

**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: SMS7124B

Your Ref: GBH8173R

India International Insurance Pte Ltd

Motor Claims Department

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Dear Sirs,

ACCIDENT INVOLVING SMS7124B AND GBH8173R ALONG ST. PATRICK RD ON 22.07.2022

We are the representative for Auto Alliance Leasing Pte. Ltd., whose vehicle registration number **SMS7124B** 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 **GBH8173R**. 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 | \$ | 8,100.00 |
| Loss of rental for 12 days @ \$140/day | \$ | 1,680.00 |
| Survey report | \$ | 712.80 |
| LTA search fee | \$ | 7.45 |
| 3 rd party GIA search fee | \$ | 31.00 |
| | \$ | <u>10,531.25</u> |

Enclosed are the supporting documents for your perusal :-

GIA

Repair bill

Kindly let us have your payment of **\$10,531.25** 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@iaconsulting.sg 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, AUTO ALLIANCE LEASING PTE LTD. ("the third party claimant")
of NRIC/FIN/UEN No. 201903807W, owner of vehicle no. SMS 7124 B, 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. SMS 7124 B that
was damaged pursuant to the accident which occurred on 22/7/22 (1330 HRS) along
ST PATRICK RD. involving vehicle no/s
GRH 8173R ("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 22 (day) of 7 (month) 22 (year)

x



SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)

Vegas Rental Pte. Ltd.

8 Kaki Bukit Avenue 4 #03-36
Premier @ Kaki Bukit Singapore 415875
Tel: (65) 9878 5544
Fax: (65) 6996 9515
Company Registration No: 201831681D

INVOICE

| | |
|-------------|------------|
| DATE | 03/08/2022 |
| INVOICE # | VR00138 |
| CUSTOMER ID | - |

BILL TO

GARAGE 13 PTE LTD
8 KAKI BUKIT AVENUE 4
#03-46 SINGAPORE 415875

| DESCRIPTION | AMOUNT |
|---|------------|
| Ref No. VR00138 SUZUKI CIAZ 1.4 SLC 3381 Y | |
| RENTAL PAYMENT PERIOD : 22-JUL-22 TO 03-AUG-22 \$140.00 PER DAY *12 DAYS = \$1680.00 | \$1,680.00 |

OTHER COMMENTS

NAME : MOHAMED RAFI BIN ABDUL MUTHALIFF
NRIC : S1201593C
CONTACT NUMBER : 9376 9930
ADDRESS : APT BLK 59 MARINE TERRACE #10-75
SINGAPORE 440059

| | |
|--------------|--------------------|
| Subtotal | - |
| Taxable | - |
| Tax Rate | - |
| Tax due | - |
| Other | - |
| TOTAL | \$ 1,680.00 |

Make all cheques payable to
Vegas Rental Pte Ltd

*** PLEASE MAKE PAYMENT TO DBS ACCOUNT: 072-019-4918 ***

*** PayNow ID : 201831681DDBS ***

If you have any questions about this invoice, please contact
administrator @ 8725 1081 or miya.ong93@gmail.com

Thank You For Your Business!

RENTAL AGREEMENT



VEGAS RENTAL PTE LTD

8 Kaki Bukit Avenue 4 #03-36

Premier @ Kaki Bukit, Singapore 415875

Tel: 9878 5544 | Fax: 6996 9515



INV NO : 121

XERO INV NO : INV-

Company Regn: No.201831681D

| | | | | | |
|--|--|---------------------------------------|--|---------------------|--|
| HIRER'S PARTICULAR Bill: Garage 13 Pte Ltd | | Vehicle No: SLC 3381Y | | Mileage Out: 207998 | |
| Name (as in I/C): Mohamed Rafi Bin Abdul Muthaliff | | Make & Model: SUZUKI C19Z | | Auto/Manual Group | |
| NRIC / PASSPORT No: S1201543C | | OUT: Date 22 JUL 22 | | OUT: Time 4:55 PM | |
| Address (Res): Apt B1k 59 Marine Terrace #10-75 | | Replace Veh No: | | Mileage Out: | |
| Singapore 440059 | | OUT: Date | | OUT: Time | |
| Name & Address Of Employer: | | COLLISION DAMAGE WAIVER Excess YES/NO | | | |
| Occupation: | | CHARGES | | | |
| Driving Exp: | | Daily @\$ 140 per day 12 | | | |
| Driving Licence No: | | Weekly @\$ per week | | | |
| D/L Type: Local/International | | Monthly @\$ per month | | | |
| Pass Date: 28 MAR 1980 | | Hours @\$ per hour | | | |
| Date Of Birth: 13 JUL 1956 | | Others @\$ | | | |
| Tel: (O) (R) (HP) 9376 9930 | | CDW @\$ | | | |
| DRIVER'S PARTICULARS (if different from hirer) | | PAI @\$ per day / month | | | |
| Name (as in I/C): | | Delivery Service | | | |
| Address (Res): | | SUB-TOTAL \$ | | | |
| Telephone (Resident): | | PETROL LEVEL | | | |
| (Office): | | Out E 1/4 1/2 3/4 F | | | |
| (HP): | | In E 1/4 1/2 3/4 F | | | |
| NRIC / PASSPORT No: | | Comprehensive Insurance | | | |
| Nationality: | | Own Damage Excess: \$2500 | | | |
| Date Of Birth: | | Third Party Excess: \$2000 | | | |
| Age: | | Windscreen Excess: \$107 + \$20 local | | | |
| Driving Licence No: | | TOTAL CHARGES \$ 1680.00 | | | |
| Pass Date: | | Rented out by: M149 | | | |
| Type: Local / Int'l | | Hirer's Signature: | | | |
| Issued: | | Additional Driver's Signature: | | | |
| Driving Experience: | | REMARKS | | | |
| IMPORTANT! | | FOR SINGAPORE USE ONLY | | | |

I have read and agree to the terms and conditions on both sides of this agreement. If I have presented a charge / credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge / credit. All information I have given "VEGAS RENTAL PTE LTD" in connection with this agreement is true.

IMPORTANT

- ONLY FOR PERSONS AND ABOVE 26 AND BELOW 65 YEARS OLD WITH MORE THAN 3 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE, OTHERWISE ADDITIONAL \$53000.00 EXCESS IS APPLICABLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER AND ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY "VEGAS RENTAL PTE LTD"
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO "VEGAS RENTAL PTE LTD" AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | SIGNATURE OF HIRER / DRIVER |
|----------|----------|---------|------------|-----------------------------|
| 3 AUG 22 | 10:11 AM | 209670 | M149 | |

> Back to OneMotoring



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

Print Date/Time : 22 Jul 2022 / 17:46:38

Receipt Date/Time : 22 Jul 2022 / 17:46:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220722-003354

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (\$\$) | GST Amount (\$\$) | Amount After GST (\$\$) |
|--|---|--------------------------------|-------------------------|-------------------------------|
| Result of Insurance Enquiry - GBH8173R | | | | |
| As at 22 Jul 2022/13:30:00 | | | | |
| Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - GBH8173R Enquiry Fee 20220722174552504017 | 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 | | | | |
| 542550XXXXXX8368 | | 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.



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: 26/07/2022

Your Ref No: SMS 7124 B 3P REPORT

Dear Sir/Madam,

Date of Accident: 22/07/2022 00:00 (SGT)

Vehicle No: SMS7124B

Place of Accident: St Patrick's Rd, 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\$) |
|----------------------------------|----------------------------|---------------|-----|--------------|
| GBH8173R | St Patrick's Rd, 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.

Authorised Signature

Our reference: 23 - 171312

Date: 14/6/2023

INVOICE NO. 171312

Auto Alliance Leasing Pte. Ltd.

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

Registration No. **SMS7124B**

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 | \$ 660.00 |
| | | 8% GST | \$ 52.80 |
| | | Total amount | \$ 712.80 |

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 - 171312

Date: 14/6/2023

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

Dear Sirs

RE: Road Traffic Accident on 22/7/2022
Auto Alliance Leasing Pte. Ltd.

In accordance with your instructions received in this office on **22/7/2022**, we made arrangements to examine the vehicle on **22/7/2022** at above-mentioned address. The following data was recorded:

Vehicle details

| | | | |
|-----------|-------------------------|--------------|-------------------|
| Make | Hyundai | Registration | SMS7124B |
| Model | AD Avante 1.6 GLS (A) S | Chassis | KMHD841CMLU029827 |
| Colour | Black | Gearbox | Auto |
| Odometer | 86795km | Paintwork | Good |
| Steering | In order | Brakes | In order |
| Condition | Good | | |

Tyre Depths

| | | |
|-------------|-----------|--------------|
| Front left | 205/55R16 | 85% Triangle |
| Front right | 205/55R16 | 85% Kumho |
| Rear left | 205/55R16 | 85% Rapid |
| Rear right | 205/55R16 | 85% Rapid |

| | |
|--------------|--------------|
| Status | REPAIRABLE |
| Magnitude | Medium |
| Legal status | Unroadworthy |

Impact Direction & Area of Damage:



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 **\$7,500.00** and **5** 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 - 171312

Date 14/6/2023

Page 2

Section A: Damaged Parts Assessment

| Part's Description | Qty | Condition As inspected | Repairer's Estimate | Our Adjustment |
|--|-----|------------------------|---------------------|----------------|
| List Items : | | | | |
| Bonnet | 1 | distorted | 1910.30 | 1910.30 |
| Bonnet hinge @\$55.20 | 2 | refix | 110.40 | 0.00 |
| Bonnet lock | 1 | refix | 75.00 | 0.00 |
| Bonnet insulator | 1 | refix | 122.00 | 0.00 |
| Front bumper | 1 | deformed | 674.00 | 674.00 |
| Front bumper sponge | 1 | compressed.torn | 132.00 | 132.00 |
| Front bumper reinforcement | 1 | bent | 705.00 | 705.00 |
| Front bumper lower grille | 1 | refix | 121.00 | 0.00 |
| Front bumper side retainer lh | 1 | cracked | 31.20 | 31.20 |
| Front bumper lamp lh | 1 | defaced.cracked | 211.20 | 211.20 |
| Front bumper air grille lh | 1 | cut.deformed | 52.00 | 52.00 |
| Front bumper side trim lh | 1 | cut.deformed | 32.00 | 32.00 |
| Front bumper air duct (air curtain) lh | 1 | deformed | 75.50 | 75.50 |
| Front bumper lower lip | 1 | deformed | 131.20 | 131.20 |
| Front bumper top rubber seal | 1 | necessary | 42.10 | 42.10 |
| Front bumper upper support lh | 1 | cracked | 77.20 | 77.20 |
| Front bumper lower beam | 1 | bent | 199.40 | 199.40 |
| Front radiator grille assy with logo | 1 | holder broken | 981.80 | 981.80 |
| Headlamp lh | 1 | broken | 1756.00 | 1756.00 |
| Headlamp lower support bracket lh | 1 | cracked | 68.90 | 68.90 |
| Front fender lh | 1 | buckled | 966.50 | 966.50 |
| Front fender inner shield lh | 1 | refix | 99.00 | 0.00 |
| Front support panel | 1 | realign | 979.50 | 0.00 |
| Front support panel top garnish | 1 | deformed | 125.00 | 125.00 |
| Resonator assy | 1 | torn.deformed | 165.00 | 165.00 |
| Sub- Total cost | | | 9843.20 | 8336.30 |
| Percentage discount : 10% | | | 984.32 | 833.63 |
| Sub-Total costs for parts | | | 8858.88 | 7502.67 |

Our reference: 23 - 171312

Date 14/6/2023

Special Nett Items:

| | | | | |
|---------------------------------------|-----|-----------|---------------|---------------|
| Front bumper clips | set | necessary | 50.00 | 50.00 |
| Front support panel top garnish clips | set | necessary | 15.00 | 15.00 |
| Front radiator grille clips | set | necessary | 15.00 | 15.00 |
| Front fender inner shield clip lh | set | necessary | 40.00 | 40.00 |
| Bonnet insulator clips | set | necessary | 40.00 | 40.00 |
| Sub-Total costs for parts | | | 160.00 | 160.00 |

Parts Repair

| | | | | |
|------------------------------|---|---|----------------|----------------|
| * | * | * | 0.00 | 0.00 |
| Sub- Total costs | | | 0.00 | 0.00 |
| Total costs for parts | | | 9018.88 | 7662.67 |

Our reference: 23 - 171312

Date 14/6/2023

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. | | \$ 750.00 |
| Apply rust proofing on the adjacent panels. | Sub-contract work. | | \$ 50.00 |
| Programmng / diagnostic and faulty code reset | - | - | \$ 200.00 |
| Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.) | \$ 45.00 | 1.5 | \$ 67.50 |
| Total labour cost | | | \$ 1,787.50 |

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 - 171312

Date 14/6/2023

Section C: Summary Table of Total Repair Cost

| Description | | Cost |
|--|-----|------------|
| Damaged Parts Assessment (See section A) | | \$7,662.67 |
| Labour Cost Calculation (See section B) | | \$1,787.50 |
| Total cost | | \$9,450.17 |
| Lump Sum | | \$1,890.03 |
| Further discount | 20% | |
| Total Repair Cost | | \$7,500.00 |

We would recommend a sum of \$7,500.00 and 5 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:

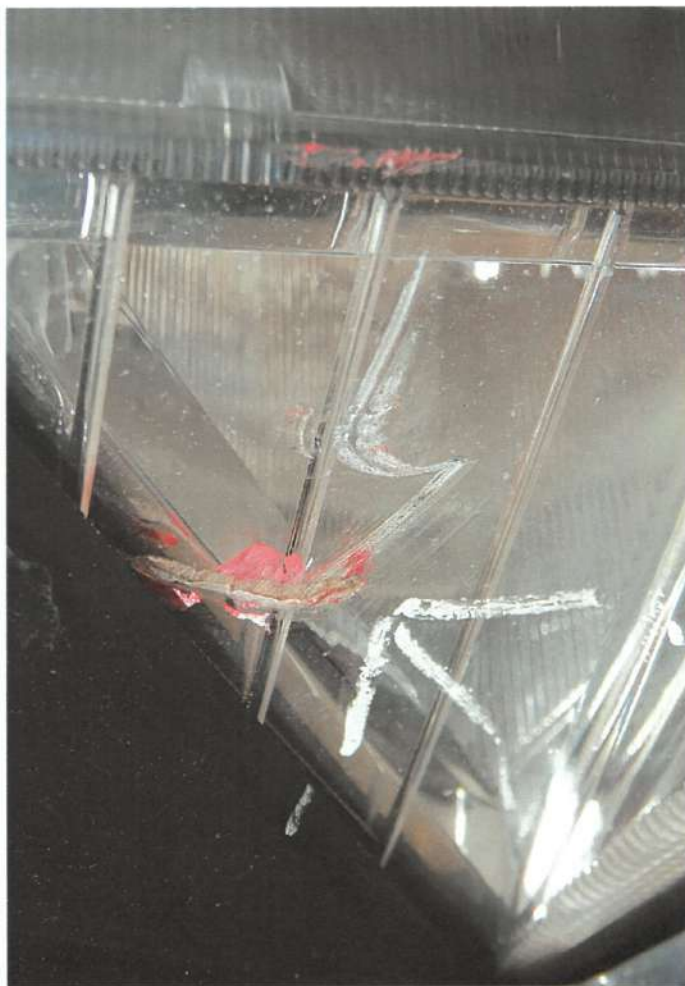
• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd
www.iaconsultingsg.com











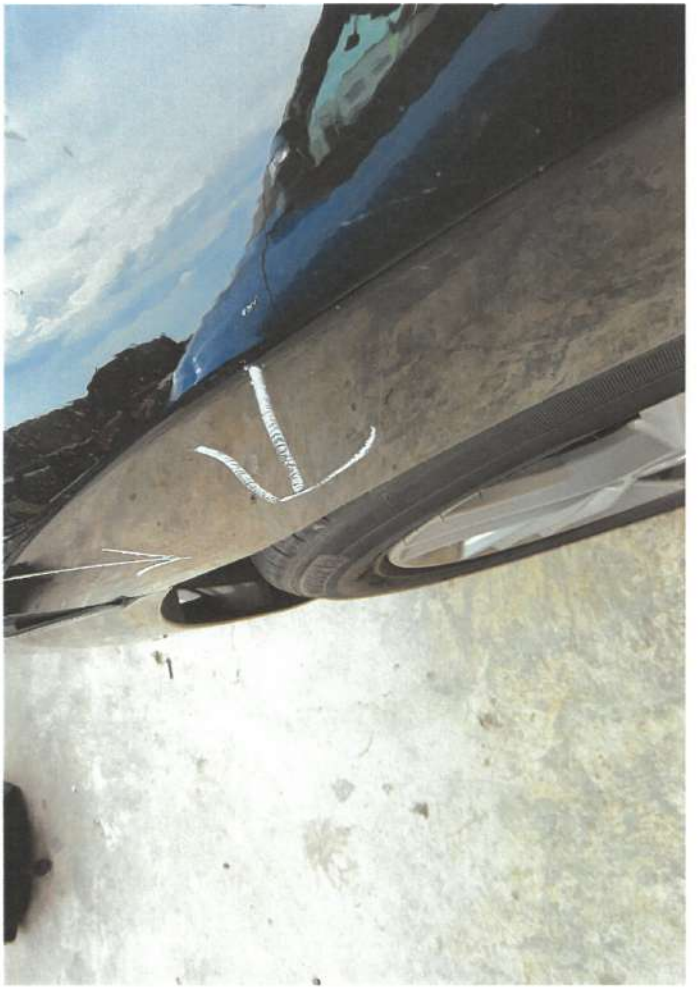






























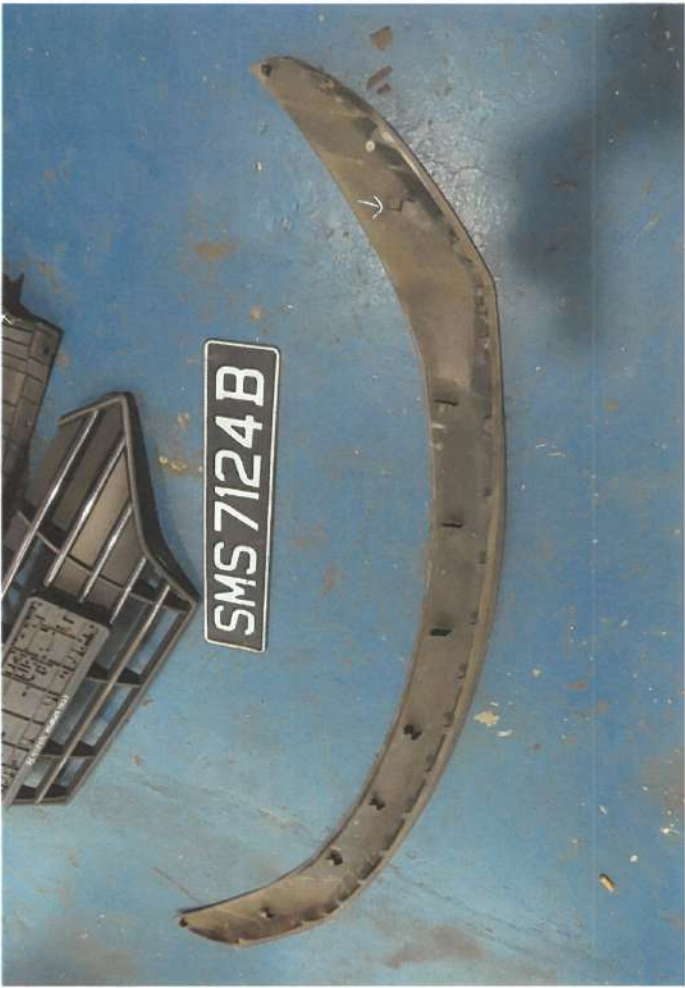








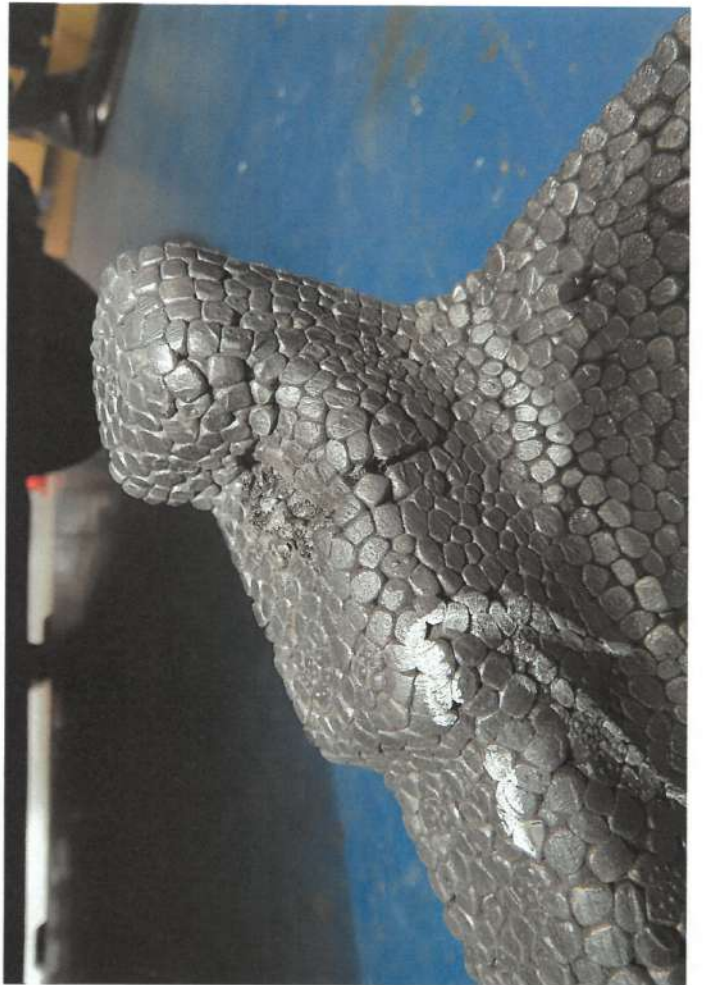












SINGAPORE ACCIDENT STATEMENT

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 | 22/07/2022 17:20 (SGT) |
| Reported by | Both |
| Date of Accident | 22/07/2022 13:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ST. PATRICK RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMS7124B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | AUTO ALLIANCE LEASING PTE. LTD. |
| Company Reg No | 2XXXXX807W |
| Email Address | RAFIMARINE7@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93769930 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Avante |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1591 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5108785749-03-000033 |

DRIVER

| | |
|----------------|----------------------------------|
| Name of Driver | MOHAMED RAFI BIN ABDUL MUTHALIFF |
| NRIC No | SXXXX593C |
| Date Of Birth | 13/07/1956 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 28/03/1980 |
| Driving experience | 42 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93769930 |
| Alt. Phone Number | - |
| Email Address | RAFIMARINE7@GMAIL.COM |
| Address | BLK 59 MARINE TERRACE #10-75 |
| Address complement | - |
| Postcode | 440059 |
| 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 on collision |
| 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) | 5 |
| 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 | GRAB PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|----------------|
| Name | GRAB PASSENGER |
| Gender | Male |

PASSENGER 3

| | |
|--------------|----------------|
| Name | GRAB PASSENGER |
| Gender | Male |

PASSENGER 4

| | |
|--------------|----------------|
| Name | GRAB PASSENGER |
| 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

REFER TO THE STATEMENT

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 | GBH8173R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MUHAMMAD HALIM BIN MOHAMMAD |
| NRIC No | SXXXX836H |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

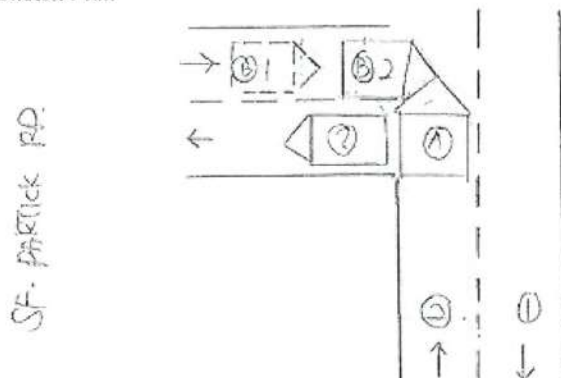


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH (A) SMS 704B.
(B) GRH 8173R.

Describe Circumstances of the Accident

DRIVING MY VEH(A) SMS 7124 B.

ON THE STATED DATE & TIME, I WAS TRAVELLING ALONG
 SE PATRICK RD, I'M ON LANE 2 GOING STRAIGHT. SUDDENLY, A VEHICLE
 (B) GRH 8173 R CAME OUT FROM LEFT SIDE TRYING TO TURN RIGHT,
 BUT NEVER SAW MY VEHICLE, AND HIT THE FRONT LEFT SIDE OF MY
 VEHICLE, MY VEHICLE WAS DAMAGED.

VEHICLE (A) SMS 7124 B.

(B) GRH 8173 R.

Declaration

We declare that the above 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

Witnessed by Reporting Centre Personnel