

Your ref: XD3613G  
Our ref: SJT6808Z

12/08/2016

**INDIA INSURANCE INTERNATIONAL**

64 Cecil Street  
#04-02, IOB Building  
Singapore 04911

TEL: 6347 6100

Attn: Motor Claims Dept

Dear Sirs / mdm,

**Accident involving SJT6808Z & XD3613G along JUNCTION OF CECIL ST TWDS CROSS ST ON26/05/15 17:30**

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle XD3613G at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final repair invoice
- 2 GIA report of SJT6808Z
- 3 Authorisation Letter
- 4 Discharge Voucher
- 5 LTA Search Fee

We are instructed to claim the following

1 Costs of Repair - Lump Sum - (\$3,745.00 7% GST)	\$	3,745.00
2 Loss of Use - (\$200.00 x 4 days)	\$	800.00
3 LTA Search Fee	\$	5.35

**Grand Total: \$ 4,550.35**

Please kindly let us know whether you are prepared to settle our client's claim.

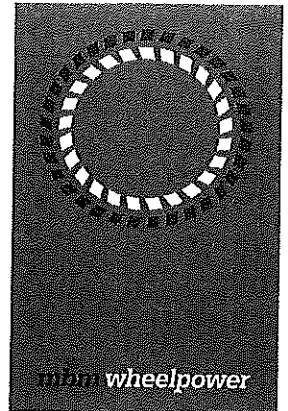
Thanks & Warmest Regards,



Sulaiman

HP: 93288668

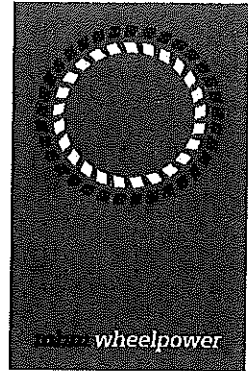
[sulaiman@mbmwheelpower.com.sg](mailto:sulaiman@mbmwheelpower.com.sg)



**WITHOUT PREJUDICE**

**mbm wheelpower pte ltd**  
2 kung chong road singapore 159140  
t 64583198 f 64586018  
Company Registration Number : 200204110W  
GST Reg No: M90368446L

# MBM WHEELPOWER PTE LTD



To: INDIA INSURANCE INTERNATIONAL  
64, CECIL STREET  
#04-02 IOI BUILDING  
SINGAPORE 04911

Tax Invoice: SDI-08-16-00018  
Date: 12th August 2016  
Vehicle No.: SJT6808Z  
Make / Model: BMW 335i  
Chassis No.: WBAkg72010e632340  
Engine No.: 18627651N55B30A  
Accident Date: 26.5.2015

Attn: Motor Claims Dept

S/N	DESCRIPTION	Amount S\$
1	Costs of Repair - LUMP SUM - (\$3,745.00 with 7% gst)	\$ 3,745.00
2	Loss of Use - \$200.00 X 4 Days	\$ 800.00
3	LTA Search Fees	\$ 5.35

Amount Due S\$ \$ 4,550.35

Please acknowledge receipt of vehicle

For & on behalf  
MBM WHEELPOWER PTE LTD



Customer's Signature

Prepared by: Sulaiman

Received in good order & condition  
Goods sold are not returnable

mbm wheelpower pte ltd  
2 kung chong road singapore 159140  
t 64583198 f 64588018  
Company Registration Number : 200204110W  
GST Reg No: M90368446L

## 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	30/05/2015 12:13
Date Of Accident	26/05/2015 17:30
Exact Location Of Accident	JUNCTION OF CECIL ST TWDS CROSS ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6808Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEH TIMBER
NRIC No	S7574185E
Email Address	themathguy@gmail.com
Mobile Phone No	(LOCAL) +65-97659832
Alternative Phone No	Others-97659832
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	335I-3.0 DCT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
<b>Insurance Company</b>	
Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00228839
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEH LIN
NRIC No	S7574185E
Date Of Birth	26/06/1975
Occupation	Indoor
Date Of Driving Pass	15/11/1999
Driving Experience	15 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-97659832
Fax Number	
Contact Number	Others-97659832
Email Address	themathguy@gmail.com

Address	25 QUEEN ASTRID PARK
Postcode	266830
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH
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
Was there any video captured by Car Camera?	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

REFER TO SKETCH

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD3613G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GILL KULDEEP SINGH
NRIC/Passport Number	03439492
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

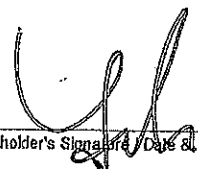
Name	
Phone Number	
Email Address	

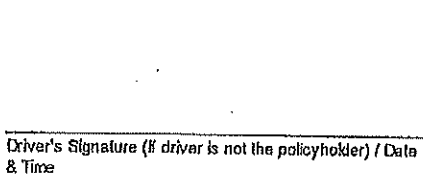
STJ68082  
26/5/15

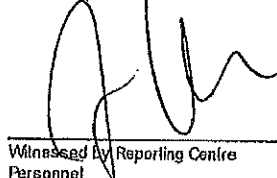
SKETCH PLAN

IMPORTANT NOTICE

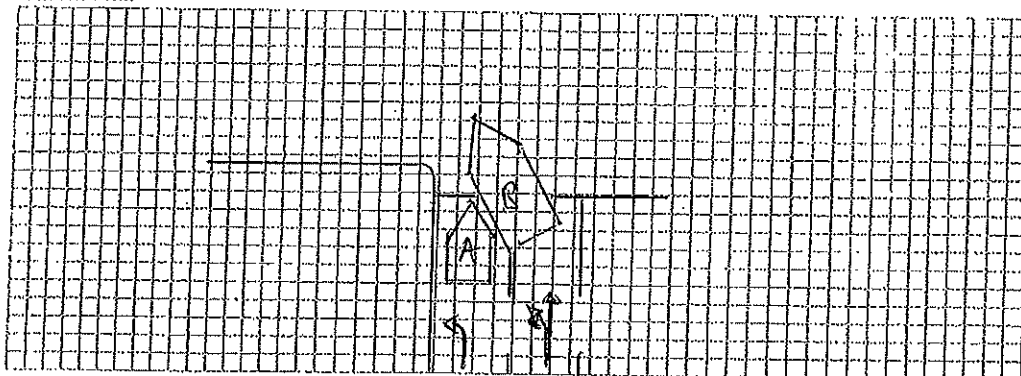
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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' 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.

K   
Policyholder's Signature / Date & Time

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

  
Witnessed By Reporting Centre Personnel

Sketch Plan



A - STJ 68082

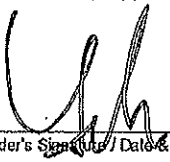
B - XD 3613 G


Describe Circumstances of the Accident


On 26.05.2015 at 17:30hrs. I was driving my car (SJT6808Z) junction of Cecil Street towards Cross Street. I was at the extreme left lane waiting for the traffic light to turn green. I was the first car at the traffic junction. Once the traffic light turn green and my car still on stationary position. Suddenly vehicle 'B' (XD3613G) came from my right and collided onto my car front right portion. Due to the impact, my car sustained damage on front right portion. At first the lorry company wanted to have a private settlement, but the repair cost is too high for them and they asked me to proceed with the third party claim.

Declaration

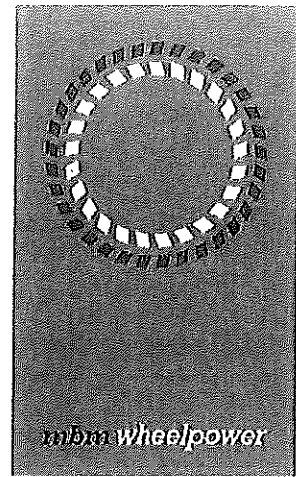
We declare the foregoing particulars are true in every respect.

x   
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

DISCHARGE VOUCHER

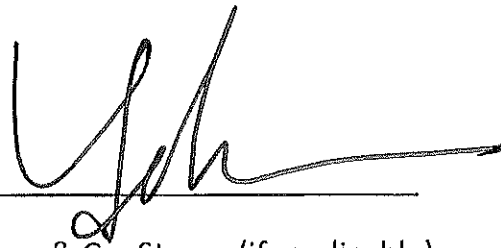


RE: VEHICLE NO: SJT 6808 2

This is to certify that MBM WHEELPOWER PTE LTD has repaired the above

Mentioned vehicle to my satisfaction and I had taken delivery at

15:45 hrs on this date 8-06-15.

x 

Owner Signature & Co. Stamp (if applicable)

We MBM WHEELPOWER PTE LTD hereby guarantee the workmanship of the repairs carried out on the accident portion of your vehicle. The guarantee is valid for a period of 6 months from the date of discharge and it is non-transferable. We will promptly carry out any necessary rectification work.



mbm wheelpower pte ltd  
176 sin ming drive 01-14/15 sin ming autocare singapore 575721  
t 6458 3198 f 6458 6018  
Company Registration Number: 200204110W

Date :

28/5/2015

To :

MBM WHEELPOWER PTE LTD

( )

176 Sin Ming Drive #01-14/15 Sin Ming Autocare Singapore 575721

( ✓ )

2 Kung Chong Road Singapore 159140

From :

YEN TIMBOR

( Name of Owner & Policyholder)

CLAIM VEHICLE NO:

SFT 6808 Z

ACCIDENT DATE:

26/5/2015

LOCATION:

OTHER VEHICLE:

XD 3613 G

1. I hereby authorise MBM WHEELPOWER PTE LTD to: -

a. Proceed with the repairs (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

( ) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle from my insurer in question until the claim is wholly completed, settle and/or resolved. (Claim against own insurer).

( ✓ ) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and/or bodily injury sustained as a result of the accident from third party and/or third party insurer in question until the claim is wholly completed, settled and/or resolved. (Claim against Third Party)

2. I confirm that MBM's authorisation shall include without limitation paying for all relevant reports/documents, corresponding and negotiating with the insurer/third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and/or completion of the claim.

Where authorising party is not vehicle owner and policyholder



EXCEPT: -

- a. Such as matters or task that the insurer/third party and/or the law requires me to personally attend to ; and
- b. The due submission of the claim to the insurer (Where applicable)

3. I understand if I submit a claim of whatever nature to my own insurer (FOURTEEN (14) days) after the accident (or such other time stipulated by my own insurer and/or the law), such claim will not or may not be accepted by my own insurer.

4. I further confirm and accept that: -

a. To the extent permitted by law: -

- i. I will indemnify and keep MBM indemnify in connection with or arising from the claim; and
- ii. That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses/damages of whatever nature arising from or in connection with the claim.

b. MBM does not guarantee and never represented that the insurer/third party will fully indemnify me for the damage and/or the repair's costs and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.

5. As the extent to which the insurer /third party will indemnify me or be liable is not conclusive, I agree to place a deposit of S\$                      (excluding GST) for the repair's cost.

6. I agree and accept MBM deposit refund policy. If the final successful percentage of indemnification/contribution/liability from or of the insurer/third party in respect of the repair's costs to me: -

- a. 50% and below - NO REFUND
- b. 100% - FULL REFUND

7. I shall inform and forward to MBM all correspondence and letters received by me from the insurer/third party, any other insurer, solicitors governmental authorities and/or, any other relevant party.

8. I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing/endorsement/execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.

9. I shall not: -

- a. respond to correspondence and letters; and
- b. negotiate agree or accept any offer from the insurer/third party or any other relevant party; without consultation of and expressed approval from MBM

10. In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM all proceeds of the claim for: -

- a. the repair's costs and
- b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis) and expenses in connection with the accident, repair and/or claim;

which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.

11. I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.



Owner & Policyholder's Signature/Company Stamp (if applicable); or

Authorising party's Signature/Company Stamp (if applicable)

Name: YEH TIMBER

NRIC: \_\_\_\_\_

Address: \_\_\_\_\_



Witness's Signature

Name: Gary Wong

NRIC: \_\_\_\_\_

Text size + -



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Jun 2015 / 09:59:08

Receipt Date/Time : 02 Jun 2015 / 09:59:08

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-150602-000225

Previous Receipt No. :

#### S/N Item Description/

**Business Transaction Reference  
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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As at 26 May 2015/17:30:00

INSURANCE CO:QBE INS INT'L LTD

1 Insurance Enquiry - XD3613G  
Enquiry Fee  
20150602095749931342

5.00	0.35	5.35
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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

xxxxxxxxxxx3033	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.

Text size + -

**Vehicle Insurance Particulars Result**

Vehicle No.	Search Date/Time	Insurance Company Name
XD3613G	26 May 2015 / 17:30:00	QBE INS INT'L LTD

Print

OK



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Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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