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17 JUL 2020

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7307.2020.RC-PD
Your Ref: SHA4655J

TEL: 6438 1323
FAX: 6438 2313

TO: COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

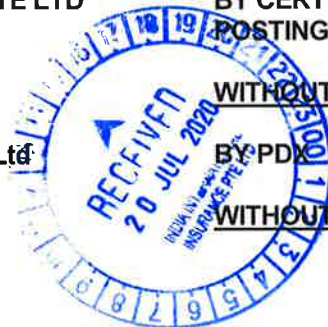
BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE



Dear Sirs

RE: CLAIMANT: RELIABLE RIDES PTE LTD
ACCIDENT INVOLVING VEHICLES NO. SLT1769L & SHA4655J ALONG FILTER
TOWARDS CANTONMENT LINK ON 02.06.2020

We are instructed by the abovenamed to claim damages against you in connection with an accident on 02 Jun 2020 at about 11:35 hours along filter lane towards Cantonment Link involving our client's vehicle no. SLT1769L and vehicles registration number SHA4655J driven by you at the material of time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA4655J.

As a result of the accident, our client's vehicle registration number SLT1769L was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A Damages

a. Cost of Repairs	\$	9,600.00
b. Loss of Rental (13 days x \$120.00 per day) (inclusive of 1 Sundays and 2 days Pre-Repair Inspection Notice)	\$	1,560.00

B Disbursements

a. LTA Search	\$	7.49
b. GIA Report	\$	29.00
c. Survey Report	\$	870.00

C LEGAL COSTS (AT THIS STAGE)

\$ 963.00

We are in receipt of your letter, which is receiving our attention. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.		\$ 13,029.49
Our Ref:	M-1120060016	
Name:	Puy.	
Date:	27/7	
India International Insurance Pte Ltd		

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

CROSSBORDERS LLC

17 JUL 2020

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7307.2020.RC-PD
Your Ref: SHA4655J

TEL: 6438 1323
FAX: 6438 2313

TO: TAN ANG EE
536 Upper Cross Street
#13-239
Singapore 050536

**BY CERTIFICATE OF
POSTING**

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

Dear Sirs

**RE: CLAIMANT:RELIABLE RIDES PTE LTD
ACCIDENT INVOLVING VEHICLES NO. SLT1769L & SHA4655J ALONG FILTER
TOWARDS CANTONMENT LINK ON 02.06.2020**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 02 Jun 2020 at about 11:35 hours along filter lane towards Cantonment Link involving our client's vehicle no. SLT1769L and vehicles registration number SHA4655J driven by you at the material of time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA4655J.

As a result of the accident, our client's vehicle registration number SLT1769L was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs	\$	9,600.00
b.	Loss of Rental (13 days x \$120.00 per day) (inclusive of 1 Sundays and 2 days Pre-Repair Inspection Notice)	\$	1,560.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	29.00
c.	Survey Report	\$	870.00
C	LEGAL COSTS (AT THIS STAGE)	\$	963.00
		\$	13,029.49

CONFIDENTIALITY CAUTION

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CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our client's claim:-

- a) GIA Report lodged by the driver of our client (SLT1769L) with sketch plan together with photographs of vehicle no. SLT1769L; ✓
- b) GIA Report lodged by you (SHA4655J) with sketch plan together with photographs of vehicle no. SHA4655J;
- c) ✓ Result of LTA search on your vehicle registration no. SHA4655J;
- d) Repair Invoice from Reliable Carz Pte Ltd;
- e) Vehicle Assessment Report & Invoice from PAL's Appraiser Pte Ltd;
- f) One Hundred and Forty-Five (145) colour photographs depicting the damage to our clients' motor vehicle no. SLT1769L; and
- g) ✓ Vehicle Owner Particulars of our clients' vehicle no. SLT1769L.

We have on 02 Jun 2020 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our clients arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully

CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SLT1769L ✓

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	02/06/2020 12:40
Date Of Accident	02/06/2020 11:35
Exact Location Of Accident	FILTER LANE TOWARDS CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1769L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	2XXXXX527N
Email Address	DRIVERELIABLERIDES@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65919999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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 HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0013039
Cover Note Number	

Driver

Name of Driver	LEE MENG SOON DESMOND
NRIC No	SXXXX902J
Date Of Birth	19/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1979
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89007502
Fax Number	
Contact Number	OFFICE-84011250
Email Address	NOEMAIL

Address	BLK 517 HOUGANG AVE 10 #04-219
Postcode	530517
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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

PLEASE SEE ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4655J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN ANG EE
NRIC/Passport Number	SXXXX288G
Contact Number	98124138
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE MENG SOON DESMOND
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT1769L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 517 HOUGANG AVE 10 #04-219
Postcode	

Accident Sketch Plan Pg. 1

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.

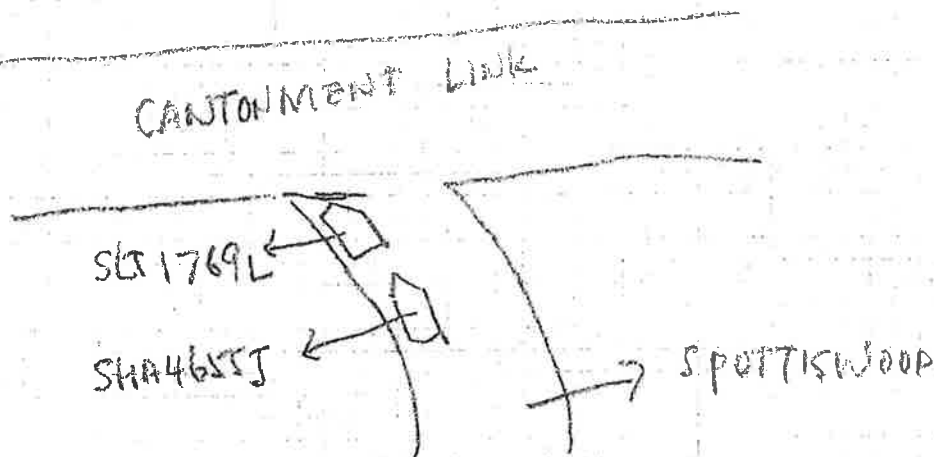


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SLT1769L travel toward cantonment Link.

Approach filter lane, I stop. Suddenly behind the taxi SHA4655J hit my car.

I will be seeing a doctor because now my back pain.

DECLARATION

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



Policyholder's Signature
Date & Time:

Zemur 2/6/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1245 pm



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

etiqa

Insurance

INTERVIEW FORM

Name (Driver) : Lee Meng Soon Desmond

Policy No : M00 1303 A

Vehicle No : SLT 1769 L

Place of Accident : Filter Lane Towards Cantonment Link

Insured Driver's relationship with Insured : Hirer

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : None

Injury to Insured and/or Insured driver, please indicate which hospital:
Yes

Third Party Vehicle No (if any) : SHA 4655 J

No of passenger(s) in Third Party Vehicle : None

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
None

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Head to rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
None

Traffic Police report (enclosed) : Yes / ☒ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date : Desmond 2/6/2020
I, affirmed the above information is given to my best knowledge 12:25 pm

Attended by (Name & Signature) / Date : _____

Workshop Name: _____

etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392309

www.etiqa.com.sg
Stamp of Reg. No. 2013345-06

Authorized Maybank Group

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



eTiqa

Insurance

MZ400
70000209
Cov. Type: CO

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0013039

1. **Index Mark and Registration Number of Vehicle** SLT1769L

2. **Name of Policyholder** Reliable Rides Pte Ltd

3. **Effective Date of Commencement of Insurance for the purposes of the Act** 20/10/2019

4. **Date of Expiry of Insurance** 08/07/2020

5. **Persons or Classes of Persons entitled to drive**

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. **Limitations as to Use**

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOP93167 01/10/2019 14:08:38



For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signatory

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.
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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 02/06/2020 13:58
 Date Of Accident 02/06/2020 11:30
 Exact Location Of Accident ALONG SPOTTIAWOODE PARK RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4655J
Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars
 Manufacturer HYUNDAI
 Model IONIQ
 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 TAN ANG EE
 NRIC No S0261288G
 Address 536 UPPER CROSS STREET 13-239

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) 1

Circumstances of Accident

SEE ATTACH.

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

SLT1769L

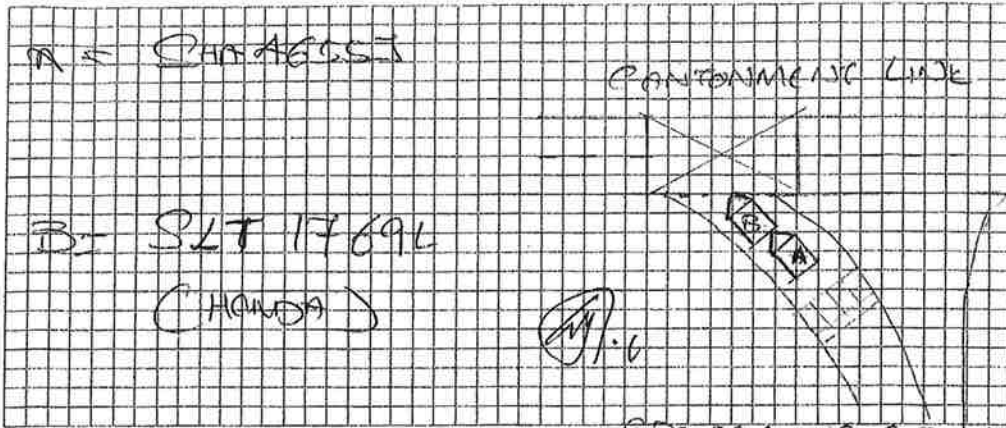
Vehicle Make/Model/Colour

Name of Driver

DESMOND LEE MENG SOON

Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE. L.
CO. REG. NO. 193391014R

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.:

Describe Circumstances of the Accident.

On the 02/06/2020 at about 11:30hrs, I was driving along Spottiswoode Park Rd heading towards Cantonment Link direction with no passenger on board my taxi.

As I approached the give way lines, I slow down to checked the incoming vehicle before

Proceed to drive out. I did not noticed the front vehicle of SLT1769L had brake and

accidentally collided onto the rear right portion of the said vehicle.

No injury at the point of accident.

Declaration

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

JOHNSON TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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/mall 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, investigation, 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. 192303421R

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.:

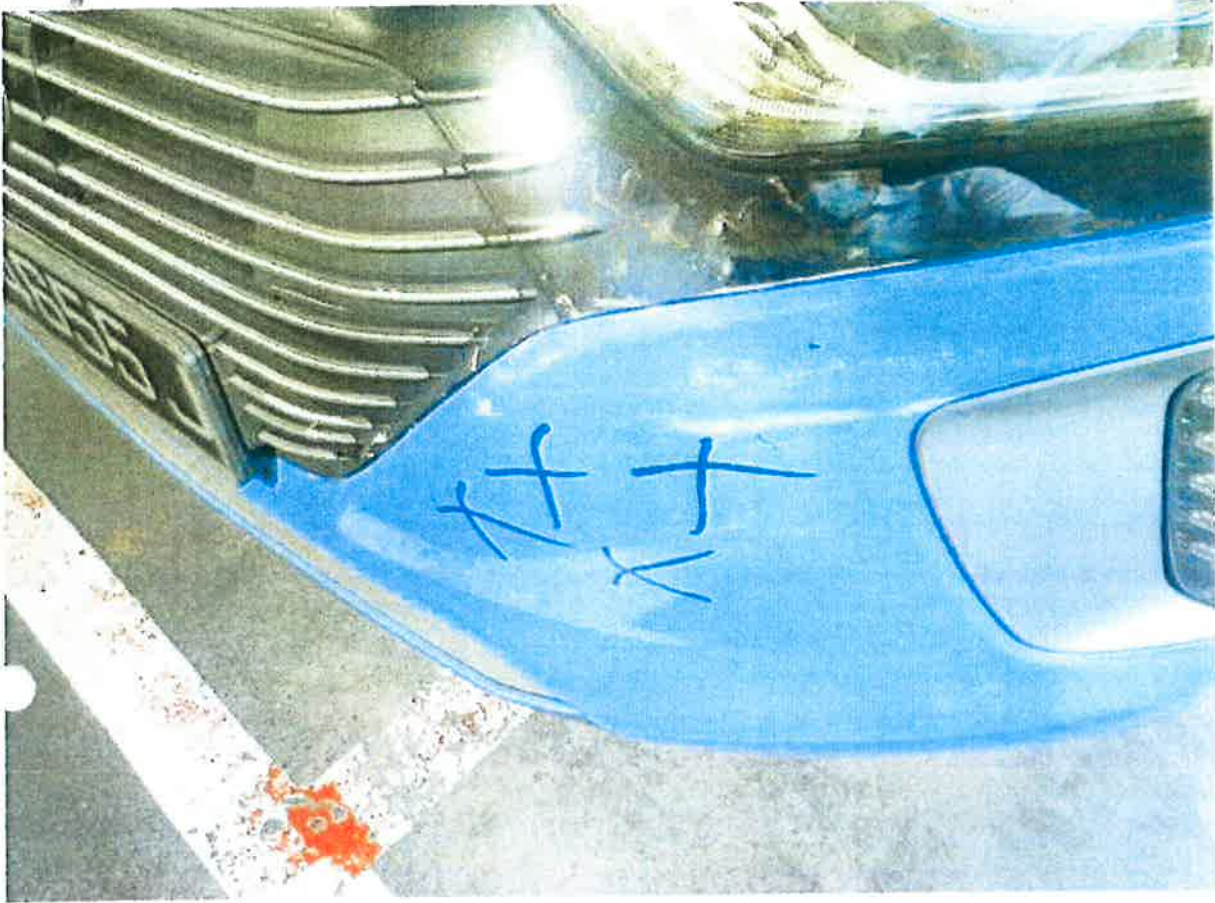
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCO 6200 49072 Vehicle Registration No: SHA 4650
Name (as shown in NRIC) : Tan Ang Ee NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 2/6/20 Time of Accident : 1130h
Place of Accident : Spartan Road PK Rd
Insurance Company : India International Insurance PTY LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Contact phone no 6800 8768

Policyholder / Driver's Signature
Date: 2/6/20

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

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 02 Jun 2020 / 11:35:00)

Vehicle Insurance Details

Vehicle No.:

SHA4655J

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20200602141029510847

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print