## TwinCar AUTOMOTIVE PTE LTD

#### Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27 Kaki Bukit Autohub Singapore 417921

Tel: 67440510

Fax: 67410510

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

06 March 2023

Our Ref:

CLM15442 / SLV3901Y / FEB-11/2022

#### **HSBC LIFE (SINGAPORE) PTE LTD**

10 MARINA BOULEVARD #48-01 MARINA BAY FINANCIAL CENTRE TOWER 2 SINGAPORE 018983

**ATTN: MOTOR CLAIMS DEPARTMENT** 

Dear Sir @ Madam,

## RE: ACCIDENT INVOLVING SLV3901Y & SHC3347U ON 27/01/2022 ALONG PIE TOWARDS CHANGI (LORNIE ROAD EXIT)

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC3347U** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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	\$	4,752.00	(Include 8% GST)
Loss of rental	\$	960.00	(\$120 X 8 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	s \$	5,979.45	-

We enclosed herein the following documents for your necessary attention.

1) Our Final Bill No: CLM15442

2) Twincar Rental - Invoice No: 13-3567, Vha No: 73437

3) Autobay Towing - SLV3901Y (receipt attached)

4) LTA search

5) Letter of Authorisation

6) GIA report of SLV3901Y

We look forward to your prompt reply.

Yours faithfully,



# 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

HSBC LIFE (SINGAPORE) PTE LTD 10 MARINA BOULEVARD #48-01 MARINA BAY FINANCIAL CENTRE TOWER 2 SINGAPORE 018983

#### **TAX INVOICE**

Date: 04/03/2023 Date in: 07/02/2022 Vehicle Num.: SLV3901Y

Make/Model: HONDA VEZEL HYBRID 1.5X AUTO-2017

Chassis/Eng#: RU31265193/LEB5965212

Accident Date: 27/01/2022 Claim No: CLM15442 Reference: FEB-11/2022

Policy No.: 5122999558 (22/07/2022)

LUMPSUM REPAIR BILL

REF: CLM15442-TWINCAR DATED 09/02/2022

BY DIRECT

Amount S\$ 4,400.00



E. & O.E. Sub S\$: 4,400.00 Add GST ( 8% ) S\$: 352.00

Total Amount S\$: 4,7

otal Amount S\$ : \_\_\_\_\_4,752.00

### TWINCAR RENTAL

**Business Registration Number: 53092815M** 

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

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

Invoice To:

PEH LIAN KEE BLK 407 SERANGOON AVE 1

#04-81 S (550407)

**INVOICE** 

Invoice No.

13-3567

Date

15/02/2022

		Hirer's Car No.	VHA No.	Terms
		SLV3901Y	73437	CASH
No. of Day	Descripti	on	Per Day	Amount (S\$)
8	Car rental from the period of 07/02/2 Vehicle no.: SND5151C	2022 to 15/02/2022.	120.00	960.00
	Singapore Dollars Nine Hundred and	l Sixty Only		
			Total	\$960.00

TWINCAR RENTAL

Authorised Signature



Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01 18 Singapore 417921 Tel: 6744 0510 / 6842 0054

A No: 73437

#### ROC NO. 53092815M

#### **VEHICLE RENTAL AGREEMENT**

Mileage Out:  Mileage Out:  Mileage Out:  Mileage Out:  Make & Model: Toyra SIBNTA. Quit Manual Group:  Make & Model: Toyra SIBNTA. Quit Manual Group:  OUT: Date 07/02/2022. Time: 125 M3.  HIRE/PERIOD EXPIRY 21/02 2022  NON-WAIVER EXCESS:\$  Driving Licence No: S01760R 57. Type Local International Pass Date:	HIRER'S PARTICULAR	Vehicle No: SND SUSI C Replace Veh No:				
Make & Model: Copyria Stev7A. Quito Manual Group:  OUT: Date 07/02/3:92. Time: 12/5/3.  HIRC/PASSPORT No: 1/02/3:92. Time: 12/5/3.  OUT: Date 07/02/3:92. Time: 12/5/3.  HIRC/PERIOD EXPIRY 31/02/3:92. Time: 12/5/3.  HIRC/PERIOD EXPIRY 31/02/3.  Daily © \$ per day/forth 1/02/3.  HIRC/PERIOD EXPIRY 31/02/3.  Daily © \$ per day/forth 1/02/3.  HIRC/PERIOD EXPIRY 31/02/3.	Name: (as in I/C) PEH LIAN KEE					
OUT: Date 07/02/2022. Time: 1215 h3.  Alame & Address of Employer:    Alame & Address of Employer:   Driving Exp:	NRIC/PASSPORT No: S01760982.	Make & Model: Toyota SIENTA. Auto Manual				
HIRE/PERIOD EXPIRY  Address of Employer:  Driving Licence No: Soft 608 50 to type Local International Pass Date:  (I   0H   116   Date of Birth: 260 1168    HP 9785 3715    ADDITIONAL DRIVER'S PARTICULARS  Name: (as in I/C)  HOURS Per hour  Others © \$ per hour  Others © \$ per day/month  Pass Date:  Driving Licence No: D/L Type: Local / International Pass Date:  Driving Licence No: Driving Exp:  Driving Licence	Address (Res): BLK 407 Strongoon Ave 1 #04-81 S'pre 550407	OUT: Date 07/02/2022. Time: 1215 WS.				
Decupation: Driving Exp: Deriving Licence No: \$01607 50. Type ocal international Pass Date: (I   0H   116   Date of Birth: 26   1748   275   1748   275   27	Name & Address of Employer:	HIRE/PERIOD EXPIRY 21/02/2027				
Weekly @\$ per week \$ 960 / Monthly @\$ per month Hours @\$ per hour Others @\$ CDW @\$ per day/month PAI @\$ per day/month PAI @\$ per day/month Delivery Service    Doriving Licence No:						
Weekly @\$ per week \$ 960 / Monthly @\$ per month Hours @\$ per hour Others @\$ CDW @\$ per day/month PAI @\$ per day/month PAI @\$ per day/month Delivery Service    Doriving Licence No:	Occupation: Driving Exp:	Table and an obstantipute of concerned and in their phase above				
Weekly @\$ per week \$ 960 / Monthly @\$ per month Hours @\$ per hour Others @\$ CDW @\$ per day/month PAI @\$ per day/month PAI @\$ per day/month Delivery Service    Doriving Licence No:	Driving Licence No: 50176018 B/L Type Local International	CHARGES				
Weekly @ \$ per week  Monthly @ \$ per month  Hours @ \$ per hour  Others @ \$  CDW @ \$ per day/month  PAI @ \$ 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 \$ 76 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pass Date: 11 04 176 Date of Birth: 26/09/1945	Daily @\$ 12 - per day (1)				
ADDITIONAL DRIVER'S PARTICULARS  VARME: (as in I/C)  VARIC/PASSPORT No:  Address (Res):  Driving Licence No:  Driving Licence No:  Driving Exp:  Decupation:  Driving Exp:  VEHICLE CHECKLIST  REAR  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 \$ 76 5 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tel: (O) HP 9746 3713	120				
Address (Res):  Driving Licence No: Driving Licence No: Driving Exp: Driving Licence No: Driving Exp: Driving	ADDITIONAL DRIVER'S PARTICULARS					
Others @ \$ CDW @ \$ per day/month PAI @ \$ per	Name: (as in I/C)	Monthly @ \$ per month				
CDW ©\$ per day/month  PAI OF STOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  In E 1/4 1/2 3/4 F  PEXTENSION  Collection Service  Misc.  TOTAL CHARGE \$ 76 \$ por day/month  PAI OF STOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  In E 1/4 1/2 3/4 F  In E 1/4 1/2 3/4 F  In EXTENSION  Collection Service  Misc.  TOTAL CHARGE \$ 76 \$ por day/month  PAI OF STOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  In EXTENSION  Collection Service  Misc.  TOTAL CHARGE \$ 76 \$ por day/month  PAI OF STOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  In E 1/4 1/2 3/4 F  In EXTENSION  Collection Service  Misc.  TOTAL CHARGE \$ 76 \$ por day/month  PAI OF STOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  In EXTENSION  Addition Driver's Signature  Addition Driver's Signature	NRIC/PASSPORT No:	Hours @ \$ per hour				
Driving Licence No:	Address (Res):	Others @\$				
Pass Date: Date of Birth: Delivery Service   Delivery Service   SUB-TOTAL \$  PETROL LEVEL  Out		CDW @ \$ per day/month				
Delivery Service  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 \$ 76 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Driving Licence No: D/L Type: Local / International	PAI @ \$ per day/month				
Driving Exp:  WEHICLE CHECKLIST  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 \$ 96 \$ \$00  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  STD Tools  Driving Exp:  SUB-TOTAL \$  PETROL LEVEL  Out E 1/4 1/2 3/4 F  EXTENSION  Collection Service  Misc.  Hirer's Signature  Addition Driver's Signature	Pass Date: Date of Birth:	Delivery Service				
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 \$ 76 > 000  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  Hirer's Signature  Addition Driver's Signature  Addition Driver's Signature	Occupation: Driving Exp:					
Out E 1/4 1/2 3/4 F In E 1/4 1/2 3/4 F EXTENSION Collection Service Misc.  TOTAL CHARGE \$ 76 \$ 00  Rented out by:  ACCESSORIES CHECK Ashtray Cig Lighter S/Tyre STD Tools Jack Hub Caps Addition Driver's Signature	VEHICLE CHECKLIST	SUB-TOTAL \$				
Collection Service  Misc.  TOTAL CHARGE \$ 76 5 00:  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  STD Tools  Jack  Hub Caps  Addition Driver's Signature	ς,	PETROL LEVEL				
Collection Service  Misc.  TOTAL CHARGE \$ 765 DOT  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  STD Tools  Jack  Hub Caps  Addition Driver's Signature	REAR	Out E 1/4 1/2 3/4 F				
Collection Service  Misc.  TOTAL CHARGE \$ 76 8 00  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  STD Tools  Jack  Hub Caps  Addition Driver's Signature						
Misc.  TOTAL CHARGE \$ 76 8 00  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  STD Tools  Jack  Misc.  Hirer's Signature  Addition Driver's Signature						
Rented out by:  Rented out by:  ACCESSORIES CHECK  Ashtray  Cig Lighter  S/Tyre  STD Tools  Jack  Hub Caps  Addition Driver's Signature	a o					
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Ashtray Cig Lighter S/Tyre  STD Tools Jack Hub Caps  Addition Driver's Signature						
STD Tools Jack Hub Caps  Addition Driver's Signature	ACCESSORIES CHECK	Hirer's Signature				
Addition Driver's Signature	Ashtray Cig Lighter S/Tyre	Statistics on Learning to State of the entire of Control of Commission States and I had be a control of the con				
	STD Tools Jack Hub Caps	Addition Driver's Signature				
	Radio / Cass CD Cartidges	Addition Driver's Signature				

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

- 1. ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE TAHN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. 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.
- 4. 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.
- 5. 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	
15/02/2022	15: Jours	10/10/			SIGNATURE OF HIRER/DRIVER

### **AUTOBAY TOWING** 1 Kaki Bukit Avenue 6 **CASH SALE** #01-55 AutoBay @ Kaki Bukit Singapore 417883 Tel: 9616 8988 (Ah Boon) No. (10) 5LV 39014 Sold to: Date: Item Quantity Description Unit Price Amount \$ 100 E. & O. E. Sub Total: GST Tax : \$100 Issued by: \_ Total

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

07 Feb 2022 / 10:43:05

Receipt Date/Time: 07 Feb 2022 / 10:43:05

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-220207-000793

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at	It of Insurance Enquiry - SHC3347U 27 Jan 2022/14:30:00 ance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC3347U Enquiry Fee 20220207104249623994		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			
		pbva8pxn		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

10.	Singapore
	ACCIDENT INVOLVING VEHICLE NOS: SLV 3901 Y & SUC 3347 Y
ALC	ONG PIE TWOS CHANGI (LORNIE RD EXIT) ON 27/01/2022
I/W€	The state of the s
of	owner of vehicle no. SU 2901 4 hereby authorise you to commence repair to the said
	icle 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 indequate, I/we underake to pay you for your expenses, costs and fees immediately.
in	We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
pa ur	We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third arty's insurance company communicate with me/us directly, orally or in writing and I/we further adertake not to accept any monies or offer of settlement from the third party's insurers without first be be a manufacting with you and obtaining your consent.
th	pon settlement of the third party claim and in case the settlement monies was sent to me/us by the hird party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and elated expenses and disbursement incurred.
	ly/Our insurer is/are olicy No.  Expiry Date:
,	

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

Date:

Witness Signature/Name

Excess:



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding 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.

- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy madnity 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 Date of Accident Exact Location of Accident Additional Location Information	28/01/2022 09:42 (SGT) 27/01/2022 14:30 (SGT) Singapore
Additional Location Information	PIE TOWARDS CHANGI (LORNIE ROAD EXIT) Singapore

	gaporo
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SLV3901Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No PEH LIAN KEE S0176098Z liankee1948@gmail.com (Phone) +65-97863775 +65-97863775
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Honda VEZEL HYBRID 1.5X AUTO  -  No - Claiming third party Private hire Auto 1496
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5122999558 23/07/2021 TO 22/07/2022
Name of Driver	PEH LIAN KEE

S0176098Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	26/09/1948 Outdoor 11/04/1967 54 YEARS AND 9 MONTHS Male (Phone) +65-97863775 +65-97863775 liankee1948@gmail.com APT BLK 407 SERANGOON AVENUE 1 #04-81 (S) 550407 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes FILE SIZE TOO LARGE UNABLE TO UPLOAD No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3347U
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOW KIA LIAW
Contact Number	-
Address	_

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### WITNESS DETAILS

#### WITNESS 1

Name RAVINDRAN S/O ADAIKALAM Phone (Phone) +65-94894101

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will disrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 GN 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.
- 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)

Lunderstand, 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 law yers/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:
- (#) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making 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 admnistering, 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' law yers/law firms, may/are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes; and

9,06

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's	s Signature :	z Dato š	Divers & Time	-	(If driver	28 s not the po	(//2/2 Reyholder)	·····	Winessed by Personnel	y Reporting Contro
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	-	Business (etc.	EDITION OF THE PARTY OF THE PAR	<del></del>		<del></del>	944	ueroa esamena en	e contame a constitue de la co	in alcosum
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