

KANNAN SG

ADVOCATES & SOLICITORS

50 Chin Swee Road
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UEN No. : 53130977X

SERVICE OF COURT DOCUMENTS BY FACSIMILE IS NOT ACCEPTED

S. GOGULAKANNAN
LL.B. (HONS)
BARRISTER-AT-LAW (LINCOLN'S INN)

Secretary: Cindy Tan
Contact: 6429 0253
Email: cindy.tan@kannansg.com.sg

CONFIDENTIALITY CAUTION

This message is intended only for the use of the named recipient and contains information that is privileged and confidential. If you are not the intended recipient, please do not copy or disclose this message to anyone. If you have received this message by mistake, please notify us immediately by telephone and return the original message to us. Thank you.

Please quote our reference when replying

Your Reference: SLR 4118G
Our Reference: KSG/5498/2021/P/ct

- 6 JAN 2022

Motor Claims Department

M/s India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711

WITHOUT PREJUDICE

By Email - motorclaim@iii.com.sg
& Post

Mr Lee Chee Yong

Block 684A Jurong West Street 64
#02-109
Singapore 641684

WITHOUT PREJUDICE

BY CERTIFICATE OF POSTING

(For Your Information Only)

Dear Sirs / Mdm

RE: PROPERTY DAMAGE CLAIM

CLAIMANT: PUAH LYONG SING (NRIC NO. SXXXX873D)

**ACCIDENT INVOLVING VEHICLES NO. SMR 199L & SLR 4118G ALONG CTE
TOWARDS SLE ON 20 NOVEMBER 2021 AT 1550 HRS**

We are instructed by **Mr Puah Lyong Sing** to claim damages against you/your insured in connection with the abovementioned road traffic accident involving our client's motor vehicle registration number **SMR 199L**, and your/your insured's vehicle registration number **SLR 4118G** driven by you/your insured driver at the material time.

We are instructed that the accident was caused by your/your insured driver's negligent in the driving and/or management of your/your insured's vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

i)	Repair costs	S\$	2,900.00
ii)	Loss of Use (4 days)	S\$	480.00
iii)	Loss of Use (Pre-Repair Inspection – 2 days)	S\$	240.00

iv)	LTA search fees	S\$	7.49
v)	GIA search / report fees	S\$	29.00
vi)	Cost Contribution (at this stage)	S\$	700.00
vii)	Disbursements (at this stage)	S\$	120.00
		S\$	4,476.49

Copies of the following supporting documents are enclosed:-

- a) Repair Bill from Automobile Hub Enterprise;
- b) LTA searches;
- c) GIA report of motor vehicle No. SMR 199L;
- d) GIA report of motor vehicle No. SLR 4118G;
- e) Video footage **(to insurers only – via Email)**;
- f) Other invoices / receipts.

We have on 22 November 2021 notified you / your insurer of the accident and a pre-repair inspection of our client's vehicle was carried out by your / your insurer's appointed surveyor.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his claim for personal injuries.

Yours faithfully,


KANNAN SG

Enc

cc client

AUTOMOBILE HUB ENTERPRISE

1 Kaki Bukit Avenue 6 #02-11 Autobay@Kaki Bukit Singapore 417883

Telephone: 9786 4483

Facsimile: 6758 3325

Date: 30 December 2021

REPAIR BILL

Name : **Mr Puah Lyong Sing**

Address : 21 Sengkang East Avenue
#05-20
Singapore 544809

Car Made : Honda Vezel

Vehicle No. : SMR 199L

S/No.	Description	Amount
1.	Lump Sum Repair Costs	\$ 2,900.00

SINGAPORE DOLLARS : TWO THOUSAND AND NINE HUNDRED ONLY

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 20 Nov 2021 / 15:50:00)

Vehicle Owner Details



Owner ID Type:

Company

Owner ID:

201617200G

Owner Name:

GRAB RENTALS PTE. LTD.

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

6

Registered Street Name:

BATTERY ROAD

Registered Unit No.:

38 - 04

Registered Building Name:

-

Registered Postal Code:

049909

Vehicle Insurance Details



Vehicle No.:

SLR4118G

Make Description/Model:

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Insurance Company Name:

INDIA INT'L INS PTE LTD

Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

Save as PDF

OK →

Print

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 22/11/2021 17:38 (SGT)
Date of Accident 20/11/2021 15:50 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR199L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PUAH LYONG SING
NRIC No SXXXX873D
Email Address KEVINPUAH@GMAIL.COM
Mobile Phone No (Phone) +65-96321787
Alternative Phone No (Home) +65-96321787

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119787839
Cover Note Number -

DRIVER

Name of Driver PUAH LYONG SING
NRIC No SXXXX873D

Date Of Birth	28/08/1964
Occupation	Outdoor
Date Of Driving Pass	12/03/1982
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96321787
Alt. Phone Number	(Home) +65-96321787
Email Address	KEVINPUAH@GMAIL.COM
Address	21 SENGKANG EAST AVENUE #05-20
Address complement	-
Postcode	544809
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - 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 vehicle 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 ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4118G
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	PUAH LYONG SING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR199L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please do not falsify the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. All information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material information may constitute an offence to renege policy liability.
4. The signature and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurers or companies.
5. This report 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 submission 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)
9. I understand, acknowledge, agree and consent that:
 - (a) the insurer, my Workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, store, use 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 insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident and 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 thereto;
 - (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 handling 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 covers of envelopes the correspondence and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
 - (b) for the "Purposes";
 - (c) the Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, store and/or process my Personal Information for one or more of the above Purposes; and
 - (d) 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-SMR199L

B-SLR4118G



CTE TO SLE

Describe Circumstances of the Accident

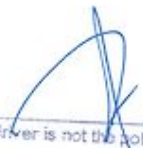
CIE TO SLE

On 20th Nov 21 @ 1550hrs, I'm travelling along ~~the~~ towards City fetching 1 passenger. The traffic slowed down during to congestion. Suddenly, my vehicle (SMR1992) experienced an impact from the rear. My vehicle got hit from the rear by another Honda Vezel, SLR41186. The driver of SLR41186 acknowledged it's his fault.

Declaration

We declare the foregoing particulars are true in every respect.

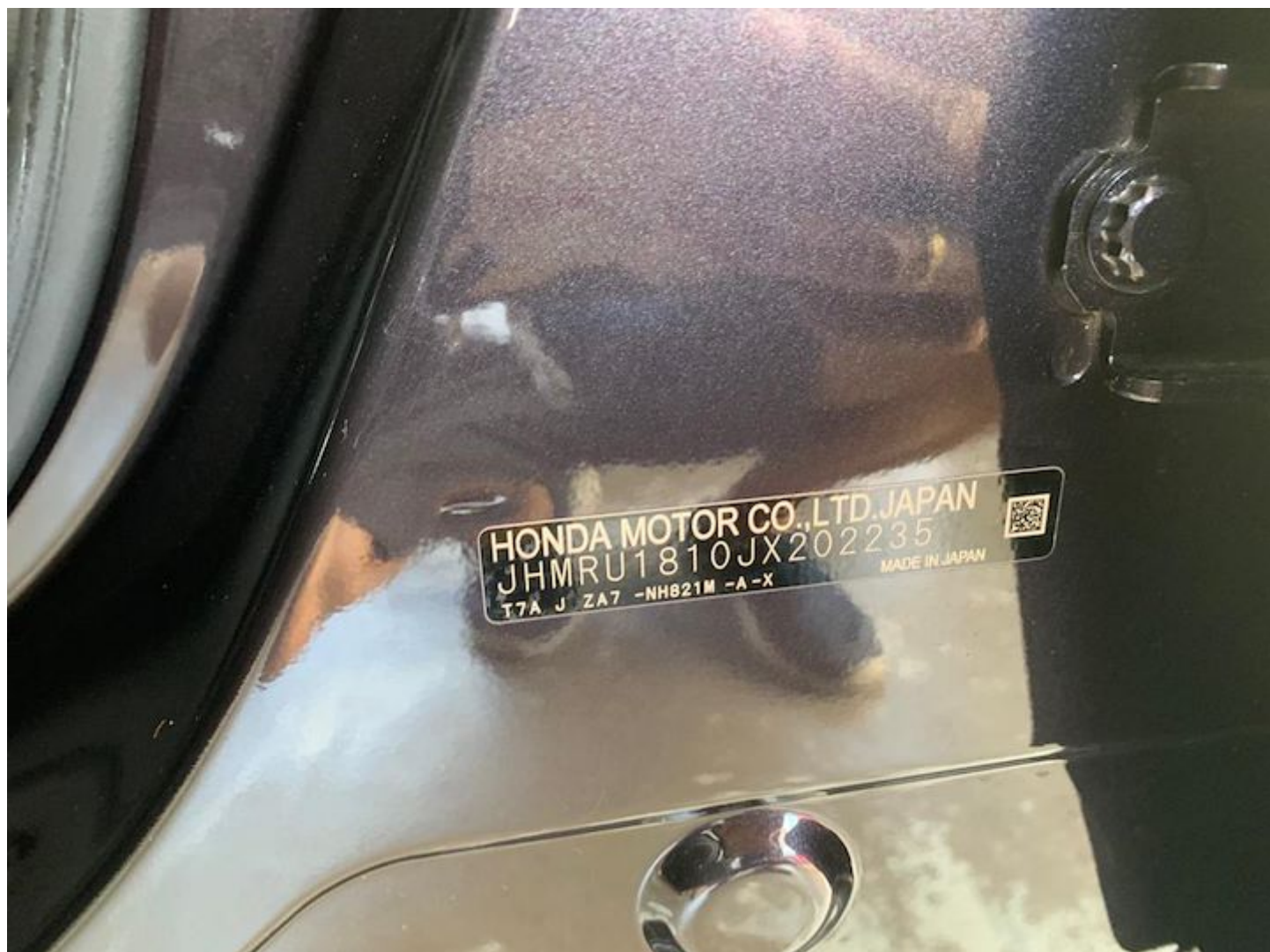

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20211122/7015

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

1 of 3

Report No. T/20211122/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 12:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PUAH LYONG SING			Address: 21 SENGKANG EAST AVENUE #05-20 SINGAPORE 544809		
ID Type / ID No.: NRIC NO / S2506873D			Contact No.: Home/Office: Mobile: 96321787		
Nationality: SINGAPORE CITIZEN			Email: KEVINPUAH@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 28/08/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			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: 20/11/2021 15:50	Type of Location: CTE TOWARDS SLE BETWEEN AMK AVE 1 & AVE 3 EXIT
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLR4118G	Car	HONDA	VEZEL	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211122/7015

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

2 of 3

Report No. T/20211122/7015

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR199L	Car	HONDA	HRV 1.5 DX CVT	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR199L	NTUC Income Insurance Co-Operative Limited	5119787839	05/12/2020	05/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PUAH LYONG SING		ID No. S2506873D
Related Vehicle	SMR199L (Car)		Contact No. 96321787
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	22/11/2021		Date 22/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS TRAVELLING ALONG CTE TOWARDS SLE FETCHING 1 PASSENGER. AS THE TRAFFIC SUDDENLY SLOWED DOWN, I WAS HIT FROM THE REAR BY ANOTHER VEHICLE (HONDA VEZEL SLR4118G). DUE TO THE IMPACT, I HAVE EXPERIENCED HEADACHE AND STIFF NECK SINCE THE ACCIDENT. I WENT TO THE CLINIC AND WAS ENDORSED WITH 3 DAYS MEDICAL LEAVES.



**SINGAPORE
POLICE FORCE**

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



T/20211122/7015

3 of 3

Report No. T/20211122/7015

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
22/11/2021 12:16

Classification Of Case:

NP168



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 22/11/2021 10:19 (SGT)
Date of Accident 20/11/2021 16:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4118G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0000447
Cover Note Number -

DRIVER

Name of Driver LEE CHEE YONG
NRIC No S7185279B
Address BLK 684A JURONG WEST STREET 64 #02-109
Address complement -
Postcode 641684
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear

OTHER INFORMATION

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

CIRCUMSTANCES OF ACCIDENT

ON THE 20/11/2021 AT ABOUT 1600 HOURS, I WAS DRIVING VEHICLE A (SLR4118G) ON LANE 1 ALONG CTE (SLE) WHEN SUDDENLY VEHICLE B (SMR199L) EXECUTED AN EMERGENCY BRAKE TO A STOP AND I BELIEVE I HAVE BRAKED TO VERY BRIEFLY AVOIDED HITTING VEHICLE B. THERE IS NO DAMAGE ON MINE AND HIS VEHICLE AND I JUST WANT TO LODGE AN REPORT FOR MY SAFEGUARDING INTEREST.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR199L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

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 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

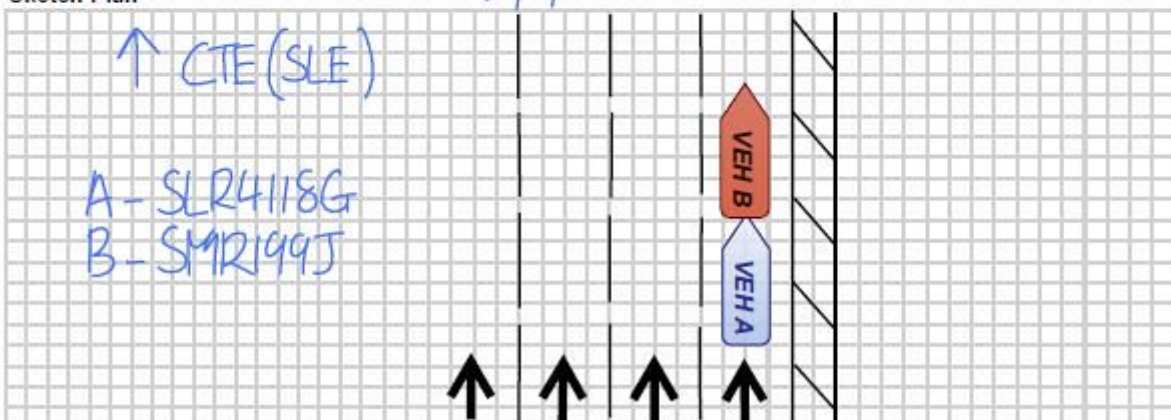
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

ON THE 20/11/2021 AT ABOUT 1600 HOURS, I WAS DRIVING VEHICLE A (SLR4118G) ON LANE 1 ALONG CTE (SLE) WHEN SUDDENLY VEHICLE B (SMR199L) EXECUTED AN EMERGENCY BRAKE TO A STOP AND I BELIEVE I HAVE BRAKED TO VERY BRIEFLY AVOIDED HITTING VEHICLE B. THERE IS NO DAMAGE ON MINE AND HIS VEHICLE AND I JUST WANT TO LODGE AN REPORT FOR MY SAFEGUARDING INTEREST.

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

Witnessed by Reporting Centre Personnel

21/11/21 2100



















Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	22 Nov 2021 / 15:33:20		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SLR4118G		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	EKSGGS00 - GOGULAKANNAN S/O SUPPAYYA	Business Transaction Reference No.:	20211122153320248788
As at Date of Search:	20 Nov 2021		
As at Time:	15:50:00		
Vehicle No.:	SLR4118G		
Search Reason:	-		
Date of Filing:	-		
Suit No.:	-		
Law Firm Case No.:	-		

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)



RECORD MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580

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

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 22/11/2021

Your Ref No: KSG/5498/2021/P

Dear Sir/Madam,

Date of Accident: 20/11/2021 00:00 (SGT)

Vehicle No: SMR199L

Place of Accident: CTE, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SLR4118G	CTE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.