

BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01-115 SINGAPORE 575636

Tel: 6559 8944 Fax: 6269 2404

CO. REG. NO. 200917512K

GST REG NO. 200917512K

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: SKF5286Y

Our Reference: GY4428J

Date: 28/05/2018

M/s AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

BY POST ONLY

Attention: Claims Department

CLAIMANT: AJIT SINGH CHAUHAN

PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 17/04/2018 ALONG PAYA LEBAR RD TWDS TANJING KATONG INVOLVING VEHICLE NO SKF5286Y & GY4428J

We act **AJIT SINGH CHAUHAN** who was the owner of motor vehicle no. SKF5286Y.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 17/04/2018 involving our client's vehicle registration number SKF5286Y and vehicle registration number GY4428J, driven by you/your insured at the material time.

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

1	Cost of Repair (Included 7% GST)	\$ 5001.90
2	Loss of Rental (\$120.00 x 9days)	\$ 1080.00
3	LTA Search Fee	\$ 31.00
	Total Amount:	\$ 6112.90

We enclose a copy of each of the following documents for your consideration: -

- (a) GIA/ Police report lodged by driver of ;
- (b) Final Repair Bill
- (c) Rental Invoice / Loss Of Use
- (d) LTA Search Fee Invoice
- (e) Letter Of Authorization

Kindly revert to our client's claim within the next 7 days.

Yours faithfully,

Janice Koh
(O): 6559 8944 (F): 6269 2404
Email: Janice.koh@bhauto.com.sg

BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE

SECTOR C #01-115 SINGAPORE 575636

Tel: 6743 3494

Fax: 6269 2404

CO. REG. NO. 201006106C

GST REG NO. 201006106C

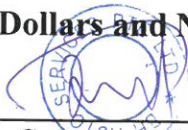
TAX INVOICE**Final Repair Bill****Our Ref: SKF5286Y****Date: 28/05/2018****M/s AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811****BY POST ONLY**

Vehicle No : SKF5286Y
Make/ Model : TOYOTA ALTIS
Year of Manufacture : 2012
Chassis No. : ZNE100327121
Colour : BLACK
D.O.A : 17/04/2018

QTY	ITEM/PARTICULARS	AMOUNT (S\$)
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1. Repair Cost for Motor Vehicle No. **SKF5286Y**
Type of repair: PART BY PART :S\$ 4674.68

GST @ 7% : S\$ 327.22

GRAND TOTAL: S\$ 5001.90**Total : Singapore Dollars Five Thousand and One Dollars and Ninety- Cents Only.**

Company's Stamp & Signature

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 53060835M
TOWING SERVICE: 6858 4067 (After 10.30 pm)

出租
羅理
及修
甲車
必汽
險保
代理
買賣
維修
中心

Date 11/5/18

All cheque payment should made payable to
B & O VEHICLE RENTAL

for **B & O VEHICLE RENTAL**

L

B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

BH

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 26/4/18
Owner: B & O VEHICLE RENTAL ("the owner")
Hirer: AJIT SINGH CHAUHAN
NRIC / Co. Reg. No: S7466512H
Tel: — Fax: — H/P: 82016990
Address: —

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SLC 8981 H		Agreement No.: 18071	
Driver's Particulars		Odometer: —	
Name: AJIT SINGH CHAUHAN		Date & Time Out: 26/4/18	
Address: —		Date & Time In: 05/05/2018	
I/C No: S7466512H	Dr/Licence No: —	Hour @\$	—
Date of Issue: 06/04/2013	Occupation: —	9 Days @\$ 150/-	—
Date of Birth: 25/10/2007	Tools: oh Spare Tyre: one	Wks @\$	—
		Mths @\$	—

Third Party Claim
In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3000/- comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage
Hirer is responsible for the first \$ 3000/- (excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver
Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance
General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):
Sub-Total:
Balance To Pay: \$1084/-

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

B & O VEHICLE RENTAL

Authorised Signature

Hirer's 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**TAX INVOICE**

Our Ref No: GR-18-058773

Date of Request: 18/04/2018

Your Ref No: Online Purchase

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115/117
Singapore 575636

Dear Sir/Madam,

Enquiry Date 18/04/2018

Enquiry By Jacelyn Loh Cai Ling

TP Vehicle No. GY4428J

Accident Date 17/04/2018

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:

☒ [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-18-061796
Date of Request: 24/04/2018
Your Ref No: Online Purchase

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115/117
Singapore 575636

Dear Sir/Madam,

Date of Accident: 17/04/2018
Vehicle No: SKF5286Y
Place of Accident: ALONG PAYA LEBAR RD TWDS TANJONG KATONG
Involving Vehicle No: GY4428J

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\$)
GY4428J	ALONG PAYA LEBAR RD TWDS TANJONG KATONG	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
☒ GIRO ☐ Cash ☐ Cheque



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**TAX INVOICE**Our Ref No: GR-18-061770
Date of Request: 24/04/2018

Your Ref No: Online Purchase

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate Sector C
#01/111/113/115/117
Singapore 575636

Dear Sir/Madam,

Your Search Criteria:Date of Accident: 17/04/2018
Place of Accident: PAYA LEBAR TWDS TANJONG KATONG
Client Vehicle No: SKF5286Y

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] 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	18/04/2018 13:59
Date Of Accident	17/04/2018 16:50
Exact Location Of Accident	ALONG PAYA LEBAR RD TWDS TANJONG KATONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF5286Y
Insured/Policyholder	
Name Of Registered Owner	AJIT SINGH CHAUHAN
NRIC No	S7466512H
Email Address	AJIT.CHAUHAN@VSHIPS.COM
Mobile Phone No	(LOCAL) +65-82016990
Alternative Phone No	OFFICE-82016990
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 ELEGANCE (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA108470/1
Cover Note Number	
Driver	
Name of Driver	AJIT SINGH CHAUHAN
NRIC No	S7466512H
Date Of Birth	13/06/1974
Occupation	INDOOR
Date Of Driving Pass	25/10/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82016990
Fax Number	
Contact Number	OFFICE-82016990
EMail Address	AJIT.CHAUHAN@VSHIPS.COM

Address	BLK 61 TAMPINES AVENUE 1 #02-03
Postcode	529776
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 STATEMENT

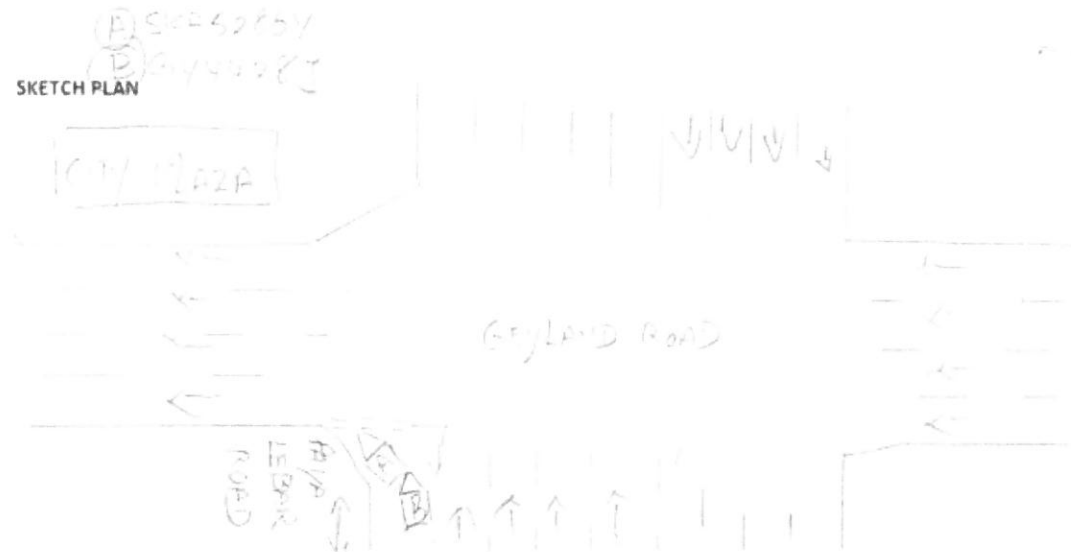
Attachment(s)

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	GY4428J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	CHEW CHNG KHYE
NRIC/Passport Number	S0228616E
Contact Number	900710718
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17 APRIL 2018: I LEFT OFFICE TO PICK MY SON UP FROM DEN RIVER ACADEMY SCHOOL. ON PAYA LEBAR ROAD, I STOPPED AT DOUBLE LINE BEFORE TURNING TO LEFT TO PROCEED ON TANJONG KAPONG ROAD. THE TRAFFIC FROM MY RIGHT WAS HEAVY AND MOVING AROUND 1648 PM. A VAN-RED COLOUR IN PLATE GY44287 BEING DRIVEN BY NA CHEN CHIA CHIE, IC NO. S0228616E, MOBILE NO. 90710716 CAME AND HIT ME FROM BEHIND HARD. I WENT BACK TO PHOTO FOR DAMAGES. MY CAR WAS STOPPED. STOPPED AND BEING HIT FOR LEFT TURN. UPON DISCUSSING, I CHECKED WITH MR. CHEN. HE WAS FINE AND WAS NOT HURT. HE WAS VERY APoloGETIC, ADMITTED HIS MISTAKE. THAT HE WAS DISTRACTED, LOOKING TO TRAFFIC ON RIGHT & COULD NOT STOP IN TIME. HE INFORMED ME HIS INSURANCE COMPANY IS AXA AND AGREED TO EXCHANGE DETAILS DUE TO THE IMPACT, I HIT MY HEAD ON WINDSCREEN.

DECLARATION

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

Policyholder's Signature
Date & Time: 18/04/2018 16:48

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

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

AUTHORISATION

Name of owner of m/vehicle: Ajit Singh Chauhan
Address: SIR 61, Tampines Avenue 1, # 02-03 S(529776)
NRIC No: S7466512H
RE: ACCIDENT ON 17/4/18 ALONG Paya Lebar Rd towards Tanjong Pagar
INVOLVING SCF 52864 & 644428J

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no SCF 52864 at my/our request, I/We the abovenamed owner of motor vehicle no. _____ hereby authorise the Workshop to demand claim, negotiate, settle my/our claim for cost of repairs loss of use and all other expenses and damages arising out of the above accident.


I/We further authorise the Workshop to appoint solicitors to demand, claim, negotiate, settle and/or commence legal proceedings in my/our name for the above purpose and at the sole discretion of the Workshop. All sums recovered therefrom shall belong to the Workshop absolutely and I/We further authorise the Workshop to give absolute discharge on my/our behalf and to sign all discharge vouchers and other documents in relation to the same on my/our behalf. I/We further agree to fully co-operate with the solicitors appointed by the Workshop on my/our behalf and attend all Court hearings that are necessary to prosecute the claims maintained by the Workshop.

I/We agree that in the event that the claim is rejected for whatsoever reason or the Workshop decides not to proceed with legal proceedings or for whatsoever reason the Workshop is unable to recover all of the repair costs or are only able to recover a portion of the same I/we hereby undertake to pay them the full repair costs and or any portion thereof that cannot be recovered and all expenses including legal costs that they may have incurred in pursuing the claim within 7 days from the date of the written notice for payment by them to my/our last known address.

I/We hereby declare that I/we will always remain and be liable to the Workshop for the cost of repair to my/our motor vehicle and expenses incurred on my/our behalf. In the event that Workshop has to issue any notice or commence legal proceedings against me/us to enforce this undertaking against me/us, I/we shall be liable for the Workshop's expenses and legal cost (including solicitor and client cost) on an indemnity basis.

I/We further authorise the Workshop to give to the other party/parties absolute discharge in respect of any liability and any sum, whether agreed or not made the Workshop or to the law firm appointed by the Workshop towards full settlement of my/our claim it shall be regarded as full and final discharge of the claim.

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

Signed:  Date this 18 (day) of 4 (month) 18 (year)

Owner of m/vehicle: SCF 52864

HP: 8201 6990

Witnessed: 