

ASS. REF: REF: CS/MSG 21006408/Dg73

ASSIGNMENT

COE Dec 2024
Dec 2016

From: _____ Date: _____
Estimate Cost: _____
OD / TP RES / DD RES / EVA / RV / MV
To Insp Vehicle No: _____
at Work m/s _____
Insured _____
Policy # _____
Claimant: 158123
Sum Insured: _____ Excess: _____
(Check record)
Make Offer: _____

(Policy Condition)
Remarks: The veh had commenced its repair at the time of inspection.

Est. of Market Value: _____
IDAC Accident Report Consistent? : Yes or No
GIA / PR Seen Consistent? : Yes or No
Est. Repair: 7 days Res.: Yes or No
Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHIA9317C Yr Regn: Dec 2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Prius C.C. 1798
Colour: Yellow A/C: Insured / Std / NA
Sp. Reading: 729040 T/Radio: Insured / Std / NA
Eng/No: 22RR969548
C/No: JTDKB3FU903538774
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: R/R / S/R / STD A/Rim or
Tyre Size: F: 195/65 R15
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUZUKI /
TOYO / YOKO or Westlake

Front	Rear
R/Bal: 5 mm	R/Bal: 5 mm
L/Bal: 5 mm	L/Bal: 5 mm
D.O.A: 01/06/2021	D.O.L: 04/06/2021

Survey held at: Bitpost Sin Ming
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Ront y Ren
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MSLG SSQ 62932
18/03/22@11.51am	revised & email to Fievel Foo to seek mandate at LS \$10000, 7 days.
01/05/22	FIEVEL APPROVED MANDATE AT \$10000, 7 DAYS.
04/05/22	INFORMED BRYAN ACCORDINGLY.
	Bryan Finalized LS 10,000/- with 7 days of repair. (Red \$20645.06, 67%)

Date/Time, File Pass to? 27/05 Typist
Date/Time, File Return to? 2)
Preli. Report
Final Report

Days Of Repair: 7
Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)
Interview (\$)

Survey Fee:
Transportation:
S + RS: \$
Shrine

BIFROST AUTO PT LTD

REPAIR ESTIMATE

DATE: 3-Jun-21
MODEL: TOYOTA PRIUS
VEHICLE NO.: SHA 9317C

LKK Auto Consultants hence notify

the Repairer of the following:

To resurvey before/after spray painting

To display damaged part(s) during resurvey

• Parts prices are subject to confirmation

• Third party survey is on a "Without Prejudice" basis

• No illegal modification(s) is allowed

• Supplementary item(s) must be resurveyed and

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature

Date:

QTY

LIST PRICE

AMOUNT

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR TRUNK LID COVER <i>1st (Dent)</i>	1	\$1,126.00	\$1,126.60
REAR TRUNK LID LOCK <i>Dent</i>	1	\$457.90	\$457.90
REAR TRUNK LID COVER TRIM BOARD <i>HH</i>	1	\$254.40	\$254.40
Boot Lid Trimboard, Centre <i>HH</i>	1	\$159.60	\$ 159.60
Boot Lid Trimboard SIDE (LH/RH) <i>HH</i>	2	\$92.50	\$ 185.00
Boot Lid Trimboard REAR <i>HH</i>	1	\$124.80	\$ 124.80
REAR TRUNK LID RUBBER <i>Heckel damaged</i>	1	\$365.20	\$365.20
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>broken</i>	1	\$896.30	\$896.30
REAR TRUNK LID LOGO (PRIUS) <i>Hec</i>	1	\$60.80	\$60.80
REAR TRUNK LID LOGO (HYBRID) <i>Hec</i>	1	\$52.40	\$52.40
REAR TRUNK LID LOGO (TOYOTA STAR) <i>Hec</i>	1	\$52.90	\$52.90
REAR BUMPER <i>Dent</i>	1	\$458.60	\$458.60
REAR BUMPER RE-INFORCEMENT <i>1st</i>	1	\$318.80	\$318.80
REAR BUMPER LOWER COVER <i>Dent</i>	1	\$552.60	\$552.60
REAR BUMPER SIDE RETAINER <i>HH</i>	1	\$112.70	\$112.70
REAR BUMPER TOWING COVER <i>HH</i>	1	\$82.70	\$82.70
REAR BUMPER CLIPS <i>Hec</i>	1	\$22.00	\$22.00
REAR BUMPER SIDE CLIP <i>HH</i>	1	\$25.00	\$25.00
REAR BUMPER UPPER STOPPER (LH/RH) <i>SH</i>	2	\$76.40	\$152.80
SEAL, REAR BUMPER SIDE, LH/RH <i>SH</i>	2	\$148.40	\$296.80
REAR BUMPER UNDER SIDE COVER (LH/RH) <i>o/s HH w/s damaged</i>	2	\$232.00	\$464.00
ARM SUB-ASSY, REAR BUMPER, (LH/RH) <i>SVC</i>	2	\$139.60	\$279.20
REAR BUMPER REVERSE SENSOR <i>Dent</i>	1 2	\$235.70	\$235.70
TAIL LAMP ASSY (UPPER) <i>o/s HH w/s money broken</i>	2	\$557.90	\$1,115.80
TAIL LAMP ASSY (LOWER) <i>money broken w/s o/s HH</i>	2	\$548.40	\$1,096.80
TAIL LAMP QUARTER PANEL <i>SH w/s o/s HH</i>	2	\$216.00	\$432.00
TAIL LAMP SIDE COVER <i>SH</i>	1	\$256.00	\$256.00
REAR END PANEL <i>Dent</i>	1	\$602.10	\$602.10
REAR END PANEL GARNISH <i>damaged</i>	1	\$165.80	\$165.80
REAR WIRING ASSY <i>HH</i>	1	\$582.40	\$582.40
REAR SPARE TYRE PANEL <i>HH</i>	1	\$667.70	\$667.70
REAR SPARE TYRE CUSHION (FLR BOARD CENTRE) <i>HH</i>	1	\$101.40	\$101.40
REAR FIBER TOOL BOX TRIM (LH/RH) <i>HH</i>	2	\$598.00	\$1,196.00
REAR FIBER TOOL BOX CENTER <i>HH</i>	1	\$186.20	\$186.20
SPARE TYRE LOCK NUT <i>HH</i>	1	\$88.40	\$88.40
SPARE TYRE LOCK NUT BRACKET <i>HH</i>	1	\$113.50	\$113.50
SPARE TYRE SIDE PANEL (LH/RH) <i>HH</i>	2	\$287.30	\$574.60
REAR EXHAUST PIPE RH <i>HH</i>	1	\$1,163.40	\$1,163.40
REAR EXHAUST PIPE INSULATOR <i>HH</i>	1	\$314.60	\$314.60
RADIATOR GRILLE <i>damaged / broken</i>	1	\$438.00	\$438.00
RADIATOR GRILLE EMBLEM <i>Hec</i>	1	\$88.00	\$88.00
FRONT BUMPER COVER <i>Dent</i>	1	\$499.90	\$499.90
FRONT BUMPER REINFORCEMENT <i>1st / Dent</i>	1	\$696.40	\$696.40
FRONT BUMPER REINFORCEMENT ABSORBER <i>HH</i>	1	\$115.70	\$115.70

04/06/2021 E1708w

Hut Andre

1/sum

7

6 days

1/you

LKK Auto

Check part prices.

Check part prices.

135.70 SH

FRONT BUMPER LOWER REINFORCEMENT <i>HN</i>		1	\$364.20	\$364.20	X
FT BUMPER LOWER REINFORCEMENT BRACKET LH/RH <i>HN</i>		2	\$330.00	\$660.00	X
ABSORBER, FRONT BUMPER, LOWER <i>HN</i>		1	\$127.70	\$127.70	X
FRONT SIDE MEMBER REINFORCEMENT PANEL (LH/RH) <i>HN</i>		2	\$ 320.70	\$641.40	X
FRONT SIDE MEMBER SIDE COVER <i>HN</i>		1	\$ 172.50	\$172.50	X
FRONT BUMPER SPONGE <i>HN</i>		1	\$78.80	\$78.80	✓
FRONT BUMPER LOWER GRILLE <i>HN</i>		1	\$166.90	\$166.90	X
FRONT NO. PLATE GARNISH <i>HN</i>		1	\$99.00	\$99.00	X
FRONT BUMPER SIDE RETAINER <i>HN</i>		2	\$77.00	\$154.00	X
FRONT LOWER PANEL <i>HN</i>		1	\$320.65	\$320.65	X
FRONT LOWER SIDE RAIL (LH/RH) <i>HN</i>		2	\$230.80	\$461.60	X
UNIT ASSY, HEADLAMP, LH/RH (LED) <i>money broker</i>		2	\$3,455.00	\$6,910.00	✓
HEAD LAMP PANEL (LH/RH) <i>HN</i>	<i>2637.50 x 2</i>	2	\$240.10	\$480.20	X
TOP PANEL CENTRE <i>HN</i>		1	\$364.98	\$364.98	X
TOP PANEL SIDE <i>HN</i>		2	\$145.90	\$291.80	X
BRACE PANEL <i>HN</i>		1	\$75.20	\$75.20	X
RADIATOR ASSY <i>HN</i>		1	\$1,841.80	\$1,841.80	X
CONDENSER ASSY, W/RECEIVER <i>HN</i>		1	\$1,336.60	\$1,336.60	X
SUB TOTAL				\$31,778.83	
LESS 20% - 25%				\$6,355.77	
DISCOUNTED TOTAL				\$25,423.06	
REAR TRUNK LOWER W/S MOULDING <i>HN</i>	SN	1	\$180.00	\$180.00	✓
REAR LOWER W/S SEALANT <i>HN</i>	SN	1	\$46.00	\$46.00	✓
REAR WINDSCREEN MOULDING <i>HN</i>	SN	1	\$160.00	\$160.00	✓
REAR WINDSCREEN SEALANT <i>HN</i>	SN	1	\$46.00	\$46.00	✓
REAR NO. PLATE WITH COVER <i>HN</i>	SN	1	\$100.00	\$100.00	X
REAR TRUNK LID APPS STICKER <i>HN</i>	SN	1	\$40.00	\$40.00	✓
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>HN</i>	SN	1	\$60.00	\$60.00	✓
FRONT NO. PLATE <i>HN</i>	SN	1	\$25.00	\$25.00	✓
FRONT NO. PLATE TRIM COVER <i>HN</i>	SN	1	\$30.00	\$30.00	✓
COOLANT <i>HN</i>	SN	1	\$45.00	\$45.00	X
SUB TOTAL				\$732.00	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	800/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	800/-
Wiring Charge		1	\$100.00	\$100.00	30/-
Tuff Kote		1	\$100.00	\$100.00	40/-
Towing Charge		1	\$80.00	\$80.00	HN
Remove/Refix Rear Windscreen Glass		2	\$120.00	\$240.00	80/-
Remove/Refix Reverse Sensor		1	\$120.00	\$120.00	40/-
Remove/Refix Exhaust Pipe		1	\$80.00	\$80.00	HN
Remove/Refix Radiator		1	\$90.00	\$90.00	HN
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	HN
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	HN
TOTAL LABOUR				\$4,490.00	
ESTIMATE TOTAL				\$30,645.06	

5275.00

13546.40

10159.80

712.70

1790.00

12662.50

1510,000/-

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHA9317C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	2ZRR969548
Chassis No.:	JTDKB3FU903538774
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	09 Dec 2016
First Registration Date:	09 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Dec 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	08 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$18,013.00
Total Rebate Amount:	\$21,763.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Jun 2021

OK

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	02/06/2021 18:01 (SGT)
Date of Accident	01/06/2021 12:50 (SGT)
Exact Location of Accident	Bukit Pasir Panjang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5495Y
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) +65-97975383
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

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	HO TECK NGIAN
NRIC No	SXXXX782F

Date Of Birth	29/11/1955
Occupation	Outdoor
Date Of Driving Pass	04/11/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97975383
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 950 HOUGANG STREET 91 #02-314
Address complement	-
Postcode	530950
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 on 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	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

REFER TO POLICE REPORT

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	SMR6917S
-----------------------------	----------



Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LER YEW JIN, BENNY
NRIC No	SXXXX320A
Contact Number	(Phone) +65-91848122
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO TECK NGIAN
Address	BLK 950 HOUGANG STREET 91 #02-314
Address Complement	-
Post Code	530950
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SHA5495Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



**SINGAPORE
POLICE FORCE**



T/20210601/7010

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

1 of 3

Report No. T/20210601/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2021 14:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO TECK NGIAN			Address: 950 HOUGANG STREET 91 #02-314 SINGAPORE 530950		
ID Type / ID No.: NRIC NO / S1176782F			Contact No.: Home/Office: Mobile: 97975383		
Nationality: SINGAPORE CITIZEN			Email: xingchenxingchen@hotmail.com		
Sex: Male	Age: 65	Date of Birth: 29/11/1955	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2021 12:50	Type of Location: X-Junction
Location: PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHA5495Y	Car	TOYOTA	Prius	Blue	Seriously Damaged	1
SMR6917S	Car	BMW		Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210601/7010

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

2 of 3
Report No. T/20210601/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO TECK NGIAN	ID No.	S1176782F
Related Vehicle	SHA5495Y (Car)	Contact No.	97975383
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/06/2021	Date	01/06/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LER YEW JIN BENNY	ID No.	S7033320A
Related Vehicle	SMR6917S (Car)	Contact No.	91848122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling Straight on Science park road when a vehicle from the opposite was turning right to Pasir Panjang collided into the right portion of my vehicle. I felt pain over my whole body and sought medical attention. I was advised to lodge a police report with the case reference number : E/20200601/0068.



**SINGAPORE
POLICE FORCE**



T/20210601/7010

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

3 of 3

Report No. T/20210601/7010

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:

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:
01/06/2021 14:55

Classification Of Case:

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 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

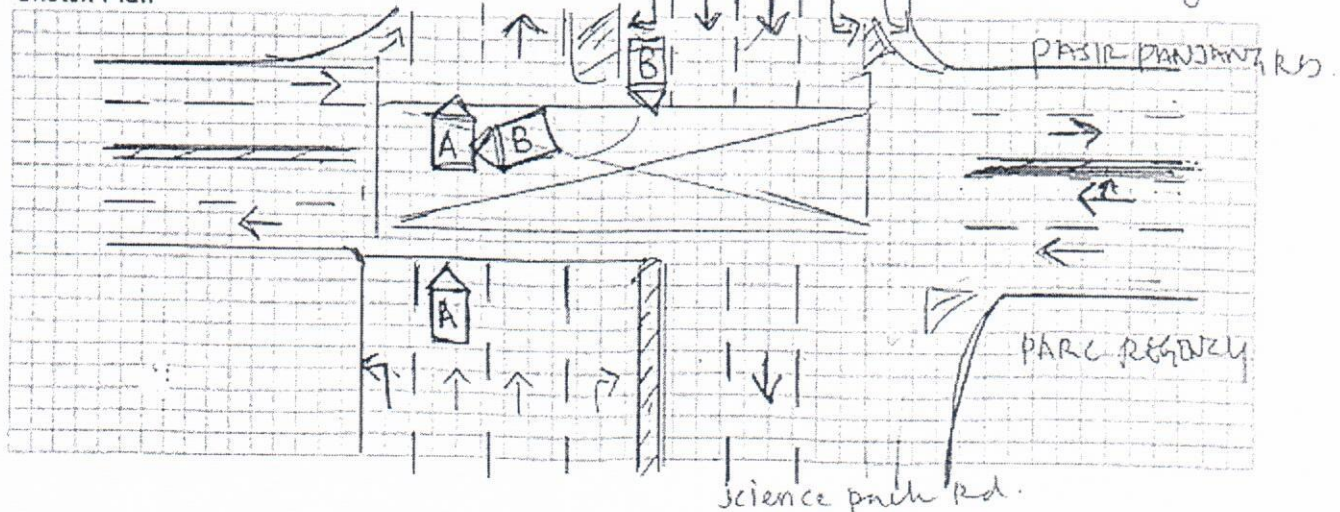
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- REFER TO POLICE REPORT -

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
1/6/2021 - Karst H

Witnessed by Reporting Centre Personnel
H. H. H.