

PTE/GBA9690U/20180131/DS-CL
30/07/2018

M/s AIG Asia Pacific Insurance Pte Ltd
c/o LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1, #02-25
Singapore 408933
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 31/01/2018 INVOLVING GBA9690U & SFP9898L
ALONG ORCHARD ROAD IN FRONT OF PARAGON SHOPPING MALL

We are the authorised repair workshop for the owner of vehicle, GBA9690U, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SFP9898L, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	3,210.00
2. Car Rental	-
3. 5.0 days Loss of Use @ \$120	600.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Medical	-
8. Others	-

(E&OE)	3,812.00

We enclose the following documents to support the claims: -

<input checked="" type="checkbox"/> Repair/Excess Bill	<input checked="" type="checkbox"/> Insurance Certificate
<input type="checkbox"/> Surveyor Report	<input checked="" type="checkbox"/> Power of Attorney
<input type="checkbox"/> Coloured Photographs	<input type="checkbox"/> Car Rental Bill
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Medical Bill
<input checked="" type="checkbox"/> GIA/TP Search	<input type="checkbox"/> Witness Statement
<input type="checkbox"/> Others: _____	

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354

FAX: 6214 1843

Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199500618V

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6383 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 609285

Tel 6388 8778

Sin Ming

303 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

/ Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6746 0666

Yishun

501 Yishun Industrial Park A 3

Singapore 768732

Tel 6757 7888

www.SPARKcarcare.com

A member of

COMFORTDELGRO



ComfortDelGro Engineering Pte Ltd

Corporate Office
 205 Braddell Road
 Singapore 579701
 Mainline + 65 6383 6280
 Facsimile + 65 6280 9755
 www.cdge.com.sg

Car Care Centres
 205 Braddell Road Singapore 579701
 59 Loyang Drive Singapore 508969
 45 Pandan Road Singapore 609286
 383 Sin Ming Drive Singapore 575717
 7 Sungei Kadut Way Singapore 728791
 320 Ubi Road 3 Singapore 408649
 501 Yishun Industrial Park A Singapore 768732
 www.SPARKcarcare.com

Tel: 6383 8110
 Tel: 6214 8300
 Tel: 6338 8778
 Tel: 6553 0400
 Tel: 6369 7369
 Tel: 6848 5721
 Tel: 6757 7898



COMPANY REG. NO.: 199506048W

GST REG. NO. M2-8921817

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY.CHARTIS BUILD
 SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
 GEA9690U

MAKE

MODEL

DATE OF REG

CHASSIS CODE

INV. NO/DATE
 91385034 20.07.2018

JOB NO.
 305118508

ODOMETER READING

JOB TYPE

Description : OAC -TP - AIG

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	3,000.00
Add GST @ 7.000 %	210.00
Total Invoice amount	3,210.00

Issued by : JASMINEC 20.07.2018 16:58:41
 Repair Type : CUSO/52/5T
 Payment Type/Term : /Credit 30 days

- 1) WHEN RECEIVING THIS INVOICE, THE CUSTOMER SHALL BE ADVISED BY THE SERVICE ADVISOR OF THE NATURE OF THE WORK TO BE DONE AND THE ESTIMATED COST OF THE WORK. THE CUSTOMER SHALL BE ADVISED OF ANY POSSIBLE DELAYS TO THE WORK AND THE POSSIBLE REASONS THEREFOR.
- 2) CUSTOMERS SHALL BE ADVISED BY THE SERVICE ADVISOR OF ANY POSSIBLE DELAYS TO THE WORK AND THE POSSIBLE REASONS THEREFOR. CUSTOMERS SHALL BE ADVISED OF ANY POSSIBLE DELAYS TO THE WORK AND THE POSSIBLE REASONS THEREFOR.
- 3) INTEREST ON THE PRINCIPAL AMOUNT OF THE INVOICE SHALL BE CHARGED AT THE RATE OF 10% PER ANNUM FROM THE DATE OF ISSUANCE OF THE INVOICE TO THE DATE OF PAYMENT OF THE INVOICE.
- 4) PLEASE EXAMINE THE INVOICE CAREFULLY AND IF YOU HAVE ANY OBJECTIONS, PLEASE ADVISE US WITHIN 14 DAYS OF RECEIVING THE INVOICE. OTHERWISE, WE SHALL BE DEEMED TO HAVE ACCEPTED THE INVOICE.

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 205 Braddell Road
 Blk C Ext 1 Level 2
 Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ

**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

RECORDS MANAGEMENT CENTRE

Third Party Insurer Enquiry

Our Ref No: GR-18-017897

Date of Request: 01/02/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 01/02/2018
Enquiry By Chng King Lye Jasmine
TP Vehicle No. SFP9898L
Accident Date 31/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SFP9898L	AIG Asia Pacific Insurance Pte. Ltd.	01/10/2017-30/09/2018	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 reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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TAX INVOICE

Our Ref No: GR-18-017897

Date of Request: 01/02/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 01/02/2018
Enquiry By Chng King Lye Jasmine
TP Vehicle No. SFP9898L
Accident Date 31/01/2018

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.

For GIARMC Official use:

Date:

☐ GIRO ☐ Cash ☐ Cheque

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 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	01/02/2018 15:45
Date Of Accident	31/01/2018 13:30
Exact Location Of Accident	ORCHARD ROAD IN FRONT PARAGON SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9690U
Insured/Policyholder	
Name Of Registered Owner	HWEE SENG (ELECTRONICS) PTE LTD
Co Reg No	A198001809H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90301361 MR Tan

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 5DR(D)-3.0 (A)

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 GOODS VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
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Type Of Coverage	COMPREHENSIVE
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Fleet Policy	NO
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Policy Number	2017-V0090772-VCV-R004
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Cover Note Number	
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Driver

Name of Driver	QUAN DEQIANG
Work Permit No	G2610030K
Date Of Birth	10/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91265137

Fax Number	
------------	--

Contact Number	
----------------	--

Email Address	NOEMAIL
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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.
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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:

Quan De Giang

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

Anikka Lai
CSO

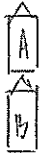
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Bideford Road

Paragon Shopping Mall

BUS LANE



Orchard Road

A : GBA 9690U

B : LFP 9898L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/1/2018 @ about 13:30 hrs, my vehicle (A) was stationary along Orchard Road due to the red light ahead before the ~~just~~ junction of Bideford Road. While waiting for the green light to be appeared. Suddenly Veh B hit onto my vehicle rear portion, caused the damage.

My colleague Mr Abdullah Aziz was on board too. No injury involved in the accident.

DECLARATION

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



Policyholder's Signature
Date & Time:

Quen De Qiang

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

[Signature]

Anikka Lai
CSO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM MZ300

Policy No. : 2017-V0090772-VCV-R004 Risk# : 0001
Policy Type : Commercial Vehicle Cover : Third Party, Fire & Theft

DESCRIPTION OF VEHICLES:

Vehicle Registration : GBA9690U
Vehicle Make & Model : NISSAN URVAN PANEL LWB 3.0

Name of Insured : HWEE SENG (ELECTRONICS) PTE LTD

Period of Insurance : 18-04-2017 (0000HRS) to 17-04-2018

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

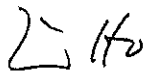
LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Corporation



Authorised Signature

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) GBA 9690 U and (Third Party's Vehicle No.)
SFP 9898 L on 31-1-2018 along Orchard Road in front Patagon
Shopping Mall.

Policy Nos: 10090772

BY THIS POWER OF ATTORNEY, *I/We, Huee Seng Electronics Pte Ltd. *NRIC/Passport
 No. A178001809H (Address)* _____

_____ a company

incorporate in Singapore and having its registered office at (Address)* _____

_____ owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
 company incorporated in Singapore and having its registered office at _____

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf
 to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. **Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF, *I/We have hereunto to set *my/our hand and seal this day _____ of the month of _____, Year Two Thousand - (20—)

Signed, Sealed & Delivered By



Customers Name:
 NRIC No.:
 Co's rubber Stamp