

Authorization To Act

Attn: Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04 / #05

IOB Building

Singapore 049711

I / We, Messers STVE Pte Ltd ("the third party claimant") of No. 14 Benoi Road Singapore 629887 (address), owner of GZ7619A (vehicle no.) hereby authorize Liu's Brother Auto ENGINEERING Workshop ("the workshop") to act for me / us with respect to my / our claim for repair costs and / or rental and / or loss of use ("claim") for my / our vehicle no. GZ7619A that was damaged pursuant to the accident which occurred on 27/06/2017 (date) along Outside Singapore Land Office Carpark (location) involving SH9092H ("the accident").

I / We further authorize the workshop to settle my / our above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my / our claim with payment cheque / s being made in favour of the workshop.

I / We further acknowledge that any settlement the workshop may reach on my / our 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.

Dated this 24th day of June (month) 20 20 (year)

3rd Party Claimant:

Signature: 

Name: STVE Pte Ltd

Address: No. 14 Benoi Road

Singapore 629887

Nric/ROC No: 198703585C

Workshop:

Signature: 

Name: Liu's Brother Auto Engrg Workshop

Address: 1 Kaki Bukit Avenue 6 #01-01

AutoBay @ Kaki Bukit

Singapore 417883

ROB No: 53291793J

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT17060953

Claimant Ref: GZ7619A

We/I, LIU'S BROTHER AUTO ENGINEERING WORKSHOP ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 320.00 (global sum) ~~(repair cost), CF~~ ~~(loss of use/rental), CF~~ ~~(search fee)~~, vehicle no. GZ7619A that was damaged pursuant to the accident which occurred on 27/06/2017 (date) at OUTSIDE SINGAPORE LAND OFFICE CP (location) involving vehicle no. SH9092H (insured vehicle). This is pursuant to the inspection conducted on 31/07/2017 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner STVE PTE LTD ("the third party claimant") of vehicle no. GZ7619A 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to GZ7619A (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims 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.

We/I authorize you to pay the total amount of S\$ 320.00 to LIU'S BROTHER AUTO ENGINEERING WORKSHOP

Dated this 24th day of June, 2020

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

Liu's Brother Auto Engineering Workshop

NRIC:

ROB No. 53291793J

Address:

No. 1 Kaki Bukit Avenue 6 #01-01
AutoBay @ Kaki Bukit Singapore 417883

Nationality:

-

Occupation:

-

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK
#02-25 SINGAPORE 408933

Nationality:

Occupation:



Print Received Message

This mail is associated with :

***GZ7619A (MCT17060953)**
[SH9092H]

TP

STVE PTE LTD

Jun 27 2017 1:00PM

[COMFORT TRANSPORTATION PTE LTD]
LIU'S BROTHER AUTO WORKSHOP

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 14/05/2018 09:56 AM.
To LKK_HQ
CC chewht@lkkauto.com
Subject Re: <Seek Instruction> - Adj Mandate Approved (S\$320.35) - GZ7619A - Claim Handler: Sherini Pillai

Hi Hsiao Tong,

We are maintaining our stand.

Rgds
Sherini

<-- Original Message -->

From: LKK_HQ
To: sherini@iii.com.sg
CC: III_SG; chewht@lkkauto.com
Sent On: 12/05/2018 09:04 AM
Subject: Re: - Adj Mandate Approved (S\$320.35) - GZ7619A - Claim Handler: Sherini Pillai

Hi Sherini,

We refer to the above matter.

Please be informed that third party had rejected our offer at 50% and will proceed legal action.

For your further instruction.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

<-- Original Message -->

From: III_SG
To: LKK_HQ
CC: chewht@lkkauto.com
Sent On: 23/04/2018 09:00 AM
Subject: Re: - Adj Mandate Approved (S\$320.35) - GZ7619A - Claim Handler: Sherini Pillai

Hi Hsiao Tong,

TP should have anticipated OI will move off once the pax gets into the taxi. This is in sequence with BOLA 14(a).
We are maintaining offer at 50%

Rgds
Sherini

<-- Original Message -->

From: LKK_HQ
To: sherini@iii.com.sg
CC: III_SG; chewht@lkkauto.com

Sent On: 21/04/2018 02:01 PM

Subject: - Adj Mandate Approved (S\$320.35) - GZ7619A - Claim Handler: Sherini Pillai

Hi Sherini,

We refer to the above matter.

Third party rejected our 50% offer. Third party insisted that our insured driver had dashed out from the Taxi stand immediately without checking his blind spot before moving out and hit onto third party's van rear portion.

Kindly advise if we shall maintain our offer or else advise further instruction.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

<-- Original Message -->

From: III_SG

To: LKK_HQ

Sent On: 13/11/2017 09:25 AM

Subject: Alert - Adj Mandate Approved (S\$320.35) - GZ7619A - Claim Handler: Sherini Pillai

Approved:320.35.



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0070806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

OUR REF: MCT17060953/SP**YOUR REF: SH9092H/ 27.06.2017/ OUTSIDE SINGAPORE LAND OFFICE CAR PARK**

**GWEE WEI TECK COLIN
BLK 780E WOODLANDS CRESCENT
#12-75 S(735780)**

16 August 2017

Dear Sirs,

We refer to the above accident.

We are the insurers of SH9092H driven by you at the material time of accident.

We have received a Third party claim. We are enclosing copy of the Letter of Demand with supporting documents for your kind attention and perusal.

Kindly note that we will be carrying out investigation and proceed to defend and or negotiate a settlement of this claim and any further claims arising from this accident, as we deem fit.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with :

1. evidence
 2. Status of your claim against the owner of the other vehicle involved in the case
- within (7) days from the date of this letter.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition in connection with the accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance company.

Yours faithfully

Copy by e-mail:

Sherini Pillai
Motor Claims Department
sherini@iii.com.sg

Comfort Transportation Pte Ltd
383 Sin Ming Drive
Singapore 575717

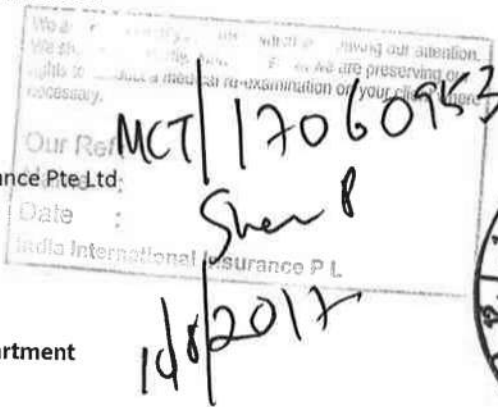
This is a computer generated letter which requires no signature.

Our Ref: 'GZ7619A170627

Date: 07/08/2017

Your Ref:

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



Attn: Motor Claims Department

Dear Sir / Madam

**TRAFFIC ACCIDENT ALONG OUTSIDE SINGAPORE LAND OFFICE CAR PARK
INVOLVING GZ7619A AND SH9092H ON 27/06/2017**

We/I, **Messers Stve Pte Ltd** (Nric / ROC No: **198703585C**), the registered owners of m/vehicle – **GZ7619A** at all material times of the above accident. Our/my vehicle was surveyed by "India" authorized appraiser and we/I based our/my claims on his recommendation for **S\$450-00** being the repair for **02 Days** (Strictly on a Without Prejudice Basis).

We/I have ascertained that you were the insurers of the driver of m/vehicle **SH9092H** when the same was involved in the aforesaid accident with our/my m/vehicle – **GZ7619A**.

We/I whereby you are the insurers of m/vehicle **SH9092H** and the driver / owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle – **GZ7619A** has suffered loss and damage as follows:

(a) Cost of repairs	S\$	450-00
(b) LOU for pre-repair notice 02 days @\$60-00		120-00
(c) LOU Fee for 02 days @\$60-00		120-00
(d) GIA / LTA search fee		5-35

Total Amount

S\$ 695-35

We/I enclose herewith copies of the supporting documents for vehicle no. **GZ7619A** as follows:-

- (i) Motor Accident Report;
- (ii) Repair Invoices;

Kindly look into the matter and let us/me hear from you on the settlement of our / my claims as soon as possible.

Please remit us/me your settlement sum in favor of **M/s Liu's Brother Auto Engineering Workshop**. Forward the cheque to No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883.

Thank you.

Yours faithfully,

The owner of m/vehicle **GZ7619A**
Messers STVE Pte Ltd
cc. Liu's Bro Auto Engrg Ws

570 ~ 4000 35
570 100 118-1

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J, Tel: 6741-1730 / 731, Fax: 6744-5746, Email: liubro@ymail.com

Invoice/Ref No: GZ7619A170627

Final Bill**Customer**

Name: India International Insurance Pte Ltd

Address: Motor Claims Department

64 Cecil Street #04-00 & #05-00

IOB Building Singapore 049711

Date: 07-08-17

Vehicle No: GZ7619A

Model/Make: Mitsubishi

L300 HR M

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Bumper	\$ 453.00	\$ -
2	Bumper Side Lh	\$ 235.00	\$ -
3	Bumper Side Bracket 02 pcs (@ S\$98.00)	\$ 196.00	\$ -
4	Bumper Reflector 02 pcs (@ S\$146.00)	\$ 292.00	\$ -
5	Tail Lamp Lh	\$ 220.00	\$ -
6	Corporate Advertisement Sticker	\$ 250.00	\$ -
		SN	\$ -
		SN	\$ -
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 1,000.00	\$ -
	To putty & spray painting & including touch up paint on accident af	\$ 800.00	\$ -
	To check all wiring & electrical component for proper function	\$ 50.00	\$ -

Total Parts & Labour of estimate for damaged vehicle

\$ 3,496.00

Total amount in Lump Sum Basis for repaired vehicle

\$ 450.00

SDLS: Four Hundred Fifty Only



M/s Liu's Brother Auto Engrg Wks



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Jul 2017 / 14:48:08

Receipt Date/Time : 28 Jul 2017 / 14:48:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-170728-001118

Previous Receipt No. :

S/N Item Description/**Business Transaction****Reference No.**

Result of Insurance Enquiry - SH9092H

As at 27 Jun 2017/13:10:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SH9092H
Enquiry Fee
20170728144703967394

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Sub-Total	5.00	0.35	5.35
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Total Before Rounding	5.00	0.35	5.35
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Rounding Difference			0.00
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Total Amount Payable			5.35
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Paid By

xxxxxxxxxxxx4559	Credit Card: Visa/MasterCard	5.35
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Total		5.35
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Cash Change		0.00
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Tendered Amount		5.35
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Excess Refundable Amount		0.00
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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.

Print Receipt

OK

Save as PDF

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 3585C

Vehicle Details

Vehicle No.: GZ7619A

Vehicle to be Exported: No

Intended De-registration
Date: 28 Jul 2017

Vehicle Make: MITSUBISHI

Vehicle Model: L300 HR M

Primary Colour: White

Manufacturing Year: 2006

Engine No.: 4D56LC3461

Chassis No.: JMAJNP15V6A001526

Maximum Power Output: -

Open Market Value: \$12,085.00

Original Registration
Date: 29 Aug 2006

First Registration Date: 29 Aug 2006

Transfer Count: 0

Actual ARF Paid: \$605.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 28 Aug 2021

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$23,127.00

COE Rebate Amount: \$18,887.00

Total Rebate Amount: \$18,887.00**Message**

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 28 Jul 2017

OK

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 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 ability.
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 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 Report	28/06/2017 15:08
Date Of Accident	27/06/2017 13:10
Exact Location Of Accident	OUTSIDE SINGAPORE LAND OFFICE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7619A
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97218565
Alternative Phone No	OFFICE-97218565

Vehicle Particulars

Manufacturer	NISSAN
Model	L300
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

Driver

Name of Driver	WONG KOK HWA
NRIC No	G7435866M
Date Of Birth	12/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97218565
Fax Number	
Contact Number	
Email Address	WONGC8318@GMAIL.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION- HEAD TO REAR (TP HIT INSURED)
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

At around 1:10pm while I GZ7619A was turning into the car park at Singapore land office in the CBD district. A blue coloured comfort cab licence plate SH 9092 H hit the back of my company vehicle licence plate GZ 7619A causing a slight dent at the bottom left part my company van. No injuries involved.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9092H
 Vehicle Make/Model/Colour HYUNDAI/NF SONATA 2.0
 Details Of Properties
 Name of Driver GWEE WEI TECK COLIN
 NRIC/Passport Number S7734253B
 Contact Number 94553247
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

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 Authorized 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 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 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 thereafter.
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 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 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 in 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 be 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 also 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.

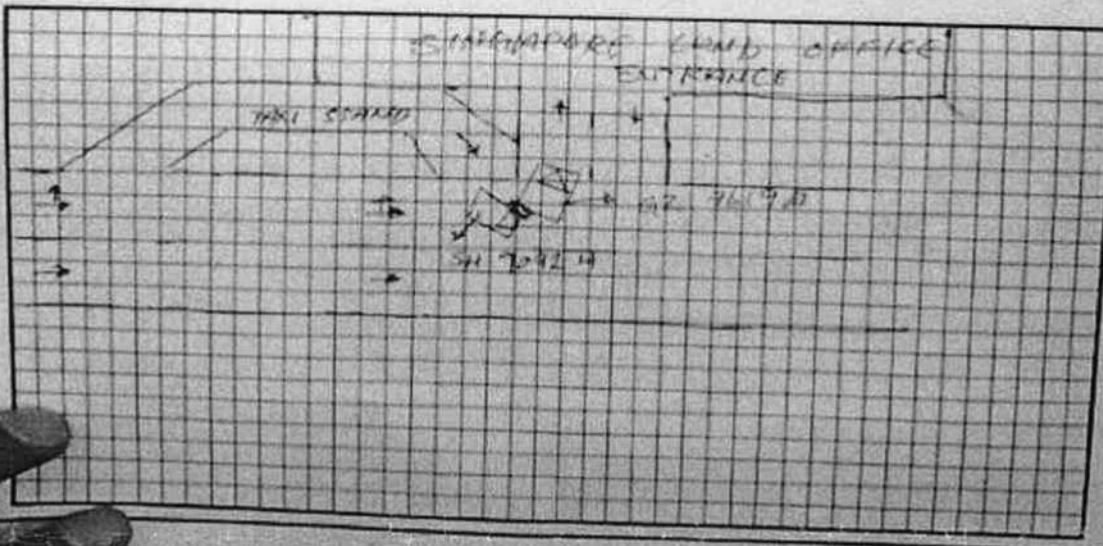
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

Driver's Signature (If different from the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

At around 1:10pm while I GZ7619A was turning into the carpark at Singapore land office in the CBD district. A blue coloured comfort cab licence plate SH 9092 H hit the back of my company vehicle licence plate GZ 7619A causing a slight dent at the bottom left part my company van. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 June 2017 2:24 pm

Date/Time:

28 June 2017 2:24 pm