Our ref: Your ref:	DS203/24/KO 17 OCT 2024	Direct Settlement
Date:	17 061 2021	
To:	India	
	Singapore	
Attn:	Motor Claims Department	
Re: Accide	ent Involving Motor Vehicle Nos. SMR53	10Z & YR317X
At/Alo	ng CTE TOWARDS HAVELOCK ROAD EXIT	On 17/ <b>1</b> 2024 @ 0910
I am the owner	er of vehicle no. SMR5310Z that we no. YR317X of the above acciden	vas involved in an accident with your nt.
	nt was caused by your insured negligent/inche following: -	considerate driving, thus I am claiming
1. Cost of Rep	pairs  / Rental (	\$ \\ \frac{\text{\text{b}} \cdot \cd
3. LTA/GIA S	Search Fee	\$
<ul><li>4. GIA Report</li><li>5. Others</li></ul>	Fee	\$ \$
3. Others		Total: \$ 9,185.07
solicitor to co	you fourteen (14) days to comply with the sommence legal action against you. If you of CYCLE & CARRIAGE INDUST is Kerlyn Ong) / 67714304 (Ms Amanda A	have any queries, please contact the RIES PTE LTD at Telephone No:
	full authority to CYCLE & CARRIAG re to negotiate/comprise settlement of the	
	ation and immediate attention to the above aring from you soon.	e is greatly appreciated. I hereby look
Yours faithful	lly	
6.6		
Name & Sign		
Address: Cc:	C/o. 188 Pandan Loop Singapore 128378 Ms Kerlyn Ong/ Ms Amanda Ang	
E-mail:	kerlyn.ong@cyclecarriage.com.sg / amanda	.ang@cyclecarriage.com.sg
Fax No.	67795383	

# LETTER OF AUTHORIZATION

To: India		
Singapore		
Attention: Motor Claims Department		
Dear Sir/Madam,		
MOTOR ACCIDENT INVOLVING	SMR5310Z	(OWNER'S
VEHICLE NO.) AND YR317X	(THIRD )	PARTY'S VEHICLE
NO.) ON 17/10/2024 (D.	ATE) AT 0910	(TIME)
AT/ALONG CTE TOWARDS HAVELOCK RO	DAD EXIT	(ROAD)
I am the registered owner of SMR5310Z		(Vehicle No.).
I hereby authorize CYCLE & CARRIA its agents or any person(s) authorized Limited to do all or any of the following	l by Cycle & C	
<ul> <li>Submit, resolve and make any Third Party insurers; and/or</li> <li>Execute and sign discharge vous documents in connection with a</li> </ul>	cher, indemnity	forms and all necessary
All payment towards settlement of m CYCLE & CARRIAGE INDUSTRIES		
Registered Owner's Signature (Company stamp & authorized signature	e if it is a compa	any-registered vehicle)
Name: trumpalli syamsudhea	Y	
NRIC: ST/F/G XXXX 52 6	1	
Date:		



# TAX INVOICE

Cycle & Carriage Industries Pte Limited

Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info		
	Cust No/Name	WCV41737/Gumpalli Syamsudheer	
INDIA INTERNATIONAL INSURANCE P/L	Reg No/Reg Date	SMR5310Z / 13/01/2020	
ATTN: MOTOR CLAIM DEPARTMENT	Date In/Mileage	21/08/2024/ 49263	
6 RAFFLES QUAY	Chassis No	WDD1771872J1572089	
#22-00 SINGAPORE 048580	Engine No	28291480270087	
	Make/Model	MB/A 200	
Contact No 63476100	Colour/Trim	021 149 polar white/ 041 101 ARTICO Blac	

			18 8)(8) (18)( 8)88 (18)	H H <b>ara</b> ini i <b>aa</b> i					U NI-te NI-
Account No	Terms	Date/Time Prin	ted	CSE	Operator		WIP No	Invoice/Cred	it Note No
	Credit	15/10/2024/		КО	301 / Kerlyn Ong		19506	28202359	
WI000576	Credit					Qtv	Unit Price S\$		Amount S\$
		Descriptio	n or Good	s / Services					
Z REQUEST									
	Request								F.O.C
M BPNSUN		- 000000000	04 // 1	7/07/2024					
POLICY N	IO/ACC DATE	E : 2000002069	2/07/202/		( - 111				
DRIVE IN	TP VEHIC	LE NU. : 18	1 1100 /	/ I KK _ RAS	SIII.				
DATE IN	DATE SURVI	EY: 21/08/2024 : 31/7/202	+ 1100 //	( = Hsian ]	Tona				
	SETTLEMENT	: 31/1/200	24 // LIKI	113140	. 55				2880.0
A BPILAB	ADLE AND D	EPLACE ATTACHI	ED DAMAGI	ED PARTS &	REFINISH.				1600 0
A BPIRES	TOLL AND IN	LI LACE ATTACH	LD Dianica					0.05	1600.0
	ROOT LID	& REAR BUMPER							200 0
A RDTI AR								0.10	380.0
USING X	ENTRY DIAG	NOSTIC TO CHE	CK ON CO	NTROL UNIT	RESET MEMORY TO				
IDENTIE	ICATION ST	ANDARD. NETT							120.0
A RDILAR					and the second of the second				120.0
CHECK R	EAR LIGHTI	NG SYSTEM AND	WATER T	EST FOR AN	Y LEAKAGE. NETT				15.0
M BPNSUN								17.	
SUNDRY						1.00	66.44		66.4
X MERCEDE						3.00	3.11		9.3
X GROMMET						1.00	153.42	1.	153.
	IODEL PLATE					1.00	1520.51		1520.
X REAR BU	IMPER	LOUED CUDOME				1.00	326.70		326.
X CTR/ RE	AK BUMPER	LOWER CHROME				1.00	555.27		555.
X REAR BL	IMPER LOWER	K IKIM							

Guarantee Your Warranty, Maintain with Cycle & Carriage!

Parts Labour	2,631.67 4,980.00	Nett 9% GST on 7626.67	7,626.67 686.40
Standard Menu Specialist Job Diagnostics Job Sundry/Others Total(w/o GST)	0.00 0.00 0.00 15.00 7,626.67	Total Payable Paid Total Due	8,313.07 0.00 8,313.07

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6777 8388 Fax: 6779 5383 www.mercedes-benz.com.sg

**CHAN'S & SONS ENTERPRISE** 

Company Reg No:51936900M 363 Sembawang Road, Goodlink Park,

Singapore - 758379

Email: admin@chans.com.sg

Tax Invoice No: INV0802082024-08 Dated:

August 29, 2024

Rental Agreement No: RA 016605 2024-08

Terms of Payment: Due upon receipt

**Customer Reference:** SMR5310Z (India)

Notes:

Tax Invoice

SMR5310Z (India)

**Customer Details GUMPALLI SYAMSUDHEER** 

NO.52 SENGKANG SQUARE #02-08 Singapore 544831

**Executive Name:**C&C KERYN

S.No	Product	Description	From Date	To Date	No. of Periods	Price (SGD)	Amount (SGD)
1	SLJ9920R	Toyota Altis 1.6 (A)  - Gumpalli Syamsudheer	21-08- 2024	28-08- 2024 (Incl.)	8 Days	100.00	800.00
					G	ST 9% (9%)	800.00 <b>72.0</b> 0
Amount in words : Eight Hundred Seventy Two Singapore Dollar (SGD)  Total (SGD)							

For CHAN'S & SONS ENTERPRISE

**Declaration:** 

Please make your cheques payable to : CHAN'S & SONS

**ENTERPRISE** 

This is a Computer generated document. No signature is required.

**Income Terms** 

Terms



**CHAN'S & SONS ENTERPRISE** 

363 Sembawang Road, Goodlink Park, Singapore 758379. Tel: 6753 2536 Fax: 6756 7565

Breakdown Recovery: 9742 9446

GUMPAL	LI DYAMOU	Date of Birth	Passport/ Nric No. Nationality  S7662576 6			ality		
Address S2 S	ENGKANG S	Occupation	Driving Licence No  Mobile Phone No.  97699457			Date of Expiry		
402		Contact No						
Joint Hirer's / Guaranto		VI	Date of Birth	Passport/ Nric No. Nationality  Driving Licence No Date of Expiry			Nationality	
Address [24	Scletar -	terrace	Occupation				f Expiry	
		80698)	Contact No	Mobile Pl	none N	o.		
HECK OUT	Date 21 · 08 · ≥ φ	10-35a	Mileage	E	1/4	1.	  2	3/4 F
CHECK IN  Date  Time  Spm -		Mileage KM	ileage Remarks				de .	
IMPORTANT NOTE:				UNIT		RATE	(\$)	TOTAL (\$)
No refund will be giv	INGAPORE use. See clause to en for vehicle that returns early	RATE	8	@	100	+ ast	800	
earnings while dama	ity - First \$1500 for damage ged vehicle is under repair.		DISCOUNT					-
Additional Excess of and/or less than 2yrs	First \$2000 for any Third Par	ty Accident Claim. lyrs old or above 70yrs	GST @ 9 · /.					70
Hirer is responsible f	or all parking fines & traffic sur	mmons.	TOTAL					872.
will be allowed.	s advance notice is required	4 4 4 4	EXTENSION			Ir	N 803	08 2024-0
Saturday where retur	returned at the same time arn time is before 10am.							
Hourly extension is c	r office hour will be charged to harged at 1/5 of the daily rate.	the next working day.	mar his					2 7 V =
As preventive maintenance, please check water & engine oil daily.  Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.  For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.  Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.			Del: Inve 5310	· r			2	1 -2 -3
			DEDOOIT ( / , , , , , , ,		2.14			
			DEPOSIT (refundable) S\$  CHANGED OVER FROM VEH. DATE					

Hirer's Signature

Joint Hirer's/ Guarantor's Signature

for CHAN'S & SONS ENTERPRISE

VEHICLE NO.	JUT 9800 R	MODEL Togota	Altis 1.6 (A).
FROM		RETURN	*Estimate Date. For actual return see CHECK IN

SC20247I0008 / CYCLE & CARRIAGE INDUSTRIES PTE LTD

ENTRY DATE & TIME: 18/07/2024 15:38 (SGT) SUBMITTED BY: HO WIE LIH

VERSION: 1 (18/07/2024 15:38 (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 18/07/2024 15:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/07/2024 09:10 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CTE TOWARDS HAVELOCK ROAD EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMR5310Z

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GUMPALLI SYAMSUDHEER** NRIC No SXXXX526C Email Address syamsudheer@gmail.com Mobile Phone No (Phone) +65-97699457 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model A200 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 1332

# INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2000002069-04

# DRIVER

Name of Driver **GUMPALLI SYAMSUDHEER** NRIC No SXXXX526C Date Of Birth 15/11/1976 Occupation Indoor

05/10/2021 Driving Pass Date Driving experience 2 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97699457 Alt. Phone Number Email Address syamsudheer@gmail.com 52 SENGKANG SQUARE #02-08 Address Address complement 544831 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 Collision - Head to Rear Type of Accident Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 NARAYANA KARVITHA 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 ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident REFER TO KERLYN ONG **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **YR317X** Vehicle Manufacturer

Vehicle Model

Vehicle Variant	
Vehicle Colour	
Vehicle Category	NA / Unknown
Name of Driver	MAUNG MAUNG OO
Passport No/FIN	GXXXX814L
Contact Number	-
Address	
Address complement	40 - 11 E
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.

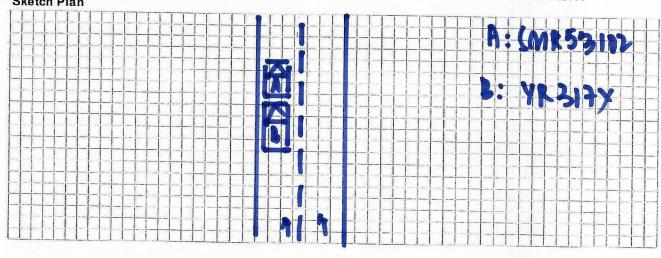
Policyholder's Signature / Date &

Customer Service Centre - Pandan Loop Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel KERLYN

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Time 18/07/2024 1357 Sketch Plan



# Describe Circumstances of the Accident

I STOPPED MY CAR (SMR5310Z) ALONG CTE TOWARD HAVELOCK ROAD EXIT. I STOPPED MY CAR (SMR5310Z) AS VEHICLES AHEAD STOPPED.					
HOWEVER, VEHICLE B (YR317X) FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND HAD COLLIDED ONTO MY REAR PORTION.					

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 18/07/2024 1357

Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113

Driver's Signature (If driver is not the policyholder) / Date Cycle Winessed by Reporting Centred
& Time

Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@eyelecarriags.com.sg

Email: kerlyn.ong@eyelecarriags.com.sg

Cycle Winessed by Reporting
Customer Service KEREYN and an Loop

App can be downloaded for free at Apple App Store or Google Hisly Store.

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AIG

# CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Vehicle No. Policy No. Endorsement No. :

: 2000002069-04

: 07 Jan 2024 11:46 **Issued Date** 

#### ABOUT THE COVER

Make/Model : MERCEDES Benz A200 Progressive
Engine Capacity/Tonnage : 1,332.00 CC Sum Insure
Driver Restriction : NA Off Peak C

Sum insured : Market Value Off Peak Car : No

First Year of Registration : 2020 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder
5) Any other person who is driving at the Policyholder's order or with his/her permission.
This Policy will indomnify the Policyholder or any authorised driver only if he/she meets the specified age con

You have to pay on additional sum of \$\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("VIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 20 and/or has loss than 2 years' driving experience

Age Condition : All Age Condition Limitation as to use\* :

Mileage Condition : Unlimited Mileage

Use only for social, domestic and pheasure purposes and for the Policyholder's business.
This Policy does not cover use for hitre or reward, driving button, through ear, racing, path-reaking, reliability trial or speed-festing, the carriage of goods other than samples is combisiness or use for any purpose in connection with Motor Trade

\* Umilations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Roke and Compensation) Act 1960, Section 95 of the Road Transport Act, 1967 (Abelrysie) and 1967 (Abe

#### EXCESS

Section 1 Fire - 30 Own Damage - \$800 Theft - 50 Flood Cover - \$800

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

GUMPALLI SYAMSUDHEER - \$800 (Own Damage), \$800 (Flood Cover)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Cycle & Carriage Eunes Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 62061618
2.Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 52061816

For other Approved Reporting Centros/AIG Authorised Repaires, please contact our 24-hour acck-test emergency horline at +65 6338 6200. Alternatively, you may refer to AIG weeklite www.aig.sig.or AIG SG Mobile App. Simply search and download "AIG SG" from Applie App Store or Google Play Store.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hareby certify that the policy to which this Cartilicate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1967 (Malaysis), Road Transport Act, 19

0504612232

CYCLE & CARRIAGE - LCY

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

#### 24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you? What should I do in the event of an accident?

Immediate assistance after an accident

If no one is injured in the accident:

Towing service (accident or non-accident related)
Advice on Motor Claims procedures
Medical Referral Assistance

Keep calm and move your car to a safe place.

Do not admit or discuss fault or blame with the other partylins).
Report the accident to save with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the noxt working day of the accident.

Submit Writ/Summons/Correspondences from third party(ies) to AIG

If no one is injured in the accident:

You are not required for make any police report.

Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).

Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scone of the accident.

Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

Report the accident to the police, providing full datalis of the circumstances of the accident.

Report device number, name and address, insurance company and policy number of the accident.

Record verbicle number, name and address, insurance company and policy number of the other driven(s) and vehicle(s). If applicable.

Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

LOSS OF USE CAR REPLACEMENT BENEFIT



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7662526C Name:

**GUMPALLI SYAMSUDHEER** 

Birth Date: 15 Nov 1976

Issue Date: 05 Oct 2021



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

EFFECTIVE DATE Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

05 Oct 2021

NP 428A

