



陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

Address: 51 Defu Lane 10 Singapore 539216

Tel: 6858 5151 Fax: 6858 0877

Our Ref : **TP021092018**

Date : **24-09-2018**

Your Ref : **CC6/ALH18016889 (Uea3)**

WITHOUT PREJUDICE

Claims Department - **Motor Claims** **[UKK]**

c/o **ALH ASIA PACIFIC INSURANCE P/L**

Dear Sir/Madam,

ACCIDENT INVOLVING SDN 6616M & SCP 2699M ON 14-09-2018

Refer to the above accident and please acknowledge receipt of this letter within 14 days.

It appears that the accident was caused by your insured. Enclosed documents to substantiate our client's property damaged claim as our client had authorized us to quantify, to act and to reach settlement within 6 weeks on their behalf: -

☐ Original survey report/ _____ copies of photographs _____

☒ Original Tax-invoice number

☐ Original rental invoice number

☒ SAS / AS & IS / police report

☐ police result

☐ Certificate Of Insurance

☒ Vehicle search result

☒ Authorisation To Act

☐ _____

*Survey under insurance instruction -

a)	Cost of repair (inclusive GST)	\$	3,317.00
b)	Survey fees / Photographs as per request	\$	
c)	Vehicle Search fees / GIA fees / Police Report fees / Reporting fees	\$	7.49
d)	Loss of hire / use / rental / earnings / rental fees [180 x 7 days]	\$	1,260.00
e)	Scene photographs	\$	
f)	Administrative charges to negotiate settlement (Waive if 100% offer made within acknowledge timeframe)	\$	
g)		\$	
Total		\$	4,584.49

* Driver's injury and other losses exclude in this claim.

If you are agreeable to the above, please forward discharge voucher for our client's signature and payment issued directly to "Tan Lim Motor Pte Ltd" within 28 days.

Yours faithfully,

Johnson Chua

Email: johnson.chua@tlmotor.com.sg



TAX-INVOICE
NUMBER: TP0918/022

(Please quote our reference number TP021092018 for payment)

陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

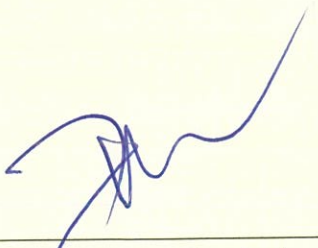
AIG Asia Pacific Insurance Pte. Ltd

Date: 24/09/2018

Vehicle No: SDN6616M
Model: HONDA CIVIC 1.8L A

Description	Amount
To lump sum repair as recommended by surveyor.	\$3,100.00
Reimbursement of LTA search fees.	\$7.00

Sub Total	\$3,107.00
Add 7% GST	\$217.49
Total	\$3,324.49



Tan Lim Motor Pte Ltd



AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, GOH KAI MENG ("the third party claimant")
of BLK 260D SENHANG EARTWAY #02-474 S 544260 (address),
owner of SDN6616M (vehicle no.) hereby authorize
TAN LIM MOTOR PTE LTD

("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SDN6616M that was
damaged pursuant to the accident which occurred on 14-09-2018 (date) along
COMPASSVALE STREET TURNING INTO COMPASSVALE CRESCENT (location)
involving vehicle no/s SLP26994 ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this 14th day of September (month) 20 18 (year)

Signed by "the third party claimant"

Signed by "the workshop"

Enquire Vehicle & Owner Information (Vehicle No. SLP2699U As At 14 Sep 2018 / 14:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MISC-CM

Current Owner Details

Owner ID Type: Company

Owner ID: 201602573M

Owner Name: CAR COVE LEASING PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:1557

Registered Street Name: KEPPEL ROAD

Registered Unit No.: #01-02

Registered Building Name: -

Registered Postal Code: 089066

Current Vehicle Details

Vehicle No.: SLP2699U

Make Description/Model: KIA / CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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	14/09/2018 16:28
Date Of Accident	14/09/2018 14:30
Exact Location Of Accident	COMPASSVALE STREET TURNING INTO COMPASSVALE CRESC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN6616M
Insured/Policyholder	
Name Of Registered Owner	GOH KAI MENG (WU JIEMIN)
NRIC No	S6922831C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92352696
Alternative Phone No	OFFICE-92352696

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099249667
Cover Note Number	

Driver

Name of Driver	GO YOK KUAN
NRIC No	S0996071F
Date Of Birth	17/10/1944
Occupation	INDOOR
Date Of Driving Pass	04/05/1962
Driving Experience	56 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92352696
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 288A COMPASSVALE CRESCENT #04-373
Postcode	541288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	YES
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

On 14.09.2018 at about 1430hrs, I was driving in my vehicle (A: SDN6616M) along 3rd lane Compassvale Street turning into Compassvale Crescent. Upon reaching the junction to enter Compassvale Crescent, I stopped to give way to the traffic on the main road. Suddenly, I felt a sudden impact from behind and realized vehicle (B: SLP2699U) had hit onto the rear left portion of my vehicle. Vehicle A (SDN6616M): 1 male and 1 female passengers on board. Vehicle B (SLP2699U): Unknown passenger on board.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP2699U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GO YOK KUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SDN6616M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

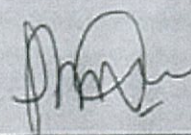
SKETCH PLAN

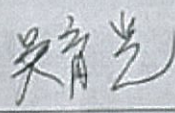
IMPORTANT NOTICE

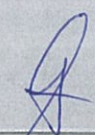
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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 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.

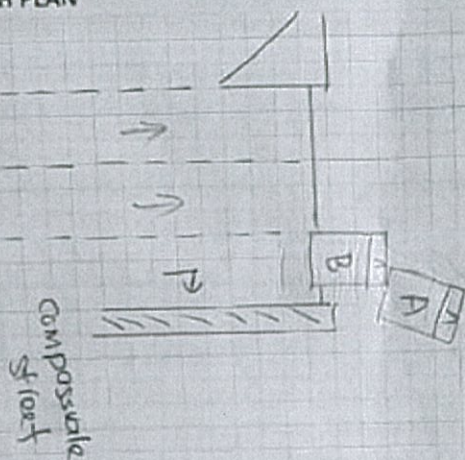

Policyholder's Signature
Date & Time:


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


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

ayun
68596660

SKETCH PLAN



A: 8DN6616M

B: 8LP 2699U →

— 000

Compassvale Crescent ←

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GMA Report.

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.:

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