



## Auto Insure Pte. Ltd.

6 Marsiling Lane  
Singapore (739145)  
E: claims@autoinsure.com.sg  
W: www.autoinsure.com.sg  
T: 3157 2626 F: 6368 0081  
**GST No.: 201437380M**

Our Ref: SLH9690P  
Your Ref: SDF9243C  
Accident Date: 31-Jan-18

**WITHOUT PREJUDICE**

**10-Aug-18**

**ATTENTION: MOTOR CLAIMS DEPT**

Email: motor.survey@axa.com.sg

143 Cecil Street  
#01-01, GB Building  
Singapore 069542

**CLAIMANT: LCRF PTE LTD**

**ACCIDENT INVOLVING SLH9690P & SDF9243C ALONG SIM AVE JUNCTION OF GEYLANG EAST AVE 1 ON 31/01/2018.**

We are instructed by **LCRF PTE LTD** to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

1) Cost of Repair (with GST) after surveyor final esti.	\$	984.40
2) Loss of Rental (Includes loss of PRS and loss of Sun & PHs ) (10 days x \$120)	\$	1,200.00
3) LTA/GIA Search Fees	\$	31.00
4) Other incidentals	\$	200.00
5) Towing	\$	-
6) Loss of Income (10 days x \$200)	\$	2,000.00
TOTAL:		<b><u>\$ 4,415.40</u></b>

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **8 weeks** of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157 2628 directly.

Yours Faithfully,

Jason Heng  
Auto Insure Pte Ltd  
Claims Director

## 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	02/02/2018 10:18
Date Of Accident	31/01/2018 18:30
Exact Location Of Accident	SIM AVE JUNCTION OF GEYLANG EAST AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9690P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	SMOVE
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994926
Cover Note Number	

### Driver

Name of Driver	TEO BENG WAH
NRIC No	S1648452J
Date Of Birth	19/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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

REFER TO ATTACHMENT

#### 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	SDF9243C
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS/GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK BABY JOSEPHINE
NRIC/Passport Number	S0077831A
Contact Number	96450368
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT BUMPER DENT
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

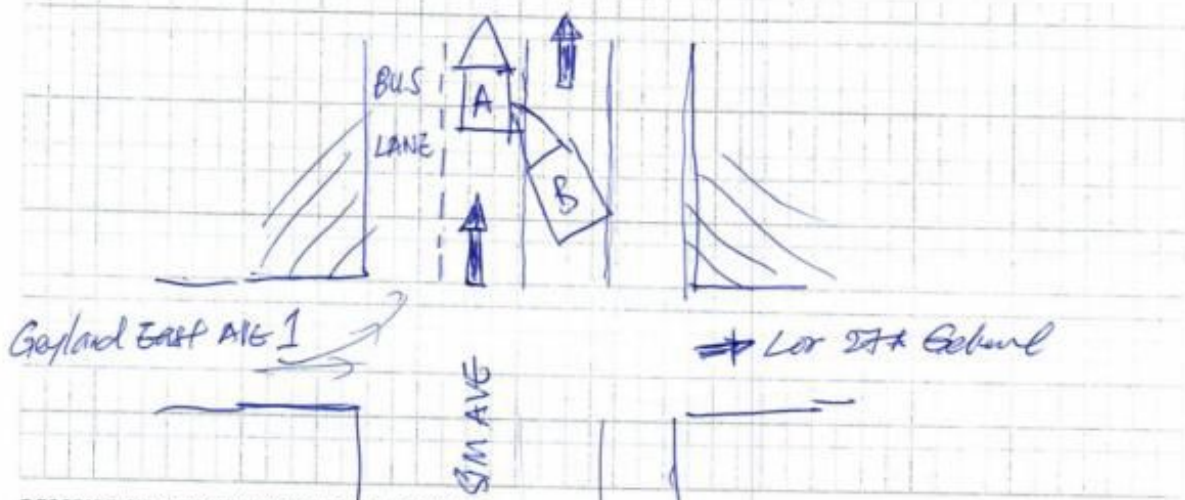
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car A were stationary at the left lane beside the bus lane and while going to move ahead. Suddenly Car B dash to my Car A (Rear right bumper & fender).

### DECLARATION

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

Policyholder's Signature  
Date & Time:



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



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



Sketch Plan #3

1) Number of Passengers in Vehicle A (Including driver)?

1

**Passenger 1**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 2**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 3**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 4**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 5**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 6**

Name : \_\_\_\_\_

Gender : M / F

**Passenger 7**

Name : \_\_\_\_\_

Gender : M / F

Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo

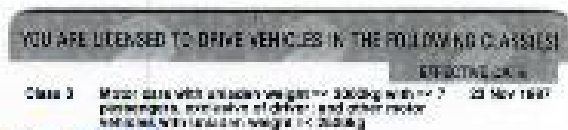
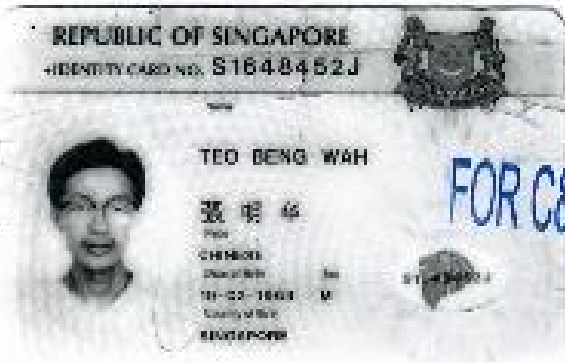


Accident Photo





## Driving License



**Auto Insure Pte. Ltd.**

6 Marsiling Lane  
Singapore (739145)  
E: [claims@autoinsure.com.sg](mailto:claims@autoinsure.com.sg)  
W: [www.autoinsure.com.sg](http://www.autoinsure.com.sg)  
T: 3157 2626 F: 6368 0081  
**GST No.: 201437380M**

**TAX INVOICE**Invoice No.: **AI-3288-2058**Date: **10/08/2018**Terms: **30 DAYS**Ref: **C2334**

BILLING DETAILS	
NAME	LION CITY RENTALS PTE LTD
VEH REG. NO.	SLH9690P
ADDRESS	
ATTENTION TO	AXA INSURANCE SINGAPORE PTE LTD
TEL	
EMAIL	

S/N	DATE	CODE	DESCRIPTION	PRICE w/o GST	GST AMT	AMOUNT (\$)
1	31-Jan-18		Lump Sum Repair Cost: To supply and replace parts, labour charges for repair, panel beating, welding and respary painting.	\$920.00 \$	64.40	\$984.40



*Cheque Payment should be crossed and issued in favour of*

**AUTO INSURE PTE. LTD.**

*No Receipt will be issued.*

*Thank you for your patronage.*

SUBTOTAL	\$920.00
ADD GST 7.00 %	\$ 64.40
<b>TOTAL AMOUNT (\$)</b>	<b>\$ 984.40</b>

*This is a computerized document. No signature is required.*

## **LETTER OF AUTHORISATION**

To: M/S AUTO INSURE PTE. LTD.

RE: ACCIDENT ON 31/01/2018 18:30 INVOLVING VEHICLE NOS:  
SLH9690P & SDF9243C ALONG SIM AVE JUNCTION OF  
GEYLANG EAST AVE 1.

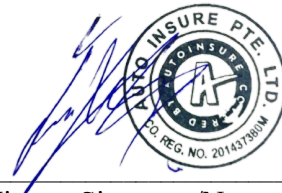
I/We, LCRF PTE. LTD., NRIC/Reg No: 201624597K , owner of vehicle No.

SLH9690P hereby authorise you to commence repair to the said vehicle forthwith.

1. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claims to you and my/our Workshops (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
2. I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorise you to appoint such a firm of workshop on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third-party claims and in case the settlement monies were sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and related expenses and disbursement incurred.



Owner's Signature  
(Company's Stamp If applicable)



Witness Signature/Name

**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-18-022306

Date of Request: 09/02/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd  
6 Marsiling Lane  
Singapore 739145

Dear Sir/Madam,

Enquiry Date 09/02/2018  
Enquiry By Seng Fun Siong  
TP Vehicle No. SDF9243C  
Accident Date 31/01/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDF9243C	AXA Insurance Pte Ltd	09/05/2017-08/05/2018	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.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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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-18-022306

Date of Request: 09/02/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd  
6 Marsiling Lane  
Singapore 739145

Dear Sir/Madam,

Enquiry Date 09/02/2018  
Enquiry By Seng Fun Siong  
TP Vehicle No. SDF9243C  
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.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

**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

**SEARCH RESULTS**

Our Ref No: GR-18-023335  
Date of Request: 12/02/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd  
6 Marsiling Lane  
Singapore 739145

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 31/01/2018  
Place of Accident: SIM AVE JUNCTION OF GEYLANG EA  
Client Vehicle No: SLH9690P

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SDF9243C	SIMS AVENUE	31/01/2018 18:45

Thank You.

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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-18-023335  
Date of Request: 12/02/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd  
6 Marsiling Lane  
Singapore 739145

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 31/01/2018  
Place of Accident: SIM AVE JUNCTION OF GEYLANG EA  
Client Vehicle No: SLH9690P

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

**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-18-023338  
Date of Request: 12/02/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd  
6 Marsiling Lane  
Singapore 739145

Dear Sir/Madam,

Date of Accident: 31/01/2018  
Vehicle No: SLH9690P  
Place of Accident: SIM AVE JUNCTION OF GEYLANG EAST AVE 1  
Involving Vehicle No: SDF9243C

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SDF9243C	SIM AVE JUNCTION OF GEYLANG EAST AVE 1	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque