SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711 Tel: 67472112 (5 lines) Fax: 67438032 Email: cardoc@singnet.com.sg Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SLT28Z/2410161

17th February 2025

WITHOUT PREJUDICE

The Manager Motor Claim Department AIG Asia Pacific Insurance Pte Ltd CHARTIS Building 78 Shenton Way #07-16 Singapore 079120

RE: ACCIDENT INVOLVING VEHICLES SLT 28 Z AND SKZ 2142 T ON 28TH OCTOBER 2024 AT 1620 HRS AT JOHOR BAHRU CHECKPOINT (MALAYSIA)

Dear Sirs,

We refer to the above matter.

Our Client Goh Jin Way Bertrand the registered owner of SLT 28 Z.

You are the insurer of motor vehicle no. SKZ 2142 T, which was involved in the above accident. Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no. SKZ 2142 T, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) A Lump-sum repair bill
- b) GIA report & LTA search bill
- c) An authorisation letter from the owner (SLT 28 Z)

We are claiming as follows: -

Dollar: Three Thousand One Hundred Seventy Seven And Cents Eighteen Only.

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days from the date herewith.

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully,

Karen Ong

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TAX INVOICE

The Manager Motor Claim Department AIG Asia Pacific Insurance Pte Ltd CHARTIS Building 78 Shenton Way #07-16 Singapore 079120

Date of Accident

: 28th October 2024

Location

Johor Bahru Checkpoint, Malaysia

Third Party Claim Vehicle No :

SKZ 2142 T

Repair Cost For Vehicle No

: SLT 28 Z Porsche Macan

A Lump-sum repair

S\$ 2,500.00

S\$ 2,500.00

Add 9% GST

S\$ 225.00

S\$ 2,725.00

S/Dollars: - Two Thousand Seven Hundred And Twenty Five Only.

SPECIALISTS	MOTOR	
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ACCIDENT INVOLVING VEHICLE SLT 28 Z AND SKZ 2142 T ON 287H OCTOBER 2024 AT				
1620HRS AT JOHOR BAHRY CHECKPOJNT CMALAYSTA)				
Letter Of Authority And Undertaking				
1/We Goh Jin Way Bertrand (NRICNO) SXXX 1681 of				
12 Balmoral Road #106-04 Singapore 259820				
the owner / driver of Vehicle No. SLT 28 Z hereby authorise your esteem company Specialists Motor Fte Ud				
as my repairer for my Damaged Vehicle involved in the above accident and to				
claim against the negligent party and/or insurance company.				
I/ We hereby agreed to be bound by the following:-				
1. You are authorised to use my/our name to claim against the negligent party and/or insurance company pertaining to the above accident including any other incidental losses. All payments/settlement monies shall be made in favour of your company M/S Specialists Motor Pte Ital				
2. All documents receive by me from third party or insurance company will be sent to your office for follow-up action.				
3. Any offer of settlements by the insurer and / or negligent party will be accepted only with your concurrence and approval.				
4. I/We agree to sign/execute the Discharge Receipt within 7 working days of issue of notice, by post, electronic mail, social media or text messaging, by your company				
5. If I/We fail to sign/execute the Discharge Notice after 7 working days from the Issue of notice, I/We hereby authorise your company's authorised representative to sign and execute the said Discharge Receipt on my/our behalf.				
6. Throughout the process of claim, I/We will be obligated to assist and to provide your company with accurate and correct information.				
7. I/We agree that I/We shall pay to your company all cost/expenses/damages incurred or suffered by you as a result of the unsuccessful recovery of the claims for the full repair cost and any other incidental cost/expenses by you on my/our behalf.				
8. I / We warrant and undertake that all information and statement provided by me /us to you are true and accurate.				
Thanking you in anticipation.				
Yours faithfully				
Date: 29/10/2024				

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKZ2142T

Date of Accident

28/10/2024

Reset

% RESULT & RECEIPT

TP Insurer Enquiry				
Insurance	AIG Asia Pacific Insurance Pte			
Period of Insurance	14/01/2024 - 13/01/2025			
Requested By	Tham HL (SPECIALISTS MOTO			
Requested Date	29/10/2024 17:01			

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 SS3124AT0001 / SPECIALISTS MOTOR PTE LTD ENTRY DATE & TIME: 29/10/2024 16:38 (SGT) SUBMITTED BY: Tham HL VERSION: 1 (29/10/2024 16:38 (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.

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 Reported by Date of Accident **Exact Location of Accident**

Additional Location Information Country/State of Loss

29/10/2024 16:38 (SGT) **Actual Driver** 28/10/2024 16:20 (SGT) Near Johor Bahru Checkpt, Bukit Chagar, 80300 Johor Bahru, Johor, Malaysia JOHOR BAHRU CHECKPOINT, MALAYSIA

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLT28Z

Malaysia

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

Alternative Phone No

GOH JIN WAY BERTRAND

SXXXX168I

goh_jw@hotmail.com (Phone) +65-83158828

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

Porsche Macan

Private use

No - Claiming third party

Private car Auto 1984

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Etiga Insurance Pte Ltd MA032298

DRIVER



Name of Driver

NRIC No

SXXXX375B

Date Of Birth

Occupation

Driving Pass Date

GOH CHEE TONG @ GOH CHEE HWANG SXXXX375B

10/11/1949

Indoor

03/09/1973

Driving Pass Date 03/09/1973
Driving License Pass Class 3
Driving License Validity Valid

Driving experience 51 YEARS AND 1 MONTH

Gender Male

Mobile Number (Phone) +65-93861918

Alt. Phone Number

Email Address gohcheetong@gmail.com
Address 12 BALMORAL ROAD #06-04
Address complement -

Postcode 259820
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 Side Swipe
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

PASSENGER 1

Name GOH CHEE WHATT Gender Male

DETAILS OF POLICE ACTION

Original language used in the statement

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY BEHIND ANOTHER CAR QUEUEING TO ENTER JOHOR BAHRU CUSTOM TOWARDS SINGAPORE. VEHICLE B(SKZ 2142 T) ON LANE 2 UNABLE TO MERGE INTO LANE 2 SQUEEZE AND CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

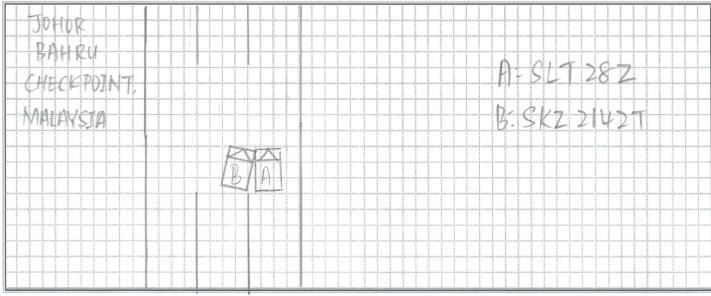
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident
I was stationary behind another car queveing to enter Johov Bahni Custom
towards Singapove. Vehicle B (SKZ 21427) on lane 2 unable to merge into lane 2
squeeze and cut into my lane and collided parto my webicle.

Declaration

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

3.10pm

Policyholder's Signature / Date & Time Actual Driver Signature (if driver is not the policyholder) / Date & Time (Name as in NRIC/ID card)