BY POST

# Inited sg Automobile Pte Ltd

"We are always in your journey"....

53 Ubi Avenue 1 #01-56 Paya Ubi Industrial Park Singapore 408934 Tel: 6747-4454 | Fax: 6747-7752 | Email: claims@unitedsg.com.sg

Register No: 201729521C | GST No: 201729521C

07th Mar 2019

Our reference: USG-201805-19 Your reference: SLQ4628G /

**AXA Insurance Singapore Pte Ltd** 

8 Shenton Way #24-01 AXA Tower Singapore 068811

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant

: LEE MARY

Address

: 37 SUMMER PLACE SINGAPORE 555733

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 25 MAY 2018 along TUAS SINGAPORE CAUSEWAY involving our client's vehicle registration number SLZ316 and vehicle registrations number SLQ46286 driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the 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:-

Cost of Repair	3	\$4, 547.50
Loss of Rental	:	\$1,000.00
LTA Search Fee	#	\$7.45
Total		\$5, 554.95

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report
- Owner / Driver's IC & Driving License
- e) Satisfaction
- g) Invoice

- b) COE/PARF Certificates
- d) LTA Search Result & Receipt
- f) Letter Of Authorisation
- h) Rental Invoice

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully

United SG Automobile Pte Ltd

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

	ACCIDENT STATEMENT	
Date Of Report	28/05/2018 09:17	
Date Of Accident	25/05/2018 16:20	
Exact Location Of Accident	TUAS SPORE CAUSEWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ31G	
Insured/Policyholder		
Name Of Registered Owner	LEE MARY	
NRIC No	S1459494I	
Email Address	EDMUND_316@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-81212612	

OFFICE-81212612

THIRD PARTY

PRIVATE CAR

COMPREHENSIVE

GOH KAH SHENG

ETIQA INSURANCE PTE LTD

BMW

МЗ

NO

M0010111

S9325505D 14/07/1993

INDOOR

16/04/2013

Alternative Phone No. **Vehicle Particulars** 

Manufacturer

Model

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?

If No, Please state action to be taken Vehicle Category

**Insurance Company** 

Name of Insurance Company Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver

NRIC No Date Of Birth Occupation

Date Of Driving Pass **Driving Experience** 

Mobile Number

Fax Number

Gender

Contact Number EMail Address

MALE

(LOCAL) +65-81212612

5 YEARS AND 1 MONTH

EDMUND\_316@HOTMAIL.COM

Page 1 of 17

Address

37 SUMMER PLACE S555733

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

**SLQ4628G** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Name of Driver

NA

NRIC/Passport Number

NA

Contact Number

NA

Address

NA NA

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)
  - (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
- 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:

s Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Accident Sketch Plan Pg. 1

SKETCH PLAN



Vehicle A: SLZ316 Vehicle B: SLQ46286

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCORDINATE		
I was traveling	along after malaysia rustom t	roward sing aport customat
	he traffic has heavy , I was	
	f me to move of suddening	
	of my vehicle. I got down o	
la training to the	3. 10 M. i.e.	I I also I'll agle the
viac hit onto the	rear of my vehicle. My knee	Nas did hit polis in
driver size by ash bo	und resulting it to be damag	W
	HISTORIA DE LA CONTRACTORIA DE L	1.1
		Etiqa `
		SLZ31 Gran Marcast 25/5/18
		Reporting Only
	4	Cwo Damage Claim
	The second secon	Thred Party Claim
	III. Variation War and Table 1	Sher Workshop 7 3 A
DECLARATION	16	
/We declare the foregoing part	ticulars are true in every respect.	10700
	11/1/2/11	27 19 '
	26/5 125	5
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:
	Date & Time:	PRINCEPIN IND.

#### > Back to OneMotoring

#### Enquire PARF/COE Rebate for Registered Vehicle

Nehicle Owner Particulars	1011010	
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	94941	
Vehicle No.:	SLZ31G	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	30 May 2018	
Vehicle Make:	B.M.W.	
Vehicle Model:	M3 4.0 A	
Primary Colour:	Black	
Manufacturing Year:	2009	
Engine No.:	21534571565B40A	
Chassis No.:	WBSWD92010PY38733	
Maximum Power Output:	309.0 kW (414 bhp)	
Open Market Value:	\$82,355.00	
Original Registration Date:	11 Dec 2009	
First Registration Date:	11 Dec 2009	
Transfer Count:	3	
Actual ARF Paid: Intended PARF Rebate Details	\$82,355.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	10 Dec 2019	
PARF Rebate Amount: Intended COE Rebate Details	\$45,295.00	
COE Expiry Date:	10 Dec 2019	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
QP Paid:	\$18,109.00	
COE Rebate Amount:	\$2,765.00	
Total Rebate Amount:	\$48,060.00	

The information contained herein is correct as at 30 May 2018

OK





# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9325505D





Name

EDMUND GOH KAH SHENG

吳 家 胜

Race

CHINESE

Date of birth

Sex

14-07-1993

M

Country of birth

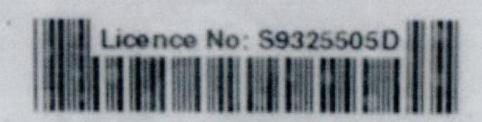
SINGAPORE

S9325505D

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Apr 2013 of the driver; and other motor vehicles =< 2500kg





Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

28 May 2018 / 11:23:58

Receipt Date/Time:

28 May 2018 / 11:23:57

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180528-000699

Previous Receipt No.:

1 TO FIGURE 1 TO COURT 1 TO				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLQ4628G As at 25 May 2018/16:20:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SLQ4628G Enquiry Fee 20180528112310463303		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0343	Credit Card /Master(		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

#### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## MOTOR CLAIM DISCHARGE

INSURED: LEE MARY	CAR/LORRY/CYCLE:REG.NO: SLZ31G
ACCIDENT:CLAIM NO:	POLICY NO:
I / We confirm that I/we	have taken delivery of Car /-Lorry-/-Motor-Cycle
Registered No. SLZ31  Messrs UNITED SG AUTOM	G from the repairers,
and that all repairs necessary a	as a result of an accident in which the said vehicle was
involved on or about25	(DD)MAY(MM)2018(YY) have been
completed to my / our satisfacti	on; and that I / we have no further claims on the above
Company in respect thereof.	
DATE / TIME 02 JUNE 2018	SIGNATURE OF INSURED PLEASE SIGN AND RETURN

	IAR 2019			
Attn: Moto	or Claims Dept			
	NCE PTE LTD			
8 SHENTON				
#24-01 AXA T	TOWER			
SINGAPORE	068811			
Dear Sir/Mdr	m			
ACCIDENT (	ON	25 MAY 2018		
	VEHICLE NOS:	SLZ31G / SLQ4628G		
ALONG	TUAS SINGAPOR	RE CAUSEWAY		
I/We the regi	stered owner/driver	of vehicle regn. no.	SLZ31G	which was involved
100	accident with motor		SLQ4628G	insured by you.
			OLGHOLOG	
I/We hereby	indemnify M/s Unite	ed SG Automobile Pte	Ltd against all clai	ms and/or
Statistics and state of the sta		all action taken for an	5 10 gr	
SASSACRATION OF THE SASSACRAMENTS OF THE SASSACRAME		all action taken for an	5 10 gr	
I\We hereby a	affirmed that above		5 10 gr	
I/We hereby a	affirmed that above		5 10 gr	
Yours faithfull	affirmed that above		5 10 gr	
Yours faithfull	affirmed that above		5 10 gr	
Yours faithfull	affirmed that above		5 10 gr	
Yours faithfull	affirmed that above  y  ure tamp if applicable)		5 10 gr	
Yours faithfull Owner Signate (Company's st	affirmed that above  y  ure  tamp if applicable)		5 10 gr	
Yours faithfull Owner Signatu (Company's st	affirmed that above  y  ure tamp if applicable)	-mentioned statement	5 10 gr	

## United sg Automobile Pte Ltd

"We are always in your journey"....

53 Ubi Avenue 1 #01-56 Paya Ubi Industrial Park Singapore 408934 Tel: 6747-4454 | Fax: 6747-7752 | Email: claims@unitedsg.com.sg

UEN No: 201729521C | GST No: 201729521C

#### TAX INVOICE

8 SHENTON WAY #24-01 AXA TOWER SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Invoice number : UI-1109

Date : 07-Mar-19
Vehicle numner : SLZ31G

Make Model : BMW M3

Accident date : 25-May-18

Reference number : USG-201805-19

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray		
painting		
Lump Sum Repair		4250.00
GST @ 7%		297.50
	Total	4547.50

Singdollars: Four Thousand Five Hundred Fourty Seven and Cents Fifty



### INVOICE

\$-26 AUTO 31 JURONG PORT ROAD #01-27/28 JURONG LOGISTICS HUB SPORE 619115 Dafe: 02-Jun-18 Receipt #: \$26-1017

BIII TO: LEE MARY / GOH KAH SHENG (DRIVER) 37 SUMMER PLACE SINGAPORE 555733 8121 2612 (DRIVE)

Vehicle Number         Make Model           SLZ31G         BMW M3		Rental Vehicle Number						
		вмж мз	вмш мз		SKH8442G, BMW 523I			
No Of Days	Item #	Duration		Un	t Price	Discount	Tota	Ĕ.
5		28 MAY 2018 - 02 JUNE 2018 1000 HRS - 1500 HRS		\$	200.00		\$	1,000,00
					Tot	al Discount Subtata <b>Tota</b>		\$0.00 \$1,000.00 1,000.00