No	Subject Matter	Current	Revised	Remarks
1	Reserves			
	TPPD	PRESERVE	GK.	
	ТРРІ	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees		Yeva	
	Survey Fees		france	
-1	Legal Fees			
	Others			
2	Fraud Check			
3	Upload to merimen			
4	Grant Rights			×
5	Payment			

Joel Nah Shern Ern

From:

Joel Nah Shern Ern

Sent:

Thursday, 4 October, 2018 4:09 PM

To:

'BHAS - Jacelyn Loh'

Subject:

acknowledgement of LOD OUR REF: SFC1122M

Dear all,

We have received the acknowledgement of this LOD.

Joel Nah

Motor Claims Department
India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

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: SHC8682T Our Reference: SFC1122M

Date: 29/09/2018

M/s India International Insurance Pte Ltd 64 Cecil Street #05-01 IOB Building Singapore 049711

Attention: Claims Department

CLAIMANT: CHUA BOON LING

PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 30/07/2018 ALONG PUNGGOL RD INVOLVING VEHICLE NO SFC1122M & SHC8682T

OST & EMAIL

We act for **CHUA BOON LING** who was the owner of motor vehicle no. **SFC1122M**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 30/07/2018 involving our client's vehicle registration number <u>SFC1122M</u> and vehicle registration number <u>SHC8682T</u>, 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)	\$ 2628.19
2	Loss of Use (\$ 120.00 x 4days)	\$ 480.00
3	LTA Search Fee	\$ 7.45
	Total:	\$ 3115.64

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,

Jacelyn Loh

(O): 6559 8944 (F): 6269 2404 Email: Jacelyn.loh@bhauto.com.sg Compared to consider the construction of the state of the construction of the construc

1 Page

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: SFC1122M Date: 29/09/2018

M/s India International Insurance Pte Ltd 64 Cecil Street

#05-01 IOB Building Singapore 049711

BY POST & EMAIL

Vehicle No

: SFC1122M

Make/ Model

: TOYOTA HARRIER

Year of Manufacture : 2015

Chassis No.

: ZSU600050151

Colour

: BROWN

D.O.A

: 30/07/2018

QTY	ITEM/PARTICULARS	AMOUNT (S\$)

1. Repair Cost for Motor Vehicle No. SFC1122M

Type of repair: Part by Part

:S\$ 2456.25

GST @ 7%: S\$ 171.94

GRAND TOTAL:S\$ 2628.19

Total: Singapore Dollars Two thousand Six Hundred and Twenty - Eight Dollars and Ninteen Cents Only.

Company's	Stamp	&	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 witholding of material facts may allow insurance companies to repudlate 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

atoresald.		
	ACCIDENT STATEMENT	
Date Of Report	30/07/2018 22:04	
Date Of Accident	30/07/2018 14:40	
Exact Location Of Accident	PUNGGOL RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFC1122M	
Insured/Policyholder		
Name Of Registered Owner	CHUA BOON LING	
NRIC No	S7212392A	

Email Address CHUA_BOON_LING@MOE.EDU.SG

Mobile Phone No (LOCAL) +65-97836323
Alternative Phone No OFFICE-97836323

Vehicle Particulars

Manufacturer TOYOTA
Model HARRIER

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
PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number ZSU600050151

Cover Note Number

Driver

Name of Driver CHUA BOON LING

 NRIC No
 \$7212392A

 Date Of Birth
 05/04/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 27/11/1991

Driving Experience 26 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97836323

Fax Number

Contact Number OFFICE-97836323

EMail Address CHUA_BOON_LING@MOE.EDU.SG

Address

BLK 259A PUNGGOL FIELD #15-29

Postcode

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

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 REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8682T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

MULE CONDO Pungach Field Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Cond.	At +1	ne june	tion non	r COVE	LRT station.	white
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TAXI	numbe	er 1 (s	HC 86827	Driver	Info Lee Ye	W Leona
213	06146	9) 1	nit the	back of	my car H	,
clain	ned th	at h	Saw	the bus	turned right	and
0.55	ume d	that	would	d turn	left , howe	der
G.	Cress	was	spedina	towards	Panggot Fix	ld
dir	ection.	+ but	1 100	waitin	g for the	larra
-10	passe	pass	through	before	make the	burn
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						-

DECLARATION

 $\forall W^{\mu}$ are the foregoing particular are true in every respect

Policyhovdern Signature

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Reporting Centre Personnel's Eginature

Pedition

NOT WINDS

AUTHORISATION

Name of owner of m/vehicle: Chan Boon Ling.

Address: Blk 2594 punggo1 Fiel2 # 15-29.

NRIC No: S7212392A

RE: ACCIDENT ON: 30 07/2018 ALONG: pungger RD.

INVOLVING: STC 1122m & SHC8682H

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no. Statistically my/our request, I/We the abovenamed owner of motor vehicle no. Statistically 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.

Date this: 34(day) of 07(month) 2018(year)

Owner of m/vehicle: Chua Boon ling.

47836322

7/31/2018 Receipt

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

31 Jul 2018 / 10:08:58

Receipt Date/Time: 31 Jul 2018 / 10:08:58

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180731-000466

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC8682T As at 30 Jul 2018/14:40:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SHC8682T				
Enquiry Fee 20180731100805359894		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			
	xxxxxxxxxxxxx0796	Credit Card: Visa/MasterCard		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.

Print Receipt

OK

Save as PDF