

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

04 April 2022

Our Ref : CLM15249 / SMT829S / MAY-11/2021

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMT829S & SHB4724M ON 25/05/2021 **ALONG BALESTIER RD JUNC MCNAIR RD**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB4724M** 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	\$ 11,235.00	(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	\$ 100.00	
LTA search fee	\$ 7.45	
	<u>S \$ 12,622.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15249
- 2) Twincar Rental - Invoice No: 13-3347 , Vha No: 73241
- 3) Autobay Towing - SMT829S (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SMT829S

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
ROBINSON ROAD
P.O.BOX 1094
SINGAPORE 902144

TAX INVOICE

Date : 22/03/2022
Date in : 25/05/2021
Vehicle Num. : SMT829S
Make/Model : TOYOTA NOAH HYBRID 1.8X CVT-2019
Chassis/Eng# : ZWR800425901/2ZR2G23612
Accident Date : 25/05/2021
Claim No : CLM15249
Reference : MAY-11/2021
Policy No. : DMHCSNW00002452100 (25/03/2022)

LUMPSUM REPAIR BILL
REF : CLM15249-TWINCAR DATED 28/05/2021
BY DIRECT

Amount S\$
10,500.00



E. & O.E.	Sub S\$:	10,500.00
	Add GST (7%) S\$:	735.00
	Total Amount S\$:	11,235.00

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 :

TEE CHIN HOCK
BLK 601 JURONG WEST STREET 62
#04-173
SINGAPORE 640601

INVOICE

Invoice No. 13-3347

Date 03/06/2021

		Hirer's Car No.	VHA No.	Terms
		SMT829S	73241	CASH
No. of Day	Description	Per Day	Amount (\$\$)	
9	Car Rental from the period of 25/05/2021 to 03/06/2021. Vehicle no. SKT6805U 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

SMT 8295 (ETC)

VHA No: **73241**

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>TEE CHIN HOCK</u> NRIC/PASSPORT No: <u>S 1290693C</u> Address (Res): <u>Buk 601 JURONG WEST S762</u> <u>#04-173 S1640601</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ Driving Licence No: <u>S1290693C</u> D/L Type: Local / International Pass Date: <u>06/12/2007</u> Date of Birth: <u>02/10/1967</u> Tel: (O) _____ (R) _____ HP <u>97569822</u>	Vehicle No: <u>SKT 6805U</u> Replace Veh No: _____ Mileage Out: _____ Mileage In: _____ Make & Model: <u>Toyota AL113</u> Auto / Manual Group: _____ OUT: Date <u>25/5/21</u> Time: <u>1715 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> </tr> <tr> <td>Daily</td> <td>@ \$ <u>120</u></td> <td>per day <u>(9)</u></td> <td><u>\$1080 00</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUB-TOTAL \$</td> <td></td> </tr> </table> <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> <th colspan="7">EXTENSION</th> </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>	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 \$				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>
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 \$																																																																																										
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>																																																																																				
VEHICLE CHECKLIST <div style="display: flex; justify-content: space-around; align-items: center;"> <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>INDICATE: A - ACCIDENTS</p>	Rented out by: _____ Hirer's Signature Addition Driver's Signature _____																																																																																									
ACCESSORIES CHECK <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Ashtray</div> <div style="width: 33%;"><input type="checkbox"/> Cig Lighter</div> <div style="width: 33%;"><input type="checkbox"/> S/Tyre</div> <div style="width: 33%;"><input type="checkbox"/> STD Tools</div> <div style="width: 33%;"><input type="checkbox"/> Jack</div> <div style="width: 33%;"><input type="checkbox"/> Hub Caps</div> <div style="width: 33%;"><input type="checkbox"/> Radio / Cass</div> <div style="width: 33%;"><input type="checkbox"/> CD</div> <div style="width: 33%;"><input type="checkbox"/> Cartridges</div> </div>																																																																																										

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
<u>03/06/2021</u>	<u>14:10hrs</u>				

AUTOBAY TOWING

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

CASH SALE

(TWINCAR)

No. _____

Sold to: _____

SMT 8295

Date: 25/5/14

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Ubi 11/12/13		\$100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____

CROWN



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 May 2021 / 18:05:40

Receipt Date/Time : 25 May 2021 / 18:05:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210525-003502

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 - SHB4724M

As at 25 May 2021/15:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHB4724M

Enquiry Fee

20210525180435304307

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

mt0nhc9n 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

BALESTIER RD JUNG MCNAIR RD

SMT 829 S

&

SHB 4724 M

ON

25/05/2021

I/We

TEE CHIN HOCK

NRIC/Passport No:

S / 790693 C

of

BLK 601 JIAONG WEST ST 62 #04-173 S(40601)

the owner of vehicle no.

SMT 829 S

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 underake 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

CHINA TAIPING

Policy No.

DMYICSNW 00002452100

Expiry Date:

25/03/2022

Date:



Excess:



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

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	27/05/2021 10:15 (SGT)
Date of Accident	25/05/2021 15:00 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	JUNC OF MCNAIR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT829S
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE CHIN HOCK
NRIC No	SXXXX693C
Email Address	TSHPETER@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97569822
Alternative Phone No	+65-97569822

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00002452100
Cover Note Number	-

DRIVER

Name of Driver	TEE CHIN HOCK
NRIC No	SXXXX693C

Date Of Birth	02/10/1967
Occupation	Outdoor
Date Of Driving Pass	06/02/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97569822
Alt. Phone Number	+65-97569822
Email Address	TSHPETER@YAHOO.COM.SG
Address	BLK 601 JURONG WEST ST 62
Address complement	#04-173
Postcode	640601
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210525/2103

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	SHB4724M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP8814P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TEE CHIN HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMT829S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

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 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

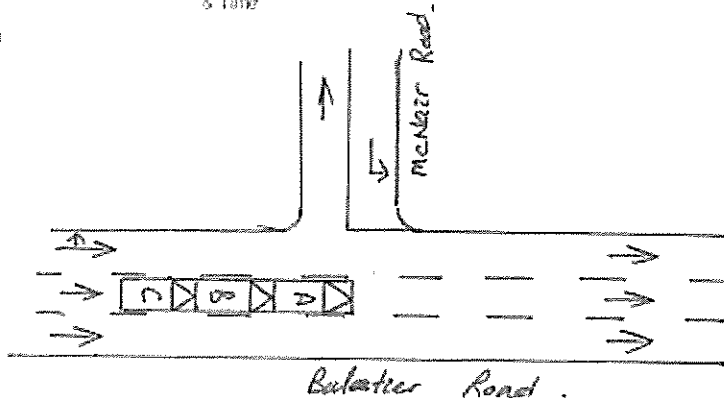
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SM7 829 P.

(B) SH/B 4794 M.

(C) PLP 8814 P.

Describe Circumstances of the Accident

On 25/05/2021 at @ 1500 hrs, I was travelling in my vehicle (SMT 8293) along Balesier Road towards the direction of Serangoon Road on the centre line. While approaching the junction of McAlister Road, there were traffic jammed ahead and I slow down and stopped my vehicle before the yellow box. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 cars.

Declaration

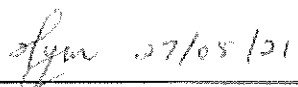
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel