

Z-ONE AUTOMOTIVE PTE LTD

1 Kaki Bukit Ave 6, Blk D #01-85/87, Autobay@Kaki Bukit Singapore417883

Tel: 62502115/66342112 Fax: 66342122

Email: service@z-one.com.sg; enquiry@z-one.com.sg

AUTOMOTIVE ♥ PERFORMANCE Company Registration No. 201118055N

Our Ref

: PC6913X

Your Ref

: CC4/III18014068/hb3

07th March 2019

BY EMAIL & POST WITHOUT PREJUDICE

India International Insurance Pte Ltd 64 Cecil Street #05-02 **IOB** Building Singapore 049711

Attention: Ms Priya - Motor Claims Dept.

Dear Ms Priya,

CLAIMANT: WEITRONICS MARKETING

ACCIDENT INVOLVING PC6913X & SHA5275R AT VIVO CITY (2ND LEVEL) DROP OFF POINT ON 31/07/2018 @1550HRS

We refer to the above matter.

As the quantum was agreed between your surveyor and our Ms Yvonne, we are submitting our claims as follows:

1. Cost of Repair (7% GST) 3,798.50 2. Loss Of Use For 4 Days x \$120 \$ 480.00 LTA & GIA search fee 3. 36.45

4,314.95

Total:

A copy each of the following supporting documents is enclosed:

- (1) GIA Report
- (2) Final Repair Bill
- (3) LTA search
- (4) GIA Receipt
- (5) Letter of Authority
- (6) Certificate of Insurance

Yours faithfully

Z-one Automotive Pte Ltd

Reg. No.

Ecls

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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	01/08/2018 11:36				
Date Of Accident	31/07/2018 15:50				
Exact Location Of Accident	VIVO CITY (2ND LEVEL) DROP OFF POINT				
Country/State of Loss	SINGAPORE				
D. C. Carlotte, and the control of t	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	PC6913X				
Insured/Policyholder					
Name Of Registered Owner	WEITRONICS MARKETING				
Co Reg No	53295320K				
Email Address	WALLACEGIN@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-98300986				
Alternative Phone No	OFFICE-98300986				
Vehicle Particulars					
Manufacturer	MERCEDES-BENZ				
Model	V-CLASS 220 VKL/E AUTO				
Exact Purpose for which vehicle was being used at time of accident	WORKING(PICK UP GUEST AND THE CAR WAS STATIONARY)				
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	5099557628				
Cover Note Number					
Driver					
Name of Driver	NG KIAN PENG				
NRIC No	S6801357G				
Date Of Birth	05/01/1968				
Occupation	OUTDOOR				
Date Of Driving Pass	27/09/1985				
Supplementary as a Victor of the same of t	manusin control (Capacita) was not accompany to the control of the				

32 YEARS AND 10 MONTHS

WALLACEGIN@GMAIL.COM

(LOCAL) +65-98300986

OTHERS-98300986

MALE

Page 1 of 24

Address

BLK 291C COMPASSVALE STREET

#13-258

Postcode

543291

Was driver an employee of the Insured's Company YES

was driver an employee of the insured's Company

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 0

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) 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?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA5275R

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

BOO HUNG CHYE

NRIC/Passport Number

S1540939H

Contact Number

98553217

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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
- 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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 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 aforesald.
- 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
- (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:

t 8 2418

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Perkonnel's Signature
Name
NRIC/FIN No.: ROEM WHATS

Sketch Plan #2

VIVO CITY (2nd floor) Drop off
pick up alea
TON AD
A) PC 6913X /8
B) SHA52/5R/
(2)
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 31 July 2018 time 1548 hrs. I want to Vivo city (2nd floor)
Drop off / Pick up area to pick up my quest.
while they also bught some shapping bug, therefore I out of
for to help thom pick up and carry from the shipping mull lably
to my mr.
At the time 1548 hrs I noticed the taxi (Bue colour), our plate
SHA5275R want to cut through from my carrear, to go
down the ramp.
And I saw his car side (left), slight knok on my rear
right bumple. And the about to go without stipping.
I quickly go infant to knot on his text, asking him to stip
dann
He than see my our and said he was not notice on hitting my
car. After listing at the damage he claims that It was
very migner and can be clean up eggily.
But I do not agree
He also refuse to give me his porticular, until I collect up
comfort CDG office to report his tax; hit on my car.
As such, I am Alling a reland to claim the damper and
also my lost of income white repairing the car
DECLARATION
I/We declare the foregoing particulars are true in every respect.
FR W
at clies 140
Policyholder's Signature Driver's Signature Redorting Central Personnel's Signature Date & Time: 1905 (If driver is not the policyholder) Name: 1001 1000 3
09:30 kg Date & Time. NRIC/FIN No.



Z-ONE AUTOMOTIVE PTE LTD

1 Kaki Bukit Ave 6, Blk D #01-85/87, Autobay@Kaki Bukit Singapore417883

Tel: 62502115/66342112 Fax: 66342122

Email: service@z-one.com.sg; enquiry@z-one.com.sg

AUTOMOTIVE © PERFORMANCE Company Registration No. 201118055N

Weitronics Marketing Blk291C Compassvale Street #13-258 Singapore 543291

Contact: 98300986

TAX INVOICE

Date: 07/03/2019

Date in: 06/10/2018

Vehicle Num.: PC6913X

Make/Model: Mercedes Benz V220 CDI Extra-Long AT-2017

Chassis/Eng#: WDF44781523342690/65195034230638

Accident Date: 31/07/2018

Claim No: C101844

Reference:

Policy No.: 5099557628 (01/04/2019)

Amount \$

3,550.00

LUMPSUM REPAIR BILL AS PER SURVEYOR REPORT DATED <u>07/03/2019</u> BY LKK Auto Consultants Pte Ltd

E. & O.E.

Sub\$:

3,550.00

Add GST (7%)\$:

248.50

Total Amount \$:

3,798.50

Z-ONE AUTOMOTIVE PTE LTD

Reg. No. 201118055N



Amerjeet Singh has successfully logged out. Your last login date and time was 01 Aug 2018, 15:24:32.

To return to ONE.MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

		Asset Owner			Transaction		
S/No.	Asset Type	Asset ID	ID	Transaction Type	Amount(S\$)	Log Date/Time	
1	Vehicle	SHA5275	SR-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	01 Aug 2018 /	
				into (Others) by Law Firm		15:25:40	



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-18-118182

Date of Request:

01/08/2018

Your Ref No:

AJ.TK.Z (PC6913X)

CROSSBORDERS LLC 133 New Bridge Road #23-03/04/05 Chinatown Point Singapore 059413

Dear Sir/Madam,

Date of Accident:

31/07/2018

Vehicle No:

PC6913X

Place of Accident:

VIVO CITY (2ND LEVEL) DROP OFF POINT

Involving Vehicle No: SHA5275R

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA5275R	VIVO CITY (2ND LEVEL) DROP OFF POINT	14.00	1	13.08
GST Amount				0.92
Total Amount Du	e (GST Inclusive)			14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] 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

TAX INVOICE

Our Ref No:

GR-18-118173

Date of Request:

01/08/2018

Your Ref No:

AJ.TK.Z (PC6913X)

CROSSBORDERS LLC 133 New Bridge Road #23-03/04/05 Chinatown Point Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident:

31/07/2018

Place of Accident:

VIVO CITY DROP OFF POINT

Client Vehicle No:

PC6913X

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

LETTER OF AUTHORITY

			-				&_	SHA 5275 R	ALONG
Vivo	City	(2nd	Level)	Drop	off	point.		2	

- 1. If We, hereby appoint Z-ONE AUTOMOTIVE PTE LTD to be my agent and I/We authorize my said agent to give you all instructions pertaining to the conduct of my claim including instructions to commence legal proceedings in court in my name against the third party driver/or his employers, if applicable.
- 2. ** My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the third party and/or his insurers.
- 3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you
- 4. ** Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Solicitor the cost of repair settled and related expenses and disbursement incurred.
- 5. My vehicle is repaired on my own will without any inducement, threat or promise.

COCCO MARCES INO

Signature

(Company's stamp if applicable)
Name: Weitronics Marketing.

NRIC No: 5329 5320K.

Address BIK 2910 Compassivale Street

#13-258 Singapore 543291



Certificate of Insurance

cer uncate of insurance								
MOT	TOR VEHICLES (THIRD PARTY RISKS ANI TOR VEHICLES (THIRD PARTY RISKS ANI D TRANSPORT ACT, 1987 (MALAYSIA)		The state of the s					
MOT	TOR VEHICLES (THIRD PARTY RISKS) RU	LES, 1959 (MALAYSIA)						
Cert	ificate Number : 5099557628		Cover : Comprehensive					
1.	Index mark and Registration Number	of Vehicle :	PC6913X					
	Chassis Number		WDF44781523342690					
2.	Name of Policyholder		WEITRONICS MARKETING					
	Effective Date of Insurance	:	02 Apr 2018					
	Expiry Date of Insurance		01 Apr 2019					
5. Persons or Classes of Persons entitled to drive*								
_								
	(a) The Policyholder.							
	(b) Any other person who is driving on the Policyholder's order or with his/her permission.							
	Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.							
6.	Limitations as to Use*							
	(a) Use for the carriage of passenger	s in connection with th	e Policyholder's business.					
	(b) Limited to carry 10 passengers							
This	Policy does not cover							
	(a) Use for racing, pace-making, reliability trial or speed-testing.(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.							
	Act (Chapter 189) and Section 95 headings.	of the Road Transport	tor Vehicle (Third Party Risks and Compensation) Act, 1987 (Malaysia), are not to be included under these					
		WITHIN THE REPUBLIC	OF SINGAPORE ONLY					
EXC	With the Annual Control of the Contr	S\$2,000						
		S\$2,000						
INSU	URE WITH COE :	YES						
HIR	E PURCHASE COMPANY :	N/A						
SUN	M INSURED :	MARKET VALUE OF INS	URED VEHICLE AT TIME OF LOSS					
Veh Age Date	I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) Agency : CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (00000573702) Date of Issue : 03 Apr 2018 15:20 hrs Reprint : 01 Aug 2018 17:09 hrs							
			For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED					
	Tomal	7	Jun 1					
Cou	Intersigned By:							
	Author	ised Officer	Chief Evecutive					