

ECO Automobile Claims & Repair Pte Ltd  
15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre  
S417808  
T: 6384 7515  
E: ecoautoclaims@gmail.com



04<sup>th</sup> August 2022  
Our Ref: SML4089B  
Your Ref: SNE4737P

Liberty Insurance Pte Ltd  
**Motor Claims Department**  
51 Club Street  
#03-00 Liberty House  
Singapore 069428

Dear Sirs/Madam,

**ACCIDENT INVOLVING SML4089B AND SNE4737P ALONG JURONG EAST CENTRAL TURNING ONTO JURONG GATEWAY ROAD ON 23.06.2022.**

We are the representative for United Auto Leasing Pte Ltd, whose vehicle registration number **SML4089B** 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 **SNE4737P**. 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	\$ 9,300.00
Loss of rental for 12 days @\$150/day	\$ 1,800.00
Survey report	\$ 765.00
GIA report	\$ 31.00
LTA search fee	\$ 7.45
	<u>\$ 11,903.45</u>

Enclosed are the supporting documents for your perusal :-  
GIA  
Repair bill

Kindly let us have your payment of \$ **11,903.45** 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,

Encl.

A handwritten signature in blue ink, appearing to be "J. J.", is written over the "Encl." text.

ECO Automobile Claims & Repair Pte Ltd  
15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre S(417808)  
T: 6384 7515  
E: ecoautoclaims@gmail.com  
Co. Reg No. 201632730M



### LETTER OF AUTHORISATION

To: M/S ECO Automobile Claims & Repair Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE NOS: SML 4089 B & SNE 4737 P

ALONG JURONG EAST CENTRAL TURNING ONTO ON 23.6.2022  
JURONG GATEWAY ROAD

I/We UNITED AUTO LEASING PTE LTD NRIC/Passport No: 201630548 K  
owner of vehicle no. SML 4089 B hereby authorize you to commence repair to the  
said vehicle forthwith.

In consideration of you repairing my/our vehicle at my/our request.

1. I/We hereby irrevocably authorize 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 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 authorization 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 as successful conclusion.
2. I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocably authorize you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Solicitor the cost of repairs settled and related expenses and disbursement incurred.



Owner's Signature

(Company's Stamp if applicable)

Witness Signature/Name

ECO Automobile Claims & Repair Pte Ltd  
15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre  
S417808  
T: 6384 7515  
E: ecoautoclaims@gmail.com  
Co. Reg No. 201632730M



# TAX INVOICE

NAME : UNTIED AUTO LEASING PTE LTD ( Co Reg. 2XXXXX548K )

DATE : 21/7/2022

INVOICE : 22026

JOB NO. : -

ADDRESS : 210 TURF CLUB ROAD  
LOT B38 CARMART @ THE GRANDSTAND  
SINGAPORE 287995

VEHICLE NO. : SML4089B

MAKE&MODEL : KIA CERATO 1.6 (A) LX

TERM : -

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	COST OF REPAIR	1		\$ 9,300.00
2	LOSS OF RENTAL ( 12 DAYS \$150 PER DAY ) ( 24/06/2022 TO 05/07/2022 )	1		\$ 1,800.00
3	3RD PARTY REPORT	1		\$ 31.00
4	SURVEYOR FEE	1		\$ 765.00
		TOTAL		\$ 11,896.00

## IMPORTANT

Please remit payment within 7 days from the due date

An interest of 1.5% per month will be levied on all overdue amounts

All cheques must be made payable to ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD

All Fund Transfers to Acc no (SGD): OCBC Current Acct : 695-888131-001 / PAYNOW 201632730M

(WE ARE NOT GST REGISTERED)

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**ECO AUTOMOBILE LEASING**  
15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre S417808  
T: 6384 7515 F: 6766 4748  
E: ecoautoleasing@gmail.com  
Co. Reg No. 53354814D UEN: 53354814D



**HIRER DETAIL**

**Name** : ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD  
**Address** : 15 Kaki Bukit Road 4  
#01-53  
Singapore 417808  
**Tel** : 8863 3888  
**Attention** : Alfie

**INVOICE**

**Registration No.** : 53354814D  
**Invoice No.** : ECO/22/808  
**Date** : 7/7/2022  
**Payment Term** : COD

S/N	DESCRIPTION	No. of	Per Days/Wks/Mths	Total \$(SGD)
1	Rental of HONDA VEZEL - Car Plate No. : SMG1944D - Period : 24/6/22 - 6/7/22	12 Days	\$150.00	\$1,800.00
Sub Total \$ (SGD)				\$ 1,800.00
Grand Total \$ (SGD)				\$ 1,800.00

PAYNOW UEN 53354814D  
All Cheque are to be crossed and made payable to 'ECO AUTOMOBILE LEASING'

THANK YOU FOR YOUR PAYMENT



THIS IS A COMPUTER GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED



**ECO AUTOMOBILE LEASING**

15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre, Singapore 417808  
T: 8861 6188 F: 6766 4748  
E: ecoautoleasing@gmail.com  
R.O.C: 53354814D PayNow UEN: 53354814D

**LEASING AGREEMENT**

This Vehicle Leasing Agreement is made between ECO AUTOMOBILE LEASING ("OWNER") and

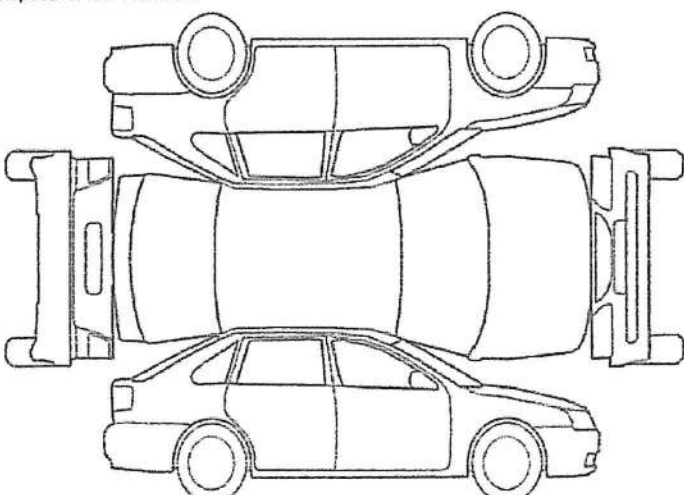
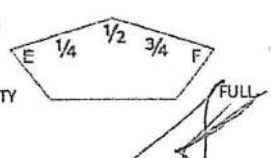

Dr./ Mr./ Ms. SOH JUN XIANG (HIRER) of NRIC / FIN S 8238552E

With Registered Address BLK 464A BUKIT BATOK WEST AVE 8 #13-916 S(651464)

Contact No: 88767919 Email: \_\_\_\_\_

The agreed leasing date is from 24 / 06 / 22 to 06 / 07 / 22.

Total leasing rate, agreed at S\$ \_\_\_\_\_ per ( day / week / month ). Total Leasing of \_\_\_\_\_ ( day(s) / week(s) / month(s) ).

LEASING EXTENSION FROM ABOVE INITIAL DATE TO: _____ / _____ / _____	
Leasing Rate S\$ _____ per ( day / week / month ). Leasing Extension _____ ( day(s) / week(s) / month(s) ).	
Full Payment _____	
AUTHORIZED SIGNATURE & DATE/ OWNER _____ SIGNATURE & DATE/ HIRER _____	
Vehicle Inspection and Remarks	
	
Vehicle No. <u>SMG1944D</u>	
Make & Model <u>HONDA VEZEL</u>	
Vehicle COLLECTION:	
Mileage _____ KM.	
Date: <u>24 / 06 / 22</u>	
Time: <u>1230</u> (AM/PM)	
Fuel level: 	
SIGNATURE HIRER _____	
Vehicle RETURNED:	
Mileage _____ KM.	
Date: <u>06 / 07 / 22</u>	
Time: <u>1830</u> (AM/PM)	
	
SIGNATURE HIRER _____	
REMARK(S):	
ADDITIONAL DRIVER/ NAME: _____	
NRIC/FIN: _____	
NATIONALITY _____	
INITIAL PAYMENT: \$ _____	Date: _____
BALANCE PAYMENT: \$ _____	Date: _____
DEPOSIT (IF ANY): \$ _____	
SURCHARGE FOR WEST MALAYSIA: \$ _____	
OTHER INFORMATION:	Emergency Contact Name: _____
	Emergency Contact HP: _____

HIRER TO PROVIDE ORIGINAL NRIC/FIN/ DRIVER LICENSE INCLUDING THAT OF ADDITIONAL DRIVER FOR PHOTOCOPYING AS PROOF.  
(AT LEAST 22 YEARS OLD WITH VALID SINGAPORE DRIVING LICENSE HELD FOR AT LEAST TWO (2) YEARS)

IN THE EVENT OF HIT-AND-RUN / ILLEGAL SUB-LETTING / FAILURE TO RETURN OF HIRED VEHICLE PER THIS AGREEMENT, A MANDATORY PENALTY OF (MINIMUM) \$5,000 WILL BE IMPOSED ON THE HIRER.

\_\_\_\_\_  
AUTHORIZED SIGNATURE / OWNER

\_\_\_\_\_  
SIGNATURE / HIRER

BY SIGNING THIS AGREEMENT, THE HIRER CONFIRMS HAVING READ THE TERMS AND CONDITIONS FOR LEASING AND OF GIVING HIS/HER UNCONDITIONAL APPROVAL TO THE TERMS AND CONDITIONS FOR LEASING STATED ON THIS AND THE BACK OF THIS PAGE

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jun 2022 / 15:56:43

Receipt Date/Time : 24 Jun 2022 / 15:56:43

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220624-002872

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SNE4737P				
As at 23 Jun 2022/13:45:00				
Insurance Co: LIBERTY INS P L				
1	Insurance Enquiry - SNE4737P Enquiry Fee 20220624155619747114	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				
8g7sr5y8			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.



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: 27/06/2022

Your Ref No: SML4089B DOA 23/06/2022

Dear Sir/Madam,

Date of Accident: 23/06/2022 00:00 (SGT)

Vehicle No: SML4089B

Place of Accident: Jurong East Central, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SNE4737P	Jurong East Central, 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.

Our reference: 22 - 170861

Date: 11/7/2022

**INVOICE NO. 170861**

**United Auto Leasing Pte Ltd**  
c/o ECO Automobile Claims & Repair Pte Ltd  
13 Kaki Bukit Rd 4  
#03-29 Bartley Biz Centre  
Singapore 417807

Registration No. **SML4089B**

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	\$ 765.00
Total amount			<u>\$ 765.00</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 - 170861

Date: 11/7/2022

c/o ECO Automobile Claims & Repair Pte Ltd  
13 Kaki Bukit Rd 4  
#03-29 Bartley Biz Centre  
Singapore 417807

Dear Sirs

**RE: Road Traffic Accident on 23-06-2022**  
**United Auto Leasing Pte Ltd**

In accordance with your instructions received in this office on **27-06-2022**, we made arrangements to examine the vehicle on **27-06-2022** at above-mentioned address. The following data was recorded:

---

**Vehicle details**

Make	KIA	Registration	SML4089B
Model	CERATO 1.6(A) LX	Chassis	KNAF1416MK5036947
Colour	Black	Gearbox	Auto
Odometer	133156km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

**Tyre Depths**

Front left	195/65R15	85% Firenza
Front right	195/65R15	85% Firenza
Rear left	195/65R15	85% Firenza
Rear right	195/65R15	85% Firenza

**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 **\$9,300.00** and **10** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

*Subsidiaries of Impact Analysis:*

• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd  
[www.iaconsultingsg.com](http://www.iaconsultingsg.com)

Our reference: 22 - 170861

Date 11/7/2022

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	crushed	688.00	688.00
Rear bumper retainer @\$68.60	2	deformed.nec	137.20	137.20
Rear bumper lower lip	1	deformed.torn	389.20	389.20
Rear bumper side signal lamp @\$261.20	2	rh cracked lh refix	522.40	261.20
Rear bumper side signal garnish @\$121.00	2	grazed.deformed	242.00	242.00
Rear bumper reinforcement	1	bent.broken	418.00	418.00
Rear bumper reinforcement stay bracket @\$78.00	2	bent	156.00	156.00
Rear bumper reinforcement upper bracket @\$25.00	2	bent	50.00	50.00
Boot lid	1	buckled	1280.00	1280.00
Boot lid lock	1	bent.jammed	187.60	187.60
Boot lid lock striker	1	bent	36.00	36.00
Bootlid hinge @\$87.80	2	bent	175.60	175.60
Boot lid inner trim	1	refix	181.50	0.00
Boot id lamp center	1	holder broken	639.00	639.00
Boot lid lamp @\$529.30	2	dented.holder broken	1058.60	1058.60
Boot lid emblem "CERATO"	1	necessary	48.50	48.50
Boot lid emblem "KIA" logo	1	necessary	65.00	65.00
Boot lid emblem "C&C"	1	necessary	25.00	25.00
Boot lid weatherstrip	1	deformed	198.00	198.00
Tail lamp @\$595.30	2	holder fractured	1190.60	1190.60
Tail lamp panel @\$121.50	2	repair.respray	243.00	0.00
Rear end panel	1	distorted	625.00	625.00
Rear end panel garnish	1	deformed	138.00	138.00
Rear floor panel	1	repair.respray	596.00	0.00
Rear floor panel top cover	1	deformed	291.50	291.50
Rear fender inner trim @\$238.00	2	torn	476.00	476.00
<b>Sub- Total cost</b>			<b>10057.70</b>	<b>8776.00</b>
<b>Percentage discount : 10%</b>			<b>1005.77</b>	<b>877.60</b>
<b>Sub-Total costs for parts</b>			<b>9051.93</b>	<b>7898.40</b>

Subsidiaries of Impact Analysis:

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

Our reference: 22 - 170861

Date 11/7/2022

**Special Nett Items:**

Rear bumper clip	set	necessary	50.00	50.00
Rear end panel sealant	1	necessary	60.00	60.00
Boot lid inner trim clip	set	necessary	40.00	40.00
Reverse camera	1	refix	450.00	0.00
Revesre sensor	1	dented.malfunction	250.00	250.00
Rear number plate with holder	1	bent	50.00	50.00
Rear fender inner trim clip	2 sets	necessary	80.00	80.00
<b>Sub-Total costs for parts</b>			<b>980.00</b>	<b>530.00</b>

**Parts Repair**

Rear fender rh/lh - dented	2	repair.respray	0.00	0.00
<b>Sub- Total costs</b>			<b>0.00</b>	<b>0.00</b>
<b>Total costs for parts</b>			<b>10031.93</b>	<b>8428.40</b>



Our reference: 22 - 170861

Date 11/7/2022

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	28	\$ 1,260.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 1,350.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 60.00
Remove and refix upholstery and cushion seat to facilitate repair	\$ 45.00	2	\$ 90.00
Transfer boot lid mechanism	\$ 45.00	1.7	\$ 76.50
Conduct water leak test for rear portion associated repair works	\$ 45.00	1.5	\$ 67.50
Specialist charges - Check/Diagnostic and reprogramming	-	-	\$ 200.00
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	1	\$ 45.00
<b>Total labour cost</b>			<b>\$ 3,221.00</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.



Our reference: 22 - 170861

Date 11/7/2022

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

Description		Cost
<b>Damaged Parts Assessment</b> (See section A)		\$8,428.40
<b>Labour Cost Calculation</b> (See section B)		\$3,221.00
<b>Total cost</b>		\$11,649.40
<b>Lump Sum Repair</b>		\$2,329.88
Further discount	20%	
<b>Total Repair Cost</b>		\$9,300.00

We would recommend a sum of \$9,300.00 and 10 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.iaconsultingsg.com





700기동차 (주) KIA MOTORS CORPORATION 차량번호 KNAF1416MK5036947 1- kg 2- kg	
차량구분 F 연식 2014 트랜스미션 F 모델명 S4F	색상 ABP 승인번호 WK 모델명 NO 등록일자 등록일자









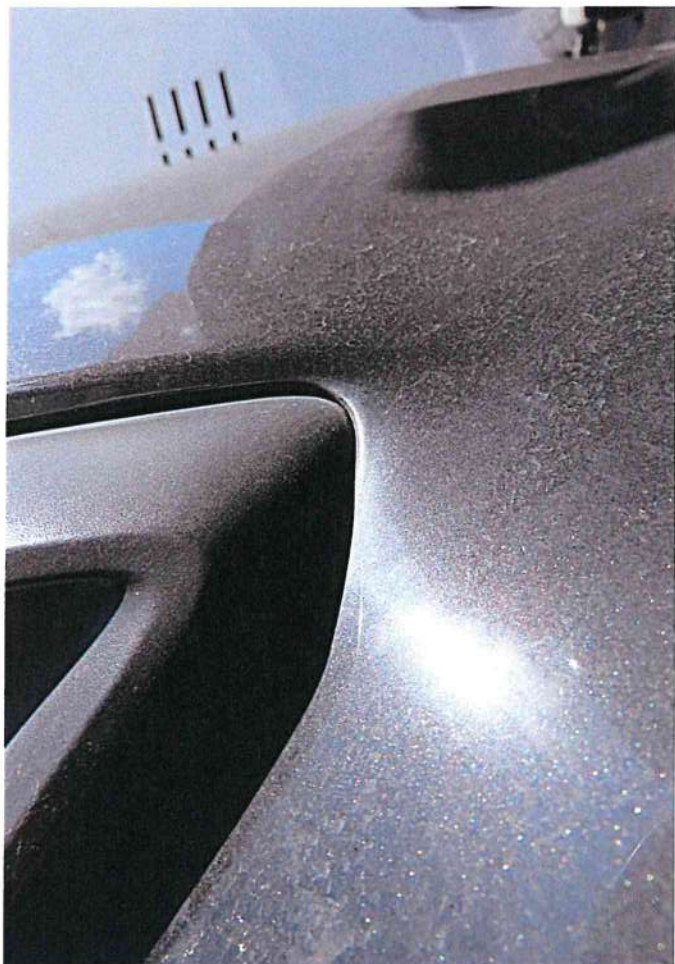








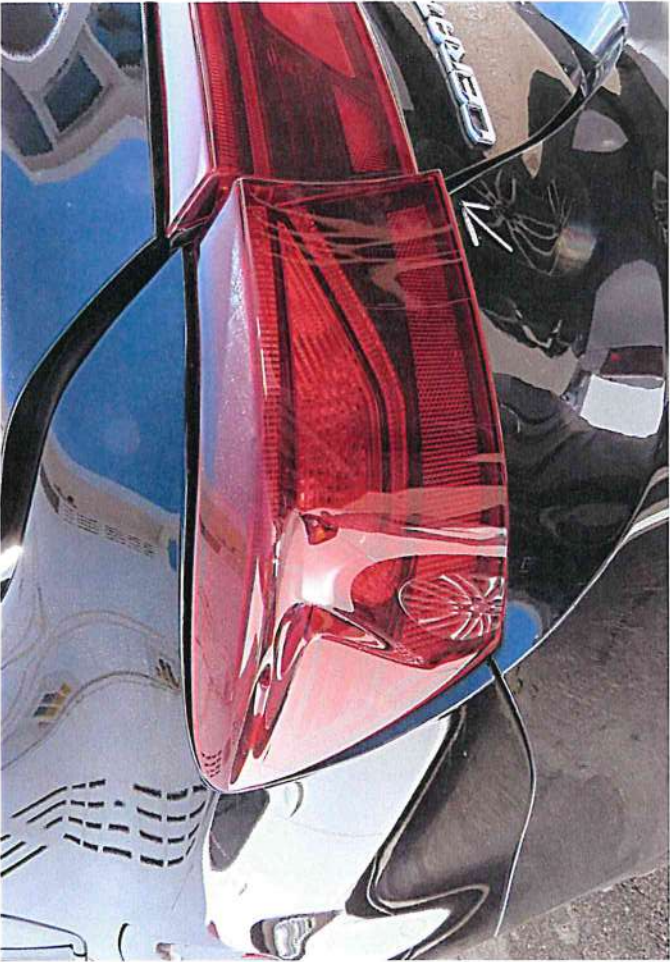
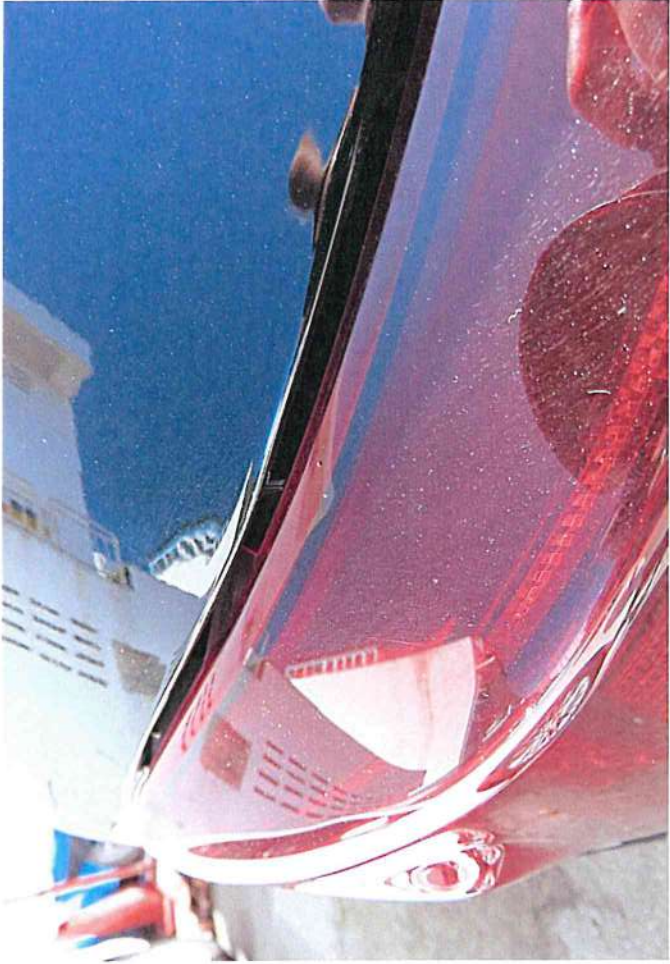




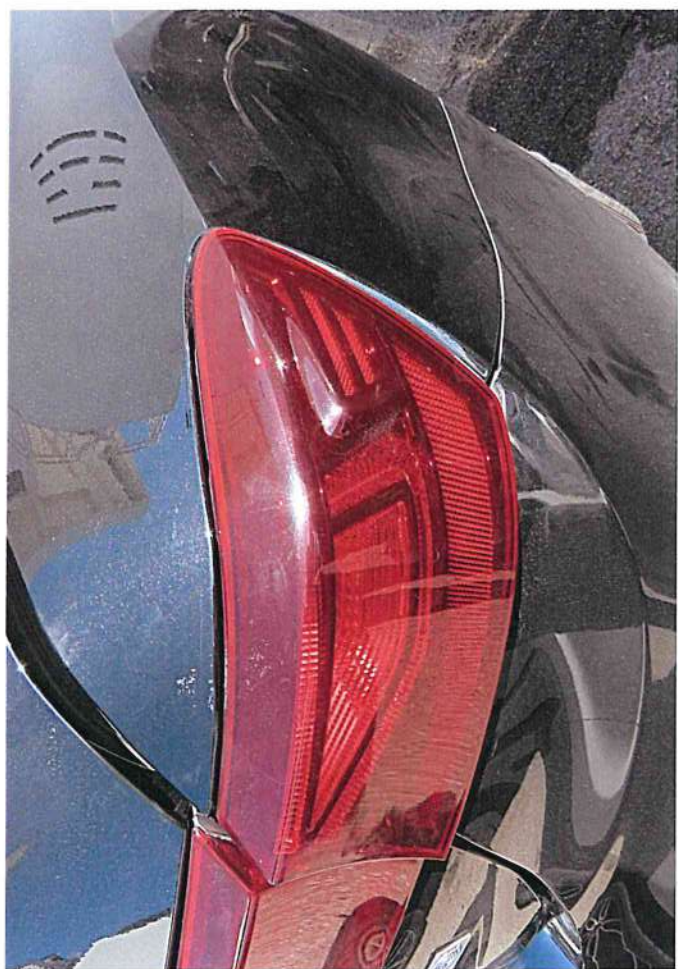








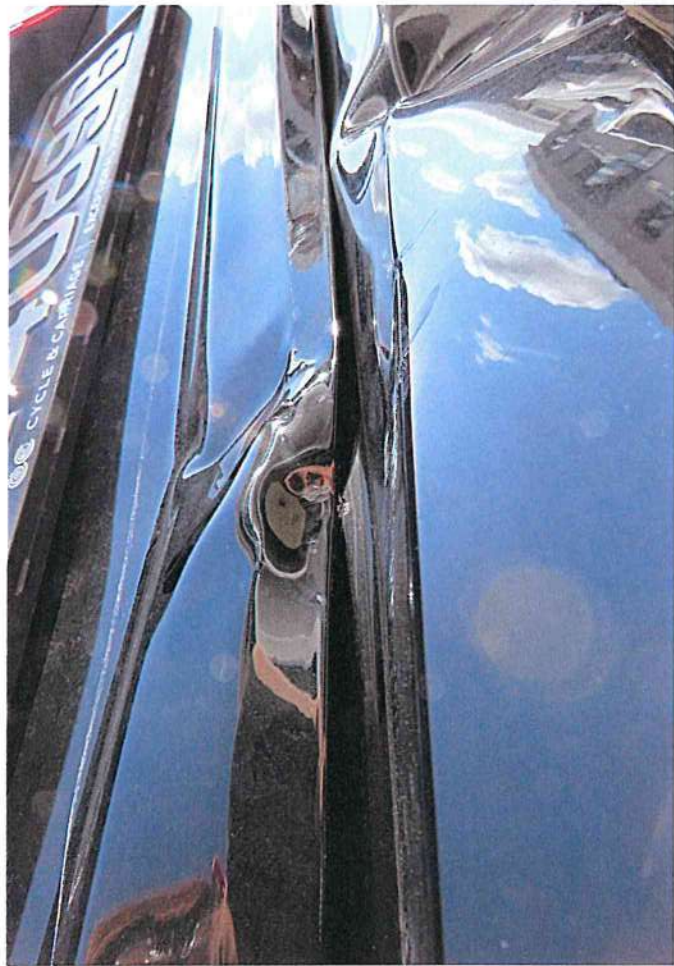








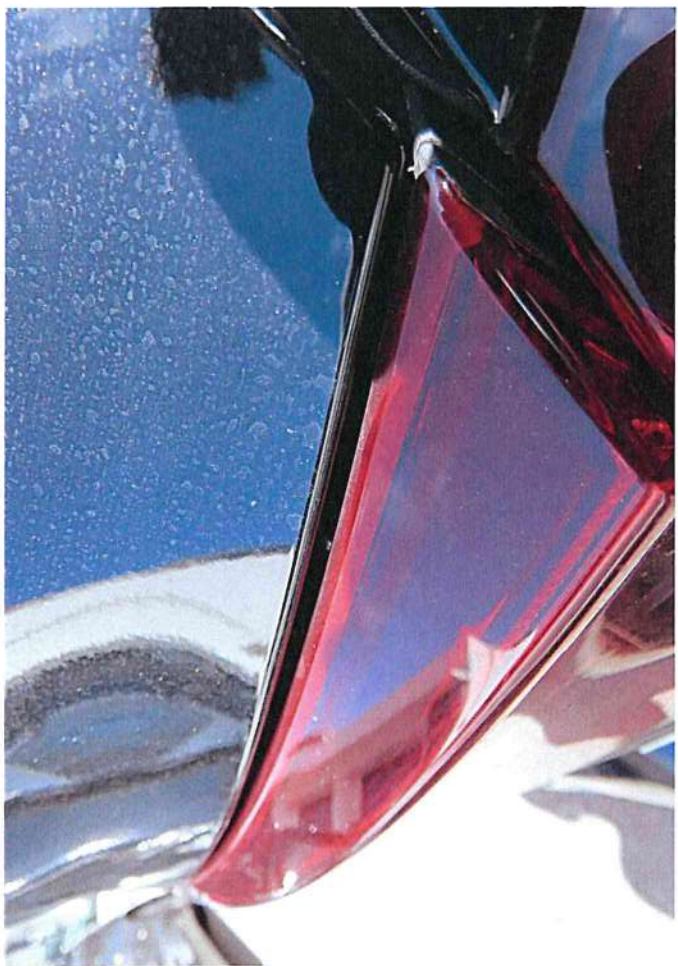




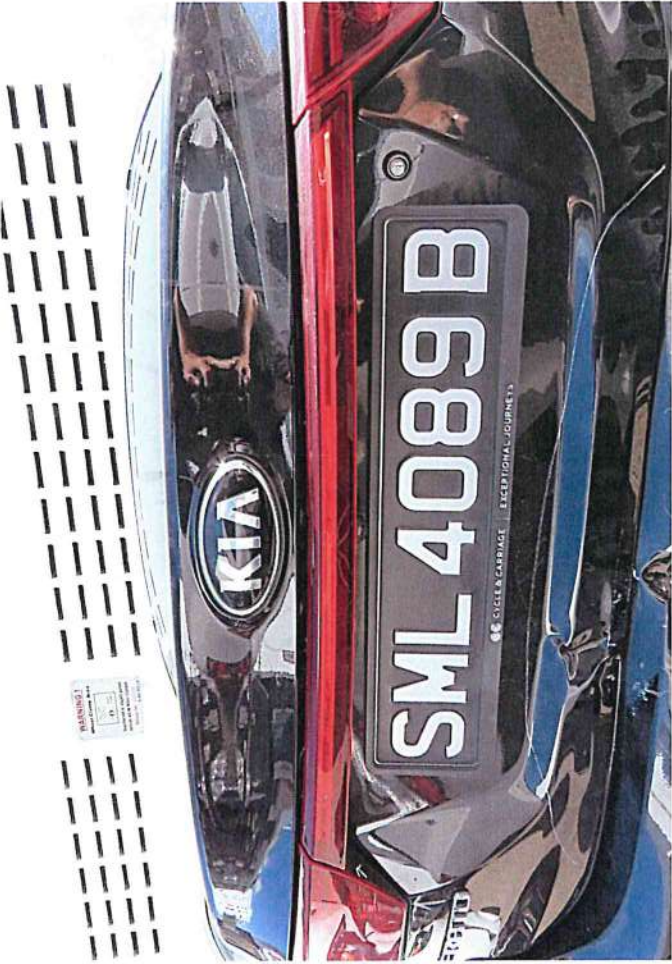
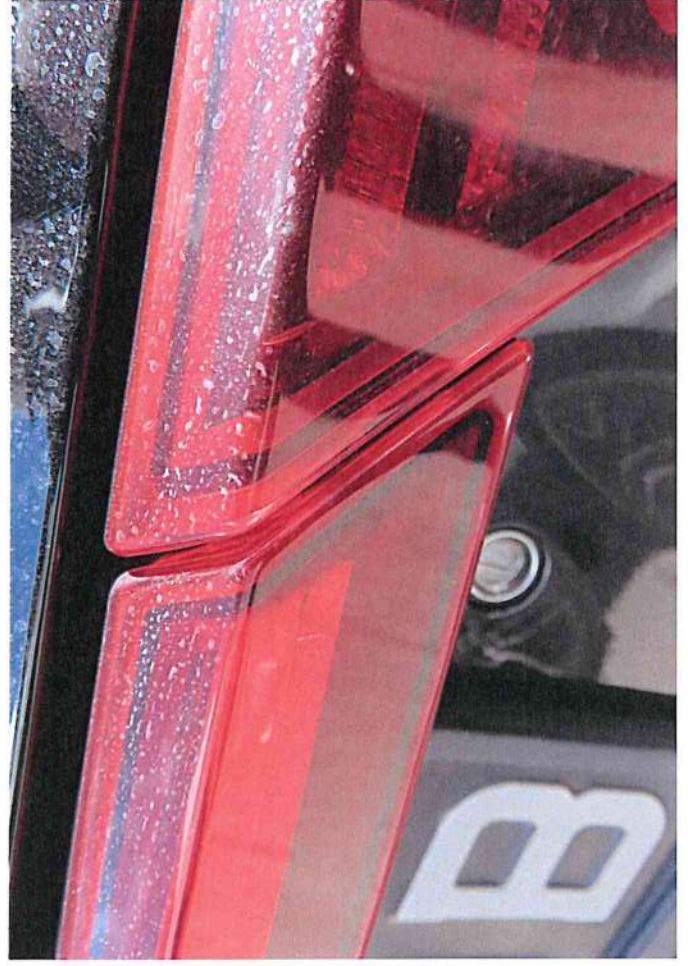








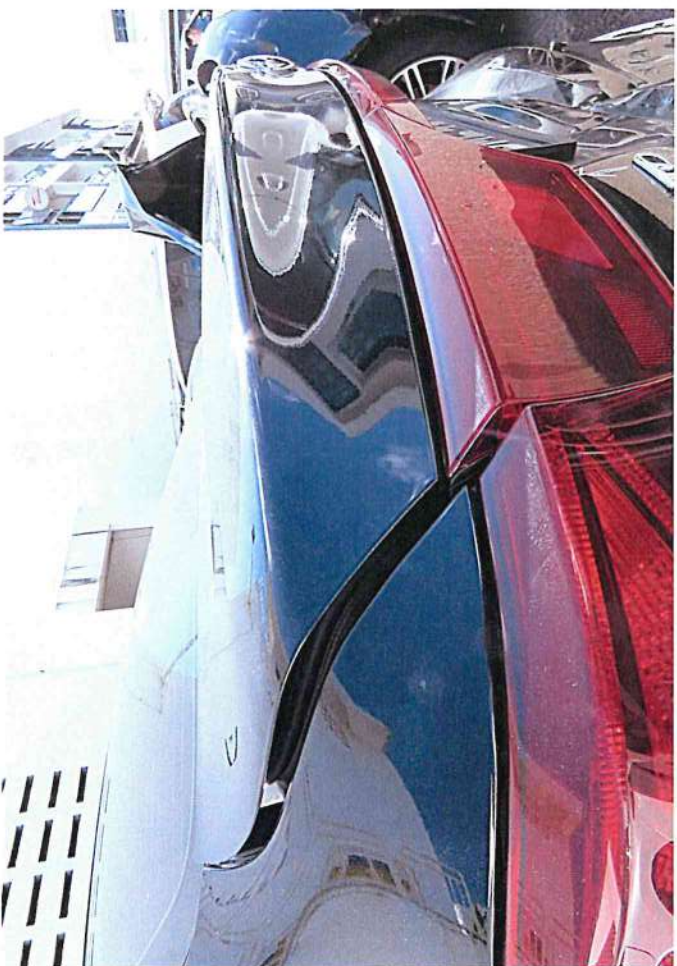












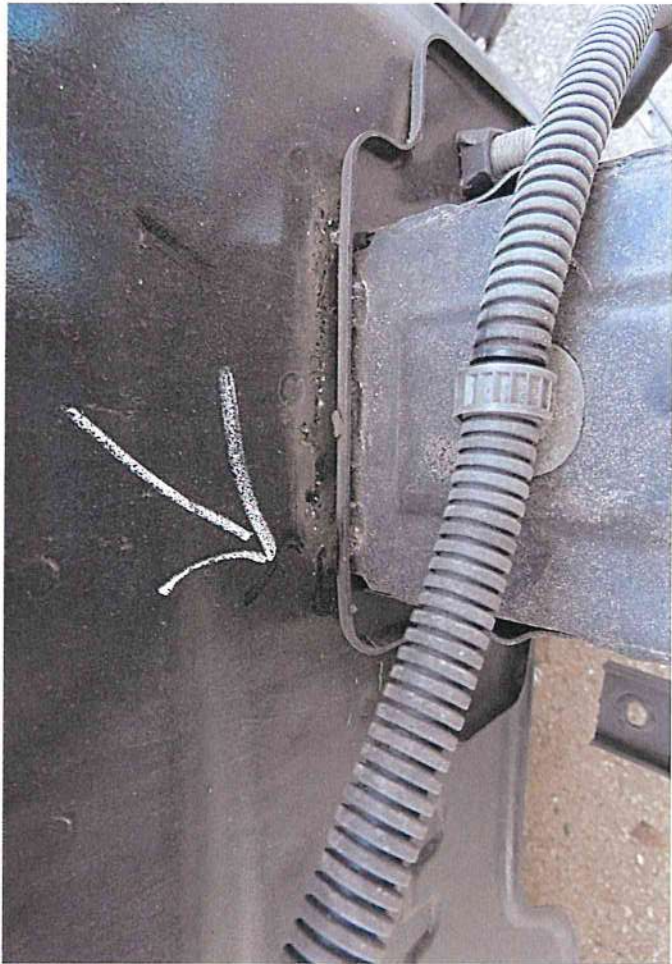




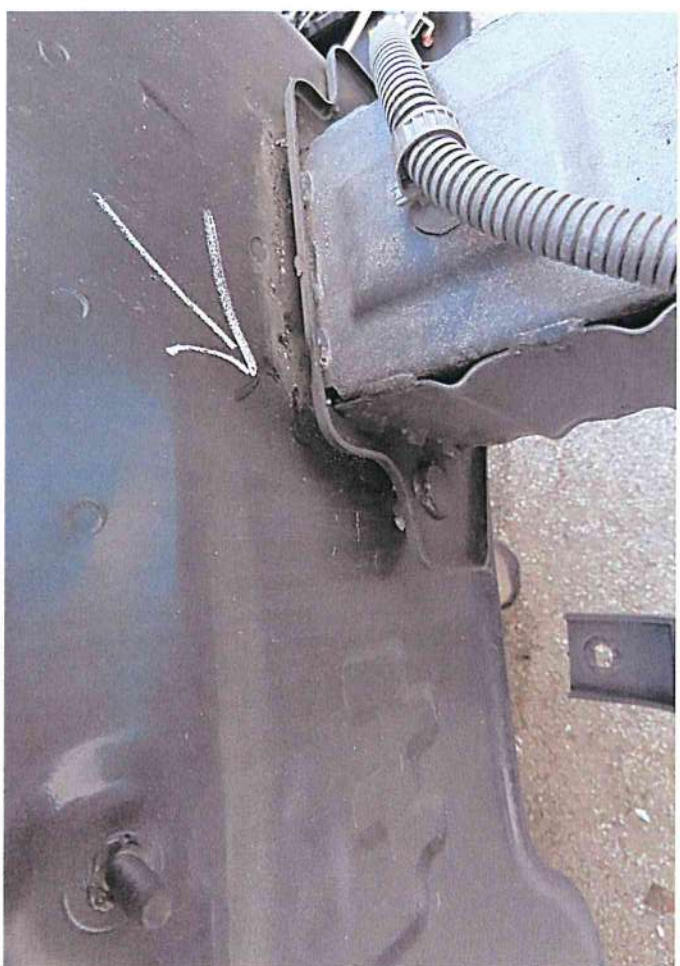








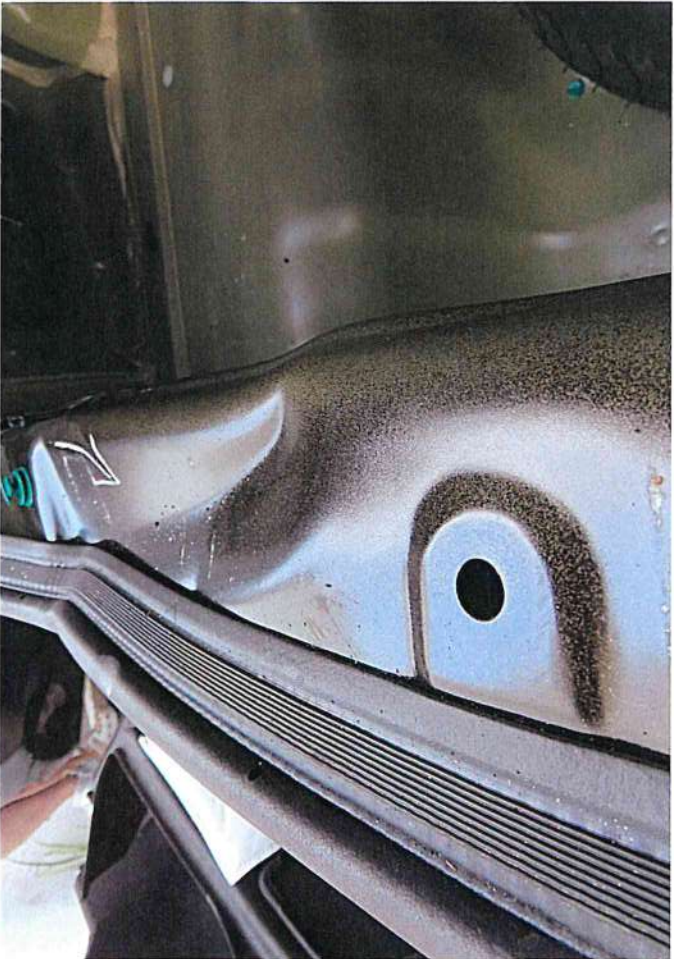
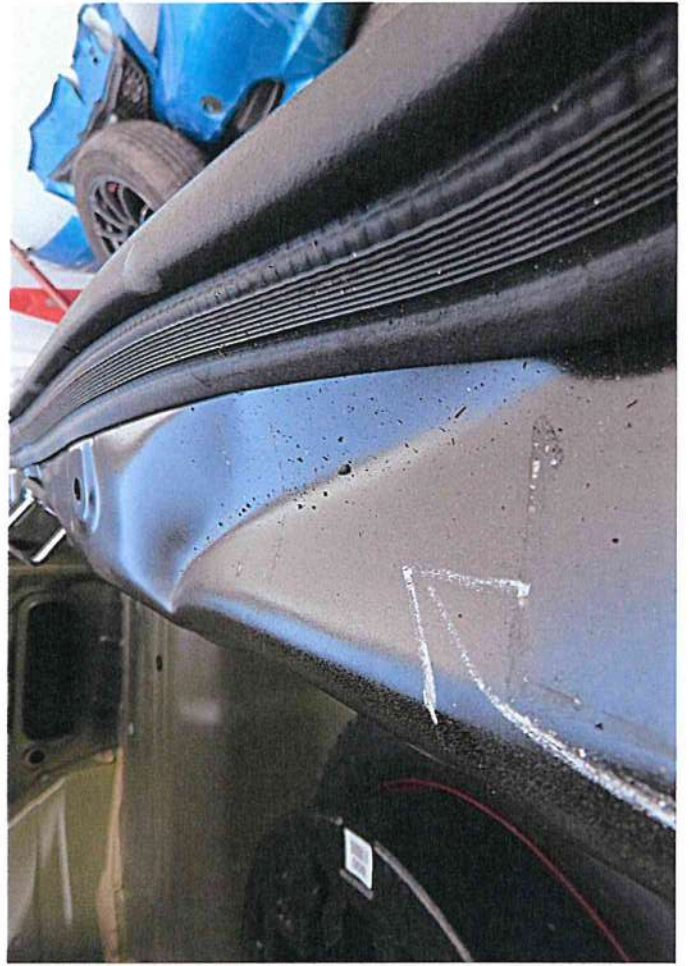








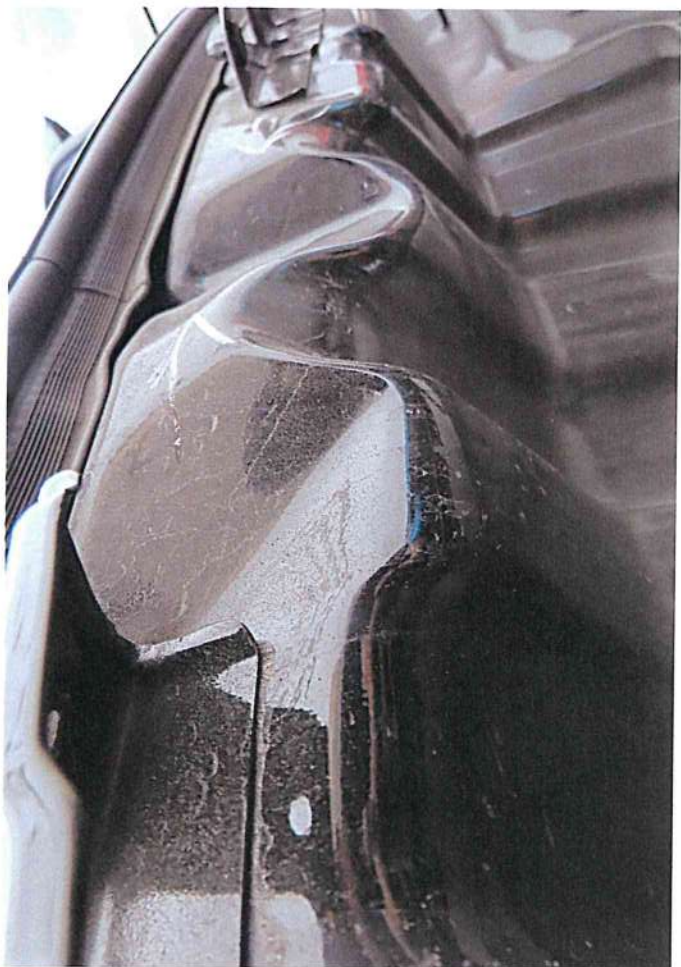




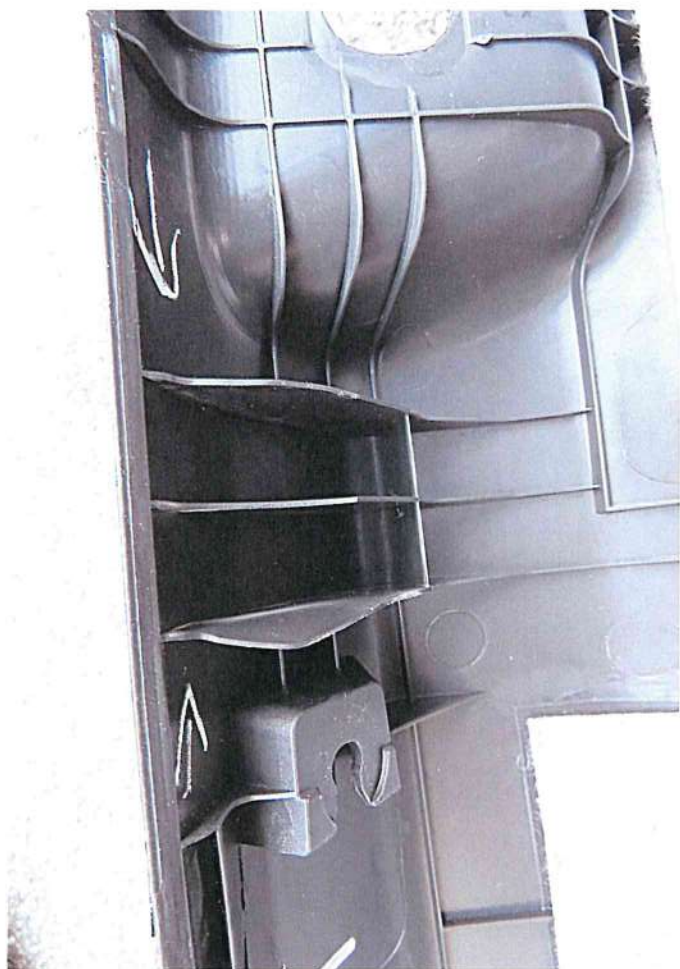








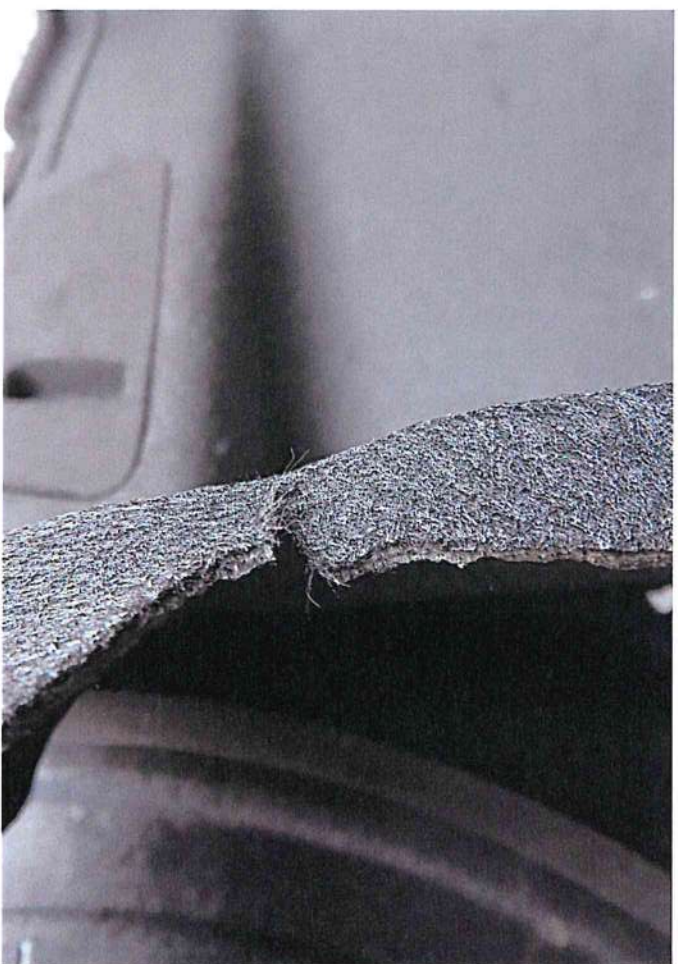




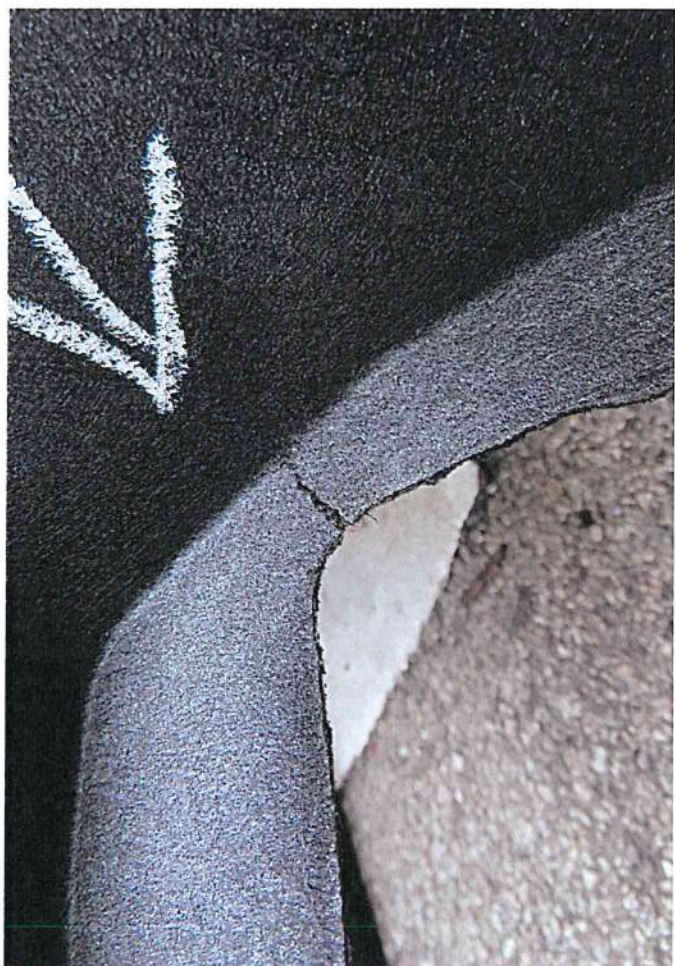








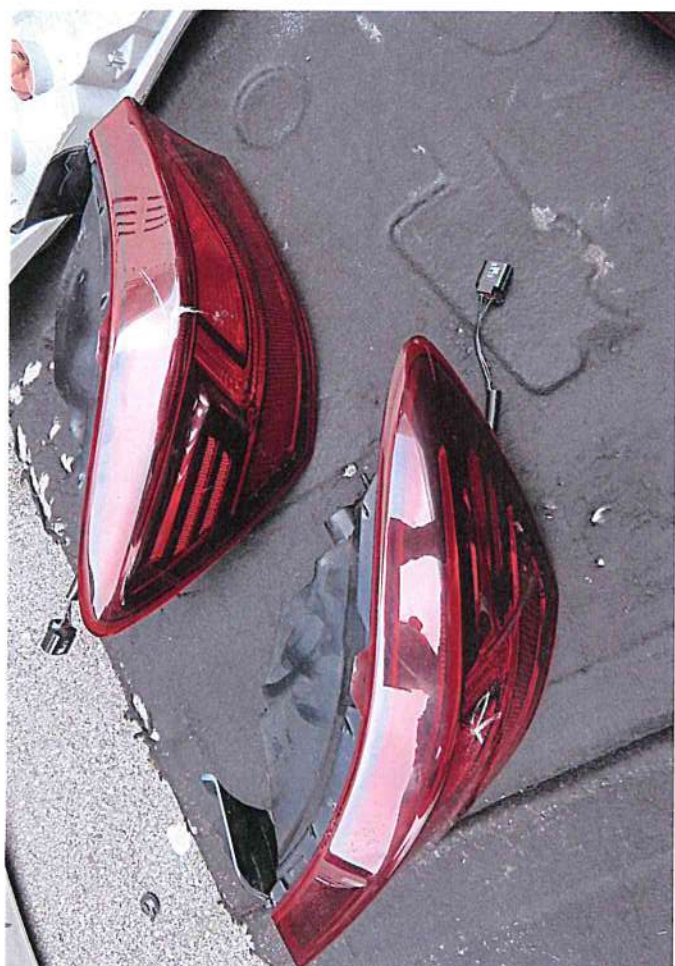
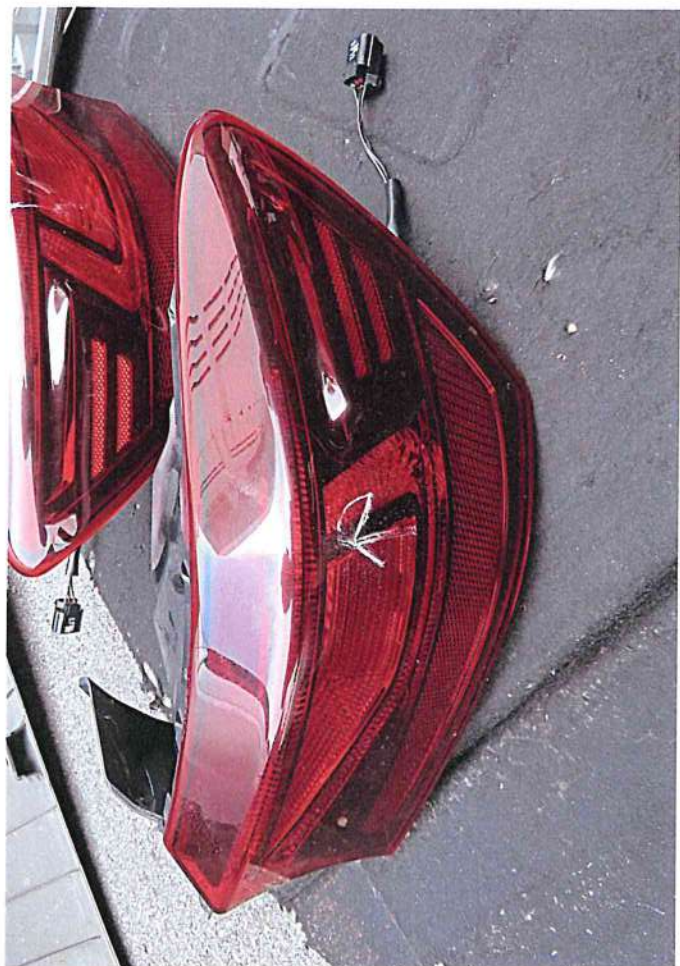




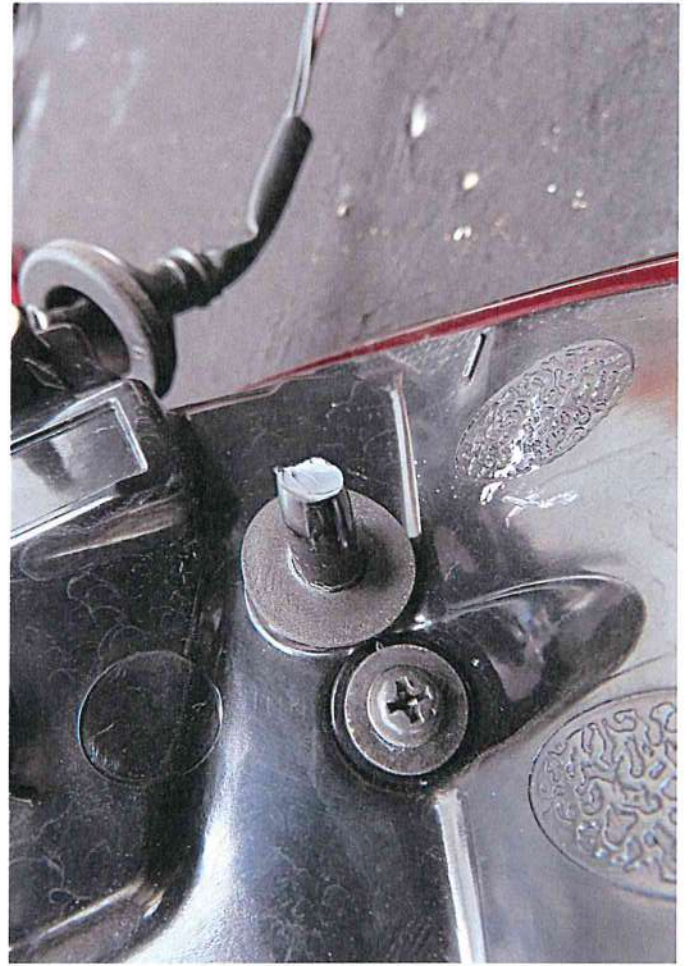








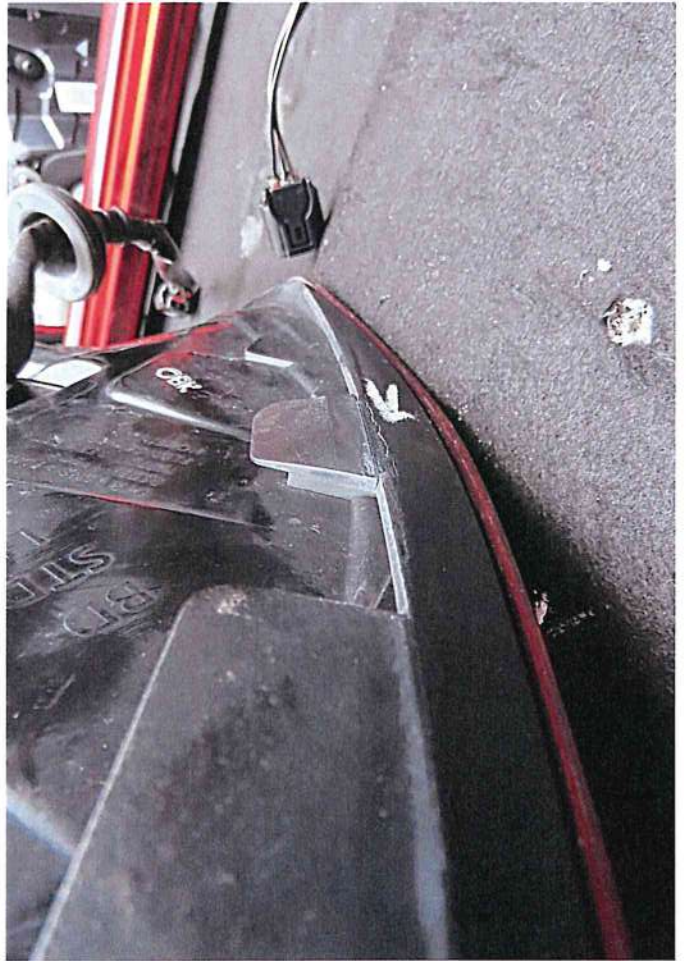




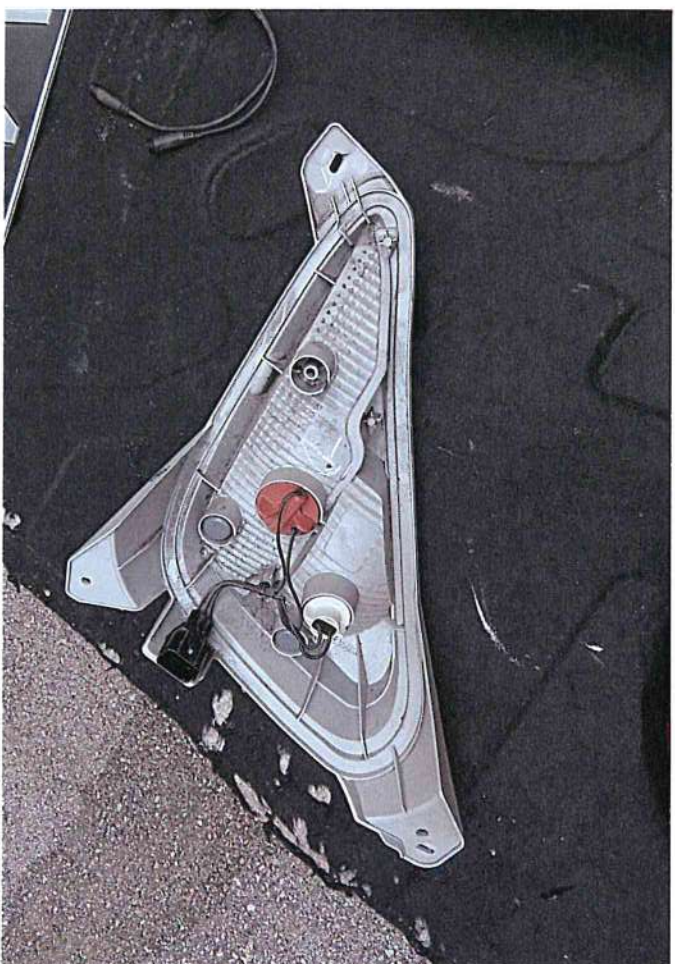
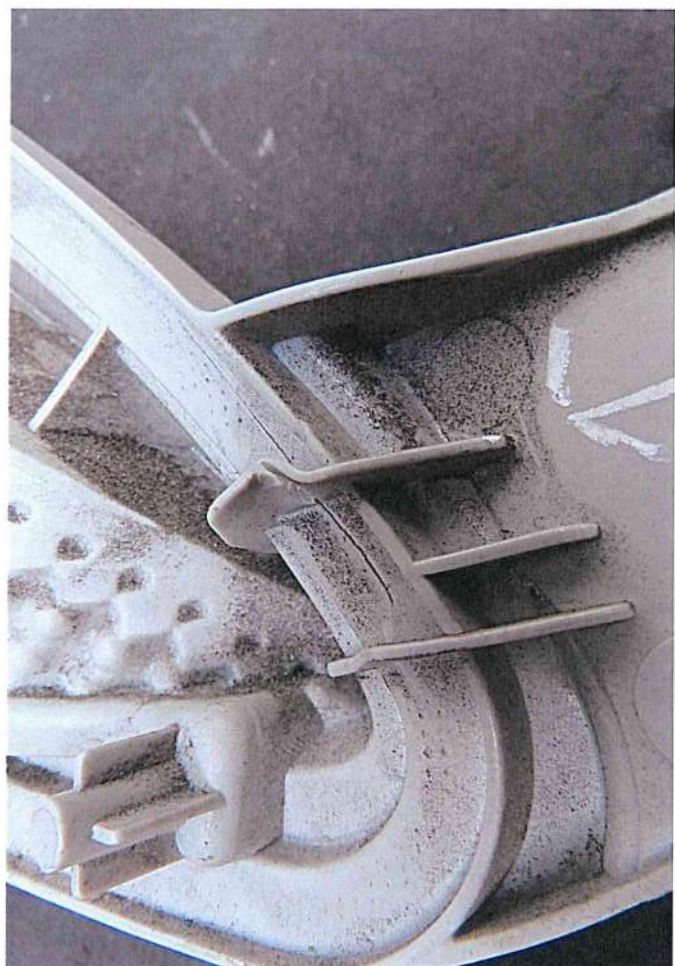








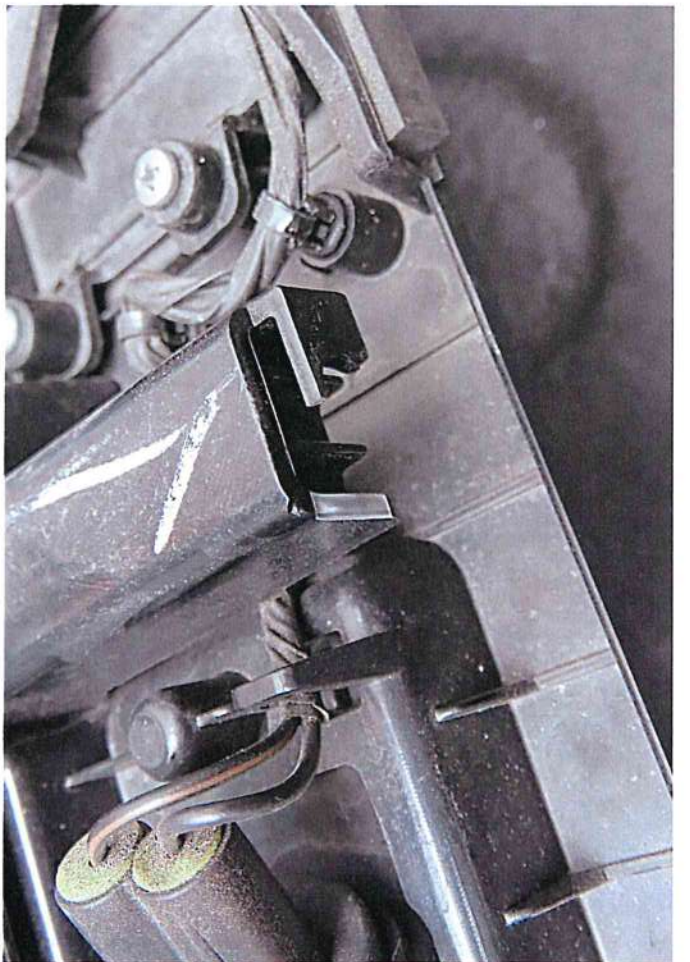




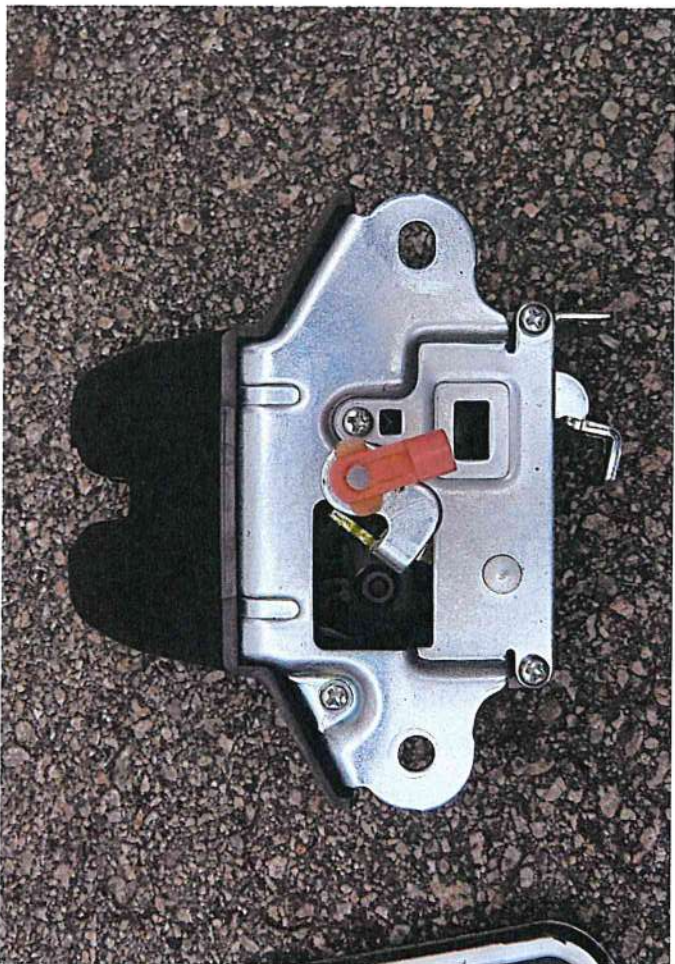
















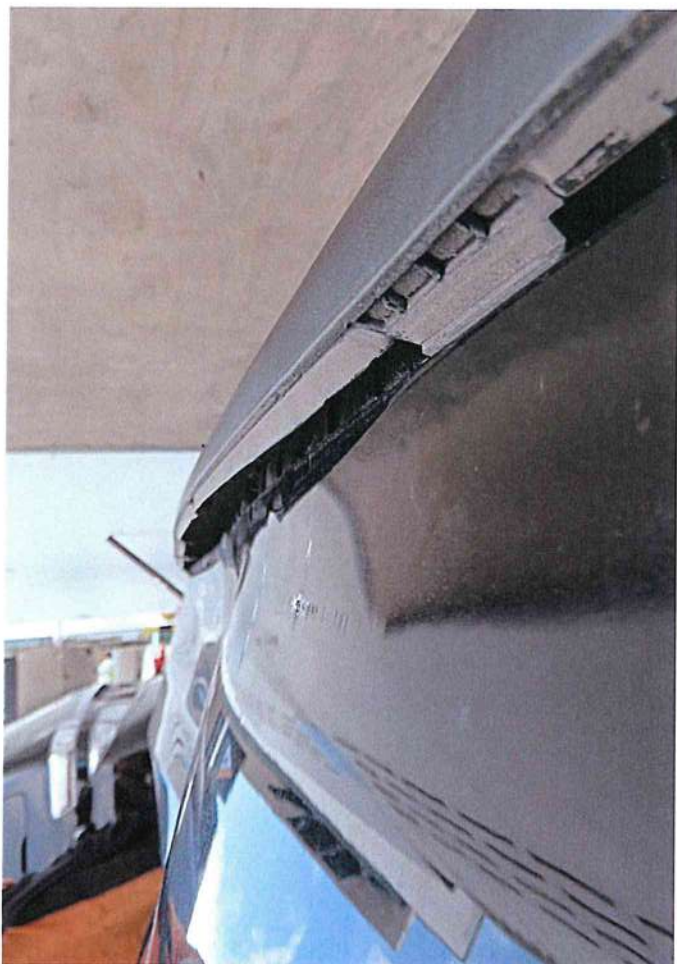
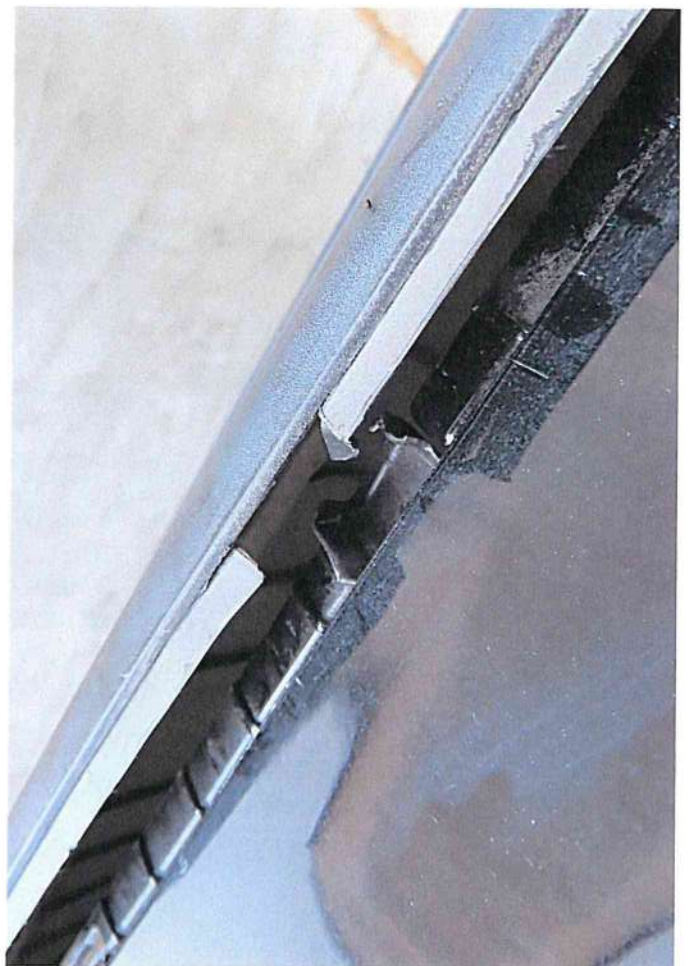














## SINGAPORE ACCIDENT STATEMENT

### 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	27/06/2022 16:23 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 13:45 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	ALONG JURONG EAST CENTRAL TURNING ONTO JURONG GATEWAY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4089B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNITED AUTO LEASING PTE LTD
Company Reg No	2XXXXX548K
Email Address	UNITEDAUTO03@GMAIL.COM
Mobile Phone No	(Phone) +65-69049876
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5109551470-03

#### DRIVER

Name of Driver	SOH JUN XIANG
NRIC No	SXXXX552E
Date Of Birth	08/11/1982



Occupation	Outdoor
Date Of Driving Pass	22/07/2002
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88767919
Alt. Phone Number	-
Email Address	UNITEDAUTO03@GMAIL.COM
Address	464A BUKIT BATOK WEST AVENUE 8
Address complement	13-916
Postcode	651464
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 to Rear
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	SOH HAO MING ARIAN
Gender	Male

#### 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

PLEASE REFER TO SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE4737P
Vehicle Manufacturer	-
Vehicle Model	-



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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repealate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**B. 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 purposes 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/small 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

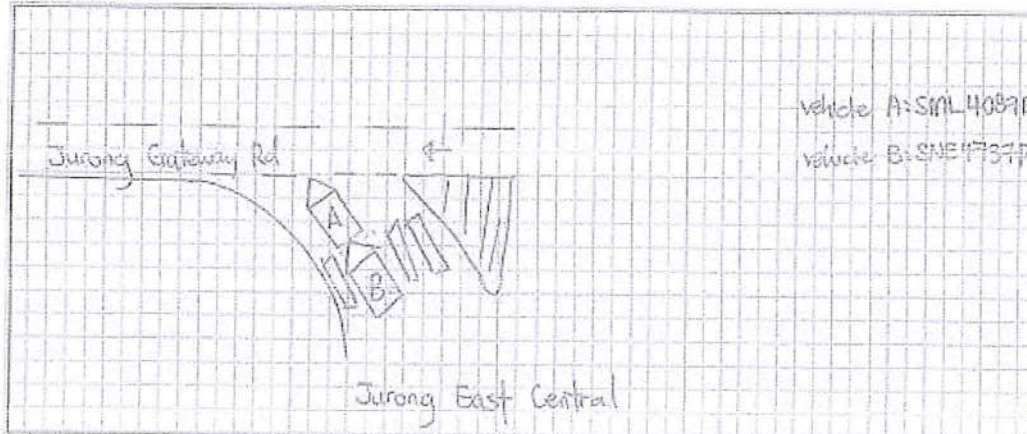
*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel (Share an AIC ID card)

**Sketch Plan**





Describe Circumstance of the Accident

On 23/06/22 at about 1345hrs, I was stationary along Jurong East Central turning onto Jurong Gateway Rd, checking for oncoming traffic when vehicle B, SNE4737P, suddenly bang into the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true and correct.



Police Officer's Signature / Date & Time

*[Signature]*

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

*Shervin*

Witnessed by Registering Service Provider (Name and NRIC/ID card)





## 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	23/06/2022 16:22 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 15:00 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	LEFT TURN TOWARDS JURONG EAST CENTRAL FROM JURONG GATEWAY RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE4737P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CYCLE & CARRIAGE LEASING PTE LTD

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V09802/VPZ/R02

#### DRIVER

Name of Driver	NOMAN ABID MIR
Passport No/FIN	FXXXX778L
Address	-
Address complement	-
Postcode	-
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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Weather Conditions

Raining

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)	1
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4089B
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-



## SKETCH PLAN

## IMPORTANT NOTICE

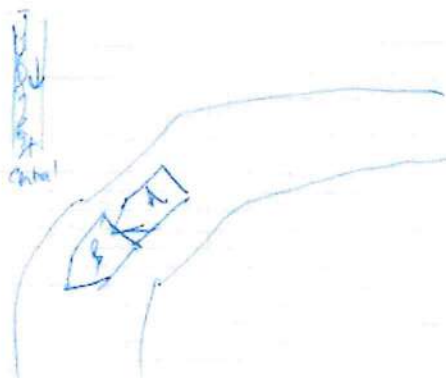
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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





SKETCH PLAN #2

Describe Circumstances of the Accident

I was waiting to turn left onto Tuong East Central,  
Car B moved forward slightly and proceeded to brake. I was not  
able to brake in time to avoid hitting car B.

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