



Date : 12/02/2025
Your Ref : SLW5564T
To : AIS ASIA PACIFIC INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SKS8913H & SLW5564T ON 10/10/2024 AT ALONG AIRPORT ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.258015 @ S\$2,725.00 (Inclusive of 9% GST)
- 2) Loss of Use @ S\$1,250.00 (5 Days x S\$250)
- 3) LTA Search @ S\$27.25
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Co.'s Stamp & Authorised Signature

HP: 8121 1373
E-mail: ca3services@gmail.com



CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Ave 4, VICOM Inspection Centre, #04-01 Singapore 415933
Tel: 6243 1373 Fax: 6243 1376 (Co. Reg. No. 201538764H)

MOTOR CLAIM DISCHARGE VOUCHER

I / We WANG DONG
the owner of the vehicle no. SKS8913H hereby confirm that I / we have taken delivery of vehicle from the repairers **Chia Auto Services Pte Ltd** and that all repairs necessary as a result of an accident in which the said vehicle was involved on or about the 10 day of 10 2024 have been completed to my / our satisfaction. Save for my / our rights under the Warranty set out below, I / we have no further claim on the above company in respect of such repairs.

Signature of Policyholder

Company Stamp (if applicable)

14/10/2024 - PRI

Vehicle In - 14/10/2024
Vehicle Out - 18/10/2024

LOU = 5 days x \$250
= \$1,250



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Oct 2024 / 13:12:32

Receipt Date/Time : 10 Oct 2024 / 13:12:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241010-002068

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLW5564T As at 10 Oct 2024/09:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLW5564T Enquiry Fee 20241010131059918891	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
523682XXXXXX8079		eNETS Credit Card		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
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.



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Your download's being scanned.
We'll let you know if there's an issue.

LETTER OF AUTHORITY

Name : WANG DONG

Address : 571 BEDOK RESERVOIR
ROAD SINGAPORE 479302

Contact No : _____

TO: AIG ASIA PACIFIC INSURANCE PTE .LTD.

Dear Sirs,

ACCIDENT INVOLVING SKS 8913H AND SLW5564T
ON 10/10/2024 AT/ALONG AIRPORT ROAD

I/We, WANG DONG, am/are the registered
owner of motor car no. SKS8913H

Please note that I have assigned all compensations monies due to me/us in the above said
accident to **M/S CHIA AUTO SERVICES PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-
mentioned accident to **M/S CHIA AUTO SERVICES PTE LTD** and forward your settlement
cheque to **M/S CHIA AUTO SERVICES PTE LTD** whom I had authorized to collect the said
compensation monies.

Thank you.



Signature of Claimant



Witness By



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, WANG DONG ("the third party claimant")
of 571 BEDOK RESERVOIR ROAD SINGAPORE 479302 (address),
owner of SKS8913H (vehicle no.) hereby authorize
CHIA AUTO SERVICES PTE LTD

("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SKS8913H that was damaged pursuant to the accident which occurred on 10/10/2024 (date) along AIRPORT ROAD (location) involving vehicle no/s SLW5564T ("the accident").

I further authorize the workshop to settle the above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment furtherto 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.

Date this _____ day of _____ (month) 20 _____ (year)

[Signature]

Signed by "the third party claimant"



[Signature]
ChiaAuto
Co. Reg No. 201538764H

Signed by "the workshop"



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor


Co. Reg No. 201538764H

Chopped & Signed by "the workshop"

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 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 First Submission	11/10/2024 11:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/10/2024 09:20 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8913H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG DONG
NRIC No	S7489961G
Email Address	WANGYUERU17@GMAIL.COM
Mobile Phone No	(Phone) +65-96100600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00051332404

DRIVER

Name of Driver	WANG YUERU
NRIC No	T0276706B
Date Of Birth	17/09/2002
Occupation	Indoor
Driving Pass Date	08/11/2022
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 YEAR AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96100989
Alt. Phone Number	-
Email Address	WANGYUERU17@GMAIL.COM
Address	571 BEDOK RESERVOIR ROAD
Address complement	-
Postcode	479302
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

ON 10/10/2024 AT ABOUT 0920HRS, VEHICLE A WAS TRAVELLING ALONG AIRPORT ROAD. I STOPPED MY VEHICLE SAFELY AS VEHICLE IN FRONT OF ME STOPPED. MY VEHICLE WAS STATIONARY. SUDDENLY, I FELT A HIT IMPACT FROM THE REAR. VEHICLE B FAILED TO STOP AND HIT ONTO MY VEHICLE REAR PORTION.

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	SLW5564T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG YUERU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKS8913H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report any traffic accidents to the police immediately upon reporting the claims accident.
- 2. This report will be completed by the insurer's agent or the Traffic Police.
- 3. If a vehicle involved in the accident is damaged, the insurer's agent or the Traffic Police will advise you on the steps to take to report the accident to the relevant authorities.
- 4. The insurer will advise you on the steps to take to report the accident to the relevant authorities.
- 5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
- 6. This report will be forwarded by the insurer to the GIC Accident Management Centre established by the General Insurance Association of Singapore (GIAS) for its use and that copies of the report will be made available upon application to interested parties.
- 7. By the lodgement of the report to the insurer, you hereby consent to the disclosure of this report to the centre and to copies of the report being made available aforesaid.

6. Consent under the Personal Data Protection Act (PDPA)

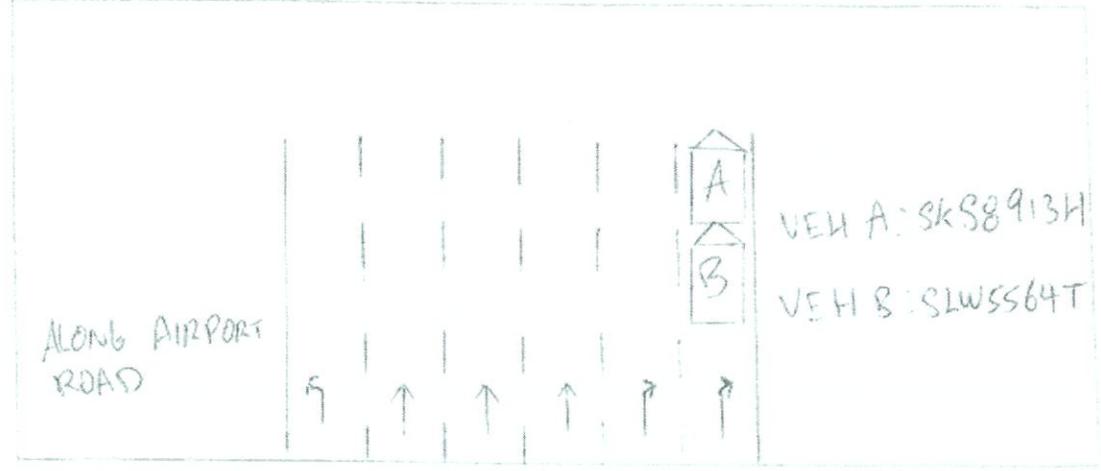
- (a) I understand, acknowledge, agree and consent that:
 - (i) My insurer, my agent and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided to me or possession by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident/all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers, lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
 - (a) investigating the accident and/or my claims;
 - (b) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (c) administering my claims including the issuing of interest payments, settlements, dividends, reports or notices to me, which could involve processing of certain personal data about me to bring about delivery of the same as well as on the external cover of my personal packages; and/or
 - (d) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes");
 - (ii) all insurers who have insured vehicles involved in this accident and the Insurers, lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (iii) my Personal Information may also be disclosed to 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.

Insured's Signature, Date & Time

Driver's Signature, Date & Time

Witnessed by Reporting Centre Personnel
Name and NRIC No.

Sketch Plan



Describe Circumstance of the Accident

On 10/10/2024 about 0920hrs, I, vehicle A was travelling along Airport Road. I stopped my vehicle safely as vehicle in front of me stopped. My vehicle was stationary. Suddenly, I felt a hit impact from the rear. vehicle B failed to stop and hit onto my vehicle rear portion.

VEH A : SKS 8913H

VEH B : SLW 5564T

Declarator

I/we declare the foregoing particulars are true, correct and proper.

Signature of Declarator

Signature of Declarator

Signature of Declarator