

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

27 September 2021

Our Ref : CLM15209 / SMK6417E / MAR-13/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SMK6417E & SH6296G on 23/03/2021
Along PIE(Tuas) before Jalan Bahar Exit

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH6296G** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$ 13,161.00	(Include 7% GST)
Loss of rental	\$ 1,080.00	(\$120 X 9 Days)
Additional 2 days loss of use for pre repair	\$ 200.00	(\$100 X 2 Days)
Towing fee	\$ 160.00	
LTA search fee	\$ 7.45	
	<u>S \$ 14,608.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15209
- 2) Twincar Rental - Invoice No: 13-3273 , Vha No: 72689
- 3) Speedo Towing Service - Invoice No: 2504
- 4) Autobay Towing - SMK6417E (receipt attached)
- 5) LTA search
- 6) Letter of Authorisation
- 7) GIA report of SMK6417E

We look forward to your prompt reply.

Yours faithfully,



Twincar Automotive Pte Ltd

S.Y.NEO

Director

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200714616M
GST Registration No. : 200714616M

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

TAX INVOICE

Date : 27/08/2021
Date in : 23/03/2021
Vehicle Num. : SMK6417E
Make/Model : NISSAN SYLPHY 1.6 CVT-2019
Chassis/Eng# : MNTBBAB17Z0034931/HR16940729C
Accident Date : 23/03/2021
Claim No : CLM15209
Reference : MAR-13/2021
Policy No. : MT/00781249 (17/04/2021)

LUMPSUM REPAIR BILL
REF : CLM15209-TWINCAR DATED 23/03/2021
BY DIRECT

Amount S\$
12,300.00



E. & O.E.	Sub S\$:	12,300.00
	Add GST (7%) S\$:	861.00
	Total Amount S\$:	13,161.00

for TWINCAR AUTOMOTIVE PTE LTD

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

KOA HEAN KIONG
36 FERVALE LINK
#19-19
SINGAPORE 797533

INVOICE

Invoice No. 13-3273

Date 01/04/2021

		Hirer's Car No.	VHA No.	Terms
		SMK6417E	72689	CASH
No. of Day	Description	Per Day	Amount (S\$)	
9	Car Rental from the period of 23/03/2021 to 01/04/2021. Vehicle no. SLP4051A Singapore Dollars One Thousand and Eighty Only	120.00	1,080.00	
		Total	\$1,080.00	

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL
Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

SMK6417E (7C)

VHA No: 72689

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>KOA HEAN KIONG</u> NRIC/PASSPORT No: <u>S 1749717 J</u> Address (Res): <u>36 PERIVALE LINK</u> <u>#1919 S(79A533)</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ Driving Licence No: <u>S1749717 J</u> D/L Type: Local / International Pass Date: <u>06/02/1990</u> Date of Birth: <u>08/05/1966</u> Tel: (O) _____ (R) _____ HP <u>9822 5594</u>		Vehicle No: <u>SLP4051A</u> Replace Veh No: _____ Mileage Out: _____ Mileage Out: _____ Make & Model: <u>TOYOTA AXIO</u> Auto / Manual Group: _____ OUT: Date <u>23/03/2021</u> Time: <u>11:15 HRS</u> HIRE/PERIOD EXPIRY _____ NON-WAIVER EXCESS : \$ _____																																																													
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Pass Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">CHARGES</th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td>@ \$</td> <td><u>120</u></td> <td>per day</td> <td><u>9</u></td> <td><u>1080 00</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> <td>per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> <td>per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> <td>per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Delivery Service</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </table>		CHARGES						Daily	@ \$	<u>120</u>	per day	<u>9</u>	<u>1080 00</u>	Weekly	@ \$		per week			Monthly	@ \$		per month			Hours	@ \$		per hour			Others	@ \$					CDW	@ \$		per day/month			PAI	@ \$		per day/month			Delivery Service						SUB-TOTAL \$					
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VEHICLE CHECKLIST <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">D - DENTS S - SCRATCHES</p> <p>RIGHT</p> </div> <div style="text-align: center;"> <p>REAR</p> <p>FRONT</p> </div> <div style="text-align: center;"> <p>TOP</p> </div> <div style="text-align: center;"> <p>LEFT</p> </div> </div> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">A - ACCIDENTS</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="7">PETROL LEVEL</th> </tr> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td colspan="7">EXTENSION</td> </tr> <tr> <td colspan="7">Collection Service</td> </tr> <tr> <td colspan="7">Misc.</td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL CHARGE \$</td> <td><u>1080 00</u></td> </tr> </table>		PETROL LEVEL							Out	E	1/4	1/2	3/4	F		In	E	1/4	1/2	3/4	F		EXTENSION							Collection Service							Misc.							TOTAL CHARGE \$						<u>1080 00</u>											
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ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartidges		Rented out by: _____ Hirer's Signature Addition Driver's Signature _____																																																													

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

*** IMPORTANT**

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
01/04/2021	12:10HRS				

CASH SALE / WORK ORDER
SPEEDO TOWING SERVICE

Bus. Reg. No: 53217861X
H/P: 9767 6774

Nº 2504

Date: 23/3/21

Name / Company CASH

Vehicle No. 3MK 6417R NISSAN

Contact No.

From JIN BATHAN H/CP

To NSI W/S

Amount \$60/- Remarks

- 1) Jump Start
- 2) Tyre Replacement
- 3) Accident / Breakdown
- 4) Multi / Basement
- 5) With Load / Cargo Box
- 6) King Dolly
- 7) Transport Charge
- 8) Low Body Kit
- 9) Door Opening Service
- 10) Crane Up / Winch Out
- 11) Collect Doc / Key
- 12) Petrol Charge

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

24 HRS
TOWING SERVICE

Tow Truck Driver

Recieved By

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 23/3/21

Sold to: _____

SMK 6417 E

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to U6's DAC		\$100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____

CROWN

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 23 Mar 2021 / 11:46:42

Receipt Date/Time : 23 Mar 2021 / 11:46:42

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210323-001530

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH6296G				
As at 23 Mar 2021/08:24:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH6296G Enquiry Fee 20210323114628053259	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				
an9cb9zq			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.

LETTER OF AUTHORISATION

To: **M/s Twincar Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS:

ALONG SMK 6417 E & SH 6296 G
DIE (TUAS) B4 JLN BAHAR EXIT ON 23/03/2021 - 8:24HRS

I/We

of

the owner of vehicle no.

KOA HEAN KONG NRIC/Passport No: S1799717 J
36 PERNALE LINK #4-19 S(797533)
SMK 6417 E hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are

Policy No.

Date:

Owner's Signature/Co's stamp (if applicable)

DIRECT ASIA

Expiry Date:

Excess:

Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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	23/03/2021 14:02 (SGT)
Date of Accident	23/03/2021 08:24 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6417E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOA HEAN KIONG
NRIC No	SXXXX717J
Email Address	STEVEKOA@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98225594
Alternative Phone No	+65-98225594

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00781249
Cover Note Number	-

DRIVER

Name of Driver	KOA HEAN KIONG
NRIC No	SXXXX717J

Date Of Birth	08/05/1966
Occupation	Indoor
Date Of Driving Pass	21/01/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98225594
Alt. Phone Number	+65-98225594
Email Address	STEVEKOA@YAHOO.COM.SG
Address	36 FERNVALE LINK #19-19
Address complement	-
Postcode	797533
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6296G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG GIM SENG
Contact Number	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ568A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD KHAIQALNIZAM BIN ZULKIFFLE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE2426G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOA HEAN KIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK6417E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

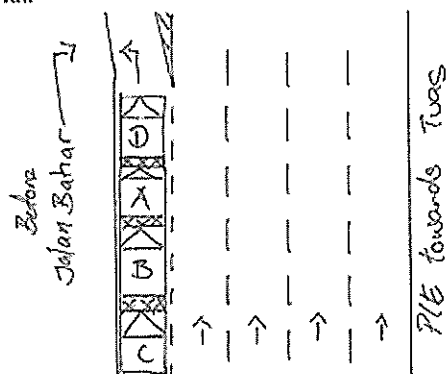
SKETCH PLANIMPORTANT NOTICE

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. 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/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.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time
23/3/21

[Signature]
Witnessed by Reporting Centre Personnel
PW

Sketch Plan

A : SMK 6417E

B : SH 6296G

C : SL 2568A

D : XE 2426G

On 23/03/2021 at about 08:24hrs i was driving my vehicle (SMK6H17E) along PIE towards Tuas. My vehicle was on the most left lane, ~~going~~ about to exit at Jalan Bahar and the traffic was heavy and slow at that time. Near the exit, the front vehicle came to a stop, i slowed down and came to a stop. Suddenly i felt a big impact from the rear and my vehicle surge forward and collided into Vehicle D (XE2426G). I alighted and found out that my vehicle was involved in a chain collision which involved 4 vehicles. Vehicle C (SLZ568A) had collided into Vehicle B (SH6296G) and caused Veh B to collide into my vehicle. After the accident, ambulance arrived and Veh. C passengers was conveyed by the ambulance.

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

Witnessed by Reporting Central Personnel

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel