TEAM		
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# AIG THIRD PARTY EXPRESS SETTLEMENT FOR ACCIDENTS ON OR AFTER 1<sup>ST</sup> JUNE 2008 (PAYMENT BREAKDOWN)

Vehicle No:	SGW	8299Z	8					DMW/
Date of Accident:	27.12	.2017				M	odel:	BMW
Global Sum Settle	ement;	1	1	Yes	] [	] No		
Repair Estimate			: 8	5,309	.77			
Final Repair Cost			: 8	4,071	.30			
Loss of Use			: \$	300.0	0			3 days at \$ 100.00 per day
Rental (if any)			: \$					days
LTA / GIA Search	n Fee		: \$	2.00				
Others: Medical F	ees		: \$	34.00	9			
			: \$					
Final Settlement	Sum		: 8	4,407	.30			
		CIA D		tomad9 [	1 1 1	ES [	1 NO	(Kindly indicate below)
Is Third Party Wo	rkshop	GIA N	tegis	tereu: [	1 11			( automick automics account
Is Third Party Wo			10,000		: Agree	d Liab	ility _	(%)
A) For Non G  B) For GIA I  BOLA Lia	GIA Registere	istered	l Wo	rkshop: op: (%)	: Agree	d Liab OLA A OLA S	ility _ Applic Scenar	(%)
A) For Non O  B) For GIA I  BOLA Lia  * Assessed	GIA Registere	istered	l Wo	rkshop: op: (%)	: Agree	d Liab OLA A OLA S	ility _ Applic Scenar	(%) sation: Yes / No rio No: sility (*): (%)
A) For Non O  B) For GIA I  BOLA Lia  * Assessed not apply.  Remarks	GIA Registere ability: _ Liability	istered ed Wo to be fi	l Worksh	rkshop: op: _ (%) nly for c	: Agree	d Liab OLA A OLA S	ility _ Applic Scenar	(%) sation: Yes / No rio No: sility (*): (%)
A) For Non O  B) For GIA I  BOLA Lia  * Assessed not apply.  Remarks	GIA Registere ability: _ Liability	ed Wo	l Worksh	rkshop: op: _ (%) nly for c	: Agree	d Liab OLA 5 OLA 5 ssessec	ility _ Applic Scenar I Liab	(%) ration: Yes / No rio No: rility (*): (%) cases where BOLA does
A) For Non O  B) For GIA I  BOLA Lia  * Assessed not apply.  Remarks  Payment Instruct  1) Perform	GIA Registere ability: Liability ion: Pay	istered  ed Wo  to be fi  ee's B	l Worksh	rkshop: op: _(%) nly for c down ited	: Agree	d Liab OLA S OLA S ssessed	ility _ Applic Scenar I Liab and for e	(%) ration: Yes / No rio No: rility (*): (%) cases where BOLA does
A) For Non O  B) For GIA I  BOLA Lia  * Assessed not apply.  Remarks  Payment Instruct  1) Perform  2) Perform	GIA Registered ability: Liability ion: Paymance Mance	to be fi	l Wo	rkshop: op: _(%) nly for c down ited	: Agree	d Liab GOLA S GOLA S ssessed sions at	Applie Scenar d Liab nd for e	(%) sation: Yes / No rio No: sility (*): (%) cases where BOLA does
A) For Non O  B) For GIA I  BOLA Lia  * Assessed not apply.  Remarks  Payment Instruct  1) Perform	GIA Registered ability: Liability ion: Paymance Mance Mohamm	ed Wood to be fined A	l Worksh	rkshop: op: _(%) nly for c down ited	: Agree	d Liab OLA S OLA S ssessed	ility _ Applic Scenar I Liab and for e	(%) sation: Yes / No rio No: fility (*): (%) cases where BOLA does

Please attach all the supporting documents to the form. Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report / Bill (if any)

# AUTHORISATION TO ACT

# (AIG Express Third Party Claim)

1 00 6	ey Mohanimedal					
	PERFORMANCE					
with respect to my	claim for repair costs	and/or rental and/or lo	ss of use	("claim") f	or my ve	hicle
	that was damaged pur	A	which o	ccurred on	27/12	17
(date) along _/	Jorth lanal Re-	ad (	location)	involving	vehicle	no/s
884676P	("the accident").					

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

I further acknowledge that any settlement the workshop may reach on my 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 \_\_\_\_\_\_ (day) of \_\_\_\_\_\_ (month) 20\_\_\_\_\_ (year)

Signed by "the third party claimant" (with chop if applicable)

Signed by "the workshop" (with chop)

# RELEASE VOUCHER (AIG Express Third Party Claim)

"We/I,
have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK
AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$ 34.00 (Mecrocal For S\$ 4.00 (Mecrocal For S\$ 4
SGW 82972 that was damaged pursuant to the accident which occurred on 27-12-13 (date) along
North Cental Road (location) involving vehicle no/s 33 G 676P. This is
pursuant to the inspection conducted on _ 16 · 1 · 18 (date) at "the workshop".
pursuant to the inspection conducted on(8.73 (a (date) at the workshop .
We/I confirm that we/I are/am authorized by the owner
("the third party claimant") of vehicle no. Sould 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 AIG Asia Pacific 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 costs of repairs and/or rental and/or loss of use pursuant to the damage to Saw 82992
(vehicle no.) as a result of the accident.
We/I confirm that the agreement reached above is in full and final settlement of any claim 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.
Sept.
Dated this (day) of (month) 20 (year)

Signed by "the workshop" (with chop)

Signed by appointed surveyor

# **Performance Motors Limited**

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-0020081-x

303, Alexandra Road

Sime Darby Performance Centre
Singapore 159941
Tel. 63190300 (Sales & Admin)
63390311 (AfterSales)
Fax. 64747770

280, Kampong Arang Road
East Coast Centre
Singapore 438180
Tel. 63190888 (AfterSales)
Fax. 64747770

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Tel 63190528 (AfterSales) 63190533/530 (Motorrad) Fax. 64796601 (AfterSales) 64796624 (Motorrad)





### SERVICE TAX INVOICE

Repair Order No. : B1 1237167

Page No. Invoice Number: 1939732 / WSB

: 1 of 2

Date IN : 16/01/2018

Invoice Date : 01/03/2018

Payment Terms : 30 Days From Invoice

Cust. Svc. Advisor: Han Kwan Yong

Invoice By : Toh Jing Xuan

- CUSTOMER INFORMATION -

Mr JEFFREY MOHD ALI

Blk 191 lorong 4 Toa Payoh

#21-652

- INVOICE TO -121

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#08-16 Chartis Building

Singapore 079120

Singapore 310191

REGN. NO. CHASSIS NO. REGN. DATE

MODEL

MILEAGE

SGW8299Z	VP94503 01/0	3/2012 X1	SDRIVE18I		94737
					11000
	LABOUR 1				NETT
	To replace rear bumper and attachments	including knock			850.00
	out dented area caused by the accident.				024.00
	To respray rear bumper.	Consider Control of the Control of t			934.00
	To remove old PDC assembly, replace da				150.00
	reconnect to new bumper including condu	ict checks for			
	proper function.	100			150.00
	To check electrical wiring systems and light	htings at the			150.00
	rear section for proper function.				80.00
	Sundries.	OF OFFICE SMENT			0.00
	INS CLAIMS : ACCIDENT REPAIR. DIRE		700		0.00
	DATE OF ACCIDENT : 27.12.2017. 3RD	PARTY CAR : SBG6	/6P.		
	YOUR REF NO : NIL.	THE POST OF THE	TO ON		
	VEHICLE WAS SURVEYED BY MR TAUF 16.01.2018 AT 10:05AM. AUTHORISED	REPAIR BY MS A			
	SNG FROM LKK AUTO ON 16.01.2018 V				0.00
	PROPOSE LOSS OF USE = \$100x3. THI		ECTED		0.00
	TO INSURANCE COMPANY COMFIRMA	ITION.			0.00
	MEDICAL FEE = \$34.00.				0.00
	GIA SEARCH FEE = \$2.00.				0.00
			Tot	al Labour 1:	2,164.00
				Retail	
	PARTS		Qty_	Price	NETT
	RR BUMPER BOTTOM (XLINE/PDC)		1	322.35	322.35
	EXPANDING RIVET		10	1.35	13.50
	DECOUPLING RING PDC TORQUE COI	NVERTE	2	4.95	9.90
	BODY NUT		10	0.90	9.00
	RR BUMPER CARRIER		1	411.25	411.25
	RR BUMPER TOW HOOK COVER (SET	)	1	43.55	43.55
	RR BUMPER (PRIMED)		1	831.40	831.40
			Tot	al Parts :	1,640.95

BMW Dealer

## Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-9020081-x

| 303. Alexandra Road | 280, Kampong Arang | Sime Darby Performance Centre | East Coast Centre | Singapore 159941 | Singapore 436180 | Tel 63190110 (AfterSales) | Tel 63190888 (After Sax 64747770 | Tel 6319088 (After Sax 6474770 | Tel 6319088 (After Sax 64747

280, Kampong Arang Road

Tel. 63190888 (AfterSales) Fax. 63449773

ad 315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel. 63190538 (AfterSales)
63190533/530 (Motorrad)
Fax. 64796604 (Motorrad)



### SERVICE TAX INVOICE

: 2 of 2 Page No. Repair Order No. : B1 1237167

Invoice Number: 1939732 / WSB

Date IN : 16/01/2018 Invoice Date : 01/03/2018

Payment Terms : 30 Days From Invoice Cust. Svc. Advisor: Han Kwan Yong

> Invoice By : Toh Jing Xuan

			Invoice Total Amount Include GST	: S\$	4,071.3
			GST @ 7%	: S\$	266.3
Lubricant/Misc		80.00	Invoice Total Amount Exclude GST	: S\$	3,804.9
Parts Charges	20	1,640.95	Less Insurance Excess	: S\$ _	0.00
Labour Charges	\$3	2,084.00	Total Labour & Parts Charges	: S\$	3,804.95



Work was carried out subject to the Company's Terms and Conditions of Service. No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @1% per month will be debited on overdue amounts.





# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

# Third Party Insurer Enquiry

Our Ref No:

GR-17-194920

Date of Request:

27/12/2017

Your Ref No:

Online Purchase

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941

Dear Sir/Madam,

Enquiry Date

27/12/2017

Enquiry By

Han Kwan Yong

TP Vehicle No.

SBG676P

Accident Date

27/12/2017

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SBG676P	AIG Asia Pacific Insurance Pte. Ltd.	30/12/2016-29/12/2017	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the report or their images.

This is a computer generated document and requires no signature.



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

# TAX INVOICE

Our Ref No:

GR-17-194920

Date of Request:

27/12/2017

Your Ref No:

Online Purchase

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941

Dear Sir/Madam,

**Enquiry Date** 

27/12/2017

Enquiry By

Han Kwan Yong

TP Vehicle No.

SBG676P

Accident Date

27/12/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.1;
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

# DOCTORS INC. MEDICAL GROUP

BLK 190 TGA PAYOH LOR6 #01-590 SINGAPORE 310190 TEL 63563633

Co Reg No: 200502234Z

INVOICE

JEFFREY MOHAMMED ALI

191 LOR 4 TOA PAYOH

#21-652

S(310191)

Patient: JEFFREY MOHAMMED ALI (S6913209Z)

Invoice No.

: 160442

Our Reference

: 77335

Date

: 27 Dec 2017

Doctor : DR KEVIN LOY HENG

JUEN

QTY	FEE (SS)
1.00 tube	8.00
10.00 tabs	4.00
	22.00
Total Amount Payable	34.00
CASH Payment Received	34.00
Outstanding Balance	0.00
	1.00 tube 10.00 tabs Total Amount Payable CASH Payment Received

All cheques should be crossed and made payable to:

# DOCTORS INC MEDICAL GROUP PTE LTD

This is a computer generated invoice which does not require a signature E. & O.E

# BLK 190 TOA PAYOH LOR6 #01-590 SINGAPORE 3 10 190 TEL 63563633

Co Reg No : 200502234Z

Date Doctor		
tor : DR KE	DESCRIPTION QTY	DESCR
	Patient : JEFFREY MOHAMMED ALI (S6913209Z)	Patient : JI
		\$(310191)
		#21-652
Our Reference : 77335	191 LOR 4 TOA PAYOH	191 LOR 4 T
Invoice No. : 160442	JEFFREY MOHAMMED ALI	JEFFREY M
		INVOICE

 
 DESCRIPTION
 QTY
 FEE (SS)

 ROSIDEN GEL DIMENATE 50MG TAB CONSULTATION
 1.00 tabs
 4.00

 CONSULTATION
 Total Amount Payable
 34.00

 Receipt No. 175710 - CASH Payment Received
 34.00

 Outstanding Balance
 0.00

All cheques should be crossed and made payable to:

DOCTORS INC MEDICAL GROUP PTE LTD

This is a computer generated invoice which does not require a signature  $E.\&\,O.E.$