

# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: [autoworxhouse@hotmail.com](mailto:autoworxhouse@hotmail.com)

•TEL: 6452 8211 •FAX: 6451 7423

## Direct Settlement THIRD PARTY CLAIM

Your ref: SKU6099K

Our ref: SLL3030M

**AXA Insurance Pte Ltd**

Attn: Officer In Charge

(Motor Claim Department)

09/03/2018

Dear Sir,

### RE : ACCIDENT INVOLVING SLL3030M AND SKU6099K AT SLE TOWARDS CTE BEFORE MANDAI EXIT ON 15/01/2018.

We have been authorized by Thamaindran, the registered owner of vehicle number SLL3030M, which was involved in the above accident at the material time to make a 3<sup>rd</sup> party claims against vehicle number SKU6099K.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	3,750.00
Rental Fee (5 days x \$120.00+7%GST) Include 1 day for PRI		513.60
Search Fee	S\$	2.00
Total	S\$	4,265.60

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

\_\_\_\_\_  
Autoworx House

# AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517423

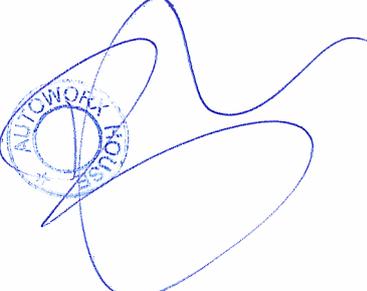
Registration No. 5296929B

INVOICE

5292

AXA Insurance Pte Ltd

9/3/2018

QUANTITY	PARTICULARS	AMOUNT (\$)
	<p><u>RE : Toyota Altis / SLL3030M</u></p> <p>Lump sum repair for the above mentioned vehicle.</p> <p style="text-align: right;"><b>Total</b></p>	<p>3,750.00</p> <hr/> <p><b>3,750.00</b></p>
	<p>Dollars: Three Thousand Seven Hundred and Fifty Only.</p> <p style="text-align: center;"></p>	



友立旅遊服務私人有限公司  
**UNIQUE TOURIST SERVICE (PTE) LTD**

1, Rochor Road, #02-574,  
 Rochor Centre Singapore 180001  
 Tel: 6292 7656 Fax: (65) 6293 9720  
 E-mail: unigtour@singnet.com.sg  
 STB LIC TA/00076

Co. Reg. No.: 197401067R  
 GST Reg. No.: M2-0019671-6

**TAX INVOICE**

NO. **WP2017292**

Mr Thamaindran  
 Blk 542 Woodlands Drive 16  
 # 03-35  
 Singapore 730542

20, Sin Ming Lane,  
 #08-51, Midview City  
 Singapore 573968  
 Tel: 6292 7656

Singapore, **19.01.2018** 20

DATE	PARTICULARS	@	\$	cts
	Rental of one unit Toyota Corolla Altis 1.6 Auto Registration no. SKF 6171 M self driven as from 15.01.2018 at 1315 hrs to 18.01.2018 at 1745 hrs.			
	4 days at \$120.00 per day		\$ 480.00	
	Add GST at 7%		\$ 480.00	
	Amount Due		\$ 33.60	
			\$ 513.60	
	( SIN DOLLARS: FIVE HUNDRED THIRTEEN AND SIXTY CENTS ONLY )			
	Standard Rated Supplies:\$		480.00	
	Total Amount of GST:\$		33.60	

AUTHORIZED SIGNATURE



# UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

SLL 3030m  
Toyota Altis

CAR RENTAL AGREEMENT

RA No. 21268

VEHICLE NO.

SKF 6171M

MAKE/MODEL

TOYOTA COROLLA ALTIS

NAME OF HIRER Thamaindran  
 ADDRESS Blk 542 Woodland Drive 16 # 03-35  
 SINGAPORE 730542  
 OFFICE TEL \_\_\_\_\_ RES TEL \_\_\_\_\_ HP 8332 6009  
 NAMED DRIVER \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_  
 PASSPORT / NRIC S8411862A DATE OF BIRTH 27/4/1984  
 DRIVING LIC NO. \_\_\_\_\_  
 PLACE OF ISSUE \_\_\_\_\_ DATE PASS/EXPIRY \_\_\_\_\_

ADDITIONAL NAMED DRIVER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 SINGAPORE \_\_\_\_\_  
 OFFICE TEL \_\_\_\_\_ RES TEL \_\_\_\_\_ HP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_  
 PASSPORT / NRIC \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 DRIVING LIC NO \_\_\_\_\_  
 PLACE OF ISSUE \_\_\_\_\_ DATE PASS/EXPIRY \_\_\_\_\_

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

- A. COLLISION DAMAGE WAIVER (CDW) AT \$ \_\_\_\_\_ PER DAY / WEEK / MONTH "X"
- B. SURCHARGE OF \$ \_\_\_\_\_ FOR USE IN MALAYSIA FROM \_\_\_\_\_ TO \_\_\_\_\_ "X"

\* THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR \$1200

NOTE: HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.  
YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS  
PRINTED OVERLEAF.

DATE OUT <u>15/1/18</u>	TIME OUT <u>13:15 hrs.</u>
PETROL OUT <u>E</u>	1/4 1/2 3/4 <u>(F)</u>
DATE IN <u>18/1/18</u>	TIME IN <u>17:45 hrs.</u>
PETROL IN <u>(F)</u>	1/4 1/2 3/4 <u>(F)</u>
RENTAL RATES:	\$ _____ ¢ _____
MONTHLY @ \$ _____	
WEEKLY @ \$ _____	
DAILY <u>4 @ \$ 120/p</u>	<u>480.00</u>
C.D.W. FEE	
PETROL CONSUMPTION	
DELIVERY CHARGE	
COLLECTION CHARGE	
SUB-TOTAL	
GST @ <u>7%</u>	<u>33.60</u>
RENTAL DEPOSIT	
<b>TOTAL:</b>	<u>513.60</u>
DEPOSIT REFUND	
PAYMENT BY: BILL CO / CREDIT CARD / CASH	
ATTENDED BY: <u>[Signature]</u>	
OF UNIQUE TOURIST SERVICE (PTE) LTD	

### DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE \* OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

**FOR SINGAPORE DRIVE ONLY**

REPLACEMENT VEHICLE NO:

1. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_
2. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_
3. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

DATE:

15/1/18

SIGNATURE OF HIRER

[Signature]

DATE:

18/1/18

SIGNATURE OF HIRER

[Signature]



RECORDS MANAGEMENT CENTRE

**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-18-007446

Date of Request: 15/01/2018

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd  
176 Sin Ming Drive #02-01  
Sin Ming Autocare  
Singapore 575721

Dear Sir/Madam,

Enquiry Date 15/01/2018  
Enquiry By Bee Gaik Har  
TP Vehicle No. SKU6099K  
Accident Date 15/01/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU6099K	AXA Insurance Pte Ltd	04/08/2017-03/08/2018	6338 7288

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 reports 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-18-007446  
Date of Request: 15/01/2018

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd  
176 Sin Ming Drive #02-01  
Sin Ming Autocare  
Singapore 575721

Dear Sir/Madam,

Enquiry Date 15/01/2018  
Enquiry By Bee Gaik Har  
TP Vehicle No. SKU6099K  
Accident Date 15/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

To: Autowork House  
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SLL 3030M & STU6099K  
ALONG/AT SLE towards CTE before Mandai Exit  
ON 15/01/2018.

1. I/We, Thamaindran (NRIC No. S8411862A),  
owner/driver of motor vehicle no. SLL 3030M, & residing at

Autowork House  
respectively in consideration of your workshop repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below:

2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.

3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s Autowork House.

4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducting all costs and disbursements incurred should be drawn in your name or my/our name/s (at your discretion) and will be forwarded to you.

5. This letter of Authorisation is irrevocable.

Signature:   
Name: THAMAINDRAN  
NRIC NO: S8411862A

Date this 15 day of Jan 20 18.

## 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	15/01/2018 12:30
Date Of Accident	15/01/2018 06:50
Exact Location Of Accident	SLE TOWARDS CTE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3030M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAMAINDRAN
NRIC No	S8411862A
Email Address	THAMACHITRA931@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83326009
Alternative Phone No	OTHERS-83326009

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100499747-00000
Cover Note Number	

### Driver

Name of Driver	THAMAINDRAN
NRIC No	S8411862A
Date Of Birth	27/04/1984
Occupation	INDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83326009
Fax Number	
Contact Number	OTHERS-83326009
EMail Address	THAMACHITRA931@GMAIL.COM

Address	BLK 542 WOODLAND DRIVE 16 #03-35
Postcode	730542
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : CHITRA PARAMASIVAN GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU6099K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 15/01/18

12:30 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/01/18

Reporting Centre Personnel's Signature

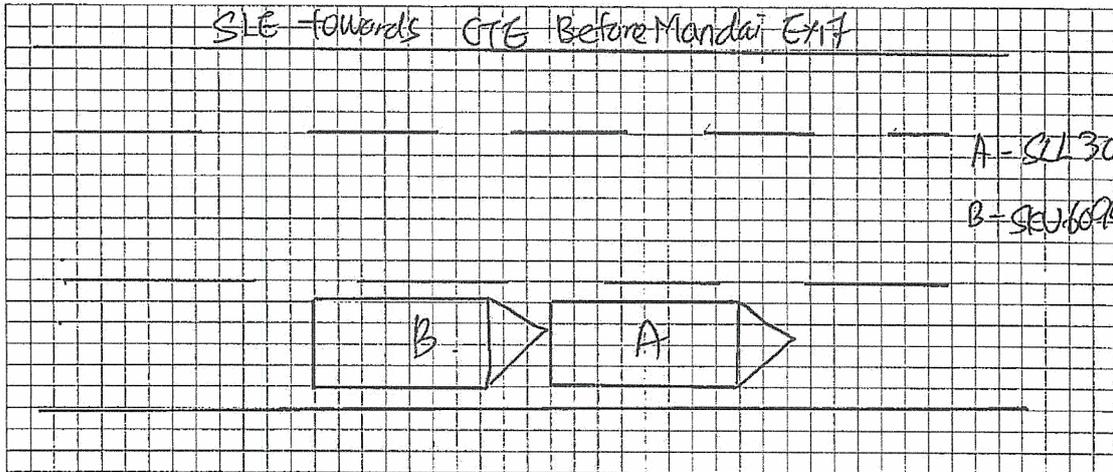
Name:

NRIC/FIN No.:

Poh Kwee Choo  
S6840583A

Sketch Plan Pg. 2

SKETCH PLAN

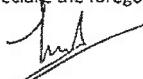


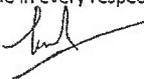
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along SLE towards CTE Before Mandai Exit, The traffic was heavy, the vehicle in front of me stopped, I stopped too. Suddenly vehicle B (SKU 6099K) failed to stop in time, collided into my rear of vehicle with a hard impact. My passenger and me felt <sup>upper</sup> back pain after the accident.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 15/01/18

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/01/18

  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A