

PTE/YP2901G/20161026/DS-CL
29/11/2017

M/s AXA Insurance Singapore Pte Ltd
C/o LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1, #02-25
Singapore 408933
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 26/10/2016 INVOLVING YP2901G & GBE5492E
ALONG LOADING BAY AT CENTURY SQUARE

We are the authorised repair workshop for the owner of vehicle, YP2901G, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, GBE5492E, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	2,889.00
2. Car Rental	-
3. Loss of Use	900.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Medical	-
8. Others	-

(E&OE)	3,791.00

We enclose the following documents to support the claims: -

<input checked="" type="checkbox"/> Repair/Excess Bill	<input checked="" type="checkbox"/> Insurance Certificate
<input type="checkbox"/> Surveyor Report	<input checked="" type="checkbox"/> Power of Attorney
<input type="checkbox"/> Coloured Photographs	<input type="checkbox"/> Car Rental Bill
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Medical Bill
<input checked="" type="checkbox"/> GIA/TP Search	<input type="checkbox"/> Witness Statement
<input type="checkbox"/> Others: _____	

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354

FAX: 6214 1843

Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199506045W

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6383 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 608286

Tel 6338 8778

Sin Ming

383 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

7 Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6746 0666

Yishun

501 Yishun Industrial Park A 3

Singapore 768732

Tel 6757 7896

www.SPARKcarcare.com

A member of

COMFORTDELGRO



ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline : 65 6383 6280
Facsimile : 65 6280 9755
www.edge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 400649
www.SPARKcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6746 0666



ComfortDelGro Engineering

TAX INVOICE

COMPANY REG NO. M28921842
Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
YP 2901G

MAKE
MITSUBISHI

MODEL
FEB21CR3SDEB

DATE OF REG

CHASSIS CODE
4P10C07068

INV. NO/DATE
91342853 27.11.201

JOB NO.
305079100

ODOMETER READING

JOB TYPE

Description : MSIG INS T P CLAIM AGAINST AXA INS

Invoice for Lump Sum Repair

Lump Sum Amt	2,700.00
Subtotal	2,700.00
Add GST @ 7.000 %	189.00
Total Invoice amount	2,889.00

Issued by : DEASEX08 27.11.2017 14:44:10
Repair Type : CPSO/52/5T
Payment Type/Term : /Credit 30 days

- 1) WITHOUT TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTY DELIVERED TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND CHALL WITHIN 7 DAYS FROM SUCH DELIVERY / NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICING) FOR PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND FINAL.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ NO



**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-17-049500

Date of Request: 07/04/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 07/04/2017

Enquiry By Therga

TP Vehicle No. GBE5492E

Accident Date 26/10/2016

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBE5492E	AXA Insurance Pte Ltd	08/01/2016-07/01/2017	6338 7288

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.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

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TAX INVOICE

Our Ref No: GR-17-049500

Date of Request: 07/04/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 07/04/2017
Enquiry By Therga
TP Vehicle No. GBE5492E
Accident Date 26/10/2016

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:

☒ [X] 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 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	27/10/2016 09:54
Date Of Accident	26/10/2016 10:30
Exact Location Of Accident	CENTURY SQUARE TAMPINES (LOADING BAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2901G
Insured/Policyholder	
Name Of Registered Owner	TOPSELLER PTE LTD
Co Reg No	NA
Email Address	tansc@topseller.com.sg
Mobile Phone No	
Alternative Phone No	Office-65773112

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 28668451 MKF
Cover Note Number	

Driver

Name of Driver	WONG SAN SAN
Passport No/FIN	G6545111K
Date Of Birth	13/03/1985
Occupation	Outdoor
Date Of Driving Pass	10/01/2014
Driving Experience	2 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-93505202
Fax Number	(Local) +65-62611326
Contact Number	Office-65773112
Email Address	NOEMAIL

Address	348 JALAN BOON LAY
Postcode	619529
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	Unknown - VEH B REVERSED & HIT MY VEH
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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 ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5492E
Vehicle Make/Model/Colour	
Details Of Properties	REAR
Name of Driver	TAN KOK THYE
NRIC/Passport Number	G7235873U
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.
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 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.
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

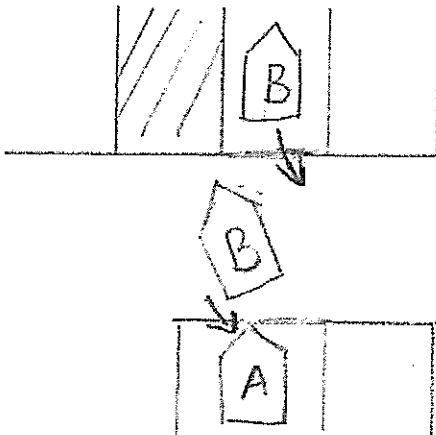
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Century Square (Tampines)
Fooding Bay.

Describe Circumstances of the Accident

My veh was parked stationary in the parking lot (loading bay).
 My veh front was facing the opposite parking lots. Suddenly,
 Veh B started to reverse.
 He kept on reversing and I honked at him. But still his
 veh ended up but against my veh. No injuries.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

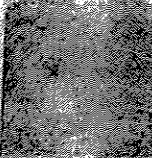
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel


VISIT PASS
Immigration Regulations

Name
WONG SAN SAN



Date of Birth	Sex	Nationality
13-03-1985	M	MALAYSIAN
ICN	Date of Issue	Date of Expiry
06545111K	03-10-2016	13-01-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	10 Jan 2014
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	10 Jan 2014

NP 428A

Licence No: 06545111K



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TOPSELLER PTE LTD

Sector: **SERVICE**

Name
WONG SAN SAN
Occupation
SALES REPRESENTATIVE

Work Permit No.
4 03140058

Date of Application
23-10-2014

Date of Issue
03-10-2016

Date of Expiry
13-01-2018

L7255151

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6545111K**
Name:
WONG SAN SAN

Birth Date: **13 Mar 1985**
Issue Date: **02 Jun 2014**
Valid Till: **09 Jan 2019**

002310611A

VISIT PASS
Immigration Regulations

Name
WONG SAN SAN

Date of Birth: **13-03-1985** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G6545111K** Date of Issue: **03-10-2016** Date of Expiry: **13-01-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	10 Jan 2014
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 Jan 2014

NP 428A

Licence No: **G6545111K**

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET**Comprehensive**

Certificate No. B 28866967 MKF

Excess : SGD750

1. Index Mark and Registration Number of Vehicle

YP2901G

2. Name of Policyholder

Topseller Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/01/2017

4. Date of Expiry of Insurance

31/12/2017

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in

connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.


(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) YP 2901G and (Third Party's Vehicle No.) GBE 5492E on 26/10/2016 along Century Square Tompines (Loading Bay)

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, _____ *NRIC/Passport

No. _____ (Address)* _____

1 Topseller pte Ltd a company

incorporate in Singapore and having its registered office at (Address)* 348 Jalan Boon Lay

Singapore 619529 owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a

company incorporated in Singapore and having its registered office at 205 Braddell Road.

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in relation thereto.
5. Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and
6. To agree to any settlement at the absolute discretion of CDGE.

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that the powers and authority hereby conferred shall remain irrevocable.

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day 26 of the month of April, Year Two Thousand Seven (2017)

Signed, Sealed & Delivered By



Customers Name: Tan Soon Chong
NRIC No.: F8408879
Co's rubber Stamp

delete as appropriate. Insurance