singapore - 3rd Party</td> <td>S\$2,000.00</td> </tr> <tr> <td>Malaysia*</td> <td>S\$8,000.00</td> </tr> <tr> <td>For Drivers aged &lt; 27 or &gt; 65 and/or less than 2 years driving experience regardless of age</td> <td>S\$3,000.00 (Additional)</td> </tr> </tbody> </table>                                      |                          | Singapore - Own Damage  | S\$2,000.00  |  | Singapore - 3rd Party | S\$2,000.00 | Malaysia* | S\$8,000.00 | For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age | S\$3,000.00 (Additional) | <p>Hirer's Signature / Date</p> <p></p> |  |
| Singapore - Own Damage  | S\$2,000.00              |    |              |   |                       |             |           |             |   |                          |  |  |
| Singapore - 3rd Party   | S\$2,000.00              |   |              |   |                       |             |           |             |   |                          |  |  |
| Malaysia*   | S\$8,000.00              |   |              |   |                       |             |           |             |   |                          |  |  |
| For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age   | S\$3,000.00 (Additional) |   |              |   |                       |             |           |             |   |                          |  |  |
| <p>IMPORT NOTE:</p> <p>1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE</p> <p>2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing</p> <p>3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.</p> <p>4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.</p> |                          | <p>Owner's Signature / Date</p> <p></p>                                   |              |   |                       |             |           |             |   |                          |  |  |



## TAX INVOICE

Our Ref No: GR-20-050978

Date of Request: 27/03/2020

Your Ref No: WALK IN ELIN

ZOOM AUTOWERKS PTE LTD  
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339  
SINGAPORE 470130

Dear Sir/Madam,

Date of Accident: 20/03/2020

Vehicle No: SGD2929D

Place of Accident: SINGAPORE ISLAND COUNTRY CLUB CARPARK

Involving Vehicle No: ET3633P

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

| DOCUMENTS                        | ACCIDENT LOCATION                     | PER DOC (\$\$) | QTY | AMOUNT (\$\$) |
|----------------------------------|---------------------------------------|----------------|-----|---------------|
| ET3633P                          | SINGAPORE ISLAND COUNTRY CLUB CARPARK | 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 [X] Cash [ ] Cheque

Type of Accident:

Type of Collision:

Weather Condition:

Road Condition:

Was any foreign vehicle involved in the accident? NO

Was any body injured in the accident? NO

Was any other material or property damaged? YES

Number of Passengers (including Driver): 2

Description of Accident:

I was reversing my vehicle from the parking lot accidentally bumped into the stationary vehicle.

Attachments:

Are accident photos available for attachment? YES

Was there any video captured by Car Cam? NO

Was there any audio recorded? NO

Vehicle Registration Number:

SGD2929D

## TAX INVOICE

Our Ref No: GR-20-050976

Date of Request: 27/03/2020

Your Ref No: WALK IN ELIN

ZOOM AUTOWERKS PTE LTD  
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339  
SINGAPORE 470130

Dear Sir/Madam,

Your Vehicle No: SGD2929D

Date of Accident: 20/03/2020

Place of Accident: SINGAPORE ISLAND COUNTRY CLUB CARPARK

Involving Vehicle No: ET3633P

| 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