

# AUTOWORX HOUSE

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

• Tel: 6452 8211 • Fax: 6451 7420

AIG AIG Pacific Insurance Pte Ltd

Attn: Motor Claims Department

08/08/2018

Dear Sir,

**RE: Request for PRI for** SJN-352 **in an accident involving** SX790SV  
along Bukit Merah Road.

We have been authorised by Cher-Hui Ng, the registered owner of motor vehicle: SJN-352 at the material time of accident to make a claim against your insured.

Please give us the list of panel of your 10 survey firms for our selection to inspect the above said vehicle or you may assign our choice from either one of the 3 survey firms,

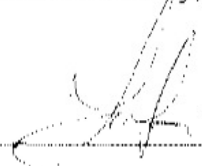

- 1) Premier Appraiser Services
- 2) LKK Auto Consultants Pte Ltd
- 3) AJAX Inspection Services Pte Ltd

We will direct settle the claims with you if the survey is conduct by either of one the firms mentioned.

Kindly contact us at 64528211 before coming to ensure the vehicle is in the workshop.

Thank you.

Yours Sincerely,

Autoworx House

Email: autoworxhouse@hotmail.com



RECORDS MANAGEMENT CENTRE

**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-18-121706

Date of Request: 08/08/2018

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: 08/08/2018  
Enquiry By: Bee Gaik Har  
TP Vehicle No.: SKX9408S  
Accident Date: 07/08/2018

**Enquiry Result**

| TP Vehicle No. | Insurer                              | Period of Insurance   | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SKX9408S       | AIG Asia Pacific Insurance Pte. Ltd. | 31/12/2017-30/12/2018 | 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.

Invoice

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6 Raffles Quay #18-00, Singapore 048580

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GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-121706

Date of Request: 08/08/2018

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 08/08/2018  
Enquiry By Bee Gaik Har  
TP Vehicle No. SKX9408S  
Accident Date 07/08/2018

| DESCRIPTION                      | AMOUNT (\$\$) |
|----------------------------------|---------------|
| 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



**1800 880 4888 (Within Singapore)**  
**(65) 6880 4888 (International)**  
**(65) 6880 4740**  
 **customer.care@axa.com.sg**  
**www.axa.com.sg**

ACCOUNT NUMBER  
**03926**

### Policy details

|                             |   |                    |                            |
|-----------------------------|---|--------------------|----------------------------|
| Policyholder name           | CHER HUI AIK  | Certificate number | GA133N76 / 1               |
| Class                       | Comprehensive   | Class description  | 000000000000000000000000   |
| Plan name                   | Flex  | Exposure amount    | 0.000000000000000000000000 |
| NCD applicable              | 10%   |                    |                            |
| Vehicle registration number | SUN2352   |                    |                            |
| Period of insurance         | From: 25/10/2017 to: 24/10/2018, valid date: 25/10/2017 |                    |                            |
| Finance firm company        | MAYBANK   |                    |                            |

• The general approach to solving a problem is to break it down into smaller, more manageable parts.

Notwithstanding the fact that driving is prohibited in conjunction with the consumption of any drug, or regulation, to direct the Motor Vehicle in any, in excess of the amount of alcohol, designated by the owner of a motor vehicle, or the operation of any equipment or regulation in such subject does driving the Motor Vehicle.

the study, we used the following data: (a) the number of patients who received the high-dose or low-dose group;

[illegible]

$\mathcal{H}_{\text{out}} = \mathcal{H}_{\text{in}} \otimes \mathcal{H}_{\text{out}}$  and  $\mathcal{H}_{\text{in}} = \mathcal{H}_{\text{in}} \otimes \mathcal{H}_{\text{in}}$ . The input state  $\rho_{\text{in}}$  is a pure state, i.e.  $\rho_{\text{in}} = |\psi\rangle\langle\psi|$ , and the output state  $\rho_{\text{out}}$  is a mixed state, i.e.  $\rho_{\text{out}} = \sum_i p_i |\psi_i\rangle\langle\psi_i|$ . The input state  $\rho_{\text{in}}$  is a pure state, i.e.  $\rho_{\text{in}} = |\psi\rangle\langle\psi|$ , and the output state  $\rho_{\text{out}}$  is a mixed state, i.e.  $\rho_{\text{out}} = \sum_i p_i |\psi_i\rangle\langle\psi_i|$ .

|        |                          |             |
|--------|--------------------------|-------------|
| EXCESS | Excess Over Damage Limit | \$60 700.00 |
|        | Worth Over Limit         | \$60 100.00 |

[illegible]

1.  $\phi(\lambda)$  is the characteristic polynomial of  $A$ .
2.  $\phi(\lambda)$  is the least common multiple of the minimal polynomials of  $A$ .
3.  $\phi(\lambda)$  is the product of the minimal polynomials of  $A$  and  $B$  if and only if  $A$  and  $B$  have disjoint spectra.

### Additional clauses & endorsements to your policy

•

2. The second condition is the policy in which the distribution of the integrated population is uniform with an increase in the Marine Velezian (first 100 years) and a decrease in the first 100 years and then by the second 100 years (see Table 1).

八五五 3005000000000 5000000000000

[illegible]

### important note

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[illegible]

MALM18102372 / Ah Lim Motor Company - AMK  
 ENTRY DATE & TIME: 08/08/2018 09:37  
 SUBMITTED BY: Melli Tan

## 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 08/08/2018 09:37  
 Date Of Accident 07/08/2018 18:35  
 Exact Location Of Accident 73 BUKIT TIMAH RD - REX HOUSE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN235Z  
**Insured/Policyholder**  
 Name Of Registered Owner CHER HUI AIK  
 NRIC No S7605642J  
 Email Address DAVECHER21@HOTMAIL.COM  
 Mobile Phone No (LOCAL) +65-81111488  
 Alternative Phone No OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
 Model GLC250 4MATIC

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 PRIVATE CAR

### Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number GA133876/1  
 Cover Note Number 25/10/2017 TO 24/10/2018

### Driver

Name of Driver CHER HUI AIK  
 NRIC No S7605642J  
 Date Of Birth 26/01/1976  
 Occupation INDOOR  
 Date Of Driving Pass 07/06/2007  
 Driving Experience 11 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-81111488  
 Fax Number  
 Contact Number OFFICE-NOPHONE  
 Email Address DAVECHER21@HOTMAIL.COM

|   |                                     |
|---|-------------------------------------|
| Address   | APT BLK 617 YISHUN RING RD #03-3264 |
| Postcode  | 760617                              |
| 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?  | 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)   | 3                                     |
| Passenger 1   | NAME: : OLIVER KIAT<br>GENDER: : MALE |
| Passenger 2   | NAME: : TAN XUELI<br>GENDER: : FEMALE |

**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 SKETCH PLAN

**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 | SKX9408S    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | ANDREW TEO  |
| NRIC/Passport Number        |             |
| 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 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 companies.
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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:

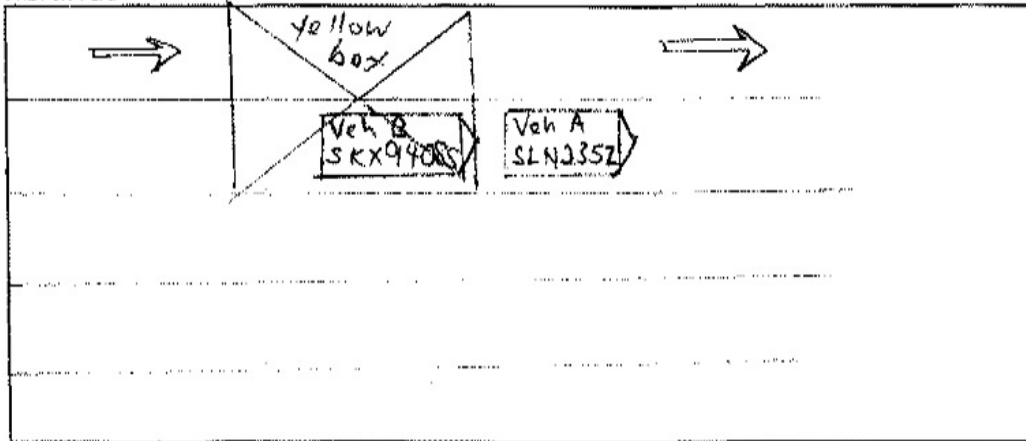
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





## Sketch Plan Pg. 2

Date of accident: 7/8/2018 Time: 6.36pm Location: 73 Bukit Timah Road, Rex house  
 My Vehicle A: SLN235Z Vehicle B: SKX9408S Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop following my front vehicle stop.  
 Suddenly, vehicle B hit my rear.

☐ Claim OD/IP at Ah Lim Motor ☒ Claim OD/IP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Supreme Auto 02-87

Email address: admin@supreme.com.sg

& myself:

Email address: dave chee 21@hotmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle: SLN  
235Z

[Signature] 8/8/18  
 Policyholder's Signature  
 Date & Time:

[Signature] 8/8/2018  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Meli

NRIC/FIN No.: 818/2018  
 AH LIM MOTOR COMPANY



## Policy Holder-Driver's Particulars &amp; Briefings Pg. 3



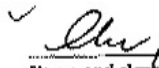
redefining / insurance

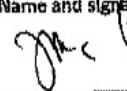

Date: 8/8/2018To: Owner of Vehicle Number: SLN2352The following has been advised to you via your workshop, M Lim Motor Co through their staff, Alan.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is ..... The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others .....

Signed and acknowledge by:


 Name and signature of policyholder/authorised driver



 Name and signature of workshop personnel including company stamp