

AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: autoworxhouse@hotmail.com

•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: SJH 219 B

AIG ASIA PACIFIC INSURANCE PTE LTD

Attn: Officer In Charge

(Motor Claim Department)

17/01/2019

Dear Sir,

RE : ACCIDENT INVOLVING SJH219B AND GBB5134E AT OLD AIRPORT ROAD HAWKER CARPARK ON 06/07/2018.

We have been authorized by LEE KUM HOO, the registered owner of vehicle number SJH219B, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number GBB5134E.

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\$	2,250.00
Rental Fee (3 days x \$95.00 + 7% GST)	S\$	304.95
Search Fee	S\$	2.00
Total	S\$	2,556.95

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,

Autoworx House



AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517423

Registration No. 5296929B

INVOICE

5341

AIG ASIA PACIFIC INSURANCE PTE LTD

17/1/2019

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE : SKW 630 E / MERCEDES BENZ</u>	
	Lump sum repair for the above mentioned vehicle.	2,250.00
	Total	2,250.00





友立旅遊服務私人有限公司

UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
Rochor Centre Singapore 180001
Tel: 6292 7656 Fax: (65) 6293 97
E-mail: unigtour@singnet.com.sg
STB LIC TA/00076

Co. Reg. No.: 197401067R
GST Reg. No.: M2-0019671-6

Mr Lee Kum Hoo
Blk 170A Punggol Field
14-709
Singapore 821170

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573968
Tel: 6292 7656

13.07.2018

Singapore, _____ 20

TAX INVOICE

NO. **WP2017425**

DATE	PARTICULARS	@	\$	cts
------	-------------	---	----	-----

Rental of one unit Honda Jazz 1.3 Auto
Registration no. SJU 4383 P self driven as from
10.07.2018 at 1015 hrs to 12.07.2018 at 1720 hrs.

3 days at \$95.00 per day

Add GST at 7%
Amount Due

\$	285.00
\$	285.00
\$	19.95
\$	<u>304.95</u>

(SIN DOLLARS: THREE HUNDRED FOUR AND NINETY FIVE CENTS ONLY)

Standard Rated Supplies:\$	285.00
Total Amount of GST:\$	19.95


AUTHORISED SIGNATURE



立 立 旅 遊 服 務 有 限 公 司
UNIQUE TOURIST SERVICE (PTE) LTD

Mr Lee Kim Hoo
Blk 170A Punggol Field
#14-702
Singapore 821170

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573088
Tel: 8292 7668
Singapore

TAX INVOICE

NO. WP5017425

Co. Reg No: 197401087R
GST Reg No: M5-0019871-8
1, Rocher Road #02-87A,
Rocher Centre Singapore 180001
Tel: 8292 7668 Fax: (85) 8293 917
E-mail: unique@unique.com.sg
GST LIC TA00075

Rental of one unit Honda Jazz 1.3 Auto
Registration no. 2JU 4383 P self driven as from
10.07.2018 at 1015 hrs to 12.07.2018 at 1720 hrs.

3 days at \$95.00 per day

Amount Due
Add GST at 7%

\$	304.95
\$	19.95
\$	285.00
\$	285.00
\$	285.00

(SIN DOLLARS: THREE HUNDRED FOUR AND NINETY FIVE CENTS ONLY)

Total Amount of GST: \$ 19.95
Standard Rated Supplies: \$ 285.00

[Handwritten Signature]

**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-18-103585
Date of Request: 06/07/2018

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 06/07/2018
Enquiry By DYLAN CHEW
TP Vehicle No. GBB5134E
Accident Date 06/07/2018

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

**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-18-103585

Date of Request: 06/07/2018

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 06/07/2018
Enquiry By DYLAN CHEW
TP Vehicle No. GBB5134E
Accident Date 06/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB5134E	AIG Asia Pacific Insurance Pte. Ltd.	21/05/2018-20/05/2019	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.

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	06/07/2018 16:25
Date Of Accident	06/07/2018 13:30
Exact Location Of Accident	OLD AIRPORT ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH219B
Insured/Policyholder	
Name Of Registered Owner	LEE KUM HOO
NRIC No	S8378432F
Email Address	KUMHOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82287117
Alternative Phone No	OTHERS-82287117

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	5100025974

Driver

Name of Driver	LEE KUM HOO
NRIC No	S8378432F
Date Of Birth	17/10/1983
Occupation	INDOOR
Date Of Driving Pass	09/07/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82287117
Fax Number	
Contact Number	OTHERS-82287117
E-Mail Address	KUMHOO@GMAIL.COM

Address	BLK 170A PUNGGOL FIELD #14-709
Postcode	821170
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	COLLIDED INTO PARKED VEHICLE
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?	
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)	0

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

PLEASE REFER TO SKETCH PLAN

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	GBB5134E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO CHAI GUAN
NRIC/Passport Number	
Contact Number	97354350
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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:

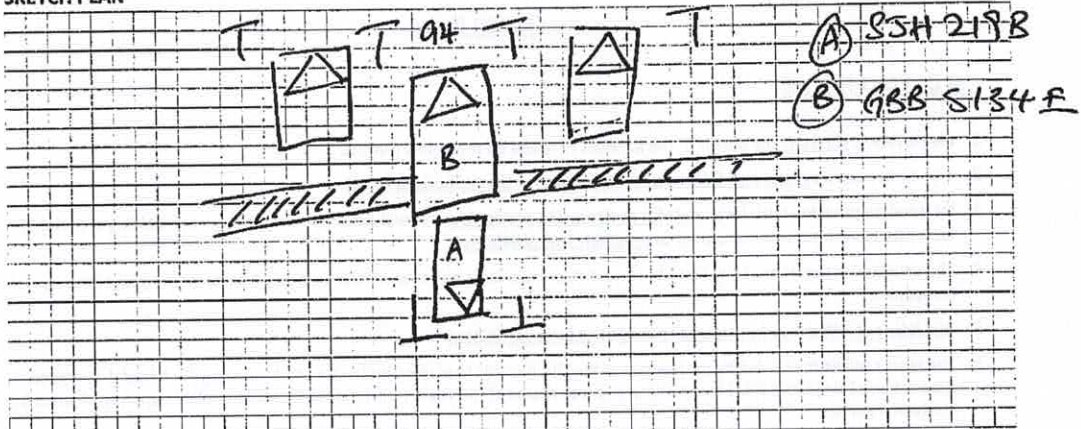
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
06 JUL 2018
16:25 hrs
GIA RMC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)
Date & Time:
06 JUL 2018
16:25 hrs


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Peh Kwee Choo
S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I had parked my vehicle in the parking lot. About 1 hour later, when I went to retrieve my vehicle, I had realised that vehicle B, GBB 5134 E had reversed and collided into the rear of my vehicle.

No one was injured in this accident.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 06 JUL 2018


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 06 JUL 2018


 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/FIN No.: S6840583A

GIARMC Sketch Plan Form 1/3
 16-25 hrs


16-25 hrs

To: AUTOWORK HOUSE
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SYH 119 B & 9BB5134 E
ALONG/AT OLD AIRPORT ROAD HAWKER CARPARK
ON 06 / 07 / 2018.

1. I/We, LEE KUM HOO (NRIC No. S8378421F),
owner/driver of motor vehicle no. SYH 119 B, & residing at
respectively in consideration of your workshop AUTOWORK 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 our
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 in
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 legal
costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain
payment from defaulting party.
3. 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
AUTOWORK 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 or my/our name/s (at
your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: 

Name: LEE KUM HOO

NRIC NO: S8378421F

Date this 06 day of JULY 20 18.