

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



09<sup>th</sup> November 2021

Our Ref: SDU642P  
Your Ref: SDH3003H

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

Dear Sirs/Madam,

**ACCIDENT INVOLVING SDU642P AND SDH3003H ALONG NEWTON CIRCUS ROUNDABOUT ON 23.09.2021.**

We are the representative for Wong Chee Onn Dominic, whose vehicle registration number SDU642P 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 SDH3003H. 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	\$ 4,500.00
Loss of rental for 5 days @\$150/day	\$ 750.00
Survey report	\$ 584.00
LTA search fee	\$ 7.45
	<u>\$ 5,841.45</u>

Enclosed are the supporting documents for your perusal :-

GIA  
Repair bill

Kindly let us have your payment of **\$5,8541.45** 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.

ECO Automobile Claims & Repair Pte Ltd  
13 Kaki Bukit Road 4 #03-29  
Bartley Biz Centre  
S417807  
T: 6384 7515 F: 6702 4202  
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: SDU642P & SDH3003H

ALONG Newton Circus, Singapore ON 23/09/2021 14:00 (SGT)

I/We WONG CHEE ONN DOMINIC NRIC/Passport No: S8119274Z,  
owner of vehicle no. SDU642P 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 a 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.

x 

Owner's Signature

(Company's Stamp if applicable)

\_\_\_\_\_  
Witness Signature/Name

**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

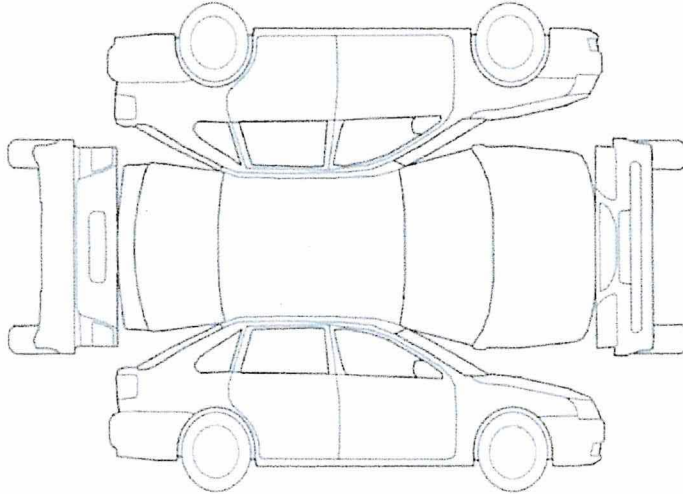
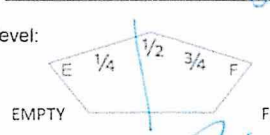
Dr./ Mr./ Ms. DOMINIC WONG CHEE ONN (HIRER) of NRIC/ FIN S81192747

With Registered Address Blk 5 Jalan Membina #09-02, S(169481)

Contact No: 97484635 Email: \_\_\_\_\_

The agreed leasing date is from 25 / 10 / 21 to 31 / 10 / 21

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

LEASING EXTENSION FROM ABOVE INITIAL DATE TO: _____ / _____ / _____	
Leasing Rate S\$ _____ per (day / week / month). Leasing Extension _____ (day(s) / weeks / months).	
Full Payment _____	
AUTHORIZED SIGNATURE & DATE/ OWNER	
SIGNATURE & DATE/ HIRER	
Vehicle Inspection and Remarks	
	
Vehicle No. <u>SJT6569X</u>	
Make & Model <u>BMW 523</u>	
Vehicle COLLECTION:	
Mileage _____ KM.	
Date: <u>25 / 10 / 21</u>	
Time: <u>1012</u> (AM/PM)	
Fuel level:  FULL	
SIGNATURE/ HIRER <u>[Signature]</u>	
Vehicle RETURNED:	
Mileage _____ KM.	
Date: <u>30 / 10 / 21</u>	
Time: <u>12 30</u> (AM/PM)	
REMARK(S):	
SIGNATURE/ HIRER <u>[Signature]</u>	
ADDITIONAL DRIVER/ NAME:	
NRIC/FIN:	
NATIONALITY	
FULL PAYMENT:	\$
DEPOSIT:	\$
SURCHARGE FOR WEST MALAYSIA:	
OTHER INFORMATION:	Emergency Contact Name: _____
	Emergency Contact HP: _____
	Office Contact: _____

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

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

ECO AUTOMOBILE LEASING  
15 Kaki Bukit Road 4 #01-53  
Bartley Biz Centre S417808  
T: 8861 6188 F: 6766 4748  
E: ecoautoleasing@gmail.com  
Co. Reg No. 53354814D UEN: 53354814D



## INVOICE

### HIRER DETAIL

Name : WONG CHEE ONN  
Address : BLK 5 JALAN MEMBINA  
#09-02  
Singapore 169481

Invoice No. : ECO/21/067  
Date : 30/10/2021  
Payment Term : COD

Attention : MR WONG

S/N	DESCRIPTION	No. of	Per Days/Wks/Mths	Total \$(SGD)
1	Rental of BMW 523 - Car Plate No. : SJT6569X - Period : 25/10/21 - 30/10/21	5 Days	\$150.00	\$750.00
Sub Total \$(SGD)				\$ 750.00
Grand Total \$(SGD)				\$ 750.00

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



SCAN TO PAY

> Back to OneMotoring



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

Print Date/Time : 22 Oct 2021 / 17:17:21

Receipt Date/Time : 22 Oct 2021 / 17:17:21

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211022-003384

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SDH3003H

As at 23 Sep 2021/14:00:00

Insurance Co: LIBERTY INS P L

1 Insurance Enquiry - SDH3003H

Enquiry Fee

20211022171614023950

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

e7c39adv-

-4U1716716H4819451

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.

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 : WONG CHEE ONN DOMINIC ( SXXXX274Z )

DATE : 8/11/2021

INVOICE : 21056

JOB NO. : -

ADDRESS : BLOCK 5 JALAN MEMBINA  
#09-02  
SINGAPORE 169481

VEHICLE NO. : SDU642P

MAKE&MODEL : SUBARU IMPREZA i-S EYESIGHT 2.0

MILEAGE:

TERM :

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	COST OF REPAIR	1		\$ 4,500.00
2	COST OF RENTAL ( 25/10/2021 TO 30/10/2021 )	1	\$150	\$ 750.00
3	SURVEYOR FEE	1		\$ 584.00
TOTAL				\$ 5,834.00

**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)

This is a computer generated document.No signature is required.



Our reference: 21-8246  
Date: 4/11/2021

**INVOICE NO. 8246**

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

Registration No. **SDU642P**

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	\$ 584.00
Total amount			<u><u>\$ 584.00</u></u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.

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

Our reference: 21-8246

Date: 4/11/2021

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 23/9/2021**  
**Wong Chee Onn Dominic**

In accordance with your instructions received in this office on **25/10/2021**, we made arrangements to examine the vehicle on **25/10/2021** at above-mentioned address. The following data was recorded:

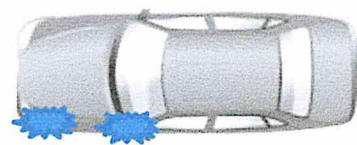
#### Vehicle details

Make	Subaru	Registration	SDU642P
Model	Impreza	Chassis	JF1GK7KL5KG011726
Colour	Black	Gearbox	Auto
Odometer	25762km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

#### Tyre Depths

Front left	205/50R17	85% Bridgestone
Front right	205/50R17	85% Bridgestone
Rear left	205/50R17	85% Bridgestone
Rear right	205/50R17	85% Bridgestone

#### 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 **\$4,500.00** and **4** 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 Consultant:

- Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
  - IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
- www.iaconsultingsg.com

Our reference      21-8246  
Date                4/11/2021  
Page                2

### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
<b>List Items:</b>				
Front bumper	1	grazed.holder torn	568.00	568.00
Front bumper side retainer lh	1	broken	31.20	31.20
Front bumper lower lip	1	reuse	1,200.00	0.00
Front head lamp lh	1	defaced.holder damaged	2,520.20	2520.20
Front head lamp lower bracket lh	1	broken	58.80	58.80
Front fender lh	1	dented.bent	412.00	412.00
Front fender inner shield lh	1	serviceable	102.40	0.00
Front side mirror assy lh	1	broken	589.00	589.00
Front door lh	1	repair.respray	1024.80	0.00
Front door glass chrome moulding lh	1	cut.grazed	133.00	133.00
Rcoker panel garnish lh	1	repair.respray	622.00	0.00
<b>Sub- Total costs</b>			<b>7261.40</b>	<b>4312.20</b>
Percentage discount :      20%			<b>1452.28</b>	<b>862.44</b>
<b>Sub-Total costs for parts</b>			<b>5809.12</b>	<b>3449.76</b>

#### Special Nett Items:

Front bumper clips	set	necessary	50.00	20.00
<b>Sub-Total costs for parts</b>			<b>50.00</b>	<b>20.00</b>

#### Parts Repair

	*	*	0.00	0.00
<b>Sub- Total costs</b>			<b>0.00</b>	<b>0.00</b>
<b>Total costs for parts</b>			<b>5859.12</b>	<b>3469.76</b>

Our reference 21-8246

Date 4/11/2021

Page 3

### Section B: Labour Cost Calculation

	Hourly rate	19	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	15	\$ 675.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material. ( 5 panels)	Sub-contract work.		\$ 900.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 30.00
Wiring and bulb checking	\$ 45.00	0.8	\$ 36.00
Diagnostic and programming for side mirror assy	-	-	\$ 540.00
<b>Total labour cost</b>			<b>\$ 2,181.00</b>

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

Our reference 21-8246

Date 4/11/2021

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

Description		Cost
<b>Damaged Parts Assessment (See section A)</b>		<b>\$3,469.76</b>
<b>Labour Cost Calculation (See section B)</b>		<b>\$2,181.00</b>
<b>Total Cost</b>		<b>\$5,650.76</b>
<b>Lump Sum</b>		<b>\$1,130.15</b>
<b>Further discount</b>	<b>20%</b>	
<b>Total Repair Cost</b>		<b>\$4,500.00</b>

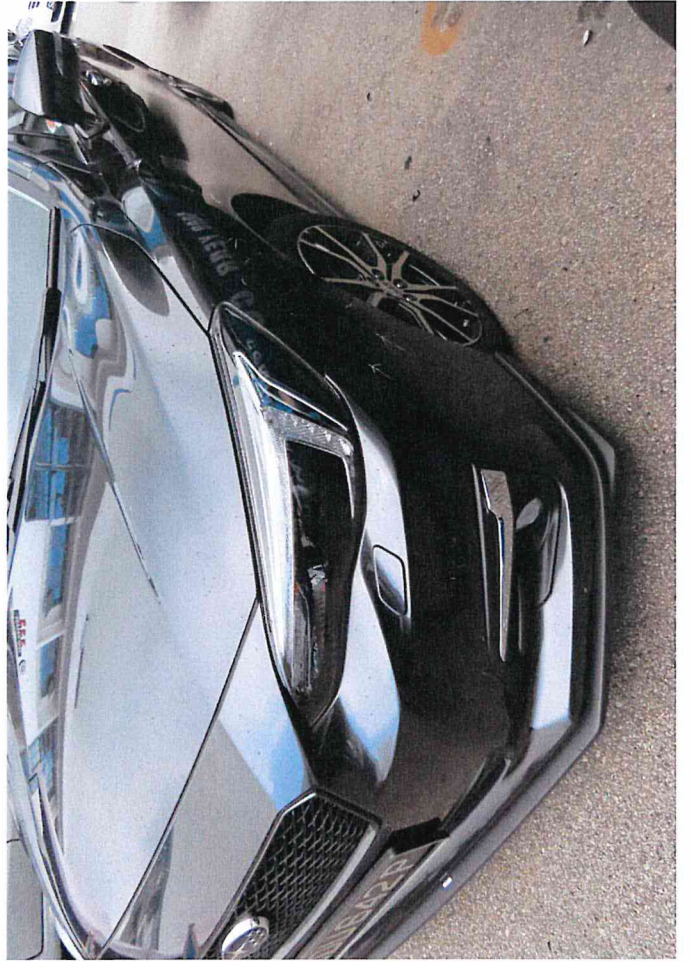
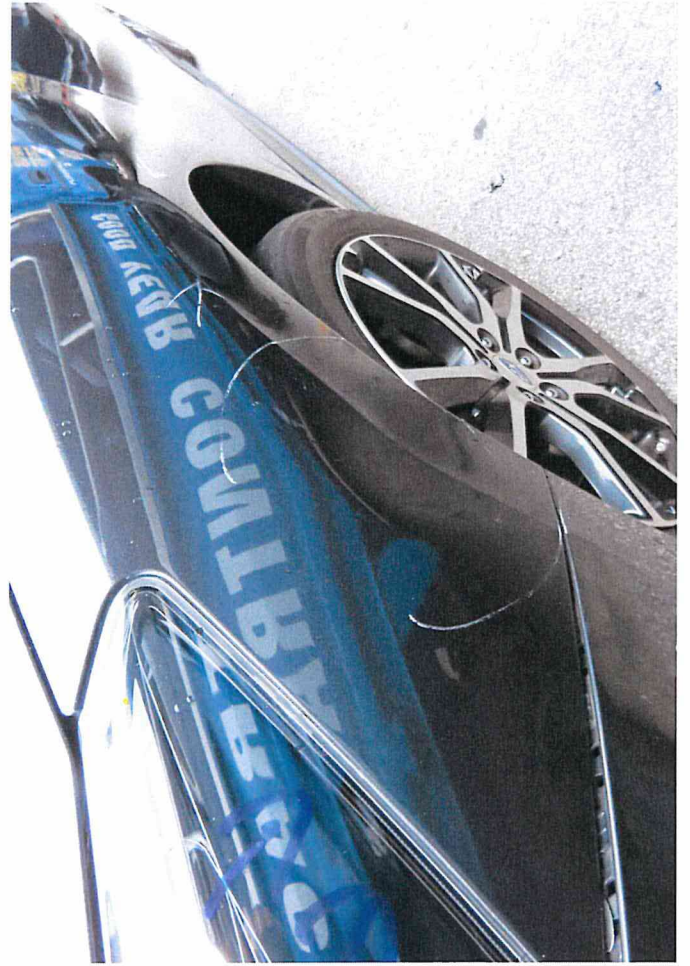
We would recommend a sum of \$4,500.00 and 4 working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

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 Consultant:*

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd  
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd  
www.iaconsultingsg.com

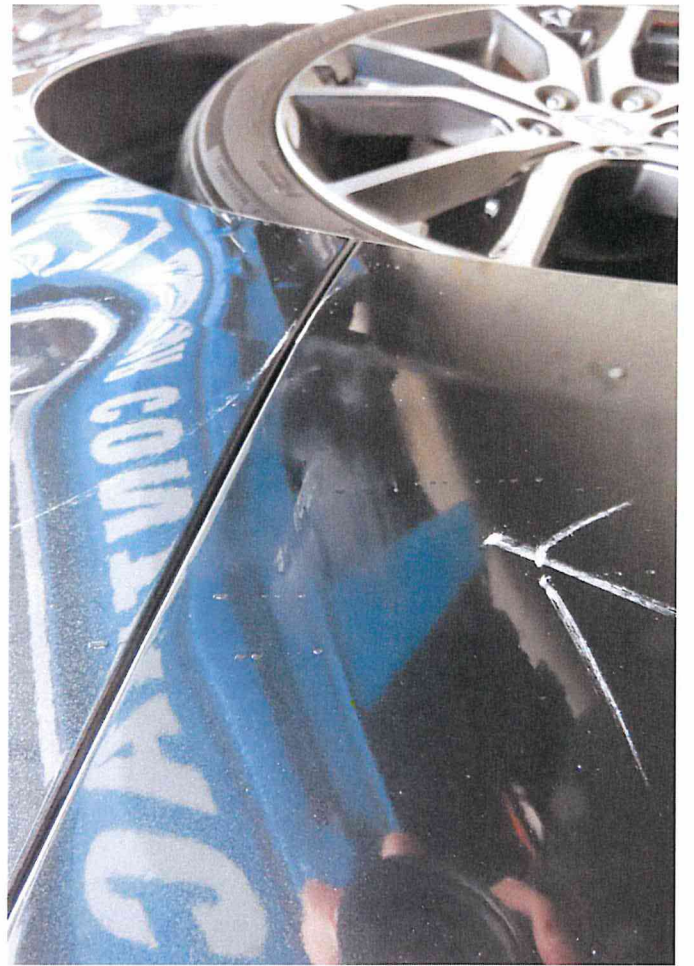


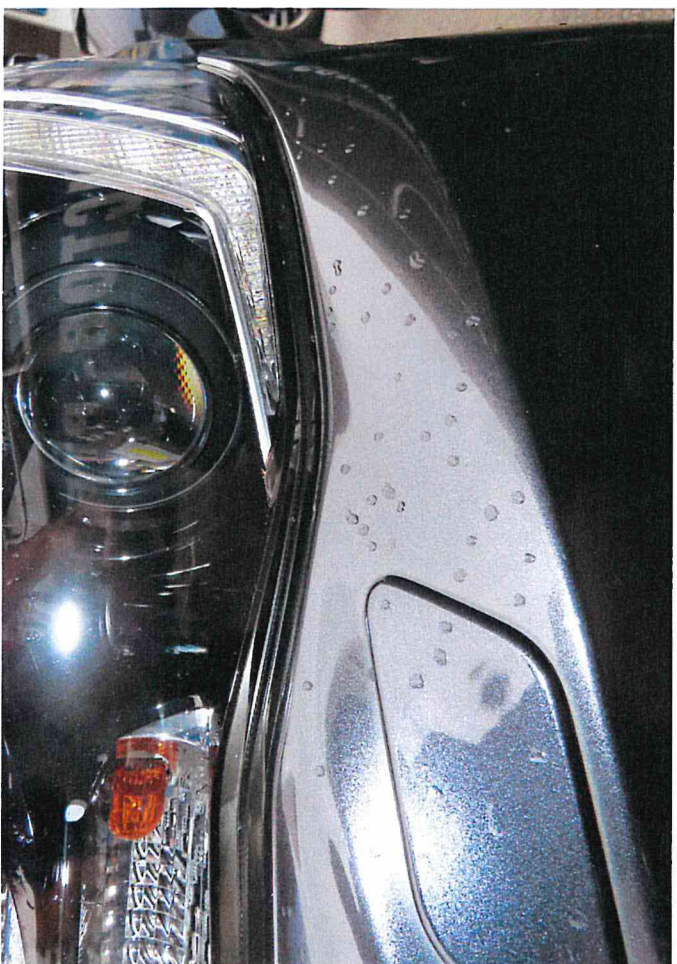
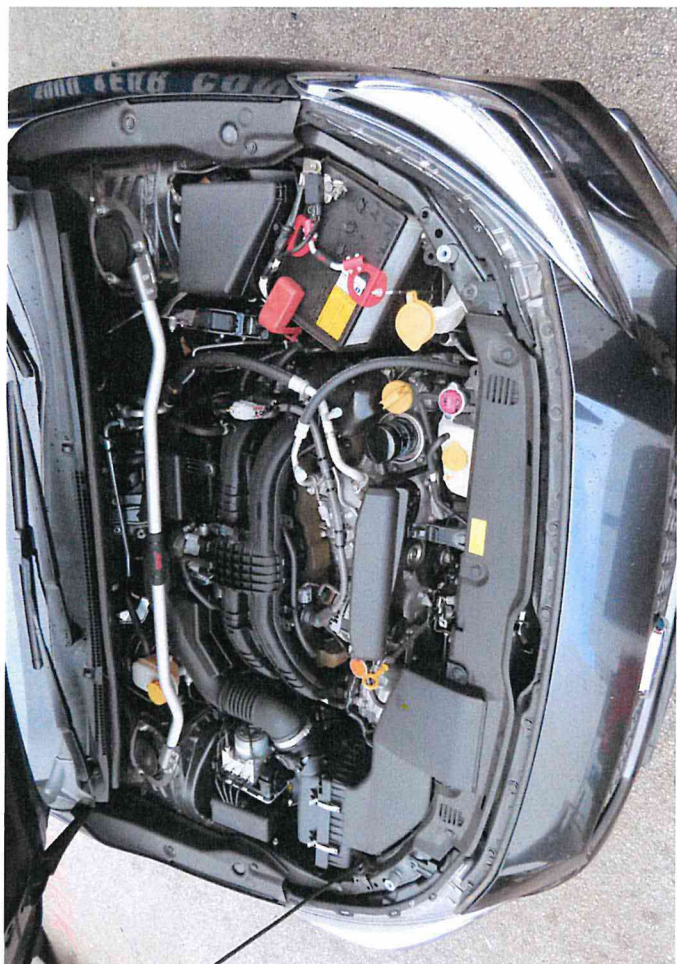


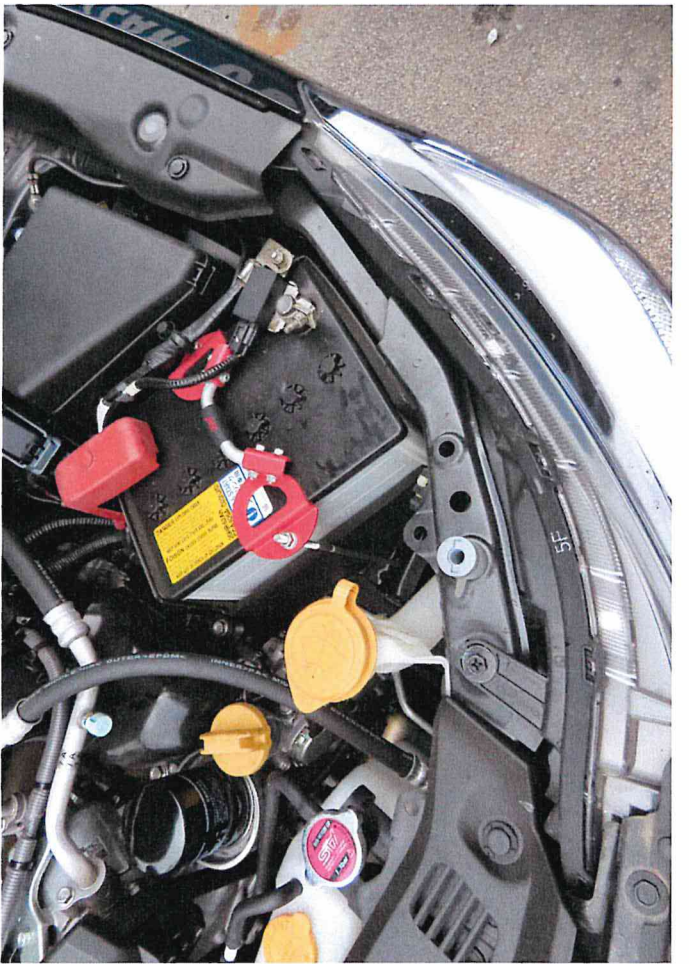






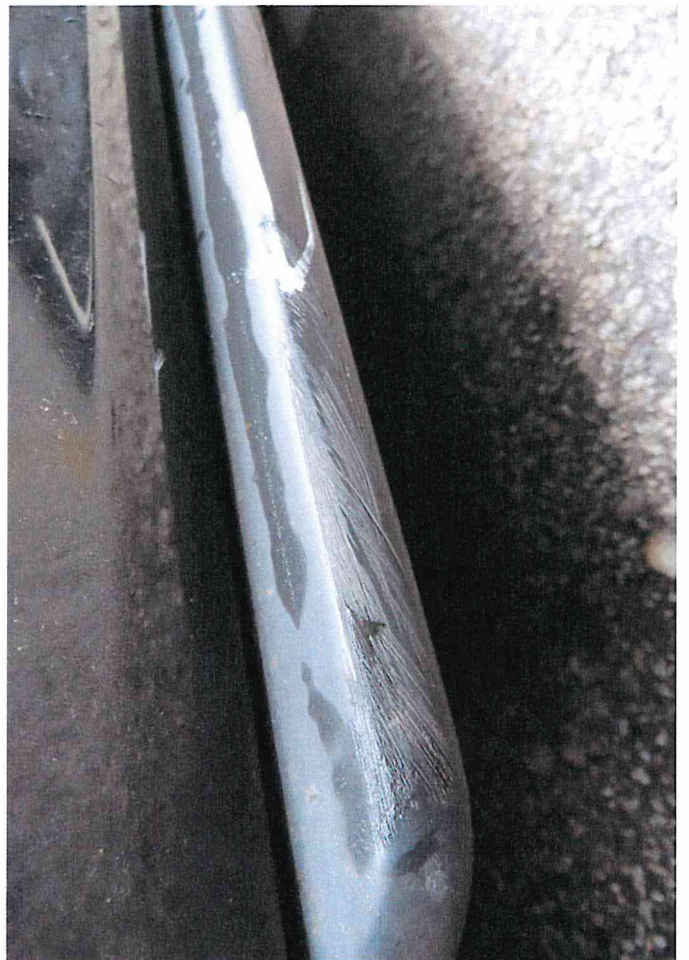
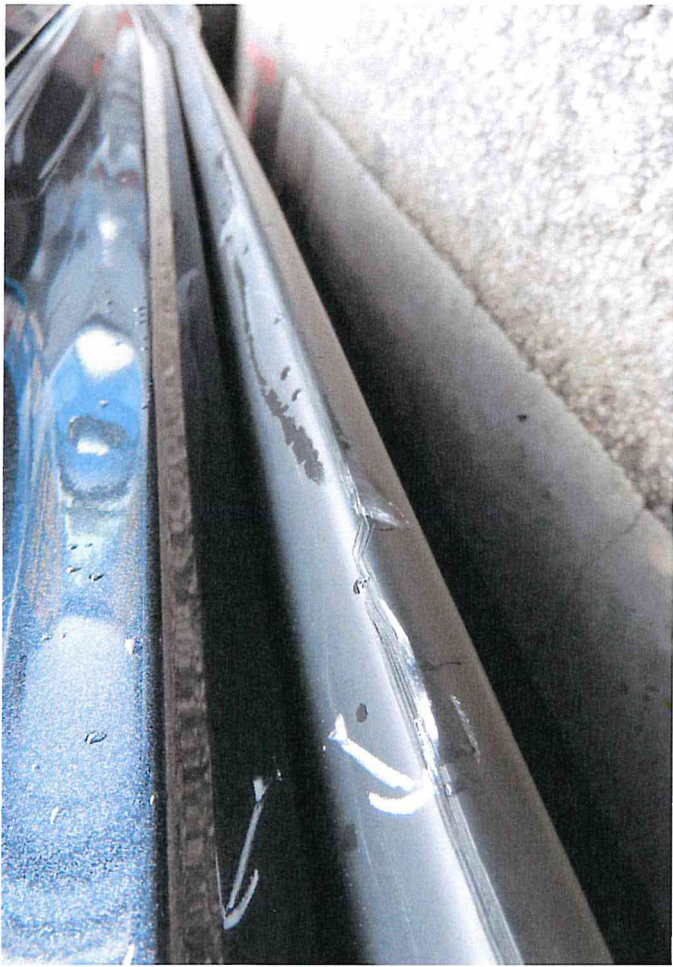


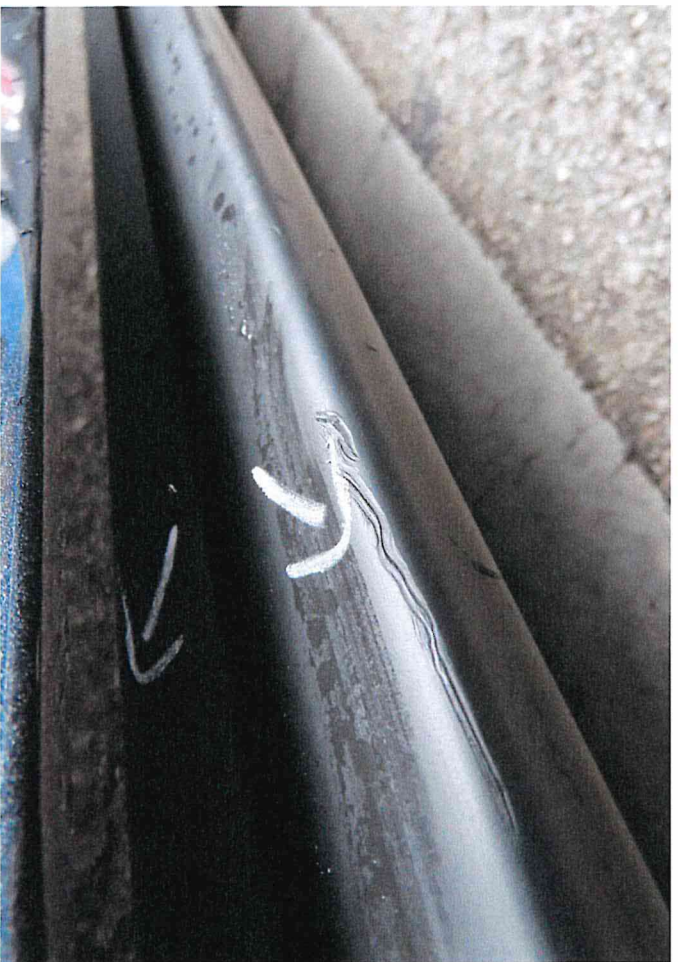
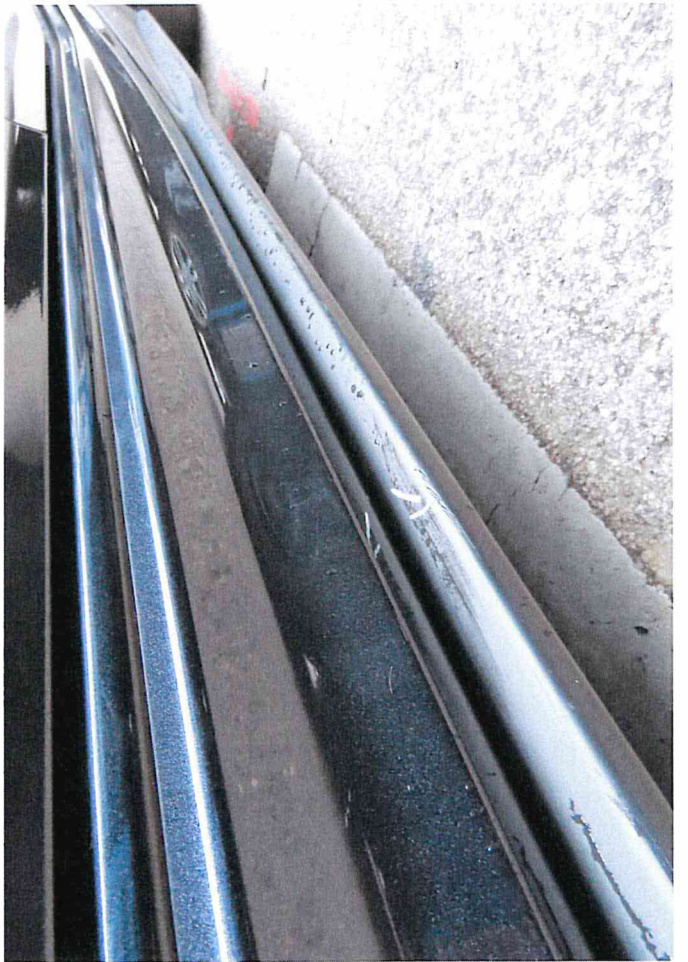
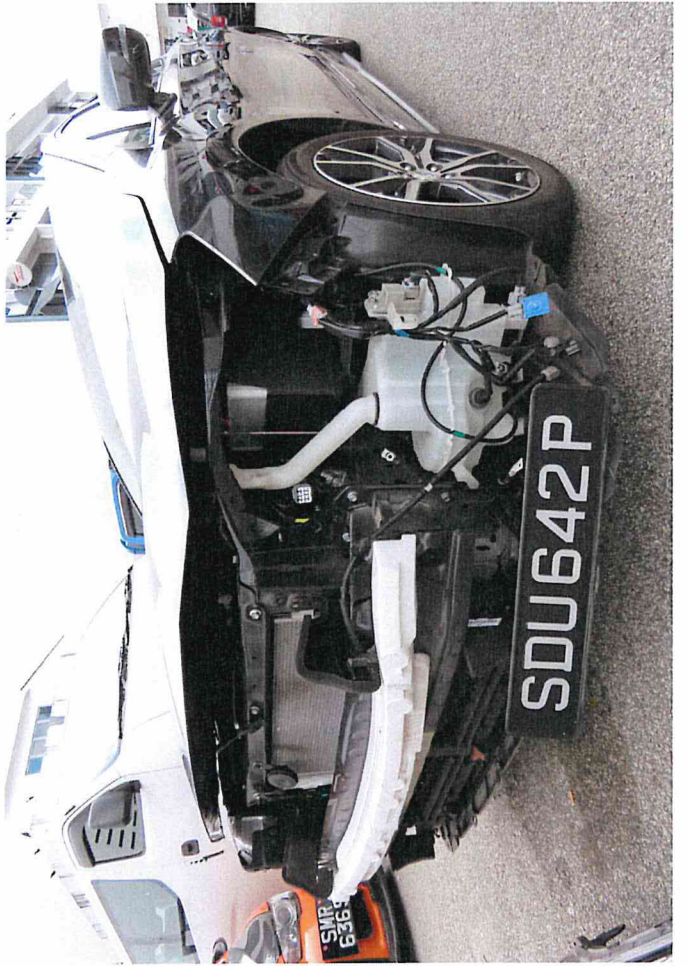


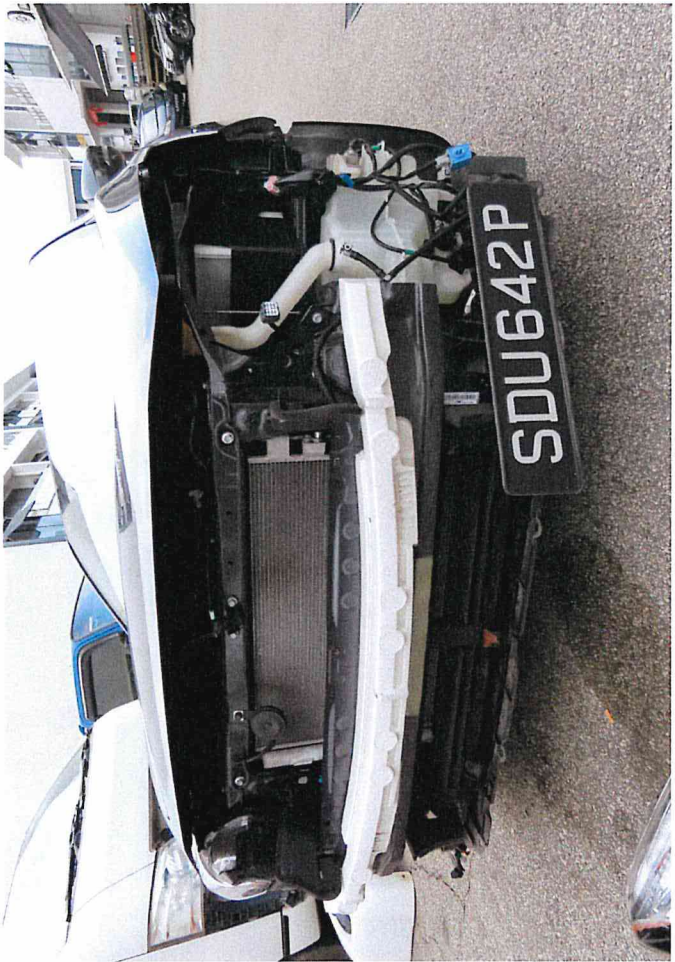
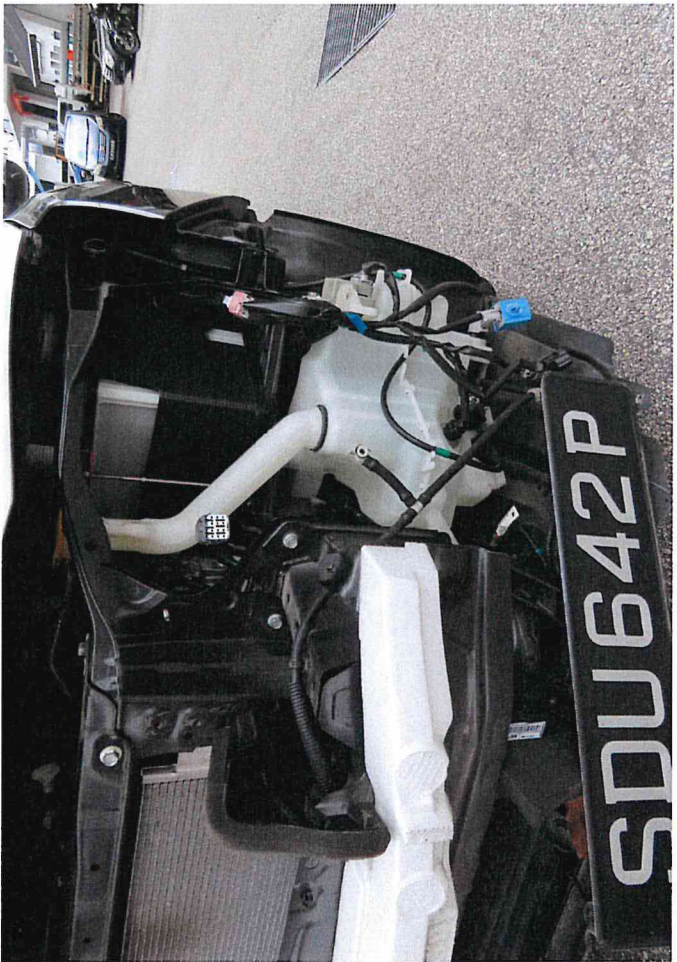


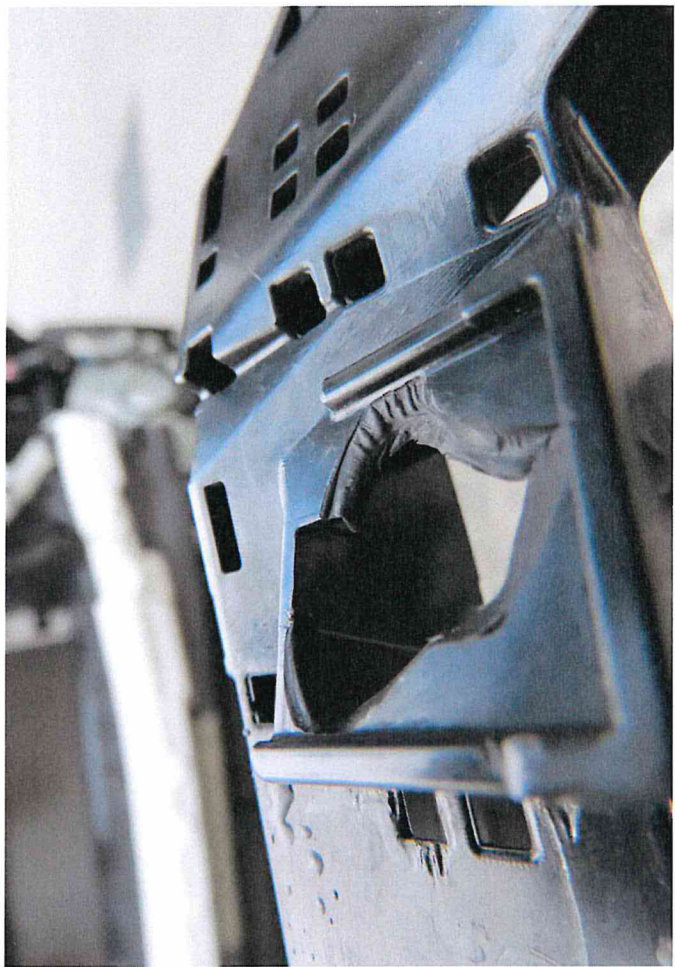


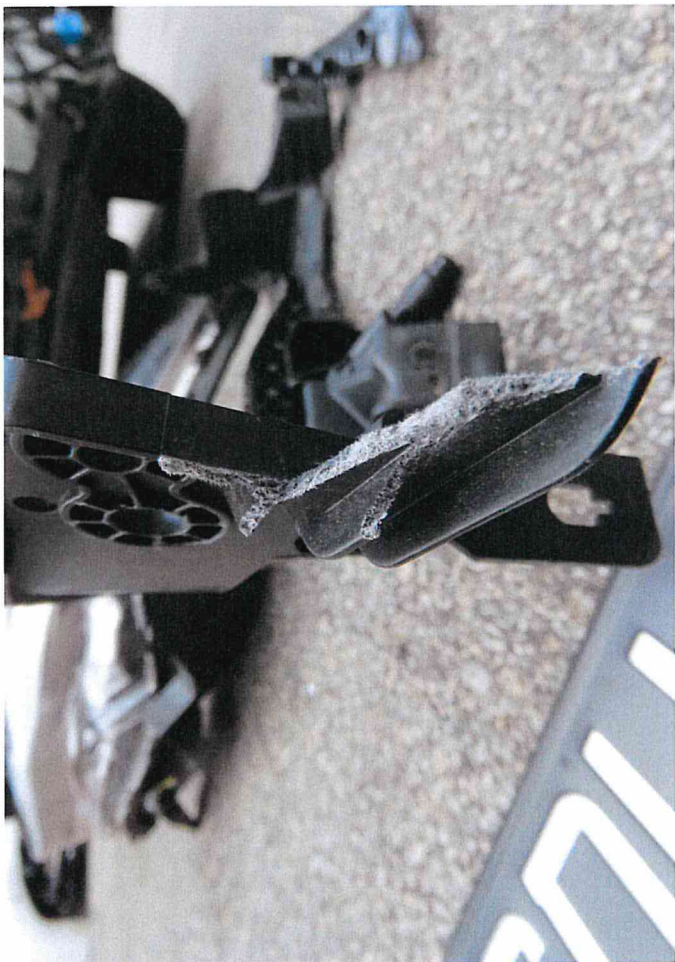


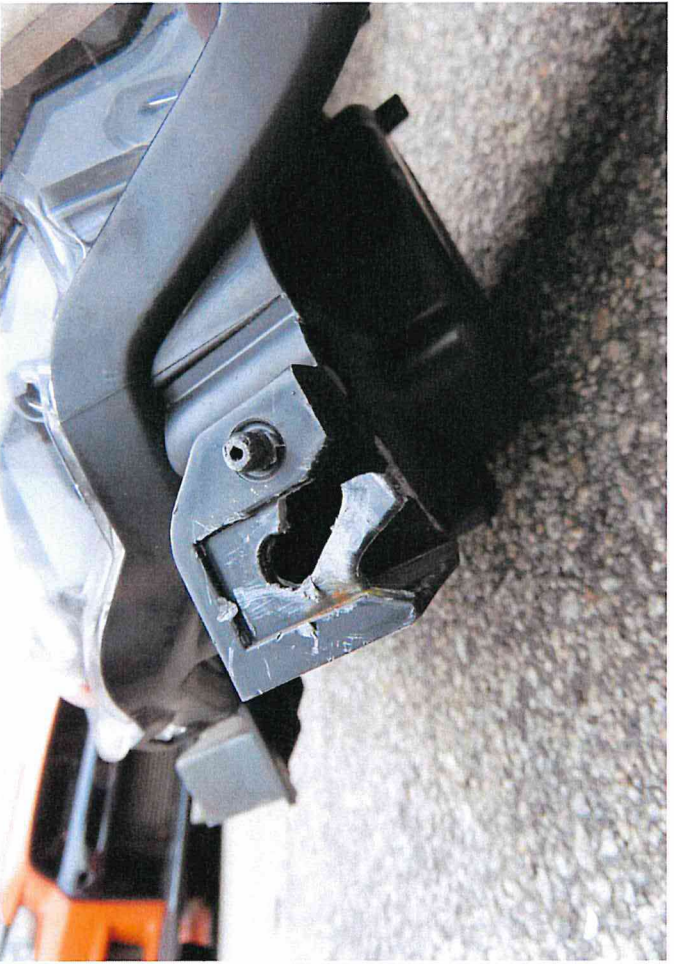
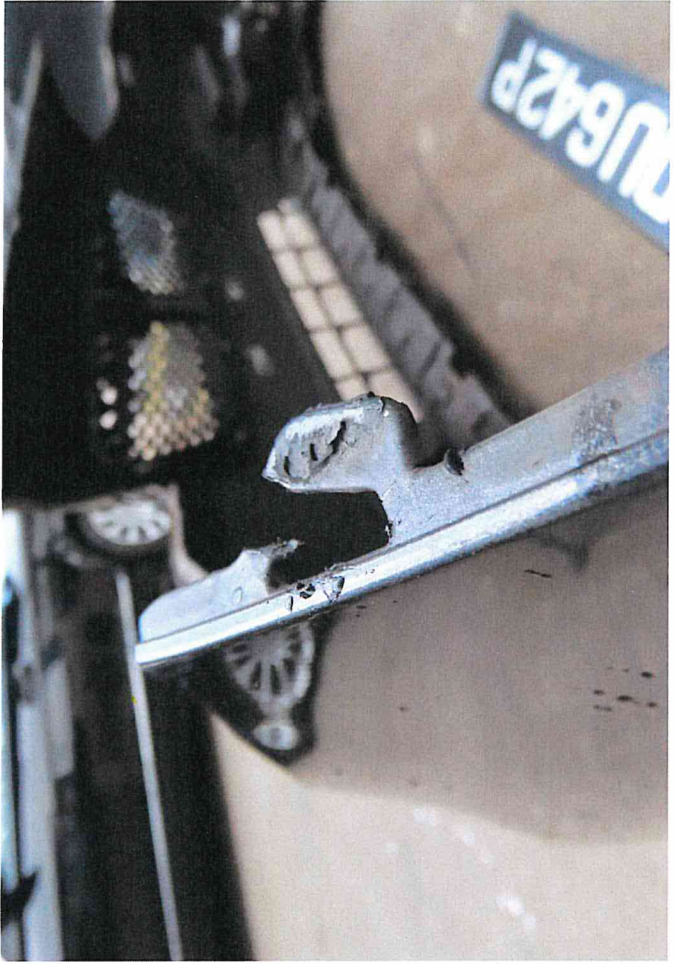












## SINGAPORE ACCIDENT STATEMENT

### 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	23/09/2021 21:08 (SGT)
Date of Accident	23/09/2021 14:00 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	Newton circus roundabout
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU642P
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHEE ONN DOMINIC
NRIC No	SXXXX274Z
Email Address	Surf43213@yahoo.com
Mobile Phone No	(Phone) +65-97484635
Alternative Phone No	+65-97484635

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
Variant	i-S EYESIGHT 2.0
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 car
Transmission	Auto
CC	1995

#### INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11048499
Cover Note Number	-

#### DRIVER

Name of Driver	WONG CHEE ONN DOMINIC
NRIC No	SXXXX274Z

Date Of Birth	11/06/1981
Occupation	Indoor
Date Of Driving Pass	07/11/2000
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97484635
Alt. Phone Number	+65-97484635
Email Address	Surf43213@yahoo.com
Address	74 KENG LEE ROAD
Address complement	#04-01
Postcode	219249
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 - Change/cross lane
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

I was entering Newton circus roundabout as I was driving along the roundabout third party vehicle which was on my left made a abrupt lane change into my lane and collided onto my vehicle left side mirror and front left bumper area. No injuries involved.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UPLOADED INTO FILEZILLA
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH3003H
Vehicle Manufacturer	Porsche
Vehicle Model	911
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NA
Contact Number	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

23 Sep 2021

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

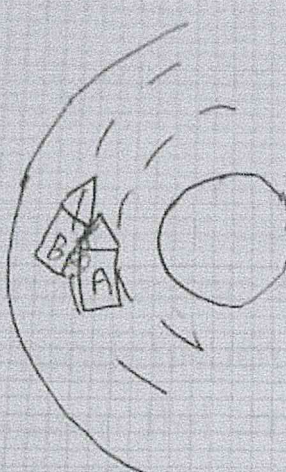
VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:

ACCIDENT DIAGRAM

VER 90042021



Vehicle A SDU642P  
Vehicle B SDH3003H

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering Newton circus roundabout as I was driving along the roundabout third party vehicle which was on my left made a abrupt lane change into my lane and collided onto my vehicle left side mirror and front left bumper area. No injuries involved.

DECLARATION

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



Policyholder's Signature

Date & Time:

23 Sep 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: