

30 AUGUST 2018



Our Ref. No. : VFIX-TP20180503

MOTOR CLAIMS DEPT
AIG ASIA PACIFIC INS PTE LTD
78 SHENTON WAY
#07-16 AIG BLDG
SINGAPORE 079120

Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6 Ark@KB
Singapore 417892
Email: contact@vfixauto.com.sg
Tel: 64552957 Fax: 64452368
UEN/GST Reg No. : 201602964H

WITHOUT PREJUDICE

Dear Sir / Madam

PROPERTY CLAIM ONLY

**ACCIDENT INVOLVING XB9539J AND SDE3636Y ON 21 JUL 2018
ALONG LENG KEE RD TOWARDS COMMONWEALTH AVE WEST**

We refer to the above-mentioned accident.

We are writing on behalf of **M/S EXPRESS TPT SERVICES & CONSTRUCTION P. L.** the registered owner of motor vehicle number **XB9539J** which was involved in the above accident.

We are instructed that the above accident was caused by the negligence and management of your insured's vehicle number **SDE3636Y**. As a result of the above accident, our client's vehicle was damaged and our client's has been put to loss and expense, particulars of which are as follows :-

1	Cost of Repair	:S\$	1,391.00
2	Loss of Use (2 days X \$ 150.00)	:S\$	300.00
3	GIA Fees	:S\$	2.00
TOTAL AMOUNTS		:S\$	1,693.00

We enclosed a list of the supporting documents :-

- (a) Original Final Repair Bill
- (b) GIA Tax Invoice
- (c) GIA / Police Report lodged by Our Client
- (d) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Any settlement reached is strictly without prejudice to and shall not affect any other claims arising from this accident. Settlement is solely for the items claimed only.

Yours Faithfully,
VFIX AUTO SERVICE PTE LTD

Ken Tan



Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6 Ark@KB
Singapore 417892
Email: contact@vfixauto.com.sg
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AIG ASIA PACIFIC INS PTE LTD
78 SHENTON WAY
#07-16 AIG BLDG
SINGAPORE 079120

FINAL REPAIR BILL

DATE : 30/08/2018
VEHICLE NO : XB9539J
MAKE/MODEL : VOLVO FMX370 64R
ACC DATE : 18/07/2018
CLAIM NO : VFIX-TP20180503
POLICY NO :

AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	1,300.00
7% GST	91.00
Total	<u><u>1,391.00</u></u>

SINGAPORE DOLLARS : ONE THOUSAND THREE
HUNDRED & NINETY ONE ONLY

VFIX AUTO SERVICE PTE LTD

Ken Tan





**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-18-110371

Date of Request: 19/07/2018

Your Ref No:

Online Purchase

Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6
ARK@KB
Singapore 417892

TP 503
XB 9539 J

Dear Sir/Madam,

Enquiry Date 19/07/2018
Enquiry By Kelvin Poh Leong Hock
Vehicle No. SDE3636Y
Accident Date 18/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDE3636Y	AIG Asia Pacific Insurance Pte. Ltd.	02/06/2018-01/06/2019	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.

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-110371

Date of Request: 19/07/2018

Your Ref No:

Online Purchase

Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6
ARK@KB
Singapore 417892

Dear Sir/Madam,

Enquiry Date 19/07/2018
Enquiry By Kelvin Poh Leong Hock
Vehicle No. SDE3636Y
Accident Date 18/07/2018

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

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	18/07/2018 13:40
Date Of Accident	18/07/2018 10:05
Exact Location Of Accident	SLIP RD BETWEEN EXIT LORNIE - LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9539J
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83335939

Vehicle Particulars

Manufacturer	VOLVO
Model	FM370
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	2017-V0089256
Cover Note Number	

Driver

Name of Driver	KOH JIN HUAT
NRIC No	S1128613E
Date Of Birth	04/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83335939
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 790 WOODLANDS AVE 6 #01-661 S730790
Postcode	
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	-
	-
	-

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?	
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 ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE3636Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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 Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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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.

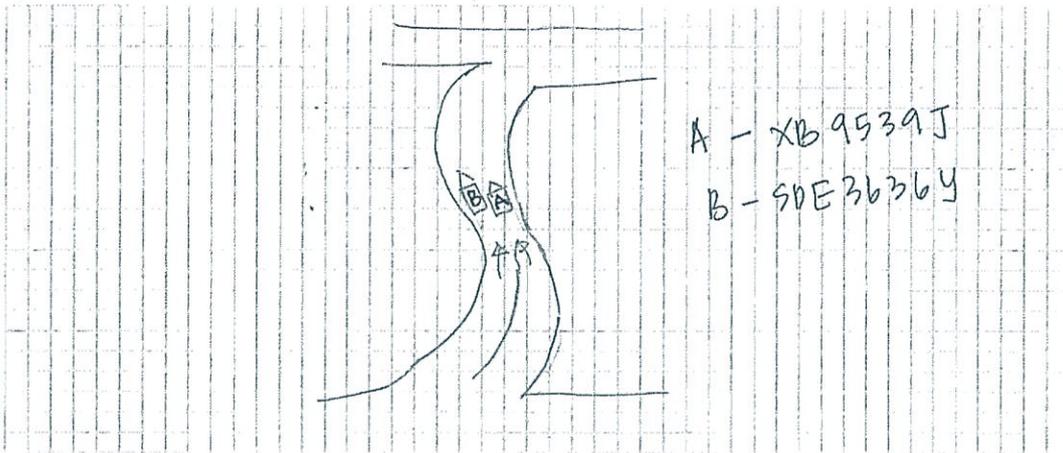
Policyholder's Signature
Date & Time:

Driver'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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/7/18 at about 1005hrs, I was travelling along
 split Road between Exit Lonie towards Lonie Road. When
 I reaching the merging lane and I had give way
 to in front of the vehicle then I follow the lane
 suddenly vehicle (B) squeeze in and overtake my vehicle
 and hit onto my left side portion vehicle.
 * My video capture show that vehicle (B) overtake by
 the road shoulder and squeeze in to hit onto my
 vehicle.

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.:

To: AIG ASIA PACIFIC INS PTE LTD
78 SHENTON WAY
#07-16 AIG BLDG
SINGAPORE 079120

Dear Sir / Madam,

Claimant:

ACCIDENT INVOLVING XB9539J AND SDE3636Y ON 18/07/2018 AT
SLIP RD BETWEEN EXIT LORNIE -> LORNIE RD

I/We, EXPRESS TPT SERVICES & CONSTRUCTION P L, am/are the registered owner of
motor car no. XB9539J.

Please be informed that I have assigned all compensation monies due to me/us in the above
accident to VFIX AUTO SERVICE PTE LTD.

I/We hereby authorized you to release all monies pertaining to the above mentioned accident
to VFIX AUTO SERVICE PTE LTD and forward the settlement cheque to VFIX AUTO SERVICE PTE
LTD whom I/we have authorized to collect the said compensation monies.

Thank you,



x.

Signature of Claimant &
Company Stamp if applicable

IC no.: 199506970Z

Date: 30/08/18

Signature of Witness

IC no.: S1527552I

Date: 30/08/18