

DATE : 5/11/24  
OUR REF : SVOR-2024-01359

YOUR REF: —

**WITHOUT PREJUDICE**

M/S : ALG Asia Pacific Insurance Pte Ltd  
ALG Building  
78 Shenton Way level 10  
Singapore 079120

DEAR SIR,MDM

**ACCIDENT INVOLVING** SNE6599H1 & SKP4274K on West Coast Food Centre Carpark Area  
WE ENCLOSED THE FOLLOWING DOCUMENTS FOR YOUR PERUSAL: at 29/7/24

ORIGINAL SURVEY REPORT BILL / ORIGINAL COPIES OF PHOTOGRAPHS /  
ORIGINAL TAX INVOICE NO / ORIGINAL RENTAL INVOICE NO /  
GIA REPORT/POLICE REPORT OF / POLICE RESULT  
CERTIFICATE OF INSURANCE / LTA SEARCH AND RECEIPT OF /  
ORIGINAL MEDICAL BILL/RECEIPT DRIVER'S LETTER OF AUTHORITY /  
SATISFACTION CUM DISCHARGE VOUCHER / OTHERS  
SURVEY UNDER INSURANCE INSTRUCTION / INDEPENDENT SURVEYOR

WE WOULD LIKE TO CLAIM ALL THE FOLLOWING LOSSES ON BEHALF OF OUR CLIENT:

1)	COST OF REPAIR (INCLUSIVE GST)	\$ 2883-92
2)	SURVEYOR FEES (WITH/WITHOUT GST)	\$ —
3)	RENTAL FEES/LOSS OF USE FOR 9 DAYS AT \$120 PER DAYS	\$ 1177-20
4)	LTA/GIA/POLICE FEES	\$ 2-18
5)	MEDICAL FEES	\$ —
	<b>TOTAL CLAIM</b>	<b>\$ 4063-30</b>

IF YOU AGREE TO THE ABOVE, PLEASE FORWARD YOUR SETTLEMENT DIRECTLY TO

**TTS EUROCARS PTE LTD**

YOUR PROMPT ACTION IS MOST APPRECIATED.

YOURS TRULY



YVONNE WONG



**TTS EUROCARS** pte ltd  
A member of the TTS Motor Group

Company Reg. No: 200413930H  
GST No: 200413930H

Main Office & Showroom: 2 Chang Charn Road Singapore 159631 Main Line: +65 6842 2222 Sales: +65 6287 3355 Admin: +65 6757 0122 Fax: +65 6741 1626

Branch: 272 Macpherson Road Singapore 348597 Tel: +65 6462 1111 Fax: +6518 4820

Workshop: 2 Defu South Street 1 #04-04 JTC Defu Industrial City Singapore 533755 Tel: +65 6757 2622

For corporate, fleet & leasing enquiries, please contact +65 6842 2222

24-Hour Emergency Assistance: +65 6475 2722

Website: www.tts.com.sg





AIG ASIA PACIFIC INSURANCE PTE LTD  
78 SHENTON WAY LEVEL 10  
AIG BUILDING  
SINGAPORE 079120

ATTN:

INVOICE : TTSTP11-00100

INV DATE : 5/11/2024  
VEHICLE NO: SNE6599H  
MODEL : TOYOTA YARIS CROSS  
TERMS : 2 WEEKS  
OUR REF : SVOR-2024-01359  
YOUR REF :

S/N	PARTICULAR	QUANTILY	AMOUNT S\$
1	TO REPAIR PARTS BY PARTS	1.00	\$ 2,645.80
			<hr/>
			\$ 2,645.80
ADD 9% GST			\$ 238.12
			<hr/>
			\$ 2,883.92

DOLLARS:TWO THOUSAND EIGHT HUNDRED EIGHTY-THREE AND CENTS NINETY-TWO ONLY.

\$ 2,883.92



TTS EUROCARS PTE LTD

Cheques should be made payable to TTS EUROCARS PTE LTD



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## 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	29/07/2024 17:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2024 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST FOOD CENTR CARPARK AREA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE6599H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HAN MING SHAN
NRIC No	S9417207A
Email Address	MINGSHANHAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90286295
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1500

### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	HAN MING SHAN
NRIC No	S9417207A
Date Of Birth	16/05/1994
Occupation	Indoor

Driving Pass Date	28/04/2015
Driving experience	9 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90286295
Alt. Phone Number	-
Email Address	MINGSHANHAN@HOTMAIL.COM
Address	114 DEPOT ROAD #11-1035
Address complement	-
Postcode	-
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)	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	-
Original language used in the statement	-

#### PASSENGER 1

Name	HUSBAND
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 SP

#### 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	SKP4274K
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	-
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 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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

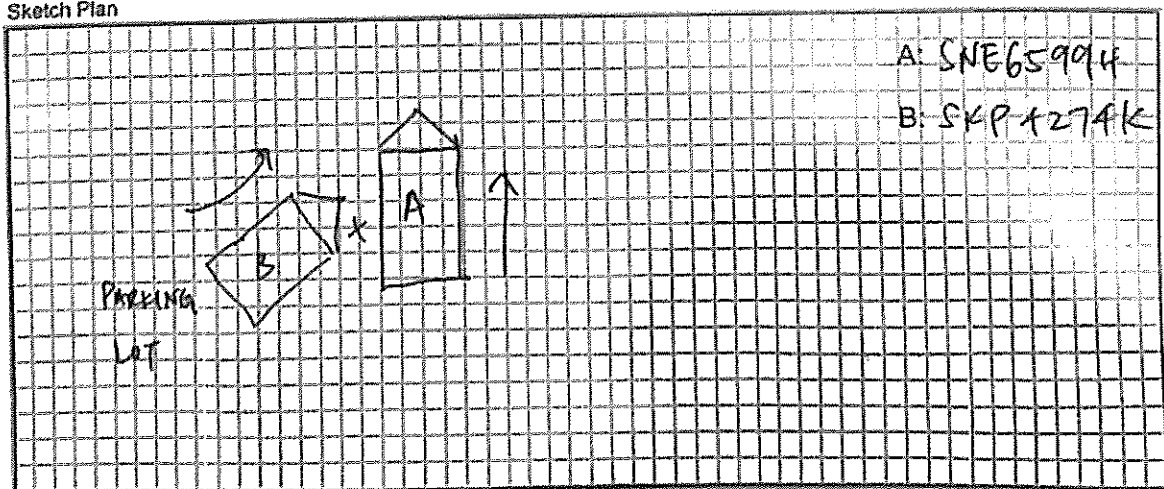
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]* 29/07/2024  
 Policyholder's Signature / Date & Time

*[Signature]* 29/07/2024  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

DOA: 29.7.24

TIME: 1305 HRS

LOCATION: WEST COAST FOOD CENTRE CARPARK AREA

I was going straight on a one way street, car B was coming out of the parking lot and bang into car A left side of the car.

Declaration

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

29/07/2024

*[Signature]*

Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel  
(Name as in NRUCAD card)



TTS EUROCARS pte ltd

A member of the TTS Motor  
Group

Company Reg. No: 200413930H

## LETTER OF AUTHORISATION

ACCIDENT INVOLVING SNE6599H & SKP427415 ON 29/7/24

I, Han Ming Shan owner of Vehicle Registration No. SNE6599H

Hereby authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident. I further authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my above claim.

I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd of the settlement amount in respect of such claim shall constitute the full discharge of the claim in respect of such loss and damage.

Signed By:

Name Han Ming Shan  
NRIC No: S9417207A

In the presence of:

Name Yume  
NRIC No: SXXXX076H







**TTS EUROCARS** pte ltd

A member of the TTS Motor Group

Company Reg. No: 200413930H GST No: 200413930H

## SATISFACTION VOUCHER

TO : **TTS EUROCARS PTE LTD**

2 DEFU SOUTH ST 1

#04-04

DEFU INDUSTRIAL CITY

SINGAPORE 533755

We hereby confirm the receipt of the our vehicle in good and working condition from the repairer M/S **TTS EUROCARS PTE LTD** and that all necessary repairs resulting from the below mentioned accident had been completed to our satisfactory and acceptance.

VEHICLE NO : SNE6599H

MAKE/MODEL : TOYOTA YARIS CROSS

CHASSIS NO : MXPJ103036294

DOA : 29/7/2024

CLAIM REF : SVOR-2024-01359

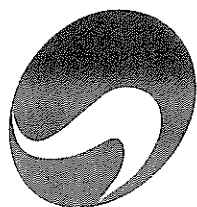
REMARK : CLAIM THIRD PARTY AIG

COMPANY STAMP:

SIGNATURE :

NAME:

DATE:



**TTS EUROCARS** pte ltd  
A member of the TTS Motor Group

## Leasing & Rental Agreement

TTSEC 23 - 0186

HIRER'S PARTICULARS		VEHICLE DETAILS
Name: <i>Han Ming Shan</i>	NRIC No/ Passport No: <i>S9417207A</i>	Vehicle Registration No: <i>SMS 2177D</i>
Address: <i>114 Depot Road</i> <i>#11-1035 5100114</i>	Telephone (Home): Mobile No: <i>90286295</i>	Make / Model: <i>Volkswagen Golf</i> Colour:
The hirer is to bear excess of the first \$3,500.00 on the damage to TTS's car (customer to acknowledge) <i>[Signature]</i>		
Collision Damage Waiver : Yes / No	Date Hired from:	Rental Amount :\$ <i>120/Day</i>
Excess waiver to :		CDW :\$
Estimated Date of Return :	No. of Days :	Refundable deposit :\$
Remarks: <i>Car Accident Claim SNE 6599H</i>		Total :\$ <i>1086-00</i>
		Amount Paid :\$ <i>1177-20</i>

Collection of Vehicle			Return of Vehicle		
Out Date / Time <i>24/10/24</i>	Mileage Out <i>86127</i>	Fuel Level 	In Date / Time <i>2/11/24</i>	Mileage In <i>86846</i>	Fuel Level 
Check out by: <i>1200HRS</i> <i>Yume</i>			Check In by: <i>1830</i> <i>Yume</i>		

All terms and conditions shall be governed by and construed in accordance to the laws of the Republic of Singapore. I acknowledge and agree to the above terms and conditions of the rental Agreement contract:

*[Signature]*

Hirer Signature

*[Signature]*

TTS EUROCARS PTE LTD

Refund Deposit to Customer: \$

Date:

Customer's Signature:

INSURER  
ENQUIRY

Find  
insurer

Vehicle reg.  
no.

SKP4274K

Date of  
Accident

29/07/2024

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**

Period of Insurance ..... **10/09/2023 - 09/09/2024**

Requested By ..... **Kavi (TTS EUROCARS PTE LTD)**

Requested Date ..... **14/10/2024 18:09**

#### Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

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

#### General Insurance Association

Records Management Centre

GST Registration

No: **M400017735**