CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date: 04.10.2024

India International Insurance Pte Ltd 64 Cecil Street #04-05 IOB Building Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SLC 6845G / SLN 6255B ON 23.09.2024

We are the authorized repair workshop for the owner of motor vehicle no: SLC 6845G, which was involved in the captioned accident with your insured vehicle no: SLN 6255B. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

		\$	5,722,18
3)	GIA Search Fee	_\$_	2.18
2)	Loss of Rental	\$	720.00
1)	Cost of Repair	\$	5,000.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) GIA Search Result

e) GIA Report

g) Insurance Certificate

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) I/C & Driving Licence

h) Vehicle Registration Log Card

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.
Yours faithfully,

TANG JUN ZHONG
For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Tax Invoice: 24105

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Department

Date : 02.10.2024 Vehicle No : SLC 6845G

Make/Model #HONDA VEZEL 1.5X

Chassis/Eng#

Accident Date 323.09.2024

Claim No

Reference 0924 -24105

Policy No

Amount

To proceed on lump sum repair

S\$

5000.00

E. & O. E. Total: S\$ 5000.00

for CHOO MOTOR SPRAY PAINTER

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: GOH SOCK PEI, PEARL (WU SHUPEI)

Invoice

: DCR-2024-09-09

Date : 26.09.2024

Agreement No : 23435
Payment Terms : LOD

DESCRIPTION			<i>F</i>	AMOUNT	
Rental charges for vehicle :	S∐ 5059D	(0924-24105)	\$	720.00	
_					

Rental Period from 23.09.2024 to 26.09.2024

E. & O. E.

Total

720.00

Lee Fang

for Dynamic Car Rental

Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS

No. 23435

ADDRESS ACT TO L	Pei, Pearl (1 168C Simei Lan	vuu shujei /	SLJ 5059 D	DIESE	MODEL:	E 1/4 1/2 3/4
APT BLK	168C Simei Lan	e # 06-56	KM	DILO	DATE & TIME IN	
Singapore 523168		IN KM	IN		@ 1454 hrs	
O j			OUT		DATE & TIME OUT	
			DRIVEN		TIME USED	
NAMED DRIVER						
DBINING LIGHTIGE NO	DATE OF EVOIDY	DI AOF OF ICOLIE				
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	@ S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	4	DAYS	@s\$ 180.00	# 720.0
ADD NAMED DRIVER			1	WEEKS	@S\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	-	ONTHS	@S\$	
		DI AGE GE IDOUE			@ 33	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, R AGREES TO PAY A	DD FEE	SUB-TOTAL	
IMPORTANT NOTES:	1.		FOR COLLISION DA WAIVER (C.D.W.)	MAGES		
This vehicle is licenced to carry 0 No refund will be given for vehicle					TOTAL RENTAL	# 720.00
No refund will be given for period Hirer is liable to pay loss of earni	No refund will be given for period left in vehicle direr is liable to pay loss of earnings while damaged vehicle is under repair, direr is liable to pay all parking fee and traffic summonese Jehicle return during office hour only.					11 120201
Vehicle return during office hour of					DELIVERY FEE	
lo service on public holiday and Sunday. Reographical areas: Singapore & West Malaysia. Priver must be:		V	V			
 a) 18 years old and above b) Holding a valid relevant class 	18 years old and above. Holding a valid relevant class of driving license.		DED DAY DED V	NEEK	DED MONTH	
agreement	•	to and the additional driver named in the	PER DAY PER WEEK PER MONTH \$ \$ \$			
The hirer is not allowed to sub-let ADDITIONAL CONDITIONS:	I the vehicle to another party and s	ubletting is not covered	BY INITIALLING, R	ENTER		
COMPREHENSIVE COVERED B	EXCESS:		AGREES TO PAY AI	DD FEE		
*Section I – Used in S'pore only : *Section II – Used in S'pore only	: SGD 2000.00	Used outside S'pore : SGD 4000,00 Used outside S'pore : SGD 3000,00	INSURANCE (P.A.I.)			
*W/screen Excess In S'pore : SG THIRD PARTY COVERED EXCE		ccess Outside S'pore : SGD 100.00	2.0			
*Hirer must bear all costs to the o	damages of the return vehicle		X			
'Hirer must bear all costs to the c	damages of the return vehicle		PER DAY PER V	WEEK	PER MONTH \$	
*Section II – Used outside S'pore						
YOUNG AND INEXPERIENCE D Hirer or any authorized driver who 18 month or less driving experien	o is aged 22 years old (on the date	of accident) and below or possess only	PREPAYMENT		TOTAL CHARGE	
COMPREHENSIVE COVERED EXCESS: (YOUNG AND INEXPERIENCE DRIVER)		CHECK		DEPOSIT		
*Section I – Used in S'pore only: *Section II – Used in S'pore only	: SGD 6000 00 *Section II -	Used outside S'pore : SGD 12,000.00 Used outside S'pore : SGD 12,000.00	CASH			
*W/screen Excess In S'pore : SGD 100,00		RECEIPT NO.		NETT CHARGE		
*Hirer must bear all costs to the c *Section II – Used in S'pore only	damages of the return vehicle		RECEIPT NO.		NETT CHARGE	
'Hirer must bear all costs to the o						
*Section II – Used outside S'pore : SGD 12,000,00 Hirer is responsible for any costs to the			AMOUNT DUE / BE	AMOUNT DUE / REFUND		
THIRD PARTY DAMAGE / II						
	S AND CONDITIONS ON BO					
OF THIS RENTAL AGREET	MENT AND AGREE THERE	or.				
SIGNED BY THE PARTIES	HERETO ON THE		DAY OF			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
V	~		V	1	hour	
A	R'S/DRIVER'S SIGNAT	TIPE.	^	7	MIC CAR RENTA	

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLN6255B

Date of Accident

23/09/2024 苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance India International Insurance ... Period of Insurance 11/05/2024 - 10/05/2025 Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date ______23/09/2024 15:28

Payment details

Request Amount: **\$\$2** GST Amount: **\$\$0.18**

Total Amount Due (GST Inclusive): \$\$2.18

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

DATE : 23.09 2024 : India International Insurance Pte Ltd TO : ACCIDENT INVOLVING VEHICLE NO. SLC 68456 / SUN 6255B RE ALONG Tampines St 11 - Tampines Food CTR ON _33.09. >024 I/We, Goh Sock Pei, Pearl (Wu Shafei) of (NRIC No./ROC No.) _____ 38704955 H of APT BLK 168C Simei Lane # 06-56 Singapore 523168 owner of vehicle no. 5LC 68456 in consideration of M/s CHOO MOTOR SPRAY PAINTER repairing my/our vehicle SLC 68459 at my/our instruction and hereby authorise M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely. I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith. Signature of Owner: Goh Sock Pei, Pearl (Wu Shufei)

Name of Owner:

ENTRY DATE & TIME: 23/09/2024 16:41 (SGT) SUBMITTED BY: Lee Nai Vien

VERSION: 1 (23/09/2024 16:41 (SGT))



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 Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

 Any false reporting may be referred to the Police for investigation.
 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 First Submission

Reported by

Date of Accident

xact Location of Accident

dditional Location Information

Country/State of Loss

23/09/2024 16:41 (SGT)

Both Policyholder and Actual Driver

23/09/2024 12:48 (SGT)

Singapore

TAMPINES ST 11 - TAMPINES FOOD CTR

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLC6845G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No. Alternative Phone No. No

GOH SOCK PEI, PEARL (WU SHUPEI)

S8704955H

DOGAVENUE@YAHOO.COM

(Phone) +65-92252087

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

No - Claiming third party

Private car Auto

Honda

Vezel

1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5123297553-02

DRIVER



GOH SOCK PEI, PEARL (WU SHUPEI) Name of Driver NRIC No. S8704955H Date Of Birth 25/02/1987 Occupation Indoor Driving Pass Date 22/08/2008 Driving License Pass Class **Driving License Validity** Valid Driving experience 16 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-92252087 Alt. Phone Number Email Address DOGAVENUE@YAHOO.COM 168C SIMEI LANE #06-56 S523168 Address Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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) 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 Priginal language used in the statement PASSENGER 1 GENG POH GEOK Name Gender **Female** 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 ATTACHD REPORT ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN6255B

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car

Name of Driver

(Phone) +65-92722271 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

ame of injured person GENG POH GEOK

Gender

Phone No

Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? SLC6845G Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

MR YAP Name

Phone (Phone) +65-90702668

Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 reguldiste 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 Singapora (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 arctiving 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)

lunderstand, acknowledge, egree 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, involces, 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/lew firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policynoliter's Signature / Date &

ione .

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines St. 11

towards

Tampines round

Market L Food

Contre

A= SLL 6845G B= SLA 6255B

On 23.09.2024 at about 12.482m. I was travelling along tampines street 11 towards to tampines wand market & Food contre. when 1 stoyed
Twas
I waiting opposite vehicle. I turn right to the market, suddenly, I fest
an impact. The vehicle is (SLN 6)55B) is hit onto my rear portion
2+ my car (SLC 6845G)

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

23/01/24 1556 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





GOH SOCK PEI, PEARL (WU SHUPEI)

淑 珮 CHINESE

Date of birth 25-02-1987 Country/Place of wirth SINGAPORE



For Insurance Repor Claim Purposes







Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5123297553-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLC6845G

Chassis Number : RU11111409

2. Name of Policyholder : GOH SOCK PEI, PEARL (WU SHUPEI)

3. Effective Date of Insurance23 Nov 20234. Expiry Date of Insurance22 Nov 2024

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS # PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
ROADSIDE ASSISTANCE AND WELLNESS COVER : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER GOH SOCK PEI, PEARL (WU SHUPEI)

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY SOURCE BANK LTD

SUM INSURED AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

SONA INSURANCE AGENCIES PTE. LTD. (00000573866)

Date of Issue

08 Nov 2023 15:13 hrs

For INCOME INSURANCE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	955H
Vehicle No.:	SLC6845G
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Sep 2024
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	L15B4031410
Chassis No.:	RU11111409
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,721.00
Original Registration Date:	23 May 2016
First Registration Date:	23 May 2016
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$9,721.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 May 2026
PARF Rebate Amount: Intended COE Rebate Details	\$5,346.00
COE Expiry Date:	22 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,889.00
COE Rebate Amount:	\$7,958.00
Total Rebate Amount: Message	\$13,304.00

The information contained herein is correct as at 23 Sep 2024