



GARAGE 13 PTE LTD
8 KAKI BUKIT AVE 4
#02-54/55 PREMIER@KB
SINGAPORE 415875
UEN GST REG NO. 202005684D

28th June 2023

Our Ref: SNB7172P
Your Ref: SHA4446X

HSBC Insurance Singapore Pte Ltd
Motor Claims Department
38 Beach Road
#03-11, South Beach Tower
Singapore 189767

Dear Sirs,

ACCIDENT INVOLVING SNB7172P AND SHA4446X ALONG BUKIT BATOK AVE 6 ON 29.06.2022

We are the representative for Ng Fern Lan, whose vehicle registration number **SNB7172P** 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 **SHA4446X**. 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 | \$ | 10,044.00 |
| Loss of rental for 14 days @ \$180/day | \$ | 2,520.00 |
| Survey report | \$ | 785.16 |
| LTA search fee | \$ | 7.45 |
| | \$ | <u>13,356.61</u> |

Enclosed are the supporting documents for your perusal :-

GIA
Repair bill

Kindly let us have your payment of **\$13,356.61** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Goh at 6385 1171 or email msgoh@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.

GARAGE 13

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

LETTER OF AUTHORISATION

I/We, NG FERN LAN ("the third party claimant")
of NRIC/FIN/UEN No. S70017A06, owner of vehicle no. SNB 7172 P 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. SNB 7172 P that
was damaged pursuant to the accident which occurred on 29/06/2022 (1405HRS) along
BUKIT BATOK AVE 6 involving vehicle no/s
SHA 4446 X ("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 30 (day) of 06 (month) 2022 (year)

*

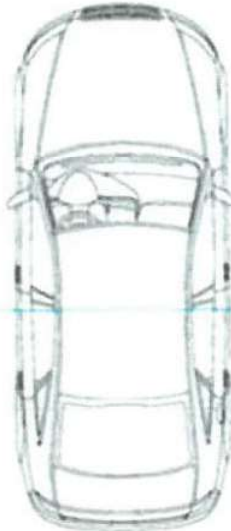

SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)

SNB 7172P

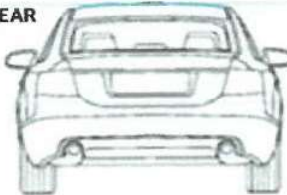


| HIRER'S PARTICULARS | |
|---|----------------------------------|
| Name: <u>ALVIN CHANG HAN PENG</u> | Mobile No.: |
| Address (Residential): <u>15 JALAN RAJAWALI #04-04</u> | |
| NRIC / Passport No.: <u>S763043BB</u> | Home No.: |
| Emergency contact (Next of Kin / Friend): | Email: |
| License Issued Date / Country of Issue: <u>15/09/2020</u> | Date of Birth: <u>26/08/1976</u> |
| VEHICLE DETAILS | |
| Model / Make: <u>AMDI A3</u> | Vehicle No.: <u>SKR58397</u> |

FRONT



REAR



| Legend: D = Dent, S = Scratch, C = Chip Off, R = Rust, M = Missing, L = Loose, CR = Crack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|--|--|------------------------------------|-----------------------------|-----------------|----|-------------------|----|-----|----|------------|----|-----------|----|--------------|----|----------|----|------------|----|--------|----|--------------------|----|--------------|-----------------|-------------|----|----------------|----|--|---|
| Additional Features in Vehicle: | | Delivery Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Collection Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">RENTAL CHARGES</th> </tr> </thead> <tbody> <tr> <td>Day(s) / Week(s) / Month(s) / Year</td> <td>\$ <u>180</u> <u>\$3500</u></td> </tr> <tr> <td>Malaysia Charge</td> <td>\$</td> </tr> <tr> <td>Additional Driver</td> <td>\$</td> </tr> <tr> <td>CDW</td> <td>\$</td> </tr> <tr> <td>GPS Rental</td> <td>\$</td> </tr> <tr> <td>Surcharge</td> <td>\$</td> </tr> <tr> <td>Misc Charges</td> <td>\$</td> </tr> <tr> <td>Delivery</td> <td>\$</td> </tr> <tr> <td>Collection</td> <td>\$</td> </tr> <tr> <td>Damage</td> <td>\$</td> </tr> <tr> <td>Refundable Deposit</td> <td>\$</td> </tr> <tr> <td>TOTAL</td> <td>\$ <u>\$550</u></td> </tr> <tr> <td>Reservation</td> <td>\$</td> </tr> <tr> <td>BALANCE</td> <td>\$</td> </tr> </tbody> </table> | | RENTAL CHARGES | | Day(s) / Week(s) / Month(s) / Year | \$ <u>180</u> <u>\$3500</u> | Malaysia Charge | \$ | Additional Driver | \$ | CDW | \$ | GPS Rental | \$ | Surcharge | \$ | Misc Charges | \$ | Delivery | \$ | Collection | \$ | Damage | \$ | Refundable Deposit | \$ | TOTAL | \$ <u>\$550</u> | Reservation | \$ | BALANCE | \$ | Out Date: <u>30/01/22</u> Return Date: <u>12/7/22</u> | Out Time: Return Time: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> OUT E F </div> <div style="text-align: center;"> IN E F </div> </div> |
| RENTAL CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day(s) / Week(s) / Month(s) / Year | \$ <u>180</u> <u>\$3500</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaysia Charge | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Driver | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDW | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPS Rental | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Misc Charges | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collection | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Damage | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refundable Deposit | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | \$ <u>\$550</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reservation | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Hirer Signature: _____ Staff Signature: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Hirer Signature: _____ Staff Signature: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By signing on the below, I have agreed that all the information stated above are true and accurate at the time of print.

Hirer's Signature / Date

> Back to OneMotoring



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

Print Date/Time : 30 Jun 2022 / 15:59:33

Receipt Date/Time : 30 Jun 2022 / 15:59:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220630-002780

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (\$) | GST Amount (\$) | Amount After GST (\$) |
|--|---|------------------------------|-----------------------|-----------------------------|
| Result of Insurance Enquiry - SHA4446X | | | | |
| As at 29 Jun 2022/14:05:00 | | | | |
| Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SHA4446X Enquiry Fee 20220630155854564503 | 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 | | | | |
| 526471XXXXXX2536 | | eNETS 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.

Authorised Signature

Our reference: 23 - 171317

Date: 19-06-2023

INVOICE NO. 171317

Ng Fern Lan
c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Registration No. **SNB7172P**

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 | \$ 727.00 |
| | | 8% GST | \$ 58.16 |
| | | Total amount | \$ 785.16 |

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: 23 - 171317

Date: 19-06-2023

c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Dear Sirs

**RE: Road Traffic Accident on 29/6/2022
Ng Fern Lan**

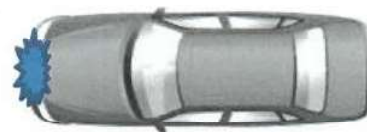
In accordance with your instructions received in this office on **1/7/2022**, we made arrangements to examine the vehicle on **1/7/2022** at above-mentioned address. The following data was recorded:

Vehicle details

| | | | |
|-----------|------------------------------|--------------|-------------------|
| Make | Skoda | Registration | SNB7172P |
| Model | Octavia RS 2.0 TSI AIDISPLAY | Chassis | TMBBU7NE9L0047297 |
| Colour | Black | Gearbox | Auto |
| Odometer | 32648km | Paintwork | Good |
| Steering | In order | Brakes | In order |
| Condition | Good | | |

Tyre Depths

| | | |
|-------------|-----------|------------|
| Front left | 245/40R18 | 85% Dunlop |
| Front right | 245/40R18 | 85% Dunlop |
| Rear left | 245/40R18 | 85% Dunlop |
| Rear right | 245/40R18 | 85% Dunlop |

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 **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: 23 - 171317

Date: 19-06-2023

Page 2

Section A: Damaged Parts Assessment

| Part's Description | Qty | Condition As inspected | Repairer's Estimate | Our Adjustment |
|---|-----|-------------------------|---------------------|-----------------|
| List Items : | | | | |
| Front bumper | 1 | deformed | 1640.00 | 1640.00 |
| Front bumper side retainer @\$68.00 | 2 | deformed | 136.00 | 136.00 |
| Front bumper LED fog lamp lh | 1 | intact.refix | 638.00 | 0.00 |
| Front bumper fog lamp grille @\$93.70 | 2 | lh grazed.torn rh refix | 187.40 | 93.70 |
| Front bumper foglamp trim @\$72.00 | 2 | lh grazed.torn rh refix | 144.00 | 72.00 |
| Front bumper sponge | 1 | torn | 198.00 | 198.00 |
| Front bumper reinforcement | 1 | bent | 768.00 | 768.00 |
| Front bumper tow cover | 1 | refix | 25.00 | 0.00 |
| Front bumper lower grille | 1 | grazed.torn | 235.00 | 235.00 |
| Front bumper parking sensors @\$221.00 | 4 | 2pcs malfunction | 884.00 | 442.00 |
| Front bumper parking sensor retainer @\$15.00 | 4 | necessary | 60.00 | 60.00 |
| Headlamp @\$2390.00 | 2 | grazed.cracked | 4780.00 | 4780.00 |
| Headlamp bracket @\$125.00 | 2 | deformed | 250.00 | 250.00 |
| Front grille | 1 | cracked | 312.00 | 312.00 |
| Front grille emblem 'vRS' | 1 | necessary | 70.40 | 70.40 |
| Front grille trim | 1 | cracked | 152.00 | 152.00 |
| Bonnet | 1 | buckled | 1850.00 | 1850.00 |
| Bonnet emblem | 1 | cracked | 83.00 | 83.00 |
| Bonnet lock | 1 | check.serviceable | 145.00 | 0.00 |
| Sub- Total cost | | | 12557.80 | 11142.10 |
| Percentage discount : 10% | | | 1255.78 | 1114.21 |
| Sub-Total costs for parts | | | 11302.02 | 10027.89 |
| Special Nett Items: | | | | |
| Front number plate with casing | 1 | cracked | 50.00 | 50.00 |
| Front bumper clip | set | necessary | 50.00 | 50.00 |
| Sub-Total costs for parts | | | 100.00 | 100.00 |
| Parts Repair | | | | |
| * | * | * | 0.00 | 0.00 |
| Sub- Total costs | | | 0.00 | 0.00 |
| Total costs for parts | | | 11402.02 | 10127.89 |

Our reference: 23 - 171317

Date 19-06-2023

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 | 16 | \$ 720.00 |
| Putty & Spray painting to adjacent panels. Job allowance. Paint / material. | Sub-contract work. | | \$ 500.00 |
| Apply rust proofing on the adjacent panels. | Sub-contract work. | | \$ 30.00 |
| Remove and replace front bumper reverse sensor & conduct distance safety setting. | \$ 45.00 | 1.7 | \$ 76.50 |
| Specialist charges - Check/Diagnostic and reprogramming | - | - | \$ 150.00 |
| Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.) | \$ 45.00 | 1 | \$ 45.00 |
| Total labour cost | | | \$ 1,521.50 |

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: 23 - 171317

Date 19-06-2023

Section C: Summary Table of Total Repair Cost

| Description | | Cost |
|---|------------|-------------|
| Damaged Parts Assessment <i>(See section A)</i> | | \$10,127.89 |
| Labour Cost Calculation <i>(See section B)</i> | | \$1,521.50 |
| Total cost | | \$11,649.39 |
| Lump Sum | | \$2,329.88 |
| <i>Further discount</i> | 20% | |
| Total Repair Cost | | \$9,300.00 |

We would recommend a sum of \$9,300.00 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)



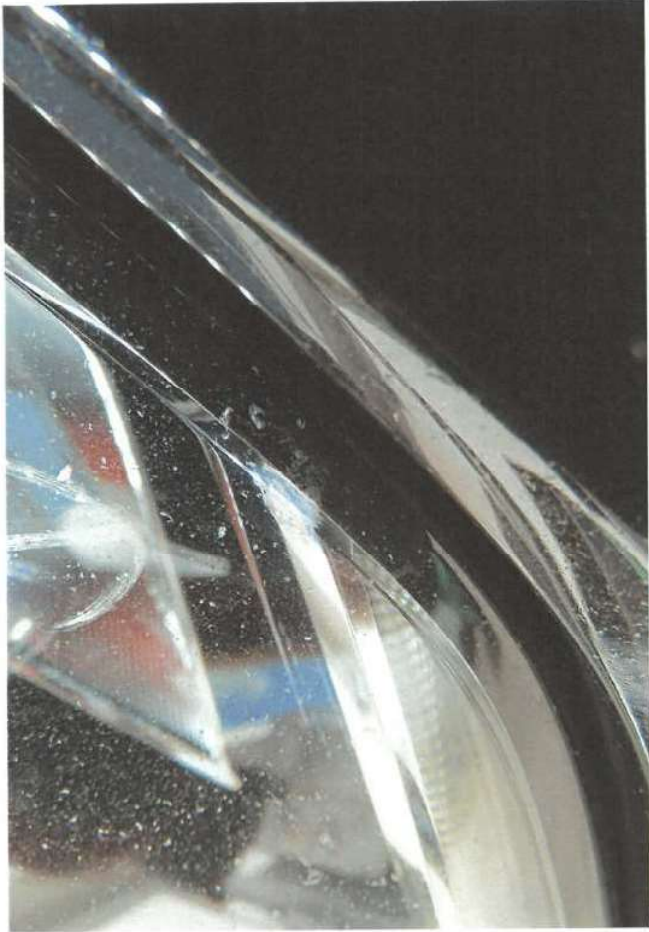


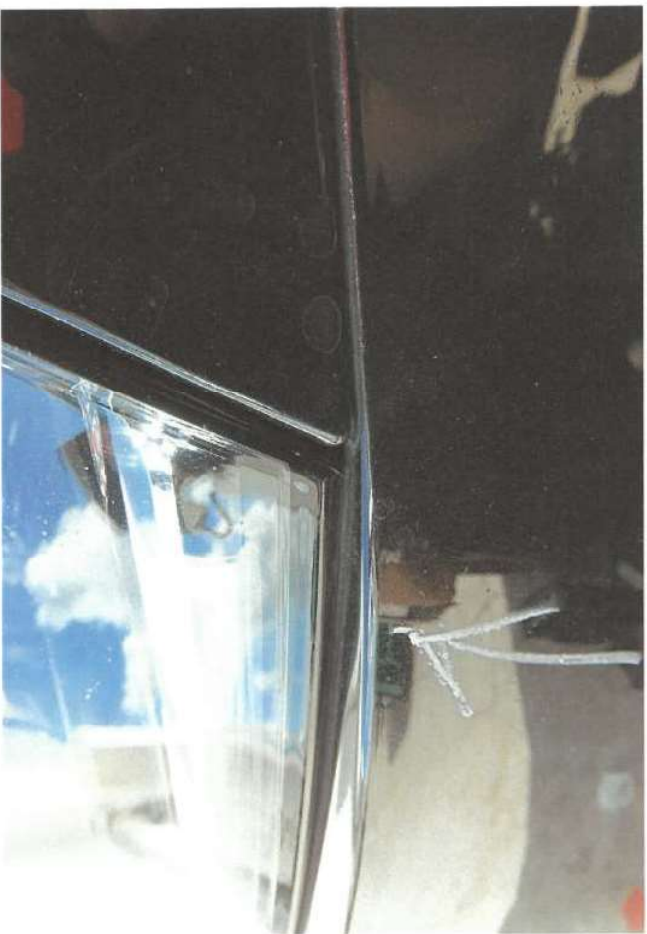












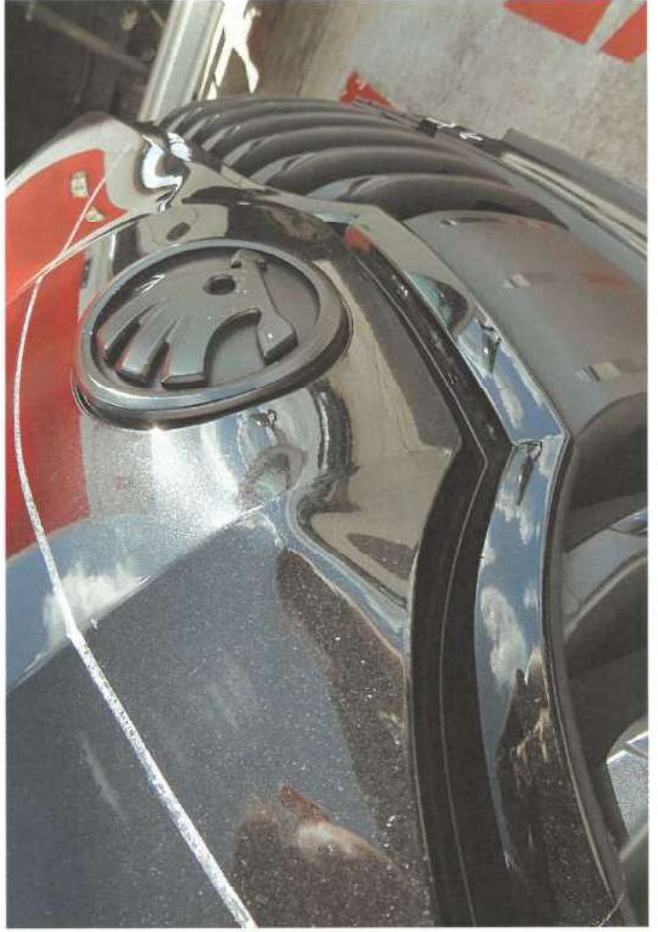








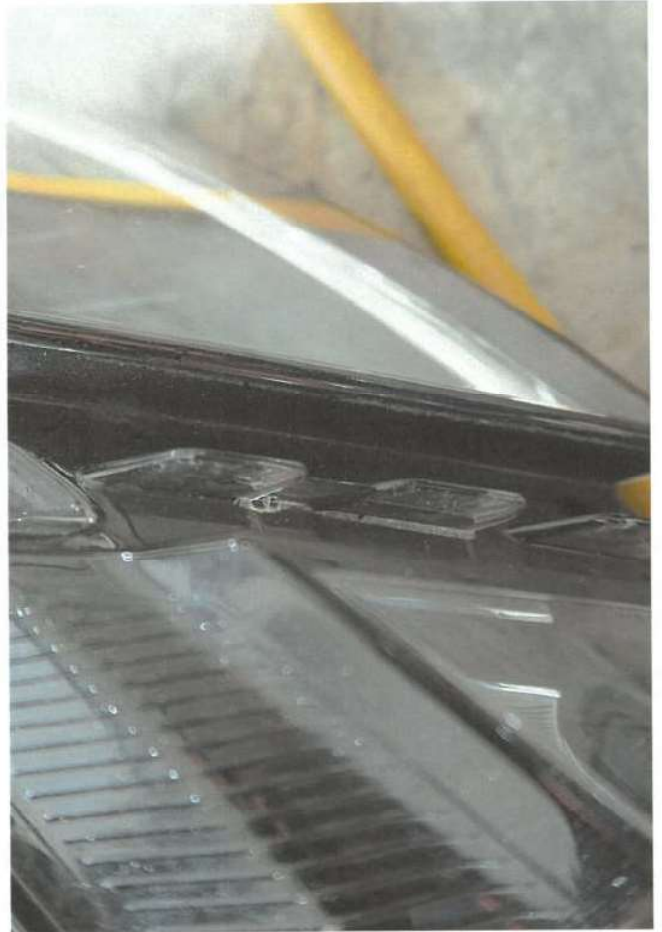






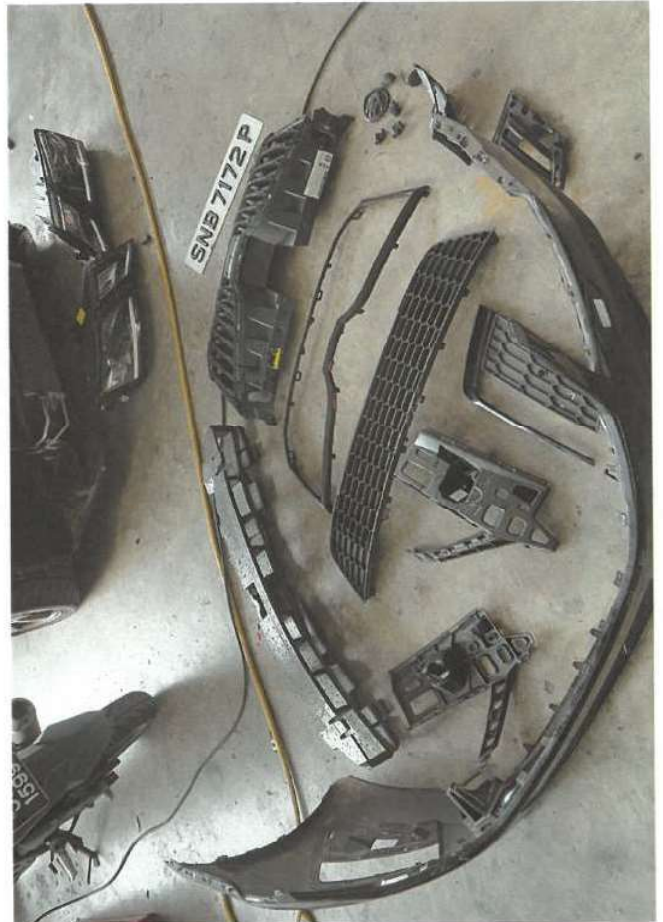
















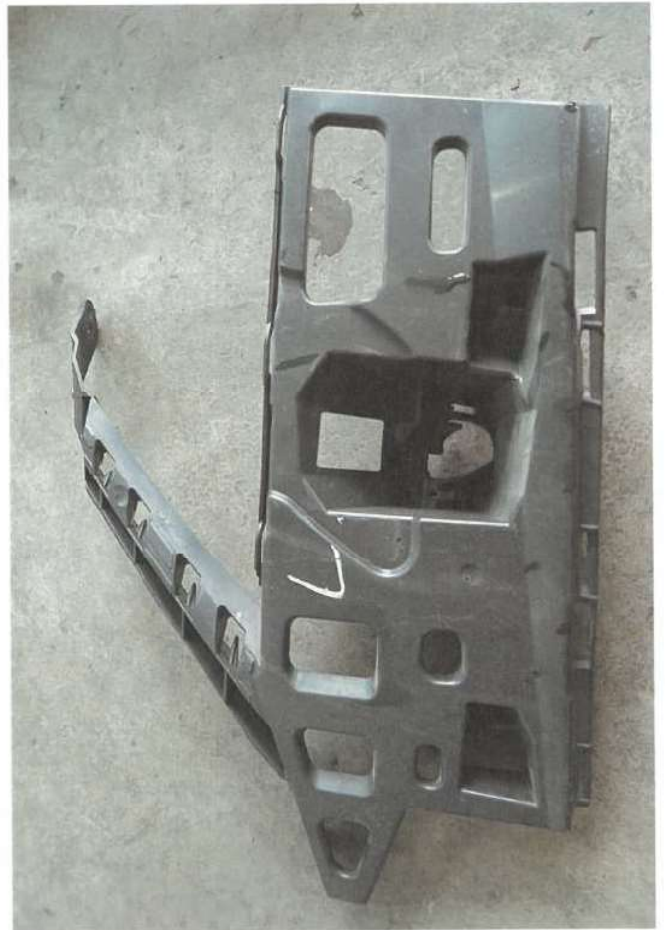


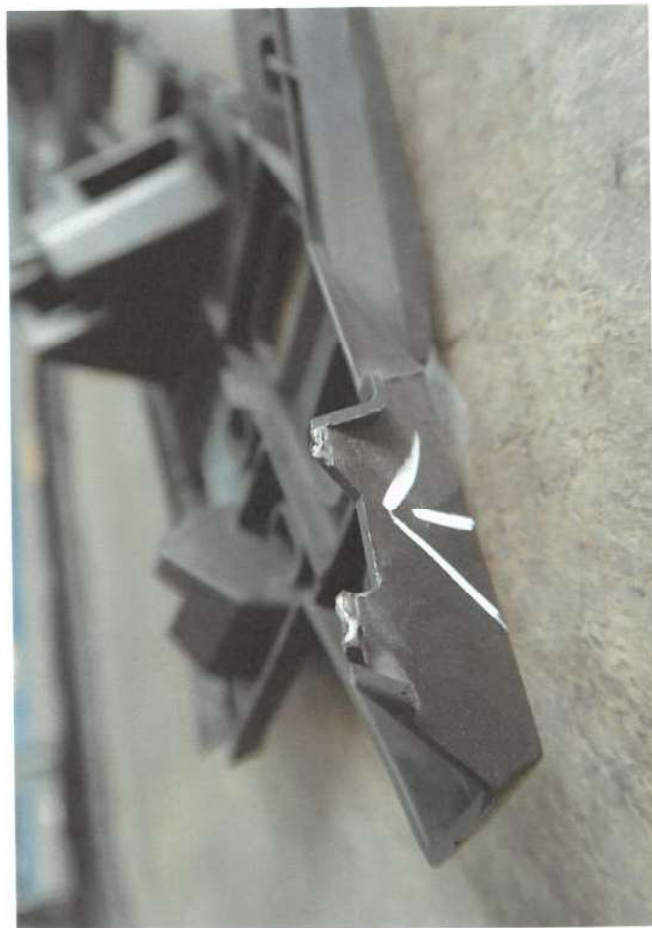




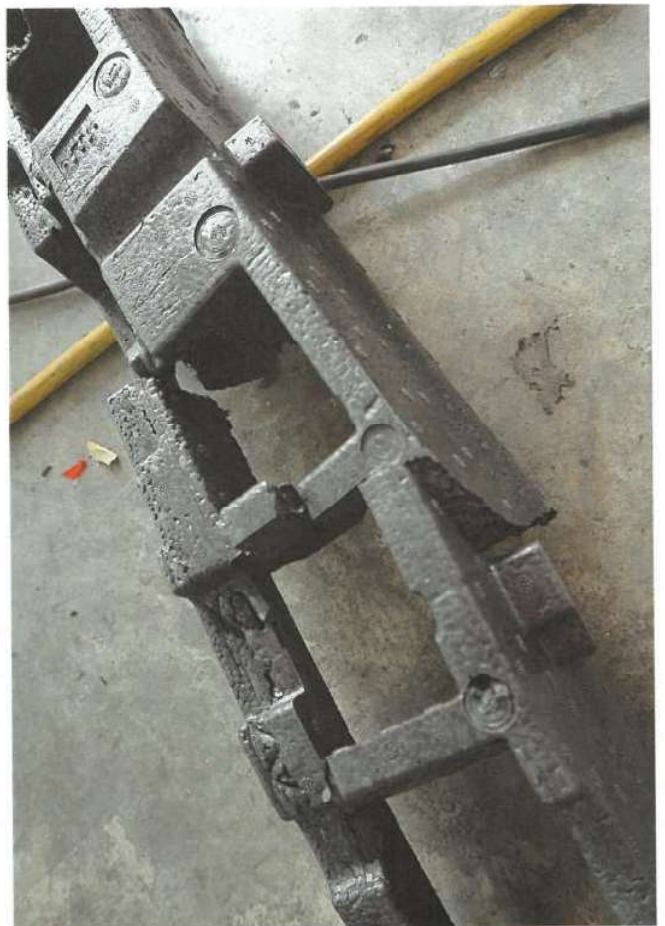


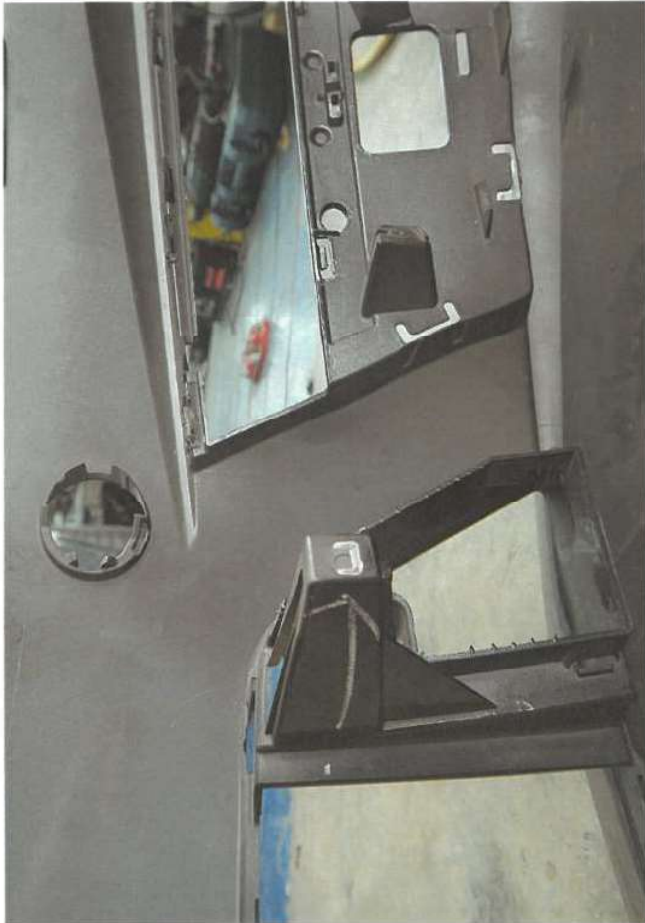














SINGAPORE ACCIDENT STATEMENT

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 | 30/06/2022 16:49 (SGT) |
| Reported by | Driver |
| Date of Accident | 29/06/2022 02:05 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BUKIT BATOK AVE 6 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNB7172P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | NG FERN LAN |
| NRIC No | S7001740G |
| Email Address | NGFERNLAN@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-94768356 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Skoda |
| Model | Octavia |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2000 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------|
| Name of Insurance Company | Etika Insurance Pte Ltd |
| Policy Number / Cover Note Number | MA015854 |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | ALVIN CHANG HAN PING |
| NRIC No | S9630438B |
| Date Of Birth | 26/08/1996 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 15/09/2020 |
| Driving experience | 1 YEAR AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83389757 |
| Alt. Phone Number | - |
| Email Address | ALVINLLORIS@GMAIL.COM |
| Address | 15 JLN RAJAWALI #04-04 S598433 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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 | - |

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

REFER TO ATTACHED REPORT

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 | WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA4446X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |

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

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | ALVIN CHANG HAN PING |
| Gender | Male |
| Phone No | (Phone) +65-83389757 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNB7172P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

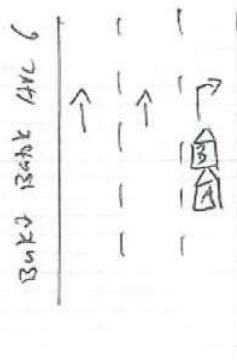
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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



Car A: SNB7172P
Car B: SHA4446X

Describe Circumstances of the Accident


On the stated date and time, I was driving along the stated place.


The light was red so I was queuing up for the traffic light. I stopped my car to a complete stop. About 5 seconds later, car IS SH14446X reversed and collided into the front portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 30/6/22 1620
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel LEK SIM ENG