

To: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Attn: **Motor Claims Department**

Date: 23rd November 2020

Dear Sir/Madam,

Claimant: **Azizah Binti Salim**
282 Tampines Street 22
#03-292 Singapore 520282

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 06/10/2020 at along Jalan Eunos before Eunos Crescent involving our client's vehicle registration number SMU 986 R and vehicle registration number PC 5399 L 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	\$4,500.00
2) Loss of Use (SGD\$80.00 x 6days)	\$480.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$5,016.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipt

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, Eunos Spring
#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	08/10/2020 09:14
Date Of Accident	06/10/2020 16:55
Exact Location Of Accident	JALAN EUNOS BEFORE EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU986R
Insured/Policyholder	
Name Of Registered Owner	AZIZAH BINTI SALIM
NRIC No	SXXXX963J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91260467
Alternative Phone No	OTHERS-91260467

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2400673
Cover Note Number	

Driver

Name of Driver	NUR SYAFIQAH BINTE AHMAD FAUZI
NRIC No	SXXXX259E
Date Of Birth	19/08/1994
Occupation	INDOOR
Date Of Driving Pass	22/03/2013
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91260467
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	282 AMPINES STREET 22 #03-292 SPORE 520282
Postcode	
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	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?	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

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	PC5399L
Vehicle Make/Model/Colour	MITSUBISHI / ROSA BUS BE641JRMDEB
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NUR SYAFIQAH BINTE AHMAD FAUZI
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMU986R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN


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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:

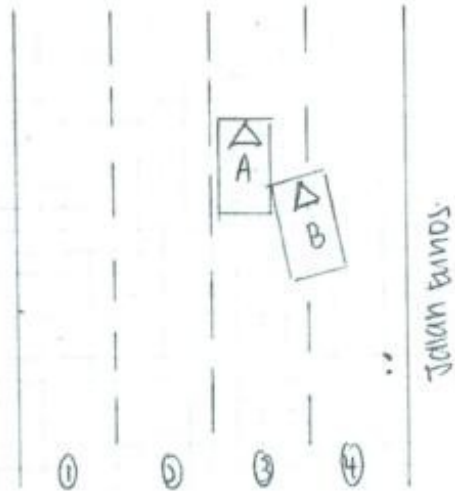

Reporting Centre Personnel's Signature
Name: S. L. M.
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle A: SMU986R

Vehicle B: PC5399L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


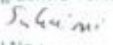
On the stated date & time, I, vehicle A, SMU986R, was travelling along the stated venue when I was already in lane 3, I felt an impact on my rear right portion. I then realised that vehicle B, PC5399L, had hit onto my vehicle's rear right portion.

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



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9430259E**
Name: **NUR SYAFIQAH BINTE AHMAD FAUZI**

Birth Date: **19 Aug 1994**
Issue Date: **22 Mar 2013**




 002163563H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	22 Mar 2013

NP 428A

 Licence No: S9430259E

Scanned with CamScanner

INSURANCE POLICY

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



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. : VPA/P2400673 Account No. : 15369
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : AZIZAH BINTI SALIM
Vehicle Registration No. : SMU986R
Period of Insurance : From 29/07/2020 To 28/07/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
(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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business
The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Basic Own Damage Excess : (01)

An Additional Excess is applicable as follows:
S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
S\$5,000.00 for Undeclared Young and Inexperienced Driver.
(Please refer to your policy on the terms & conditions)

* 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 headings.

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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOLAKS on 11/08/2020

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

**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: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

PF No. : ZP0000462
Date : 23/11/2020
VRN : SMU 986 R
Make & Model : Hy. Accent
DOA : 6/10/2020
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,500.00
2	Loss of Use (SGD\$80.00 x 6Days)			480.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL :	\$5,016.45
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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 06/10/2020 @ 16:54 along Jalan Eunos before Eunos Crescent :
Involving vehicles SMU 986 R and PL 5399L

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMU 986 R at my request, I/We, Azizah Binti Salim ("the claimant") of 282 Tampines St 22, #03-292 S(520282) (address) bearing NRIC No S1643963J the owner of motor vehicle no SMU 986 R, 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 06 day of 10 (month) 20 20 (year)


Signed by "the claimant"

Name: Azizah Binti Salim

NRIC No: S1643963J


Signed by Zoom Autowerks Pte Ltd

Name: Lim Cai

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Oct 2020 / 13:58:26

Receipt Date/Time : 07 Oct 2020 / 13:56:35

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201007-001858

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - PC5399L As at 06 Oct 2020/16:54:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - PC5399L Enquiry Fee 20201007135538739272	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.



**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-20-123279

Date of Request: 12/10/2020

Your Ref No: PURCHASE BY EMAIL

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

Dear Sir/Madam,

Your Vehicle No: SMU986R

Date of Accident: 06/10/2020

Place of Accident: JLN EUNOS

Involving Vehicle No: PC5399L

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-20-123282

Date of Request: 12/10/2020

Your Ref No:

PURCHASE BY EMAIL

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

Dear Sir/Madam,

Date of Accident: 06/10/2020

Vehicle No: SMU986R

Place of Accident: JALAN EUNOS BEFORE EUNOS CRESCENT

Involving Vehicle No: PC5399L

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\$)
PC5399L	JALAN EUNOS BEFORE EUNOS CRESCENT	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

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ACCIDENT STATEMENT

Date Of Report	07/10/2020 11:50
Date Of Accident	06/10/2020 17:00
Exact Location Of Accident	EUNOS TOWARDS GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5399L
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	YELLOW BUS SERVICES PTE LTD
--------------------------	-----------------------------

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MFL0000102_01 (COMP)
Cover Note Number	

Driver

Name of Driver	LOW HWEE KIANG
NRIC No	SXXXX969C
Address	BLK 734 TAMPINES STREET 71 #09-99

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	9

Circumstances of Accident

AT THIS PLACE AND TIME, I WAS TRAVELLING ALONG EUNOS TOWARDS GEYLANG ROAD. I INDICATED LEFT SIGNAL. WHEN 2ND LANE WAS CLEAR, I ENTERED INTO THE 2ND LANE SLOWLY. A FEW SECONDS AFTER THE FRONT OF MY BUS WAS ALREADY IN 2ND LANE, VEHICLE B CAME INTO LANE 2 AND HIT ONTO MY FRONT LEFT PORTION. VEHICLE B WAS BEHIND ME IN LANE 3 WHEN I ENTERED LANE 2 AND COULD HAVE SEEN MY BUS EASILY INSTEAD OF STAYING IN LANE 3, IT TRIED TO SPEED UP AND OVERTAKE ME FROM THE LEFT AND CUT INTO MY LANE VERY DANGEROUSLY. AS PER WRITTEN REPORT.

Attachment(s)

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU986R

Vehicle Make/Model/Colour HYUHDAI ACCENT

Name of Driver

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 - (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.



K'iang

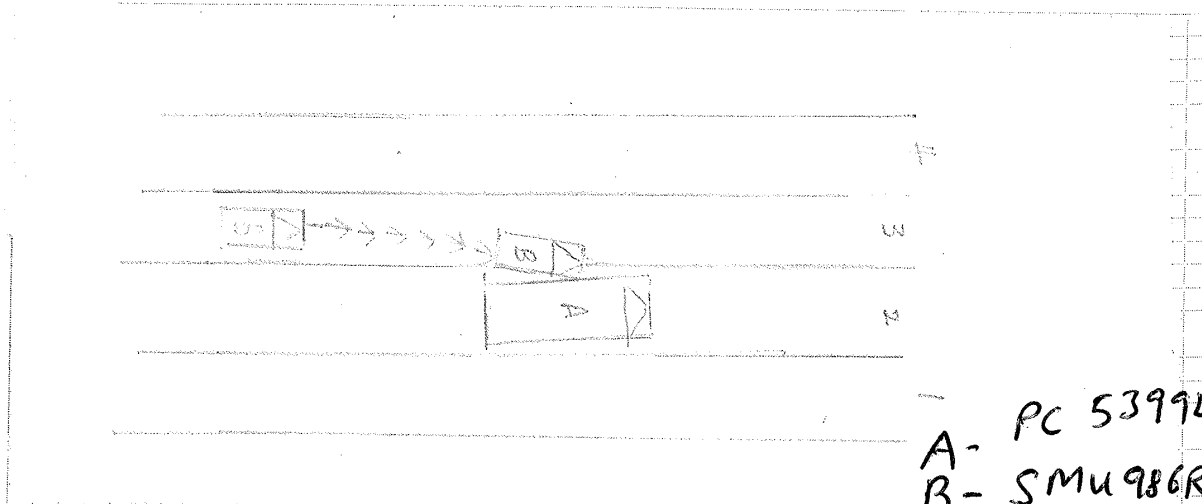
07 OCT 2020



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.:



PC 5399L
A-
B- SMU 986R
DOA- 6/10/20

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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



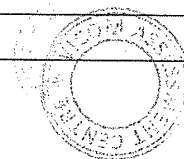
Policyholder's Signature _____
Date & Time: _____

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

Date & Time:

Kiang

01-07-2020



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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



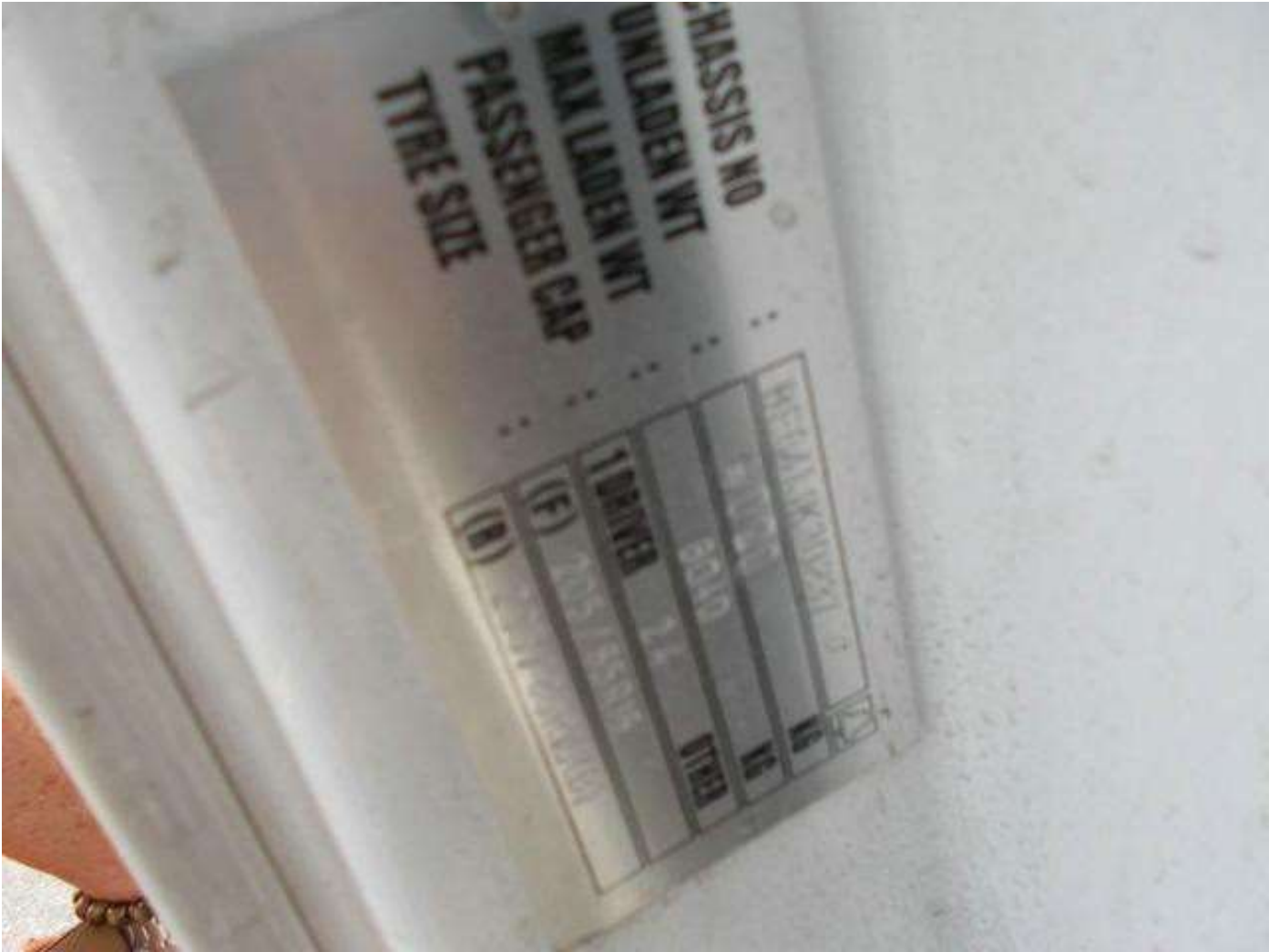
Accident Photo



Accident Photo



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