



29<sup>th</sup> September 2022

Our Ref: SMY6408H

Your Ref: PC9065Z

India International Insurance Pte Ltd

**Motor Claims Department**

64 Cecil Street

#04-05 IOB Building

Singapore 049711

**GARAGE 13 PTE LTD**

8 KAKI BUKIT AVE 4

#02-54/55 PREMIER@KB

SINGAPORE 415875

UEN GST REG NO. 202005684D

Dear Sirs,

**ACCIDENT INVOLVING SMY6408H AND PC9065Z ALONG MOUNT ELIZABETH ON 25.04.2022**

We are the representative for PROGRESSIVE LEASING PTE LTD, whose vehicle registration number **SMY6408H** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **PC9065Z**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$	5,564.00
Loss of rental for 10 days @ \$100/day	\$	900.00
Survey report fee	\$	568.00
LTA search fee	\$	7.45
3 <sup>rd</sup> party GIA search fee	\$	31.00
	\$	<u>7,070.45</u>

Enclosed are the supporting documents for your perusal :-

GIA

Repair bill

Kindly let us have your payment of **\$7,070.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Irene at 63851171 or email [motor@iaconsultingsg.com](mailto:motor@iaconsultingsg.com) should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

*Chang*

Encl.

## GARAGE 13

8 Kaki Bukit Ave 4  
Premier @ Kaki Bukit #03-46  
Singapore 415875  
Company Reg Number: 202005684D

### LETTER OF AUTHORISATION

I/We, PROGRESSIVE LEASING PTE LTD. ("the third party claimant")  
of NRIC/FIN/UEN No. 2020330570, owner of vehicle no. SMY 6408 H. hereby authorize  
M/s GARAGE 13 PTE LTD. ("the workshop") to my claim for repair cost  
and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. SMY 6408 H. that  
was damaged pursuant to the accident which occurred on 25/4/22. along  
MOUNT ELIZABETH. involving vehicle no/s  
B1 PL 9065 Z. ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/ owner/ insurers of the other vehicle/s is concerned.

Dated this 26 (day) of 4 (month) 22 (year)

x



SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)



# ***PROGRESSIVE LEASING PTE LTD***

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND

S287995 TELEPHONE: 64661009 FAX: 64660109

BUSINESS REG NO. 202033057M

Bill to:

Garage 13 Pte Ltd

Date: 6/5/2022

<u>Description:</u>	<u>Amount</u>
Vehicle Rental For The Period of 26/4/2022-5/5/2022 (Replacement for SMY6408H)	\$ 900.00

Please Make Payment to PROGRESSIVE LEASING PTE LTD  
UOB ACCOUNT : 7013493069  
PAYNOW UEN : 202033057M

	<u>Total</u>
	\$ 900.00





# PROGRESSIVE LEASING PTE LTD

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND  
S287995 TELEPHONE: 64661009 FAX: 64660109

SMY 6408 H.  
(Mazda 3).

BUSINESS REG NO. 202033057M

## Leasing Agreement

1.) Add Driver : \_\_\_\_\_  
By Agreement, I/We: TEO KWAN LENG ERIC  
Address: BIK 72 CIRCUIT ROAD  
#09-07 S270072  
Email: \_\_\_\_\_  
Contact No: 91464669  
Vehicle's No: SMX 8330 P  
Make & Model: MAZDA 3  
NRIC / CRNo: \_\_\_\_\_  
Date: \_\_\_\_\_  
NRIC / CRNo: 88112514 G  
Bank Account : \_\_\_\_\_  
DOB: 14/04/1981  
Licence Passed: 21/11/2013  
Veh Reg Date : 29/01/2021

Rental Period :	
Vehicle Leasing Fee by : <u>Week 7</u> / Month / Year <u>x2</u> .	<u>1950</u> <u>1260</u>
Add Of Relief Fee / Documentation Fee:	
Deposit : <u>Cash</u> / Nets / Cheque : <u>500</u>	
Insurance Excess Apply To Any claim Or Report Make: (TP-\$1500 / Own-\$2000).	
Secure Contract Initial Deposit Subject to Condition Apply:	
Total Cost Of Rental: <u>Cash</u> / Nets / Cheque :	

PROGRESSIVE LEASING PTE LTD

(Bank Account : UOB 7013493069 ) or PAYNOW TO UEN 202033057M

\*24/7 TOWING NUMBER 9759 0088/8868 9922/8686 8998(UNI AUTOMOTIVE TOWING & TYRE CHANGE)

### \*CHECK LIST\*




Remark: \$20 x 10 days = \$200

Vehicle Start Date: 26/4/2022 Time : \_\_\_\_\_ Mileage : \_\_\_\_\_ KM  
Vehicle End Date: 5/5/2022 Time : \_\_\_\_\_ Mileage : \_\_\_\_\_ KM  
Vehicle Return Date : \_\_\_\_\_ Time : \_\_\_\_\_  
Weekly Rental: M/T/W/T/F/S/S

\*Deposit will be refunded within 7 days( After checking of outstanding rental/fines/accidents)



\*Battery recovery 96518877 (KAOLIN TOWING)

\*24/7 TOWING NUMBER 9759 0088/8868 9922/8686 8998(UNI AUTOMOTIVE TOWING)

- \* Vehicle is NOT allowed to exit Singapore. (At Your Own Risk)
- \*The hirer and the authorised driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of in connection with the usage or operation of the vehicle.
- \*The hirer and the authorised driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties
- \*The hirer and the authorized driver must be over 22 years of age and under 65 years and be holding valid driving licenses and have a minimum of two years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be borne by the Hirer/ the authorised driver
- \*The Hirer covenant to use the vehicle only for lawful and legitimate purpose and not to use the vehicle for any unlawful activities (For example: in connection with theft, drug peddling, trafficking or smuggling) is strictly prohibited.
- \*In the event of the vehicle being confiscated, forfeited or seized as a result thereof, the hirer shall indemnify the company for all the losses including the full market value of the vehicle on the date of seizure and the monthly rental fee that can be collected for the vehicle make and model until the end of COE.
- \*The hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of the vehicle, by itself, does not constitute to a breakdown.
- \* A 10% late payment fee will apply for each late payment terms.
- \* **PROGRESSIVE LEASING PTE LTD** has the right to repossess the vehicle without any prior notice.
- \* The hirer on the agreement will be responsible for all fines incurred.
- \* Additional relief driver fee of \$20/week.
- \* Deposit will be forfeited for breach of contract, damaged vehicle or modifications that has not been approved by the Land Transport Authority in line with the road traffic (Motor Vehicle, Registration and licensing) Rules or by any relevant regulatory authority.
- \* A penalty fee of \$3000 will be charge for early termination of the contract, on top of deposit being forfeited.
- \* A Penalty fee of \$1000 will be charged if the vehicle is not returned to 210 turf club road lot c3 grandstand s287995.
- \* Repossession fee of \$1000 will be charged to hirer on the rental agreement.
- \* Insurance excess \$2000 own damage | \$1500 third party.
- \* Only hirer in the leasing agreement are authorised to drive the vehicle.
- \* Daily rental rate apply to each consecutive 24 hour period.
- \* A penalty will apply if the vehicle is returned with lesser fuel than the original reading.
- \* The replacement of car key will be charged to you. - In the event of lost key.
- \* Policy does not cover, fire, external explosion, self-ignition, lighting, burglary, theft or being hit by a falling object, malicious act, strike, riot, civil commotion, flood, typhoon, hurricane, earthquake or other natural disaster.
- \* A call out fee applied if a roadside service provider is called.
- \* Hirer must give one week advance notice before returning the vehicle.
- \* No smoking is allowed in the vehicle, a penalty fee of \$500 will be imposed for any offensive smell (Offensive smell e.g cigarette, durian or pet's smell)
- \* **IN THE EVENT OF ANY ACCIDENT HIRER MUST INFORM PROGRESSIVE LEASING PTE LTD AND TO REPORT THE ACCIDENT WITHIN 24HRS AT ANY REPORTING CENTERS.**
- \* **HIRER THAT DO NOT REPORT THE ACCIDENT WITHIN 24HRS WILL BEAR THE COST OF THE VEHICLE REPAIR & CLAIM AMOUNT.**
- \* **IN THE EVENT OF ANY ACCIDENT HIRER ARE TO TAKE DOWN ANY DETAILS AND PICTURE OF THE SCENE OF THE ACCIDENT.**
- \* **UNCLAIM ITEMS FROM THE VEHICLE WILL BE DISCARDED WITHIN 14 DAYS.**
- \* **IN THE EVENT OF AN ACCIDENT AND A CLAIM HAS BEEN MADE AGAINST PROGRESSIVE LEASING PTE LTD (THE HIRER ON THE DATE OF THE ACCIDENT WILL BEAR THE FULL COST OF THE INSURANCE EXCESS AND LIABILITIES FROM THE THIRD PARTIES)**

PROGRESSIVE LEASING PTE LTD

Authorised Signature



The Customer

*[Handwritten signature]*



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**PROGRESSIVE LEASING PTE LTD**

Authorised Signature



The Customer

*[Signature]*

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Apr 2022 / 16:12:39

Receipt Date/Time : 26 Apr 2022 / 16:12:33

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220426-002971

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 - PC9065Z As at 25 Apr 2022/15:20:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - PC9065Z Enquiry Fee 20220426161144189464	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
<b>Paid By</b>				
	452419XXXXX9466	eNETS Credit Card		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				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.



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: 28/04/2022

Your Ref No: SMY 6408 H 3P REPORT

Dear Sir/Madam,

Date of Accident: 25/04/2022 00:00 (SGT)

Vehicle No: SMY6408H

Place of Accident: Singapore

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

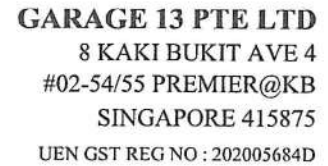
DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
PC9065Z	Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

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.





**Proforma Ref No : G13/30137**

Accident Date : 25/4/2022

*Payment by cheque should be crossed and made payable to 'Garage 13 Pte Ltd'*

hu

*Authorised Signature*

Our reference: 22 - 170632

Date: 09/05/2022

**INVOICE NO. 170632**

**Progressive Leasing Pte Ltd**  
c/o Garage 13 Pte Ltd  
8 Kaki Bukit Ave 4  
#02-55 Premier@KB  
Singapore 415875

Registration No. **SMY6408H**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 568.00
Total amount			<u>\$ 568.00</u>

*Please kindly cross all cheques made payable to " Impact Analysis Consulting Pte Ltd".*

We thank you in anticipation for your prompt payment.



**L. L. Tan (Ms)**  
Principal Consultant



Our reference: 22 - 170632

Date: 09/05/2022

c/o Garage 13 Pte Ltd  
8 Kaki Bukit Ave 4  
#02-55 Premier@KB  
Singapore 415875

Dear Sirs

RE: Road Traffic Accident on 25-04-2022  
Progressive Leasing Pte Ltd

In accordance with your instructions received in this office on 26-04-2022, we made arrangements to examine the vehicle on 26-04-2022 at above-mentioned address. The following data was recorded:

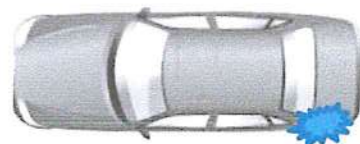
## Vehicle details

Make	Mazda	Registration	SMY6408H
Model	3	Chassis	JM6BP2SAAM1107151
Colour	White	Gearbox	Auto
Odometer	92148km	Paintwork	Fair
Steering	In order	Brakes	In order
Condition	Fair		

## Tyre Depths

Front left	205/60R16	85% Rapid
Front right	205/60R16	85% Rapid
Rear left	205/60R16	85% Rapid
Rear right	205/60R16	85% Yokohama

## Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$5,200.00 and 7 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference: 22 - 170632

Date: 09/05/2022

Page 2

### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
<b>List Items :</b>				
Rear bumper	1	cut.snapped	1097.20	1097.20
Rear bumper side retainer @\$47.50	2	lh cracked rh refix	95.00	47.50
Tail lamp lh	1	misaligned.fractured	669.00	669.00
Rear fender lh	1	distorted	1280.00	1280.00
Rear fender inner trim lh	1	refix	223.00	0.00
Rear windscreen moulding	1	necessary	120.00	120.00
Rear fender inner splash shield lh	1	deformed.torn	149.00	149.00
Rear air vent lh	1	refix	68.00	0.00
Rear shock absorber lh	1	bent	498.00	498.00
Rear wheel beaing lh	1	necessary	84.50	84.50
Rear door lh - dented	1	repair.respray	1385.00	0.00
<b>Sub- Total cost</b>			<b>5668.70</b>	<b>3945.20</b>
Percentage discount : 20%			<b>1133.74</b>	<b>789.04</b>
<b>Sub-Total costs for parts</b>			<b>4534.96</b>	<b>3156.16</b>
<b>Special Nett Items:</b>				
Rear rim lh	1	dented.warped	560.00	560.00
Rear tyre lh - grazed	1	re-polish	280.00	0.00
Reverse sensor	1	malfunction	250.00	250.00
Rear windscreen sealant	1	necessary	80.00	80.00
Rear bumper clip	set	necessary	50.00	50.00
Rear fender inner shield clip lh	set	necessary	40.00	40.00
<b>Sub-Total costs for parts</b>			<b>1260.00</b>	<b>980.00</b>
<b>Parts Repair</b>				
*	*	*	0.00	0.00
<b>Sub- Total costs</b>			<b>0.00</b>	<b>0.00</b>
<b>Total costs for parts</b>			<b>5794.96</b>	<b>4136.16</b>



Our reference: 22 - 170632

Date: 09/05/2022

Page 3

### Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	19	\$ 855.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 750.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 40.00
Remove and refix upholstery, cushion seat & rear inner trims to facilitate repair	\$ 45.00	3	\$ 135.00
Remove and refix rear windscreen glass. (2-man job)	\$ 45.00	3	\$ 135.00
Remove and refix fuel tank, pipes to facilitate the repair works	\$ 45.00	1.5	\$ 67.50
Specialist charges - Wheel alignment	-	-	\$ 80.00
Remove and replace rear undercarriage work lh	\$ 45.00	5	\$ 225.00
Remove and replace rear reverse sensor	\$ 45.00	1.6	\$ 72.00
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)	\$ 45.00	0.7	\$ 31.50
<b>Total labour cost</b>			<b>\$ 2,391.00</b>

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

Date: 09/05/2022

### Section C: Summary Table of Total Repair Cost

Description		Cost
<b>Damaged Parts Assessment</b> (See section A)		\$4,136.16
<b>Labour Cost Calculation</b> (See section B)		\$2,391.00
<b>Total cost</b>		\$6,527.16
<b>Lump sum repair</b>		\$1,305.43
<b>Further discount</b>	<b>20%</b>	
<b>Total Repair Cost</b>		<b>\$5,200.00</b>

We would recommend a sum of \$5,200.00 and 7 working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

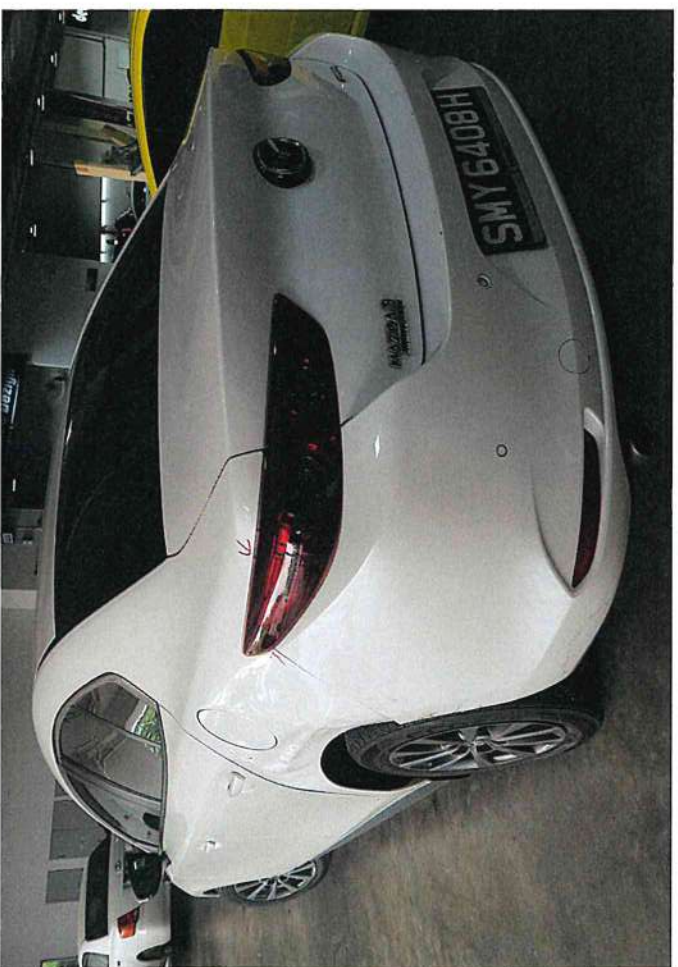
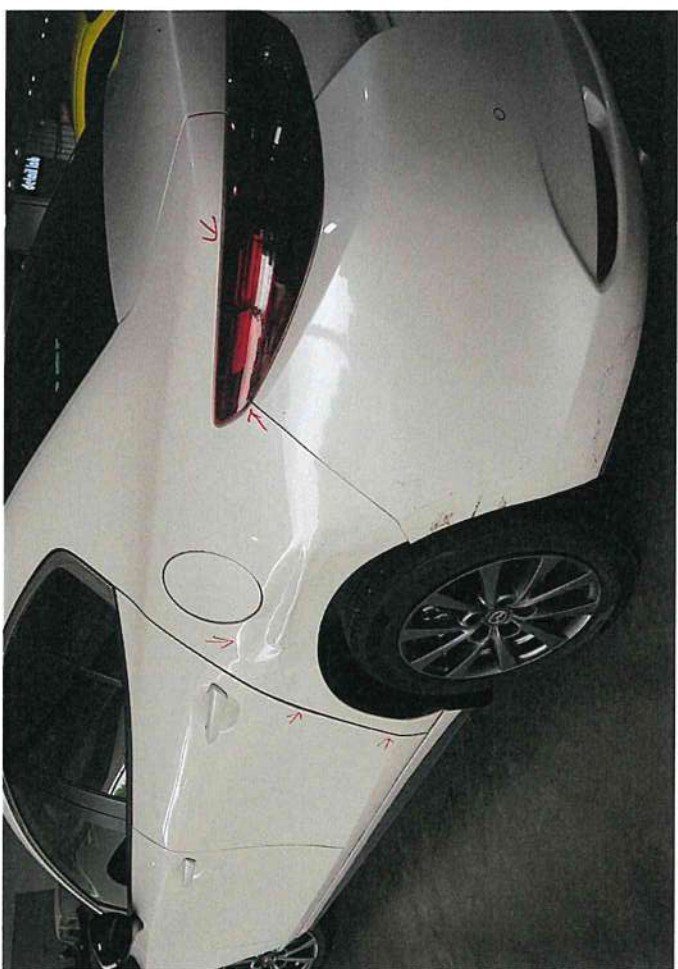


Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)  
B.Eng. (Hons, NUS)  
Diploma Mechanical Engineering  
NTC-2 Automovite Technology  
Sr.MIES, Institution of Engineers, Singapore (#20100091)  
MATAI, Maryland Association of Traffic Accident Investigators  
IAARS, International Association of Accident Reconstruction Specialists  
PMC of Singapore Business Advisors & Consultants Council  
ACTA certified Trainer, Singapore  
Enterprise Singapore - Recognised Certification for Management Consultants  
IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

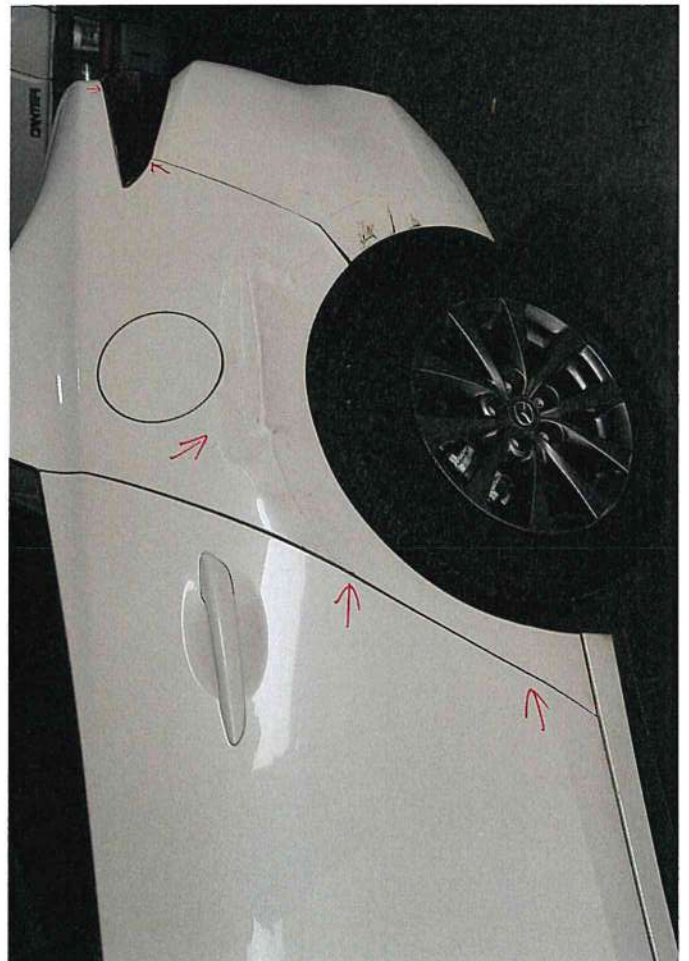
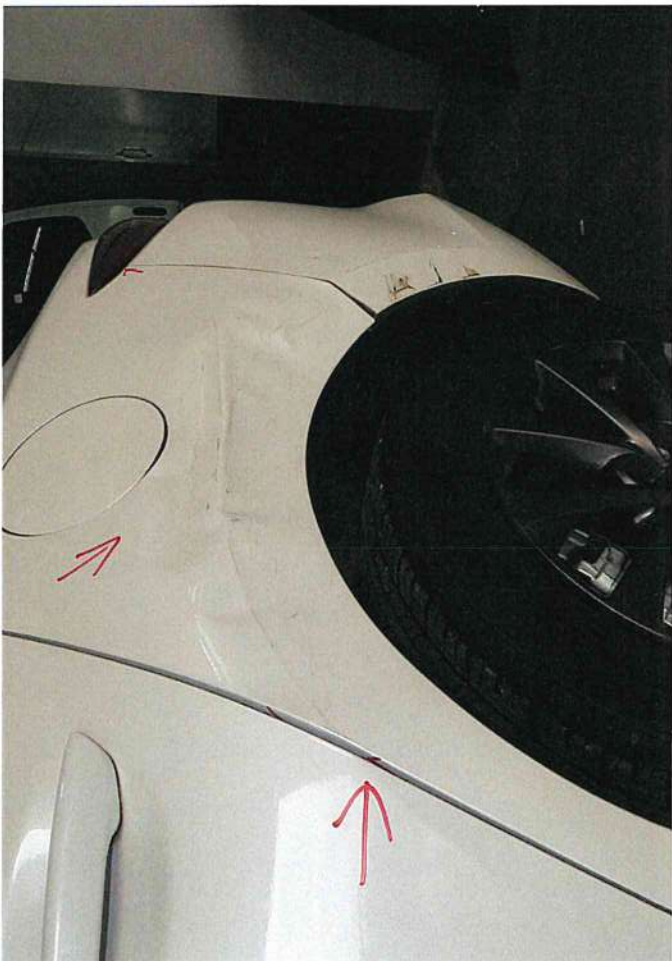
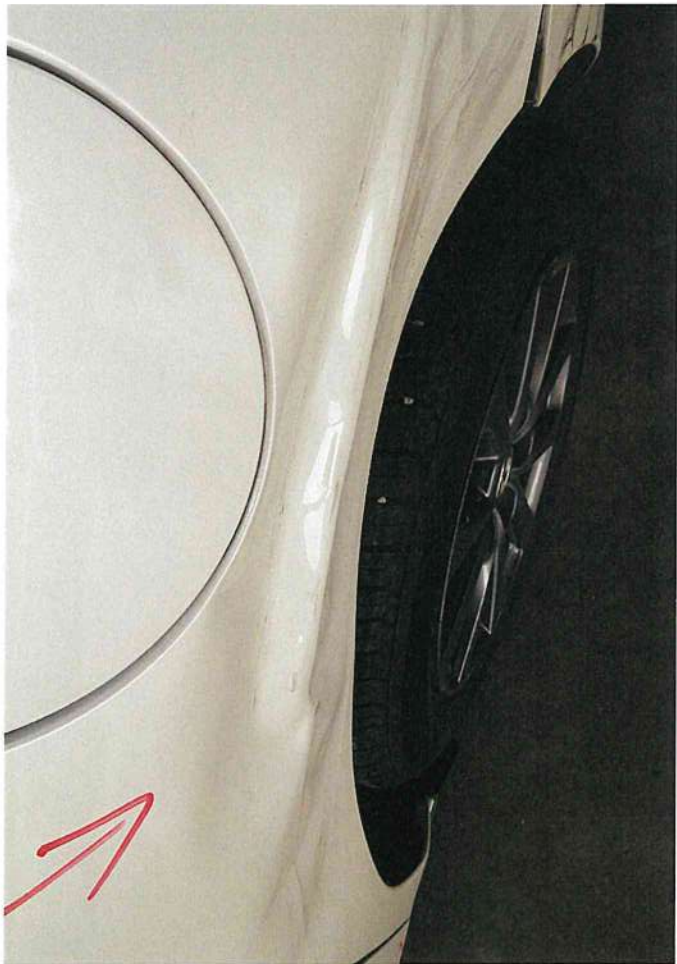
Subsidiaries of Impact Analysis:

• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd  
www.iaconsulting.sg.com

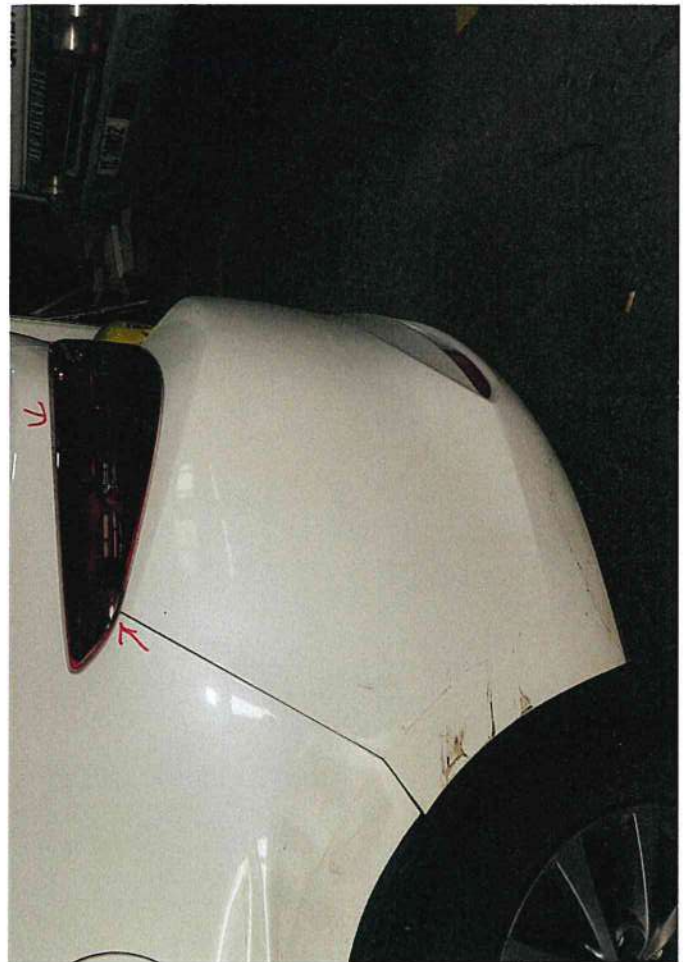
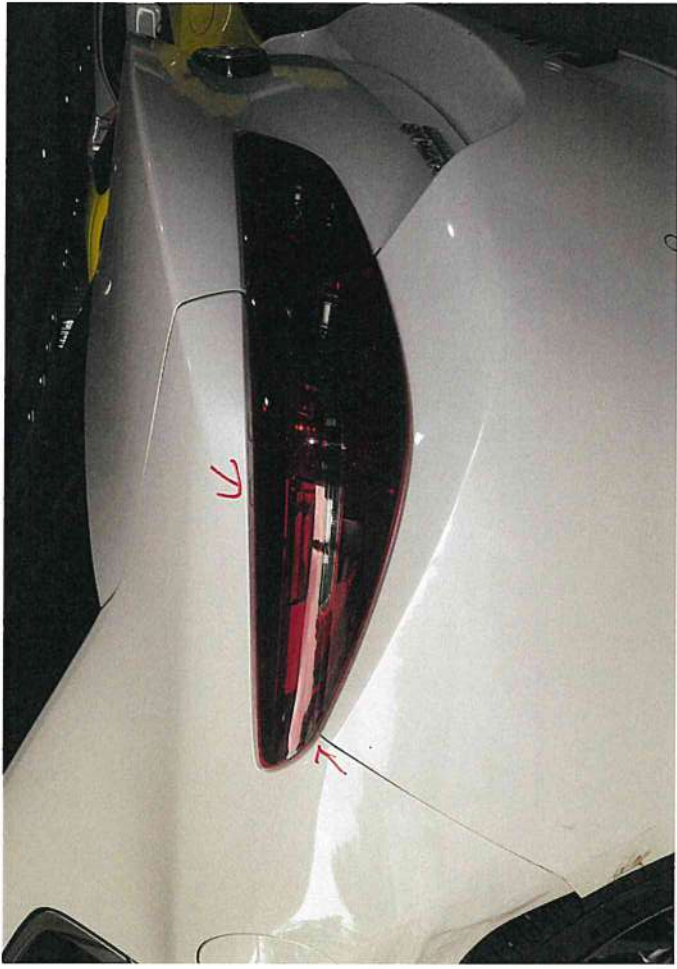




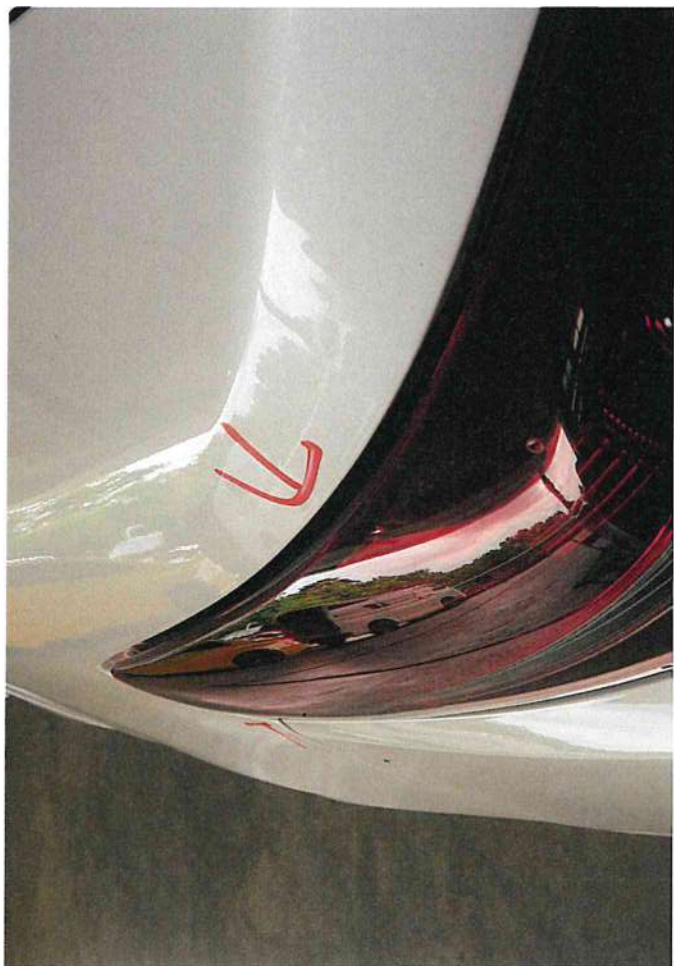
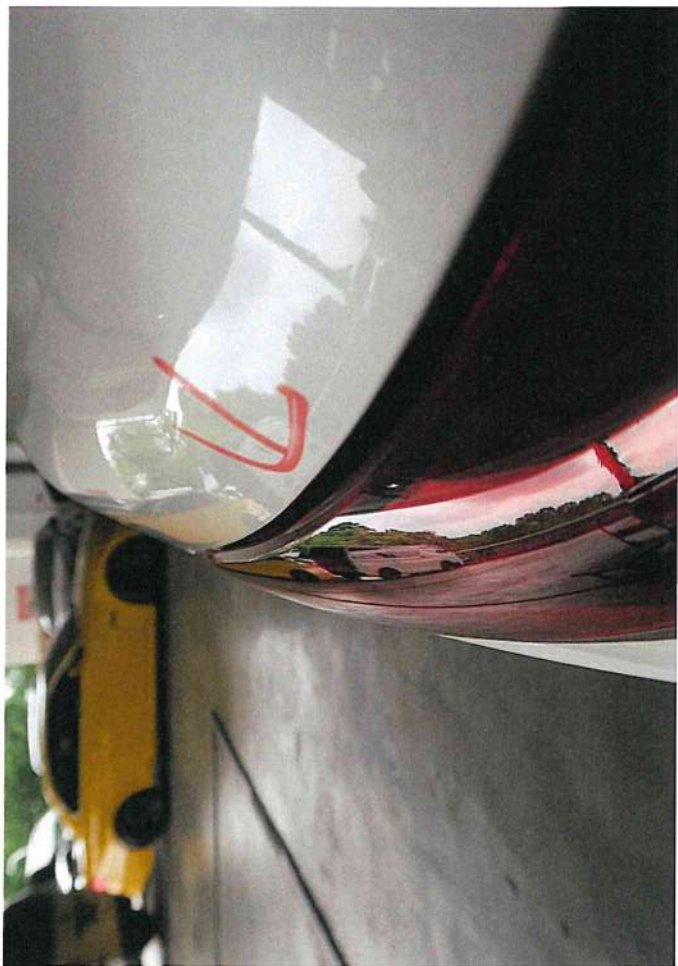




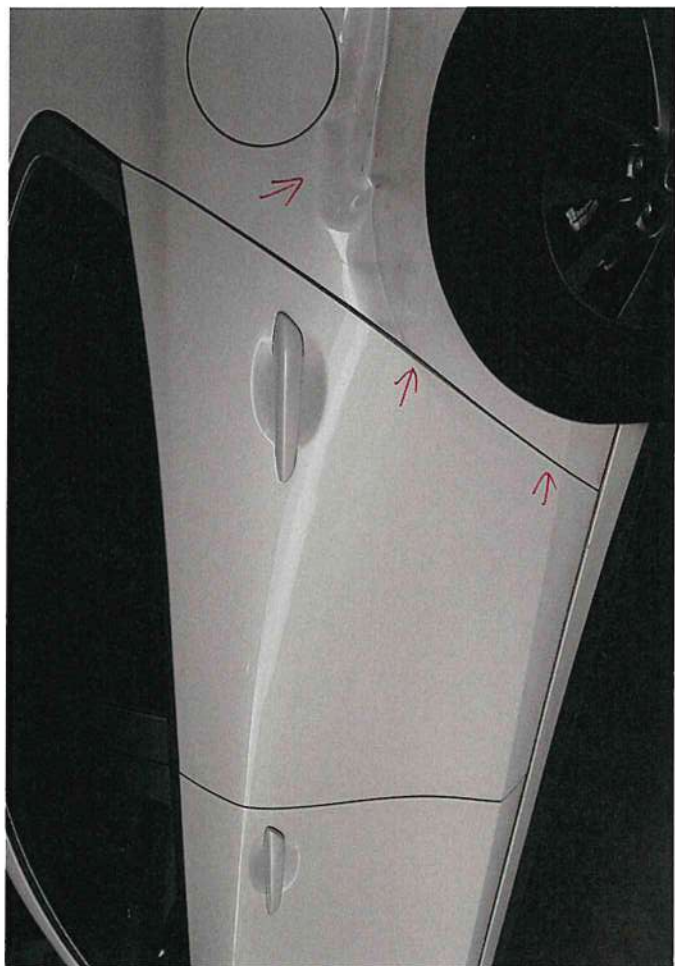




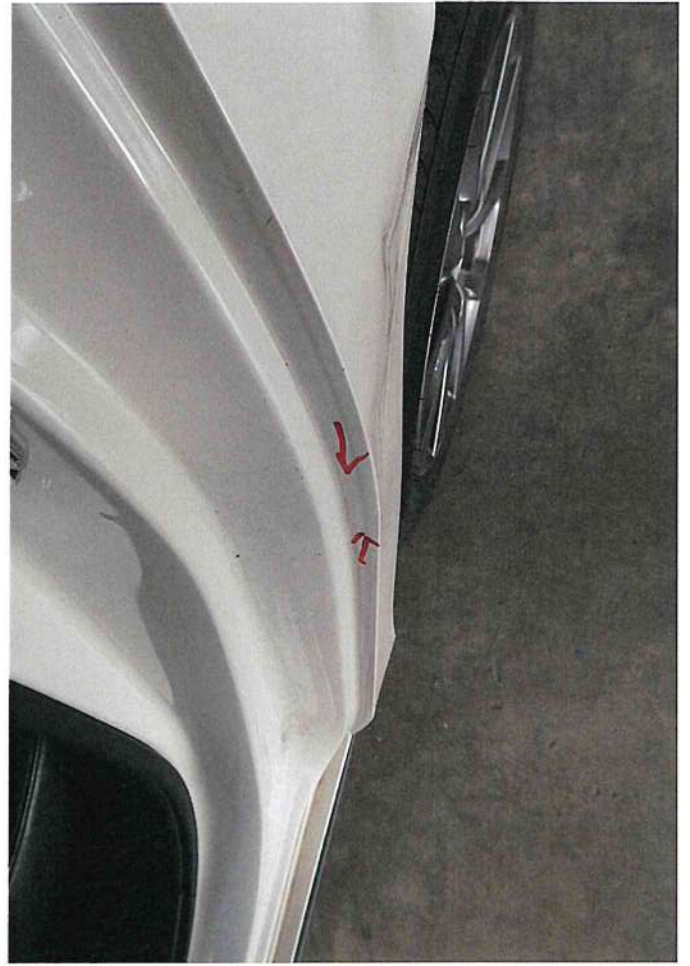
















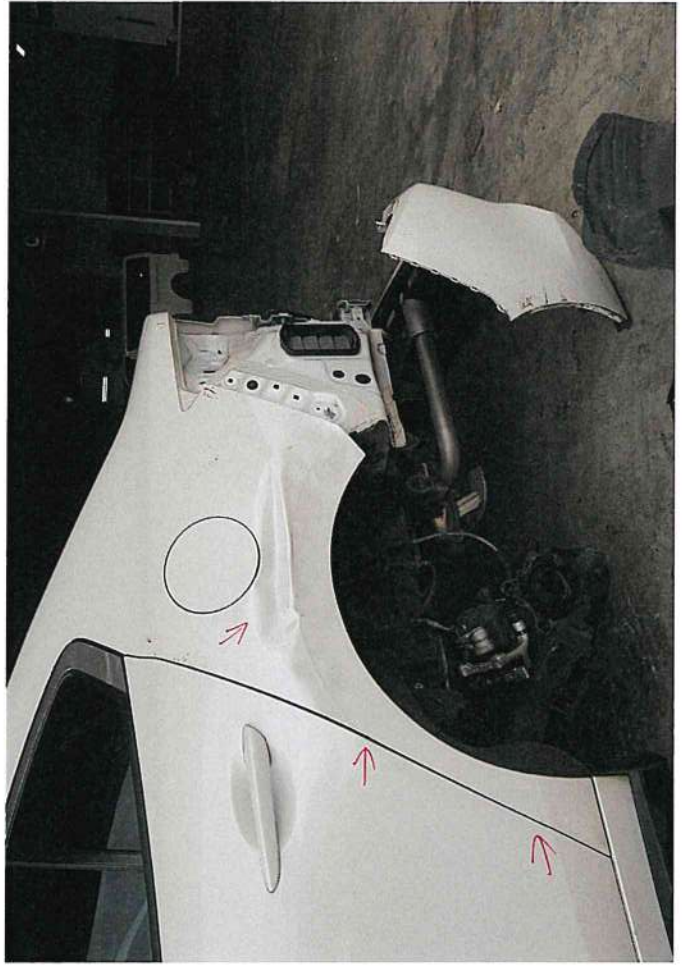




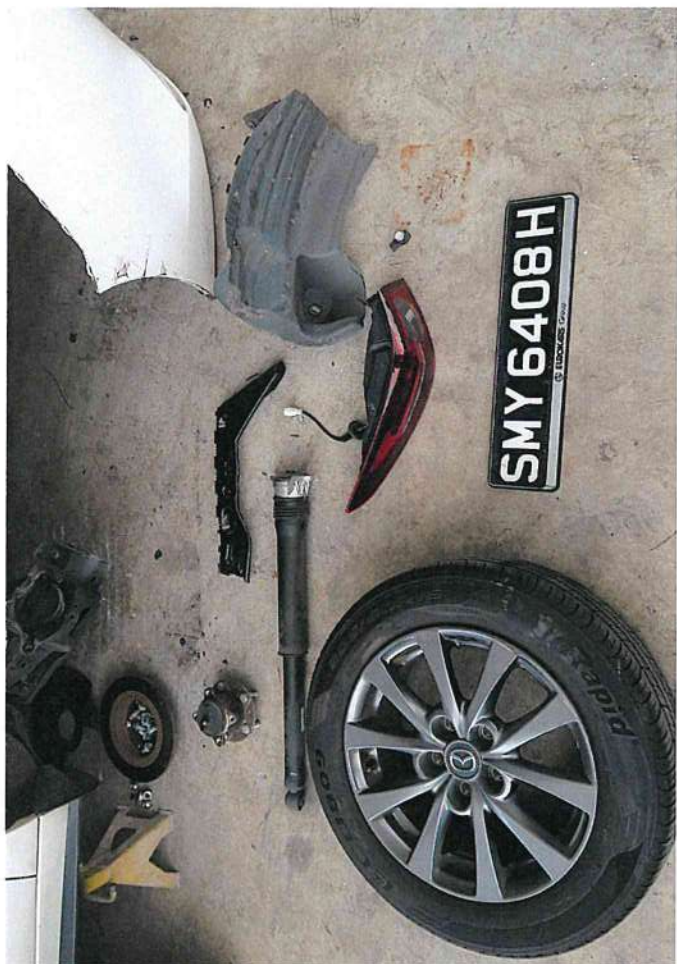








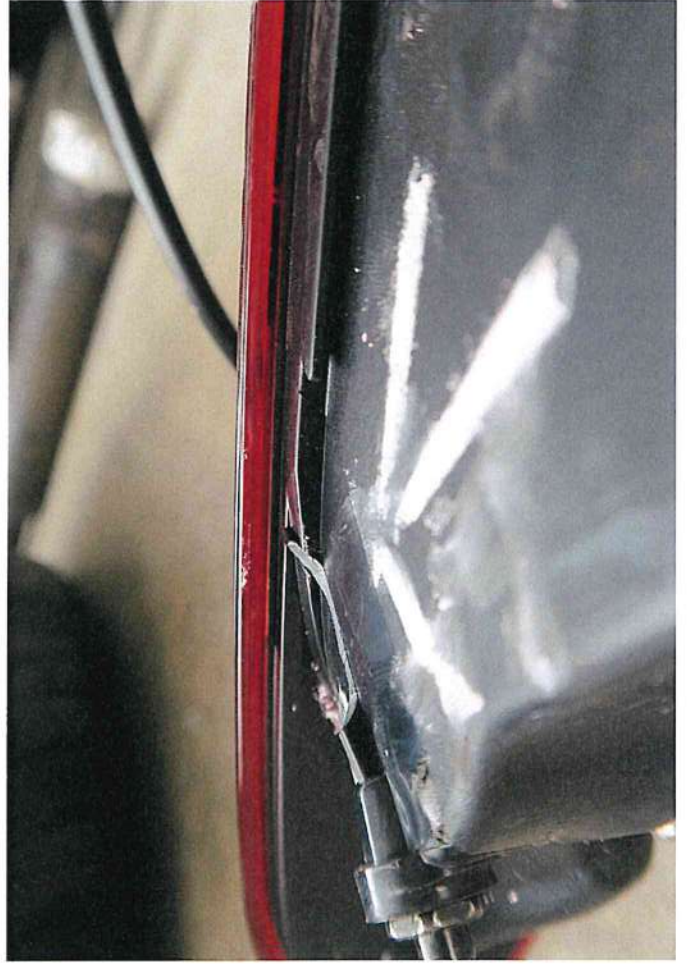




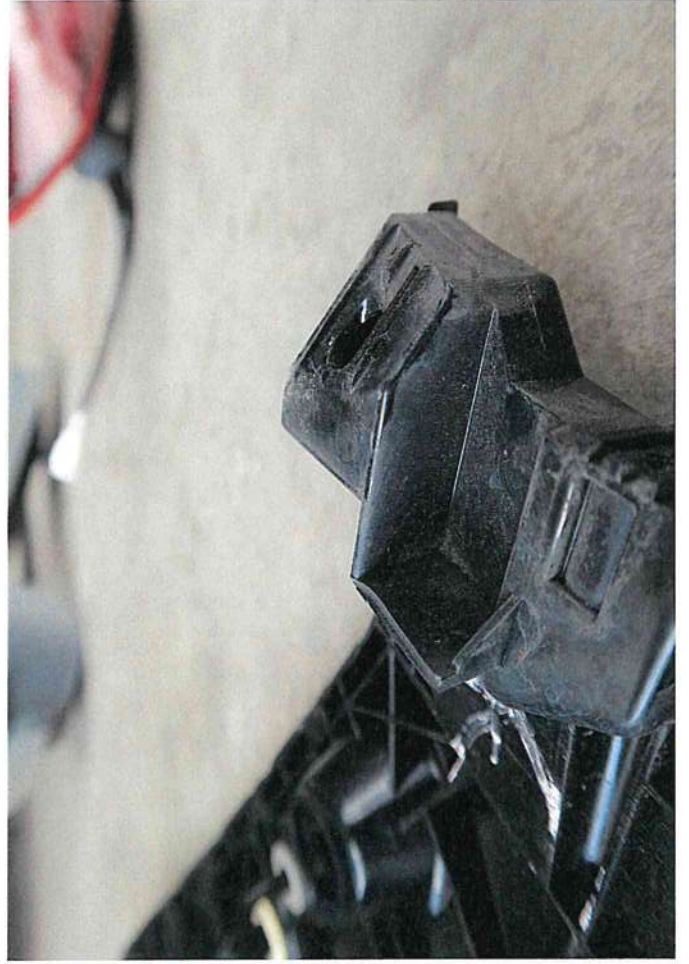


























## SINGAPORE ACCIDENT STATEMENT

### 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	27/04/2022 15:06 (SGT)
Date of Accident	25/04/2022 15:20 (SGT)
Exact Location of Accident	Mount Elizabeth, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6408H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PROGRESSIVE LEASING PTE LTD
Company Reg No	202033057M
Email Address	teokwanleng1404@gmail.com
Mobile Phone No	(Phone) +65-91464669
Alternative Phone No	+65-91464669

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M0018590
Cover Note Number	-

#### DRIVER

Name of Driver	TEO KWAN LENG ERIC
NRIC No	S8112514G



Date Of Birth .....	14/04/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	11/11/1999
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91464669
Alt. Phone Number .....	-
Email Address .....	teokwanleng1404@gmail.com
Address .....	BLK 72 CIRCUIT ROAD #09-07
Address complement .....	-
Postcode .....	370072
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 - Major/Minor Rd
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I AM DRIVING MY VEHICLE A (SMY6408H) TRAVELLING ALONG MOUNT ELIZABETH. I AM DRIVING MY VEHICLE WANTED TO GO STRAIGHT. SUDDENLY, A VEHICLE B (PC9065Z) TURN RIGHT AND HIT ONTO THE SIDE OF LEFT REAR OF MY VEHICLE.

#### 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 .....	PC9065Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

**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' 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;  
(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' 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  
(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.

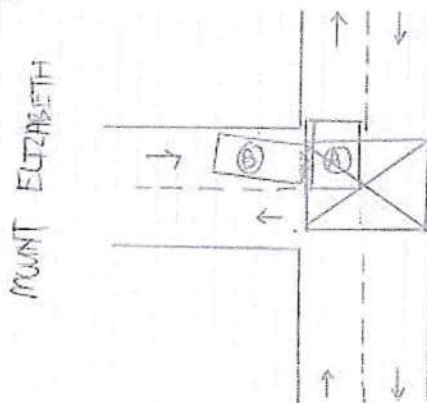


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



VEHICLE (A) SMY 6408 H

(B) PC 9065 Z



## Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (A)

SMT 6408 H TRAVELLING ALONG MOUNT ELIZABETH. I'M DRIVING

MY VEHICLE WANNA GO STRAIGHT, SUDDENLY, A VEHICLE (B) PC 9065-Z

TURN RIGHT HIT INTO THE SIDE OF LEFT REAR OF MY VEHICLE

VEHICLE (A): SMT 6408 H


(B) PC 9065-Z.

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

27/4/22 13:06:15  
Witnessed by Reporting Centre Personnel