AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721 Email: autoworxhouse@hotmail.com

•TEL: 6452 8211 •FAX: 6451 7420

<u>Direct Settlement</u> THIRD PARTY CLAIM

Your ref:

Our ref: YM6145L

EQ INSURANCE COMPANY LTD Attn: Officer In Charge (Motor Claim Department) 15/2/2019

Dear Sir,

RE: ACCIDENT INVOLVING YM6145L AND YP1345T AT EUNOS LINK SLIP ROAD TO TPE ON 17/05/2018.

We have been authorized by AIK SUN DEMOLITION & ENGINEERING PTE LTD, the registered owner of vehicle number YM6145L, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number YP1345T.

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\$	351.75
Loss of Use (\$100.00 x 2 days)	S\$	200.00
Search Fee	S\$	2.00
Total	S\$	553.75

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,

Autowork House

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 64528211 FAX: 64517423 Registration No. 5296929B

INVOICE

5352

EQ INSURANCE COMPANY LTD

15/2/2019

YTITMAUÇ	PARTICULARS		AMOUNT (\$)
	RE: YM 6145 L / ISUZU NPR85		
	Lump sum repair for the above mentioned vehicle.		351.79
		Total	351.79



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-18-076081

Date of Request:

18/05/2018

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

18/05/2018

Enquiry By

DYLAN CHEW

TP Vehicle No.

YP1345T

Accident Date

17/05/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP1345T	EQ Insurance Company Ltd	03/10/2017-02/10/2018	6223 9433

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.



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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-18-076081

Date of Request:

18/05/2018

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

18/05/2018

Enquiry By

DYLAN CHEW

TP Vehicle No.

YP1345T

Accident Date 17/05/2018

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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.

AND THE REPORT OF A PARTY OF A PA	ACCIDENT STATEMENT
Date Of Report	17/05/2018 16:42
Date Of Accident	17/05/2018 11:10
Exact Location Of Accident	ENOUS LINK SLIP ROAD TO PIE (CHANGI)
Country/State of Loss	SINGAPORE
Barrie Berner Berner Berner Berner Berner	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM6145L
Insured/Policyholder	
Name Of Registered Owner	AIK SUN DEMOLITION & ENGINEERING PTE LTD
Co Reg No	199407828C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90566334
Alternative Phone No	OFFICE-90566334
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	DMCFHQ17-000179
Cover Note Number	
Driver	
Name of Driver	KUMARAIYA BALAMURJGAN
Work Permit No	G2209314U
Date Of Birth	12/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90566334
Fax Number	
Contact Number	
TAX AND	MANAGEMENT AND THE STATE OF THE

NOEMAIL

Address

9 SUNGEI KADUT CRESCENT

Postcode

728687

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

insurance company of briver a Cwir vernole

-

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?

Number of vehicles involved in the accident

NO

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)

NO

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.

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

YP1345T

Vehicle Make/Model/Colour

ISUZU

Details Of Properties

WHITE COLOR LORRY

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

BAPARY MD NUR HOSSAIN

NRIC/Passport Number

063477648

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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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- 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 separativity of the second will for a fee be made available was a small believe to the second of the second will fee a fee be made available was a small believe to the second of the second
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, 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' law yers/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,
- (lii) 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' law yers/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 law vers/law tirms), which may be sited outside of Singapore, for one or more of the above Purposes.

12 (金田が日) ZE (日本)

Policyholder's Signature / Date & Time

K. Balminger

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

Witnessed by Reporting Centre Personnel

Sketch Plan

a) YM 6145L

Slip road (Enous Link)

B) YR 1345T

BD /AD

PIE

scribe Circumstances of the Accident				
I was driving	kom	Busis	Link	plip road
			Sinine i	La Flie
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Lacin later a stage of the second	Colombia District		a diamental a	
	THE WAR			
				
		(*************************************		

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

To:	AUT	OWORX	HOUSE
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SINGAPORE

Date this 17 day of MAY

Letter of Authorisation

LIGHTON ON FRANKLING ASSESSED.
RE: ACCIDENT INVOLVING YM 6145 L & YP 1345 T
ALONG/AT EVNOS LINK SLIP ROAD TO PIE (CHANGI)
. 8106 \ CO \ FI MO
1. I/We, AIK JUN DEMOUTION & ENGINEERING PIE UD (NRIC No. 199407818C owner/driver of motor vehicle no. YM 6145L & residing
respectively in consideration of your workshop AUTOHORX HOUSE
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 ou 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 is 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 legicosts, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
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 AUTONORY HOUSE
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducing all costs and disbursements incurred should be drawn in your name and will be forwarded to you.
5. This letter of Authorisation is irrevocable.
Signature:
Name: Alk JUN DEMOUTION & ENGINEERING PTE CID NRIC NO: 199407828 C

20 18 .