

**GST REG. NO. M2-8921817-3**

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

Description : 3P 21.04.2021

VEHICLE NO  
SHD6611G

**MAKE  
MERCEDES BENZ**

MODEL  
E220CDI (E6)

DATE OF REG  
23.03.2016

**CHASSIS CODE**  
WDD2120012B316823

NO/DATE  
91564307 24.05.2021

JOB NO.  
305465139

ODOMETER READING

## JOB TYPE

## Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	4,900.00
Add GST @ 7.000 %	343.00
Total Invoice amount	5,243.00

Issued by : KATHERINETAN 24.05.2021 14:57:42  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
05 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

[illegible]



Our Ref: CT0421/SHD6611G  
Date: 18.06.2021

CHINA TAIPING INSURANCE CO (S)PTE L  
3 ANSON ROAD #16-00  
Singapore 079909

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

**Without Prejudice**

Mainline +65 6383 6280  
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 21.04.2021 INVOLVING SHD6611G & SKW 224U ALONG UPP SERANGOON RD  
TWDS POTONG PASIR**

**Workshops**

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD6611G, which was involved in the captioned accident with your insured vehicle No SKW 224U.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

**Taxi Owner's Claim :**

1. Cost of Repairs		S\$	5,243.00
2. Loss of Rental	9 days x S\$ 169.74	S\$	1,527.66
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	9 days x S\$ 80.00	S\$	720.00
2. Others		S\$	0.00

[E&OE]      **Total Claims**      S\$      **7,492.66**

A copy each of the following supporting documents marked [X] is enclosed:

<input checked="" type="checkbox"/> Original Repair Bill	<input checked="" type="checkbox"/> Letter of Authority from Owner/Hirer/Operator
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input checked="" type="checkbox"/> Rental Rate Letter
<input checked="" type="checkbox"/> LTA/GIA Search Slip(s)	<input checked="" type="checkbox"/> Downtime/Mileage Record
<input type="checkbox"/> Survey Report / Bill	<input type="checkbox"/> Witness Statement / Accident Scene Photo(s)
<input type="checkbox"/> Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
<input type="checkbox"/> Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of



Our Ref: CT21040387

Date: 24 May 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    21/04/2021    @   11:53 hrs  
ALONG                            UPP SERANGOON RD TWDS POTONG PASIR  
INVOLVING                    SKW224U

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHD6611G** (the "Taxi"). The Taxi was hired to **LOW KIM HENG (LIU JINXING) IC NO SXXXX164Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$169.74** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Singapore Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia  
Manager, Fleet Safety

This is a computer generated letter. No signature is required.



[illegible]




## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SKW224U

Date of Accident

21/04/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **14/10/2020 - 13/10/2021**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **22/04/2021 08:37****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING MERCEDES E220 SHD6611G , SKW224U ON 21-Apr-21 11:53**  
**ALONG UPP SERANGOON RD TWDS POTONG PASIR**

I / We **LOW KIM HENG (LIU JI...** (Hirer) NRIC No.: **SXXXX164Z**

and/or **NG TONG HIN** (Relief) NRIC No.: **SXXXX789H**

Taxi Number **SHD6611G**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):


1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **21-Apr-2021**

Name of Hirer **LOW KIM HENG (LIU JINXING)**

Hirer NRIC **SXXXX164Z**

Signature :



Address **18 JALAN SULTAN #15-156**  
**190018**

Contact No. **81010912**

Name of Relief **NG TONG HIN**

Relief NRIC **SXXXX789H**

Signature :



Address **714 TAMPINES ST 71 #14-204**  
**520714**

Contact No. **96699089**





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 – 17:00  
 UIC: 100100700 / CAT Reg. No.: M400017715

**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 : SJ04214M0000 Vehicle Registration No: SHD6611G  
 Name (as shown in NRIC) : Comfort Transportation Pte Ltd NRIC/FIN/Passport No : 1XXXXX821R  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 21/04/2021 Time of Accident : 11:53hrs  
 Place of Accident : Upper Serangoon Road Towards Potong Pasir  
 Insurance Company: AXA Insurance Singapore Pte 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:

- Upload police report

- Add injuries details



Policyholder / Driver's Signature  
 Date:

QA

Reporting Centre Personnel's Signature  
 Name: Ashikin  
 NRIC/FIN No.:  
 Date: 22/04/2021



Date Of Birth	02/12/1961
Occupation	Outdoor
Date Of Driving Pass	10/06/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96699089
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 714 TAMPINES STREET 71 #14-204
Address complement	-
Postcode	520714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG UPP SERANGOON RD TOWARDS POTONG PASIR. AT THE JUNCTION, SUDDENLY VEHICLE B HIT MY TAXI REAR PORTION. I HAVE ONE MALE PASSENGER ONBOARD AND HE WILL DO MEDICAL CHECKUP. MYSELF WILL SEEK MEDICAL CHECKUP ALSO. BOTH VEHICLES DAMAGED.

#### 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SKW224U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAADIAH BINTE KHAMIS
NRIC No	SXXXX290J
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	NG TONG HIN
Address	BLK 714 TAMPINES STREET 71 #14-204
Address Complement	-
Post Code	520714
Approximate Age Years Old	59
Injuries Sustained	NECK AND BACK PAIN. GIVEN 5 DAYS MC.
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No





**SINGAPORE  
POLICE FORCE**



T/20210422/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210422/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/04/2021 11:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG TONG HIN			Address: 714 TAMPINES STREET 71 #14-204 SINGAPORE 520714		
ID Type / ID No.: NRIC NO / S1473789H			Contact No.: Home/Office:		Mobile: 96699089
Nationality: SINGAPORE CITIZEN			Email: tonghin2468@gmail.com		
Sex: Male	Age: 59	Date of Birth: 02/12/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2021 11:50	Type of Location: Straight Road
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD6611G	Car	MERCEDES BENZ	E220	White	Seriously Damaged	1
SKW224U	Car			Silver	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210422/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210422/7014

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TONG HIN	ID No.	S1473789H
Related Vehicle	SHD6611G (Car)	Contact No.	96699089
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/04/2021	Date	22/04/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	SAADIAH BINTE KHAMIS	ID No.	S8117290J
Related Vehicle	SKW224U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 21/4/2021 at about 1150 Hrs, i was driving my taxi SHD6611G along Upp Serangoon Road towards City with 1 passenger onboard. While i traveling near to the Junction of Hougang St 21, at that point of time the traffic on the road was slow moving. Suddenly i felt a impact from behind and the impact cause my taxi surged forward and i immediately brake and stopped. I alight my taxi and realized that a car SKW224U had collided onto my taxi rear portion and cause damage and dented to my taxi rear section. After the accident we exchange particular and leave the scene. Today when i wakes up i felt my neck and back pain so i consult doctor and was given 5 days MC 22/4/2021 to 26/4/2021.





**SINGAPORE  
POLICE FORCE**



T/20210422/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210422/7014

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/04/2021 11:17

Classification Of Case:



SHD 66115

**Our Family Physician Clinic & Surgery**  
829 Tampines St 81 #01 - 292, Singapore 520829  
Phone: 6785 0147

**MEDICAL CERTIFICATE****MC No: OD-TP0000095778****NAME: NG TONG HIN****NRIC: S1473789H**

This is to certify that the above patient name is Unfit for Duty for a period of 5 day

from 22-04-2021 to 26-04-2021 inclusive.

**Note:** This certificate is not valid for absence from court or other judicial proceedings.

in accordance with the Infectious Diseases Act (Chapter 137) under Regulation 2020, patients diagnosed with acute respiratory infection must not leave their place of accommodation within the duration of this medical certificate other than to seek medical attention.

Timothy Tan  
M.D. (UKM), DWD (CAW),  
Practical cert in Andrology (S'pore)

  
Signature

22/04/2021  
Date



# 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	22/04/2021 16:06 (SGT)
Date of Accident	21/04/2021 11:53 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	Towards Potong Pasir
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6611G
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96699089
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	2143

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

### DRIVER

Name of Driver	NG TONG HIN
NRIC No	SXXXX789H



Date Of Birth	02/12/1961
Occupation	Outdoor
Date Of Driving Pass	10/06/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96699089
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 714 TAMPINES STREET 71 #14-204
Address complement	-
Postcode	520714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### 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

I WAS TRAVELLING ALONG UPP SERANGOON RD TOWARDS POTONG PASIR. AT THE JUNCTION, SUDDENLY VEHICLE B HIT MY TAXI REAR PORTION. I HAVE ONE MALE PASSENGER ONBOARD AND HE WILL DO MEDICAL CHECKUP. MYSELF WILL SEEK MEDICAL CHECKUP ALSO. BOTH VEHICLES DAMAGED.

#### 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW224U
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	SAADIAH BINTE KHAMIS
NRIC No	SXXXX290J
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	NG TONG HIN
Address	BLK 714 TAMPINES STREET 71 #14-204
Address Complement	
Post Code	520714
Approximate Age Years Old	59
Injuries Sustained	
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	UNKNOWN
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No



**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.

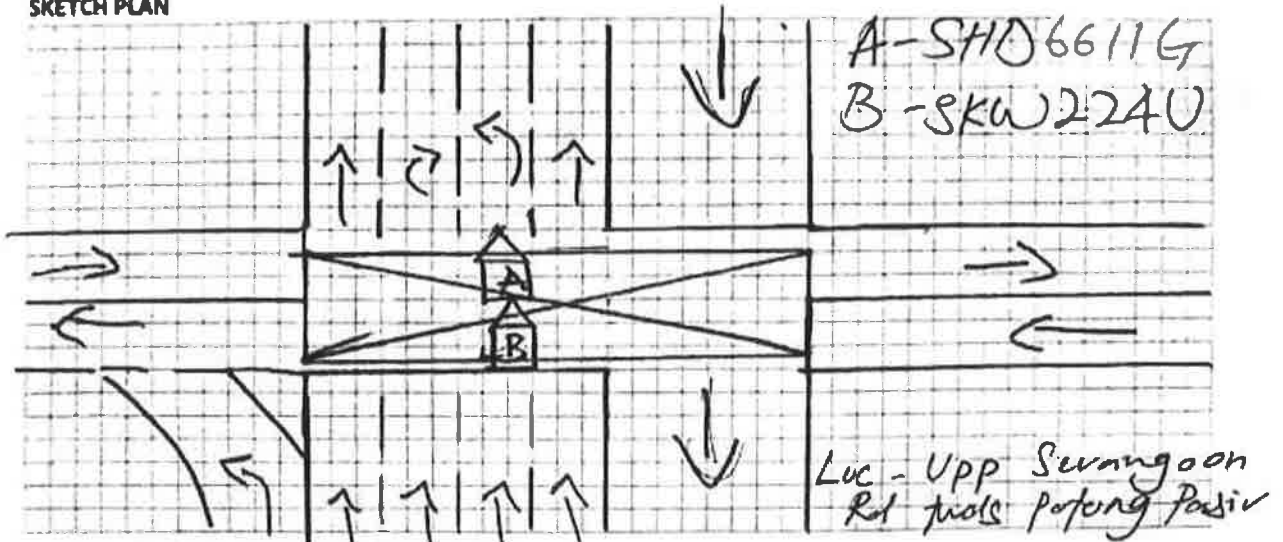
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Dal Hashim  
NAIC/FIN No: 21/4/21 17:00hrs



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upp Serangoon Rd towards Potong Pasir. At the junction suddenly vehicle B hit my front rear portion. I have one male passenger onboard and he will do medical checkup. Myself will seek medical checkup also. Both vehicles damaged.

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.:

17:00hrs 21/4/21