

Our Ref. : RSS/2012-7846 (KW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

26 January 2021



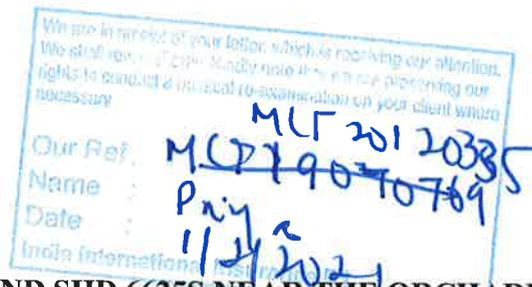
INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04-05 IOB Building
Singapore 049711
Kind Attn: Motor Claim Dept

BY PDX: [8172]

WITHOUT PREJUDICE

Dear Sirs,



ACCIDENT INVOLVING SJM 2626U AND SHD 6625S NEAR THE ORCHARD WISMA ATRIA TAXI STAND EXIT ON 17TH DECEMBER 2020 AT ABOUT 1800 HRS

We act for Li Chusheng Gary ("our Client"), the owner and driver of vehicle registration no. SJM 2626U, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SHD 6625S at the material time. We are further instructed that the aforesaid accident was caused solely by your insured driver's negligence in his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and he has been put to loss and expense, particulars of which are as follows: -

(a) Cost of Repair	\$ 8,700.00
(b) Loss of use for 11 working days at \$80.00 per day (i.e. including two days for Pre-repair)	\$ 880.00
(c) Survey report fee	\$ 691.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 900.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	<u>\$ 11,257.49</u>

3. We enclose herewith copies of the following documents in support of our Client's claim: -
- Final Repair Bill dated 31st December 2020 from Kok Wang Car Grooming;
 - Survey Report with Invoice No. CL/200634 dated 31st December 2020 from C L Appraiser Pte Ltd;
 - GIA Report lodged by our Client;
 - GIA Report lodged by your insured driver with payment advice for search and report fees;
 - LTA search result with payment advice;

PAGE 1 OF 2

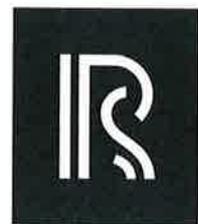
Our Ref. : RSS/2012-7846 (KW)(PD)

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26 January 2021

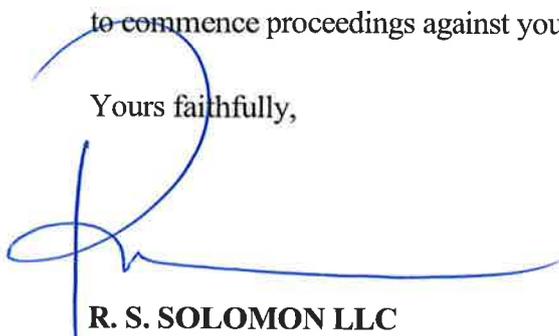


R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

(f) 96 coloured photographs depicting damages to our Client's vehicle registration No. SJM 2626U.

4. **TAKE NOTICE** that unless we receive your acknowledgement of receipt to this letter and enclosures **within fourteen (14) days from the date hereof**, our Client will have no alternative but to commence proceedings against your insured and/or its driver without further notice to you.

Yours faithfully,



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

Encl.

Cc: Comfort Transportation Pte Ltd
383 Sin Ming Drive
Singapore 575717

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Cc: Ang Soon Chai (Hong Shunca)
Block 538 Ang Mo Kio Avenue 5
#09-4002
Singapore 560538

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

TAKE NOTICE that if you have a counterclaim against our Client arising out of the above-captioned accident, you are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of you receiving this letter.

Kok Wang Car Grooming

1 Soon Lee Street #06-40 Pioneer Centre, Singapore 627605
Company Registration No. : 53021687J

INVOICE

Owner :	Li ChuSheng Gary
Vehicle No.:	SJM 2626 U
Model :	Honda Civic
Accident Date :	17 December 2020

DATE: 31 December 2020

ITEM NO.	DESCRIPTION	AMOUNT
1	LUMP SUM REPAIR COST AS PER SURVEYOR REPORT RECOMMENDATION	SGD 8,700.00
Grand Total :		SGD 8,700.00

CL APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Li ChuSheng Gary
C/o: Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Invoice No. : CL/200634

Ref No. : KWC/12/2004/TP

Date : 31 December 2020

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
• SURVEY INSPECTION FOR VEHICLE NO. <u>SJM 2626 U</u>	
• RESURVEY INSPECTION	
• DIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)	
• TRANSPORTATION	
GRAND TOTAL	S\$ 691.00

E & O F

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

SCL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Li ChuSheng Gary
C/o: Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Date : 31 December 2020
Our ref : KWC/12/2004/TP

Accident Date : 17 December 2020
Inspection Date : 21 December 2020
Repairer Name : Kok Wang Car Grooming
1 Soon Lee Street
#06-40, Pioneer Centre, Singapore 627605

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No	: SJM 2626 U	Year / Capacity	: 2019 / 1597 cc
Make / Model	: Honda Civic	Colour	: Black
Chassis No	: MRHFC5650JT002082	Mileage	: 52150
Engine No	: R16B25502466		

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Michelin	215/50 R17	5 mm	Sport
Front Offside	: Michelin	215/50 R17	5 mm	Sport
Rear Nearside	: Michelin	215/50 R17	5 mm	Sport
Rear Offside	: Michelin	215/50 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 96 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$8,700.00** on a contractual basis.

Under normal circumstances, the repair period would be about 8 (Eight) working days.



S&C L APPRAISER PTE LTD

Vehicle Registration No.: SJM 2626 U

Our Ref No.: KWC/12/2004/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Front bonnet	Damage	\$ 988.30	\$ 988.30
2	Front bonnet hinges	Intact	\$ 156.00	
1	Front bonnet lock	Damage	\$ 145.30	\$ 145.30
2	Front headlamps	Damage	\$ 3,401.20	\$ 3,401.20
2	Front headlamp lower brackets	Damage	\$ 195.20	\$ 195.20
1	Front grille base	Damage	\$ 188.50	\$ 188.50
1	Front grille outer moulding	Damage	\$ 288.50	\$ 288.50
1	Front grille logo	Necessary	\$ 79.50	\$ 79.50
1	Front bumper	Damage	\$ 700.70	\$ 700.70
2	Front bumper brackets	Damage	\$ 137.00	\$ 137.00
1	Front bumper lower grille	Damage	\$ 160.50	\$ 160.50
1	Front bumper reinforcement	Damage	\$ 401.00	\$ 401.00
2	Front bumper side retainers	Necessary	\$ 85.20	\$ 85.20
1	Front bumper top beam	Damage	\$ 200.30	\$ 200.30
2	Front bumper side grilles	Damage	\$ 350.00	\$ 350.00
2	Front fenders	O/S Damage	\$ 773.80	\$ 386.90
1	Front support panel	Damage	\$ 760.40	\$ 760.40
1	Air con condenser	Damage	\$ 788.80	\$ 788.80
1	Radiator	Damage	\$ 889.60	\$ 889.60
			\$ 10,689.80	\$ 10,146.90
			<i>Less 20%</i>	<i>\$ 2,137.96</i>
Total Cost - List Items			\$ 8,551.84	\$ 8,117.52

SPECIAL NETT ITEMS

1	Front bumper clip (1 set)	Necessary	\$ 50.00	\$ 50.00
1	Front number plate with holder	Damage	\$ 50.00	\$ 50.00
Total Cost - Special Nett items			\$ 100.00	\$ 100.00

Total cost of parts

\$ 8,651.84 \$ 8,217.52

Vehicle Registration No.: SJM 2626 U

Our Ref No.: KWC/12/2004/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 8,651.84	\$ 8,217.52
<u>LABOUR</u>			
1	To check wiring , lighting and resetting headlamps focusing.	\$ 80.00	\$ 50.00
2	To remove and replace air-con condenser, vacuum, refill gas and conduct leakage test.	\$ 180.00	\$ 120.00
3	To apply undercoating on repaired and replaced panel.	\$ 180.00	\$ 120.00
4	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,600.00	\$ 1,250.00
5	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,500.00	\$ 1,100.00
	GRAND TOTAL	\$ 12,191.84	\$ 10,857.52



C L APPRAISER PTE LTD

Vehicle Registration No.: SJM 2626 U

Our Ref No.: KWC/12/2004/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 8,700.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD

Cheong K. H

Automotive Appraiser

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 willful 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 Submission	19/12/2020 10:49 (SGT)
Date of Accident	17/12/2020 18:00 (SGT)
Exact Location of Accident	Orchard Turn, Singapore
Additional Location Information	NEAR WISMA ATRIA TAXI STAND EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2626U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI CHUSHENG GARY
NRIC No	SXXXX770J
Email Address	GARY1410@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92399322
Alternative Phone No	+65-92399322

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Direct Asia
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT/00748513
Cover Note Number	-

DRIVER

Name of Driver	LI CHUSHENG GARY
NRIC No	SXXXX770J
Date Of Birth	14/10/1984
Occupation	Indoor

Date Of Driving Pass	16/12/2005
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-92399322
Alt. Phone Number	+65-92399322
Email Address	GARY1410@HOTMAIL.COM
Address	234A SERANGOON AVE 2 #10-141
Address complement	-
Postcode	551234
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6625S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG SOON CHAI
NRIC No	SXXXX482F
Contact Number	(Phone) +65-90285308
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

01/20/2022

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.

3. Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

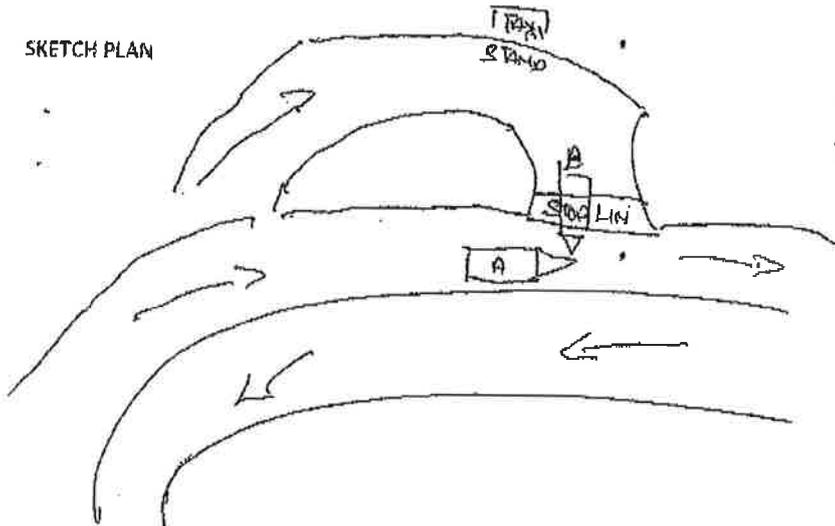
- a. My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 purposes 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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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
 - (ii) to regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date: 3/1/2022


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


 Reporting Centre Personnel's Signature
 Name:
 Date & Time:

SKETCH PLAN



A - SJM26264
B - SHD66253

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th December 2020 at about 6pm, I was travelling along Orchard Turn towards Ngee Ann City. Upon approaching Wisma Atria Taxi Stand, suddenly a white Mercedes Taxi (SHD66253) dash out from the taxi stand without stopping at the stop line despite giving a long horn to warn him and thus collide into my front left of my vehicle (SJM26264)

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input checked="" type="checkbox"/> Claim OD (TP) at other workshop	LOK NANG CAR REPAIR
<input type="checkbox"/> For record purpose only	
Policy No	
Insurer	SHYFEX ASIA
Veh No.	SJM26264

DECLARATION

We declare the foregoing particulars are true in every respect:


Reporting Centre Personnel's Signature
Name
RUC #/IN #


Driver's Signature
If driver is not the reporting officer:
Date & Time


Reporting Centre Personnel's Signature
Name
RUC #/IN #



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 Submission	18/12/2020 11:30 (SGT)
Date of Accident	17/12/2020 18:05 (SGT)
Exact Location of Accident	Orchard Turn, Singapore
Additional Location Information	ORCHARD TURN @ WISM ATRIA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6625S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	220ce
Variant	-
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	ANG SOON CHAI(HONG SHUNCAI)
NRIC No	S7614482F
Address	538 09-4002 ANG MO KIO AVENUE 5
Address complement	-
Postcode	560538
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
------------------	----------------------------

Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 2

CIRCUMSTANCES OF ACCIDENT

see attach

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJM2626U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver GARY
Insurance Company Name -

SKETCH PLAN

A SHD 66255

B SJM 26261



Orchard Turn at
Wism Africa

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 17/12/2020 @ about 1805 hrs. i was picking up passenger at Orchard Wism Africa, when i came out i was at the right lane to turn right. Just when i check my way coming from my right was clear, i move my vehicle out, At that vehicle B (SJM 26261) suddenly dash out from my right and his front portion had collided onto my front right portion. No one was injured at that time of accident.

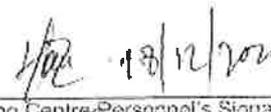
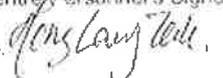
DECLARATION

We declare the foregoing particulars are true in every respect.

OMPACT TRANSPORTATION PTE LTD
CO REG NO 19834901P

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. 

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 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:

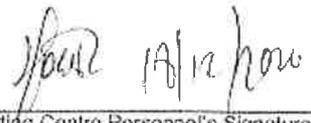
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - (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, 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.

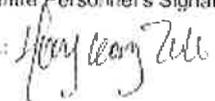
REPORT REGISTRATION PITCH
 CD REG (K) 18931821P

 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.: 





















**GENERAL
INSURANCE
ASSOCIATION**

RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 13/01/2021

Your Ref No: 1234

Dear Sir/Madam,

Date of Accident: 17/12/2020 00:00 (SGT)

Vehicle No: SJM2626U

Place of Accident: Orchard Turn, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD6625S	Orchard Turn, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

Enquire Vehicle's Insurance Particulars (As At 17 Dec 2020 / 18:00:00)

Vehicle No.:

SHD6625S

Make Description/Model:

MERCEDES BENZ / E220 BLUETEC

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20201221084606339526

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

Printed on 21 Dec 2020 08:46:15

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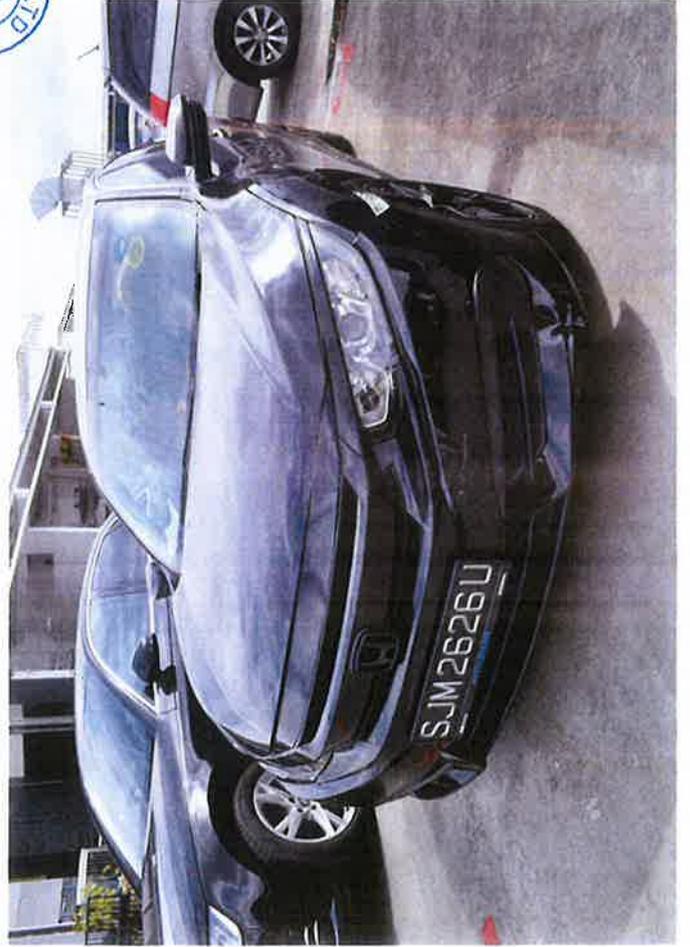
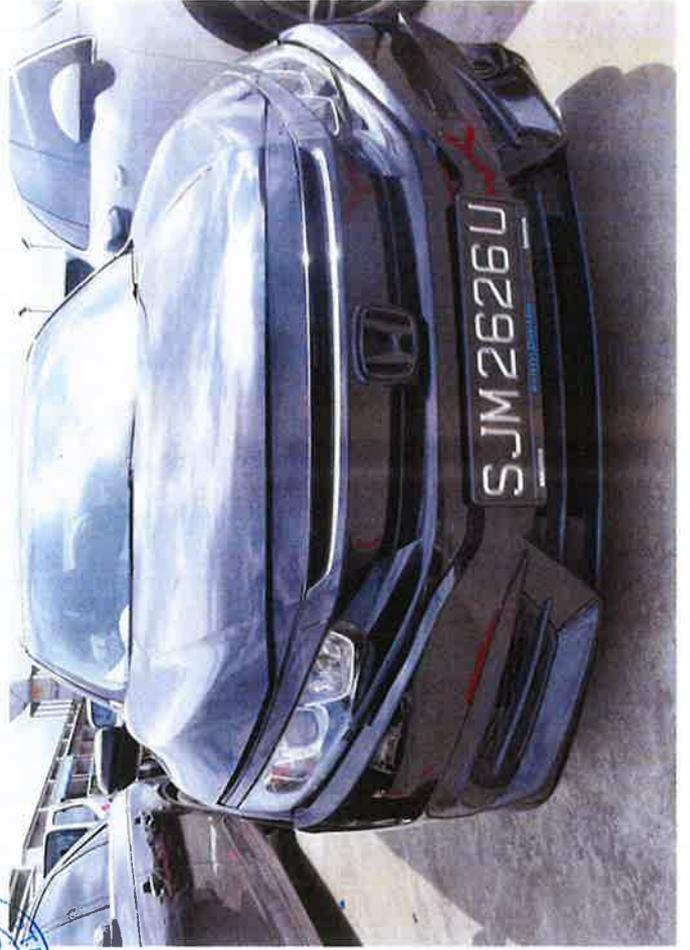


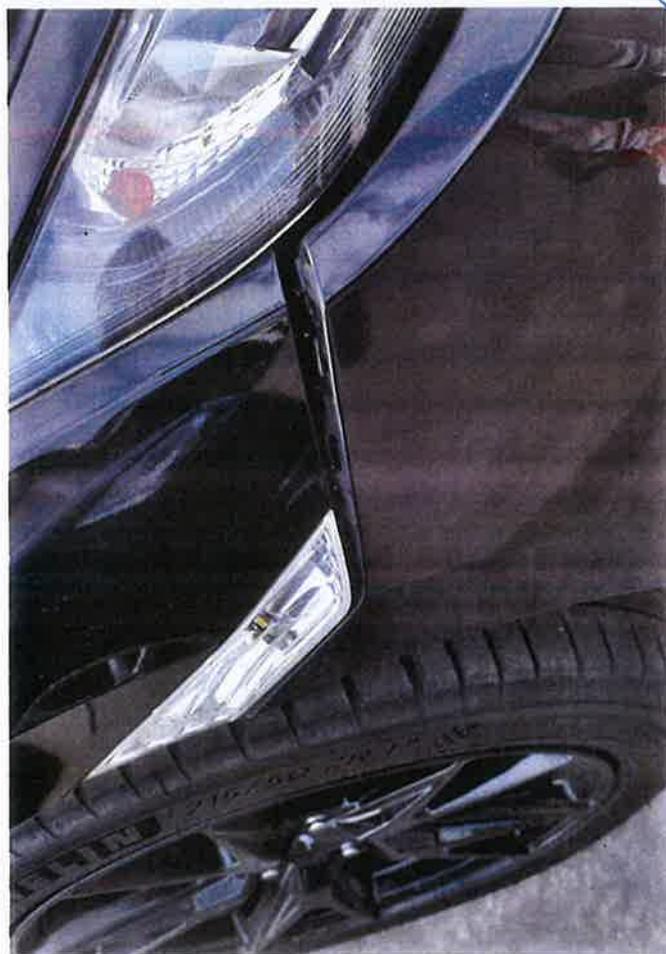
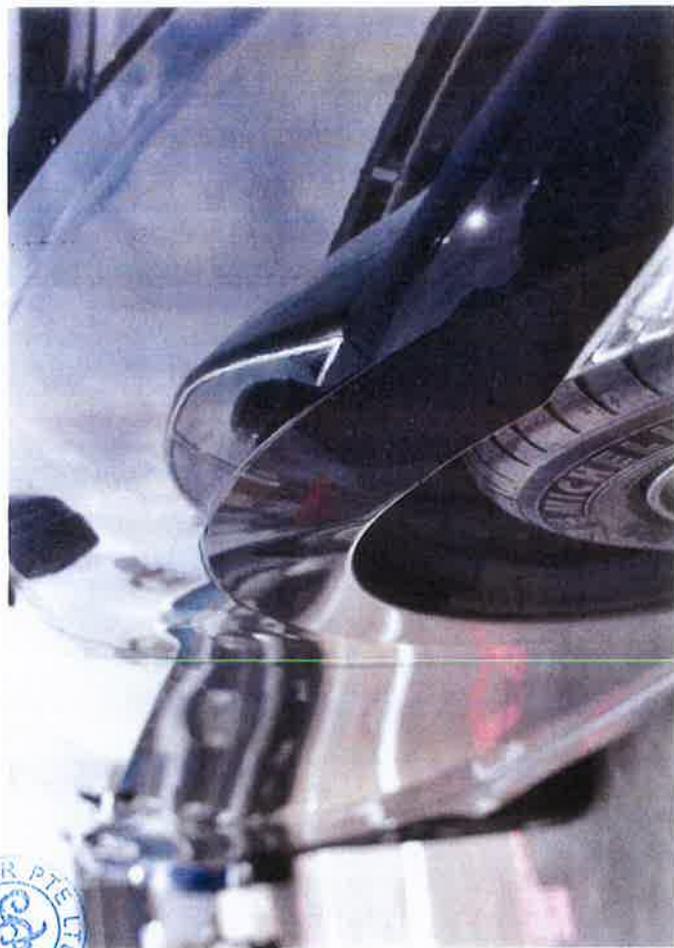
Session Transaction History

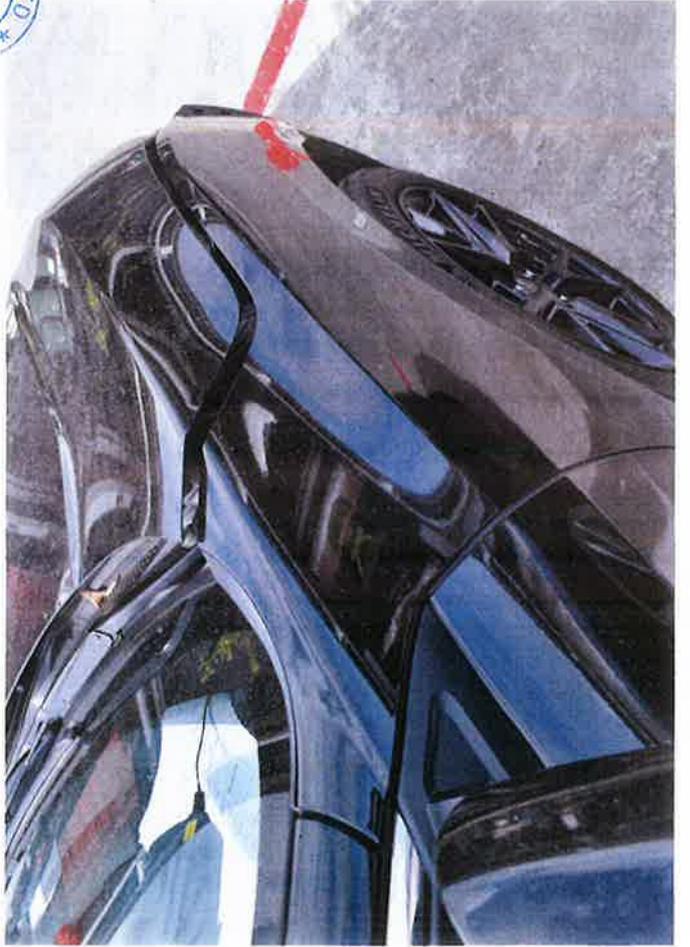
S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SHD66255		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	21 Dec 2020 / 08:46:06

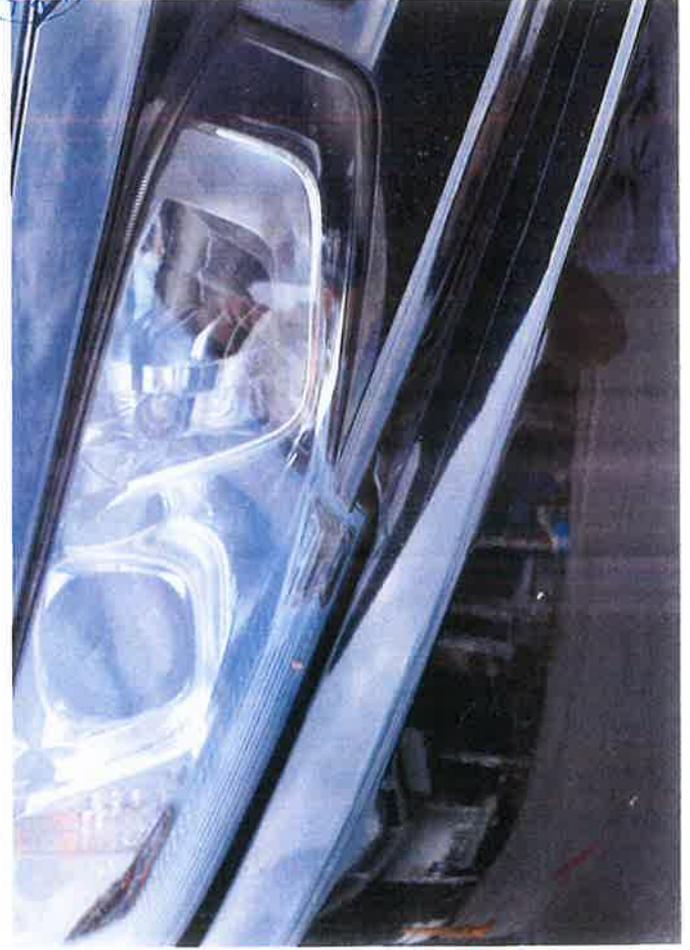
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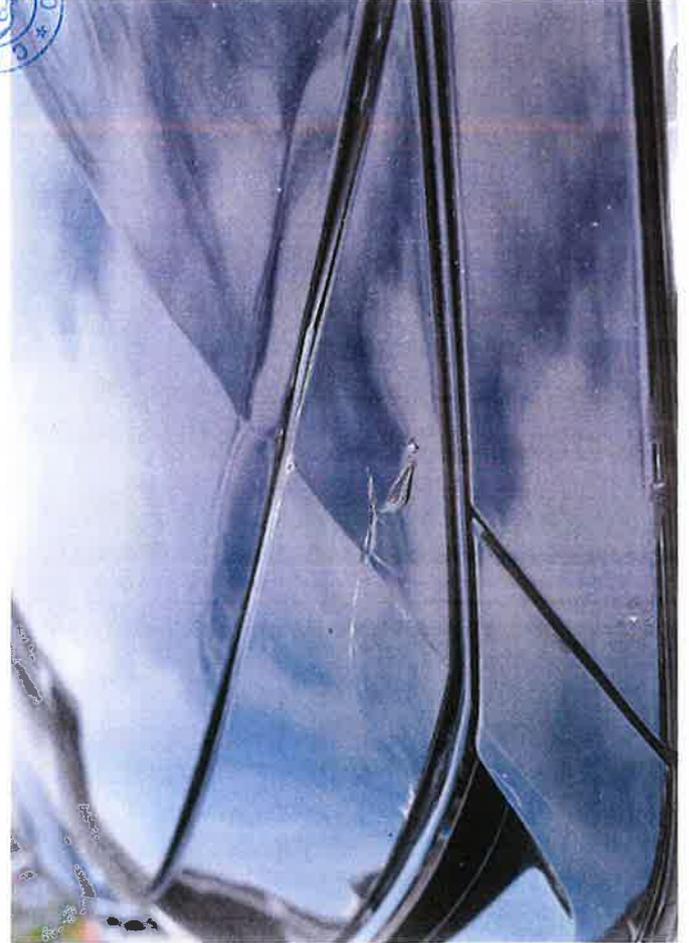
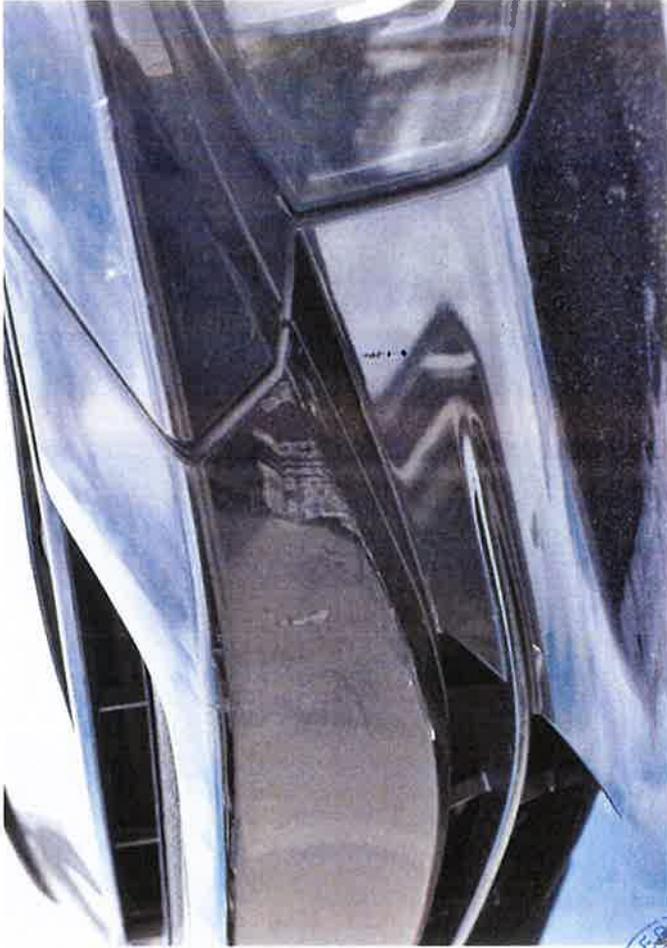




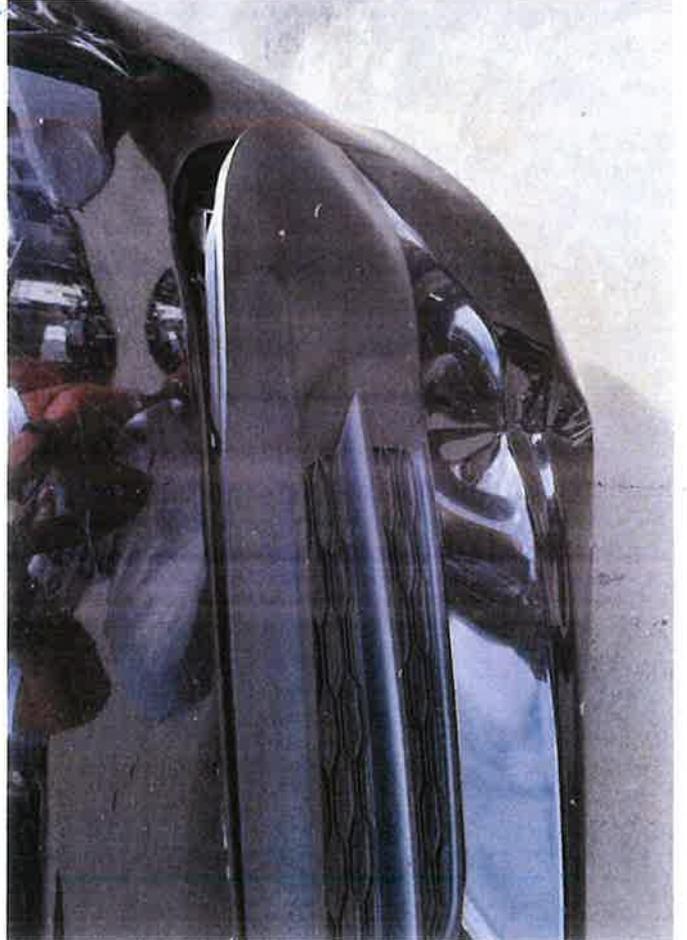
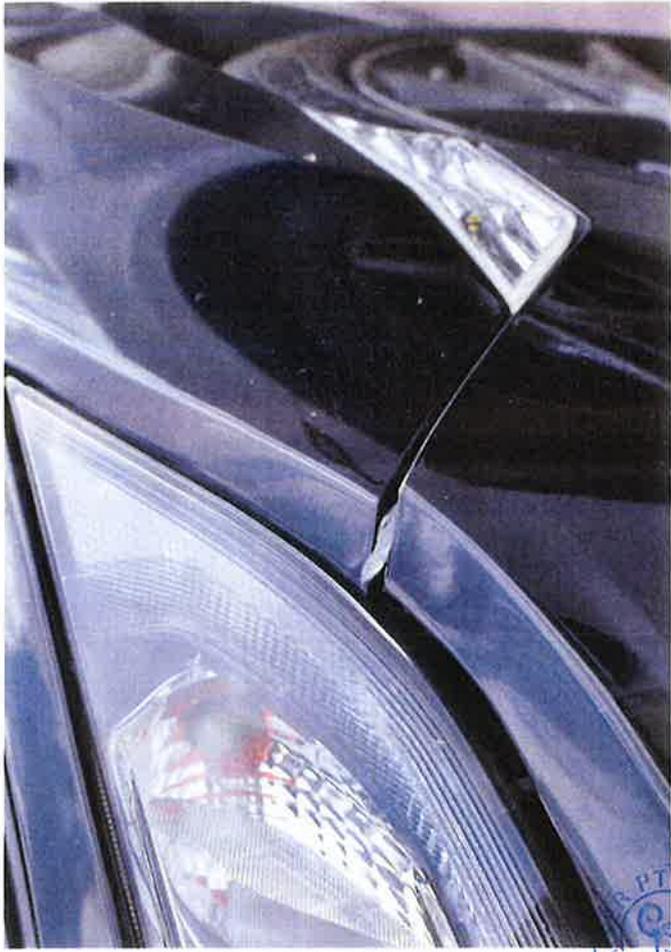


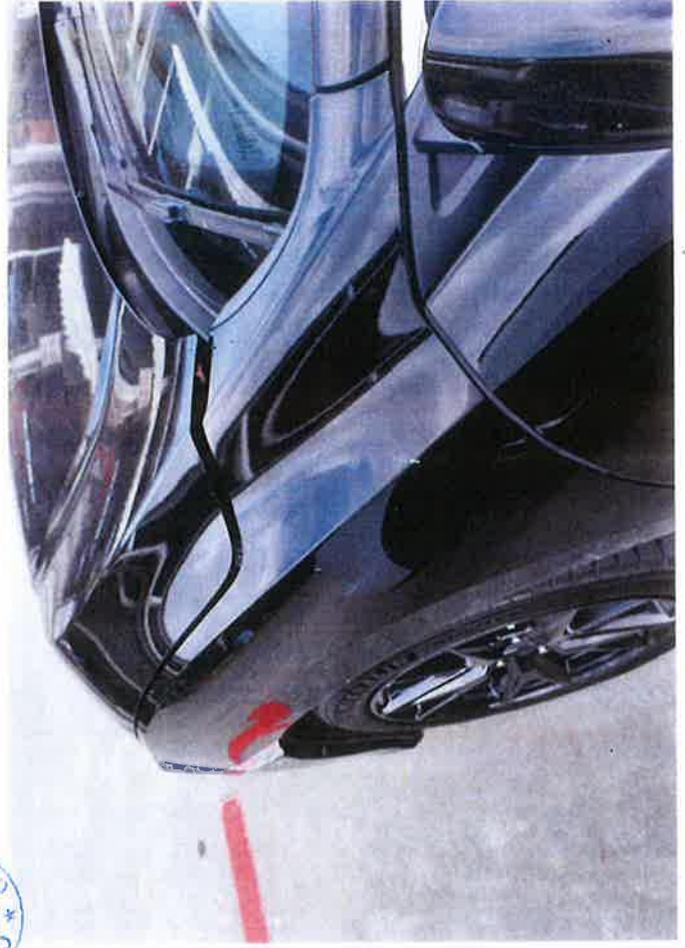
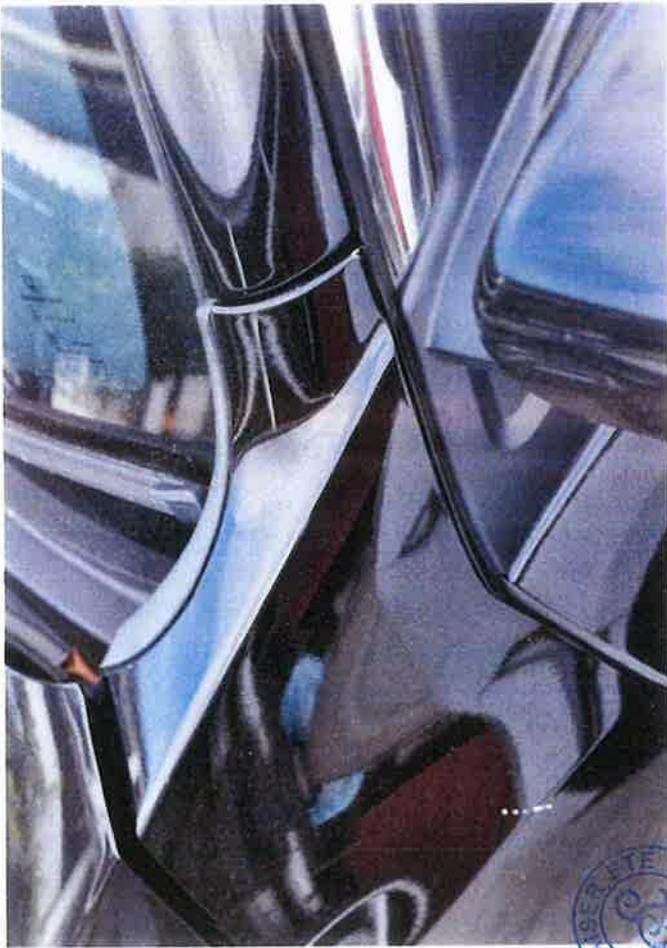


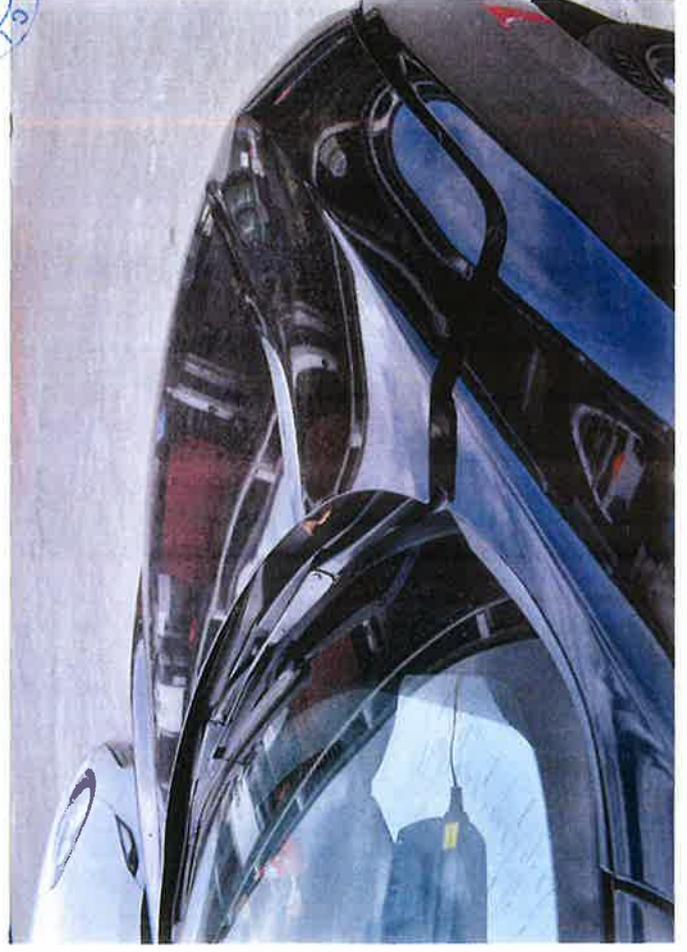
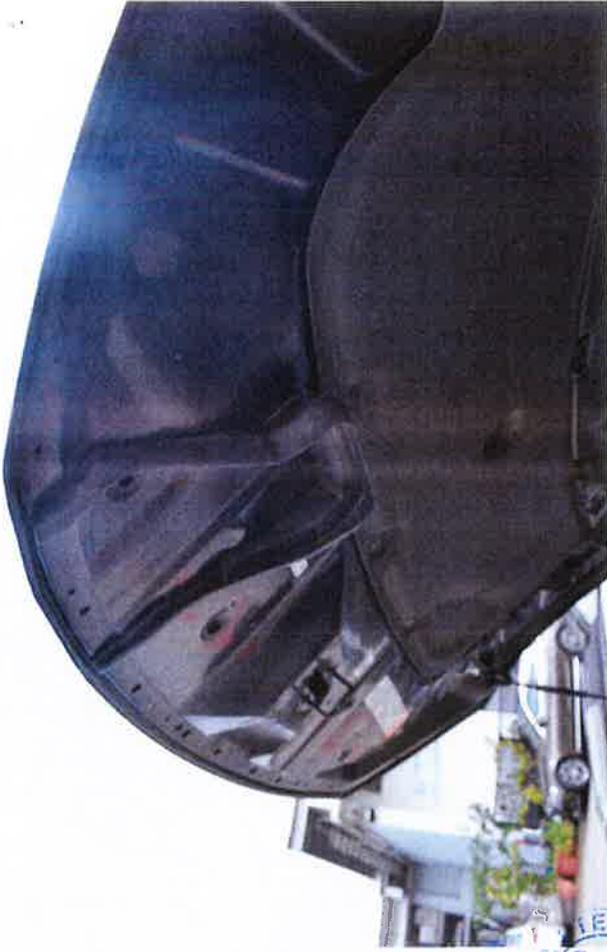


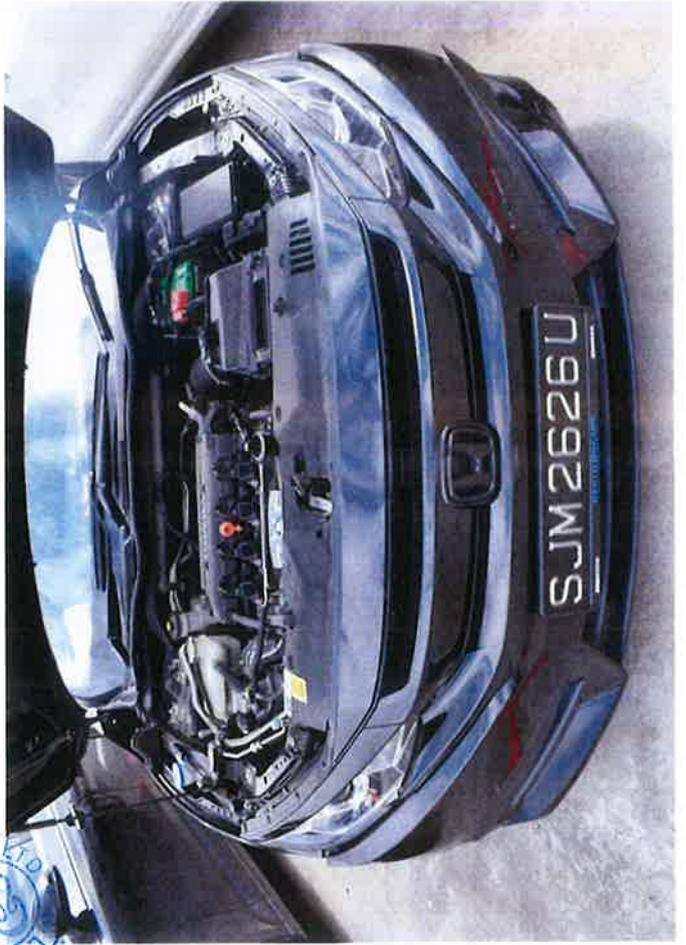
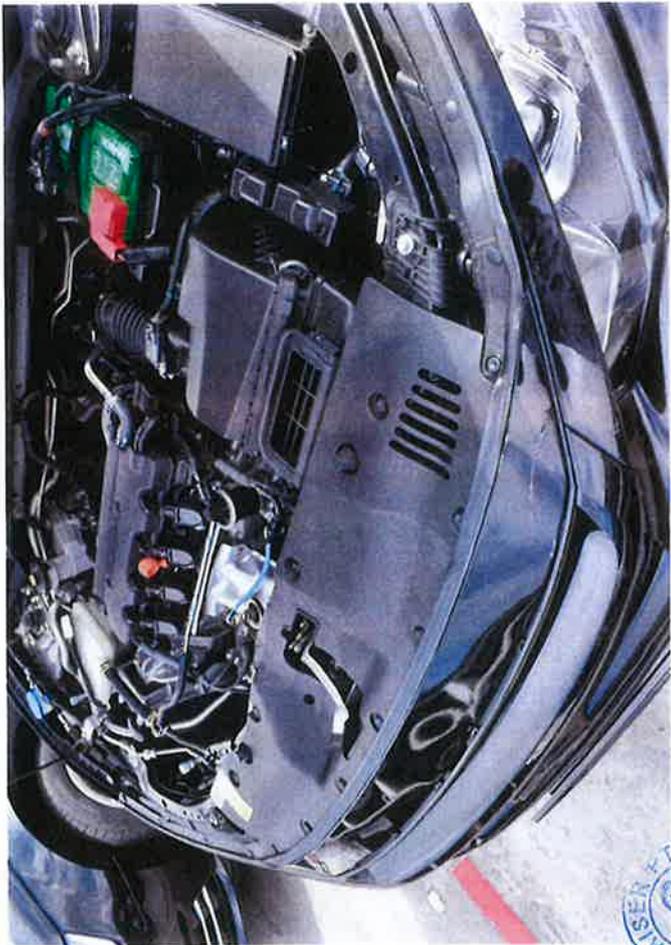


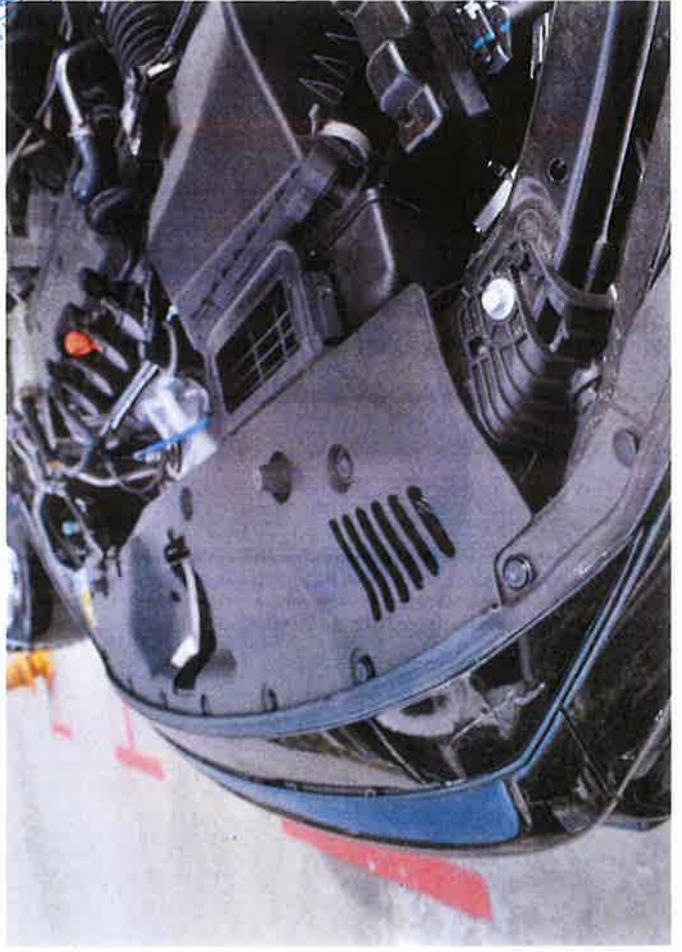


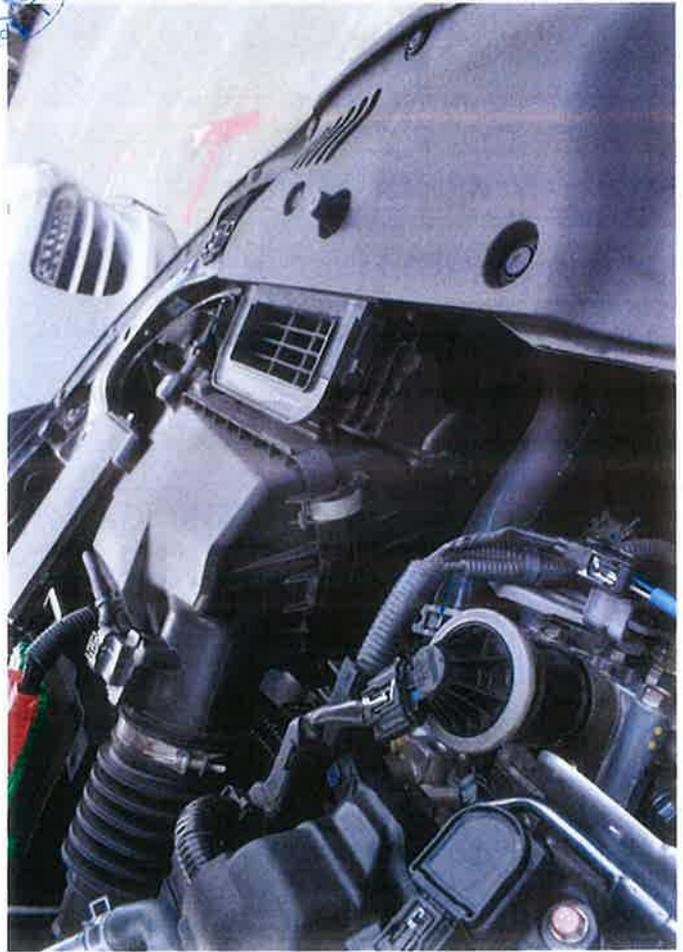
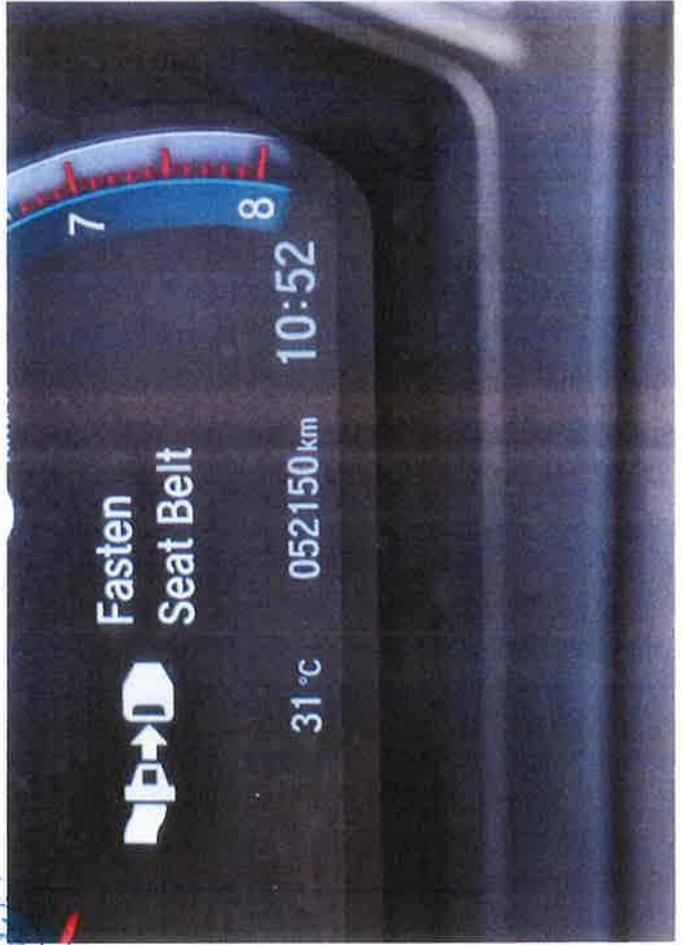


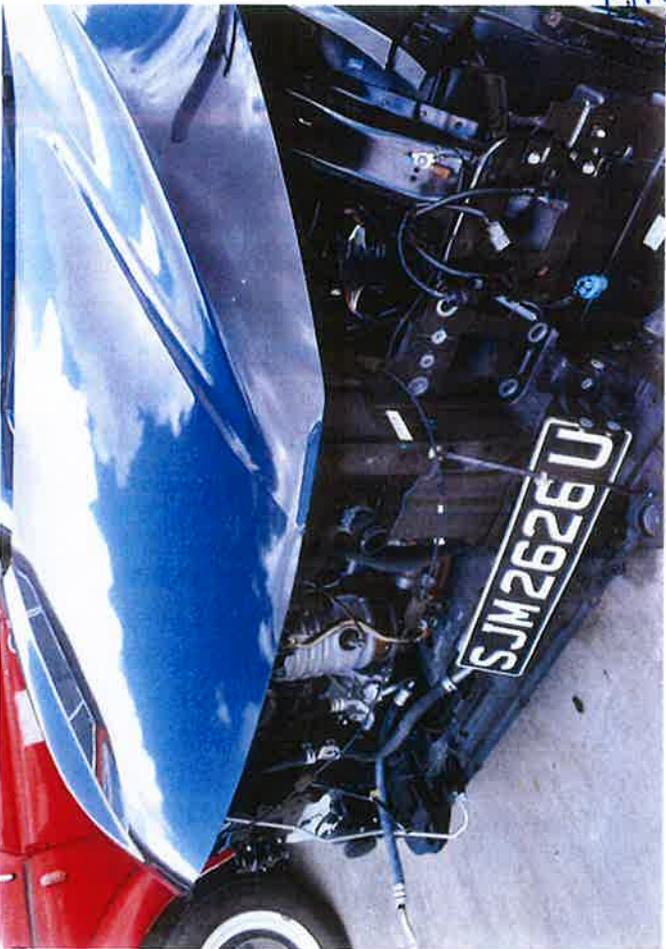
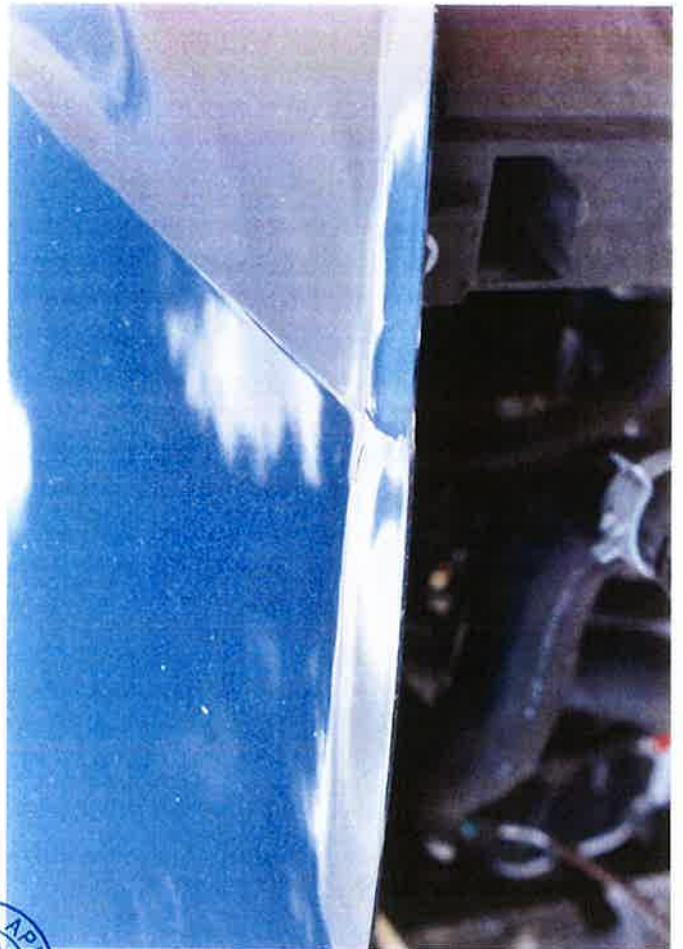


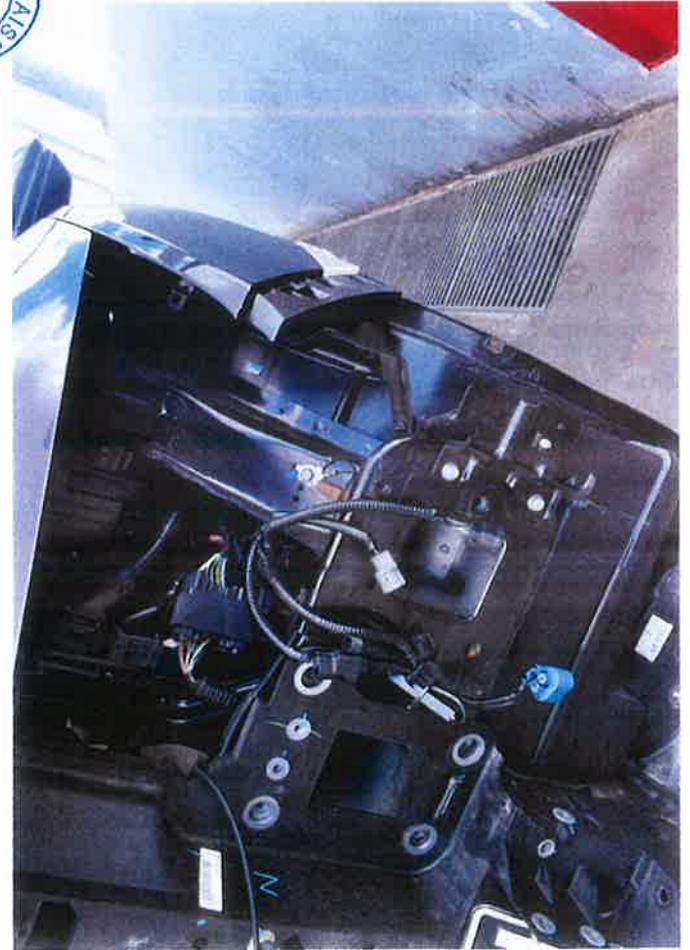
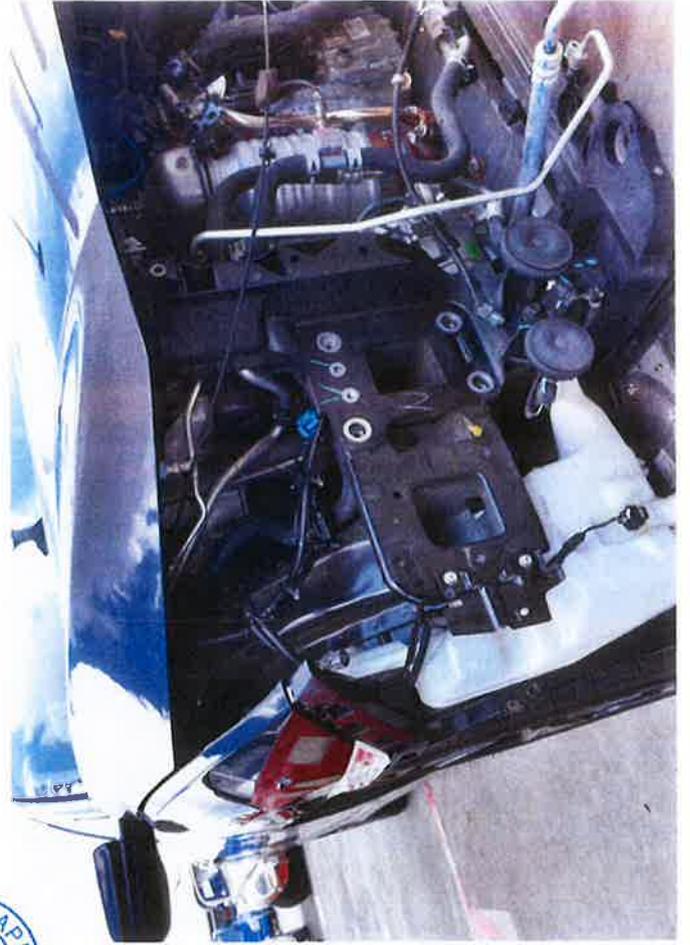




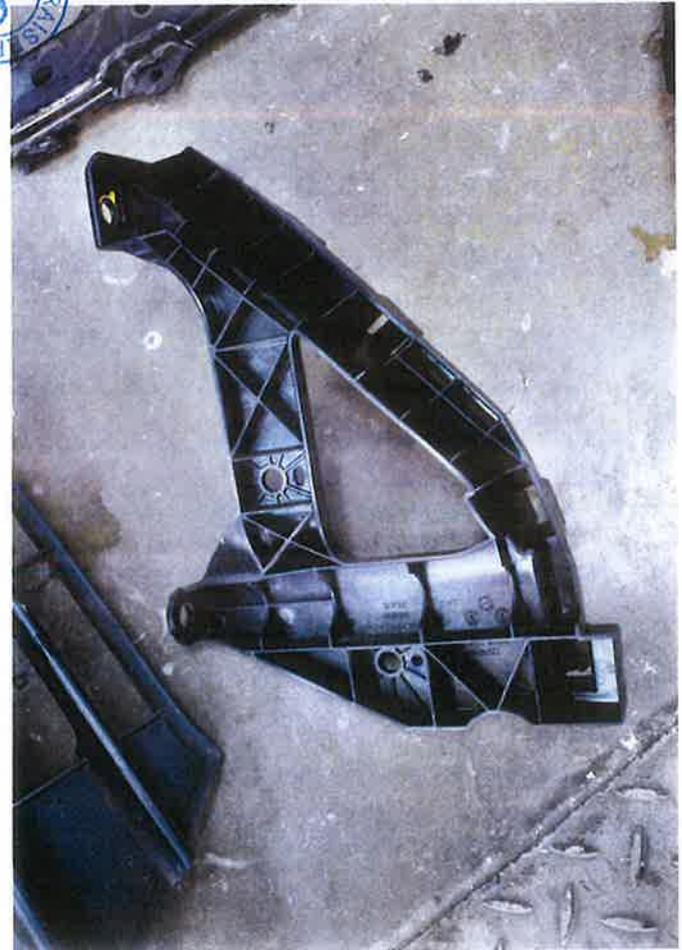


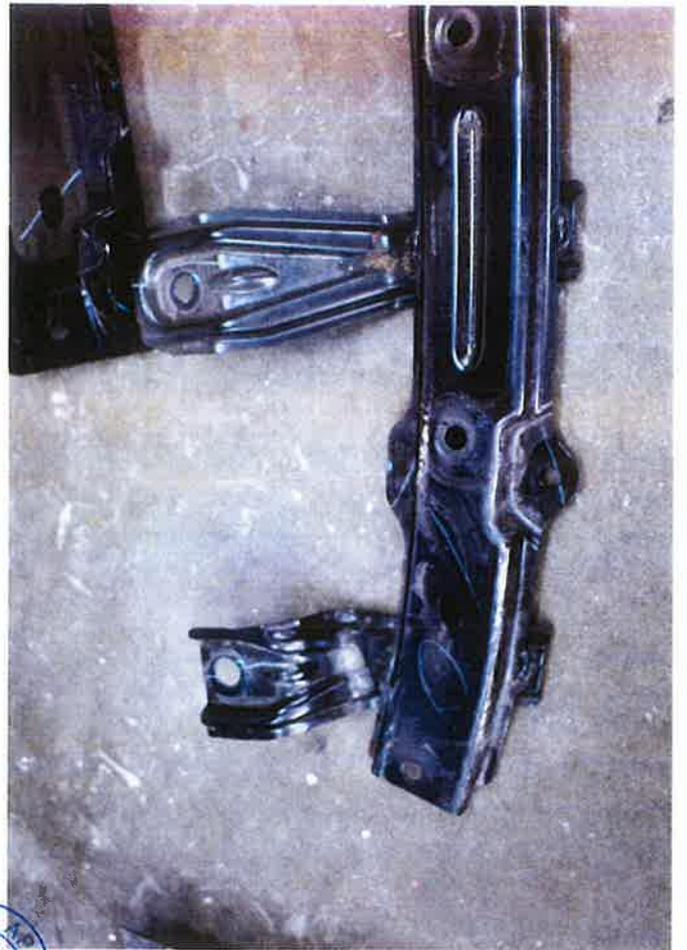




















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