

ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701 Mainline +65 6383 6280 Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell 205 Braddell Road Singapore 579701 Tel 6383 8110

59 Loyang Drive Singapore 508969 Tel 6214 8300

Pandan 45 Pandan Road Singapore 609286 Tel 6338 8778

Senoko 24 Senoko Loop Singapore 758156 Tel 6757 8760

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 6848 5721

www.SPARKcarcare.com

Our Ref: PTE/SLR9676D/20181004/DS-CL

17/04/2019

FWD SINGAPORE PTE LTD 6 Temasek Boulevard #18-01 Suntec Tower 4 Singapore 038986

Attn: Motor Claims Department

Without Prejudice

Dear Sirs

ACCIDENT ON 04/10/2018 INVOLVING SLR9676D & SJF5581G ALONG GEYLANG EAST CTCL SLIP ROAD TOWARDS PAYA LEBAR ROAD

We are the authorised repair workshop for the owner of vehicle, SLR9676D, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized 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, SJF5581G, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	5,341.95	
2. Car Rental	_	
3. 13.0 days Loss of Use @ \$80	1,040.00	
4. Surveyor Fee		
5. LTA Fee	_	
6. TP/GIA Fee	2.00	
7. Medical	-	
8. Others	-	
(E&OE)	6,383.95	

We enclose the following docu	ments to support the claims: -	
Repair/Excess Bill	[/] Insurance Certificate	
[] Surveyor Report	Power of Attorney	
[] Coloured Photographs	[] Car Rental Bill	
GIA/Police Report(s)	Medical Bill	
[] GIA/TP Search	Witness Statement	
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

A member of

CDGE Claims Department

COMFORTDELGRO

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com





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7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com



COMPANY REG. NO: 199506048W

GST REG. NO. M2-28921847

TAX INVOICE

8010655

FWD SINGAPORE PTE LTD SUNTEC TOWER 4

18-01 6 TEMASEK BOULEVARD

SINGAPORE SG 038986

CONTACT NO: 67275700

VEHCLE NO SLR9676D

MAKE HONDA

MODEL GRACE HYBRID

DATE OF REG 31.08.2017

CHASSIS CODE

INVOICE NO./DATE 91436658 05.04.2019

JOB NO. 305221978

ODOMETER READING

Description: TP - AIG - FWD

S/No	Part No. Description	Oty	Unit	Price	Net
01	20-501 LABOUR CHARGES	1 EAC	1,960.00	SGD	1,960.00
02	1979 REAR BUMPER	1 PC	749.60	SGD	749.60
03	1979 REAR BUMPER SIDE RETAINER LH	1 PC	11.12	SGD	11.12
04	1979 REAR BUMPER CLIPS	10 PC	3.12	SGD	31.20
05	1979 BOOTLID	1 PC	540.16	SGD	540.16
06	1979 BOOTLID EMBLEM LOGO H	1 PC	21.68	SGD	21.68
07	1979 BOOTLID EMBLEM GRACE	1 PC	36.00	SGD	36.00
08	1979 BOOTLID EMBLEM HYBRID	1 PC	46.40	SGD	46.40

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS
 RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED
 OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY (
 NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEP
 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 INVOICE) FOR PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANC WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

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 N
8010655	91436658	5,341.95	
	1.5		

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205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

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59 Loyang Drive Singapore 509969
483 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com



COMPANY REG. NO: 199506048W GST REG. NO. M228921847-

TAX INVOICE

8010655

FWD SINGAPORE PTE LTD SUNTEC TOWER 4

18-01 6 TEMASEK BOULEVARD

SINGAPORE SG 038986

VEHCLE NO SLR9676D

MAKE HONDA

MODEL GRACE HYBRID

DATE OF REG 31.08.2017

CHASSIS CODE

INVOICE NO./DATE 91436658 05.04.2019

JOB NO. 305221978

ODOMETER READING

S/No	Part No. Description	Oty	Unit	Price	Net
09	1979 BOOTLID LAMP LH	1 PC	245.36	SGD	245.36
10	1979 TAILLAMP LH	1 PC	305.36	SGD	305.36
11	1979 REAR END PANEL	1 PC	259.12	SGD	259.12
12	1979 BOOTLID CHROME MOULDING	1 PC	132.00	SGD	132.00
13	1979 TAILLAMP RH	1 PC	305,36	SGD	305.36
14	1979 REAR END PANEL TOP GARNISH	1 PC	69.12	SGD	69.12
15	1979 REVERSE SENSOR	1 PC	280.00	SGD	280.00
)		Items total Add GST @ Invoice amount	t	7.000 %	4,992.48 349.47 5,3 41.95

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENTAL DAWAGE, THE COMMON RESPLECTION FOR CARS OF LEWINA 05.04 R. 2019 14.018.158 TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWN Repair type : CESO/52/5T

NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPT 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 INVOICE) FOR THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE DATE OF T PERIOD OF DEFAULT.

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ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

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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
ComfortDelGro En	gineering Pte Ltd.		
	e de la companya de		



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-18-154597

Date of Request:

05/10/2018

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd 205 Braddell Road

Singapore 579701

Dear Sir/Madam,

Enquiry Date

05/10/2018

Enquiry By

Kristy Tay Siew Hwa

TP Vehicle No.

SJF5581G

Accident Date

04/10/2018

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



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-18-154597

Date of Request:

05/10/2018

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Dear Sir/Madam,

Enquiry Date

05/10/2018

Enquiry By

Kristy Tay Siew Hwa

TP Vehicle No. Accident Date

SJF5581G 04/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJF5581G	FWD Singapore Pte. Ltd.	03/06/2018-02/06/2019	6727 5700

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.

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 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. 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

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 Date Of Report
 05/10/2018 11:00

 Date Of Accident
 04/10/2018 23:50

Exact Location Of Accident GEYLANG EAST CTCL SLIP ROAD TOWARDS PAYA LEBAR RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR9676D

Insured/Policyholder

Name Of Registered Owner LCRF PTE LTD

Co Reg No 201624597K

Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-31584769

Vehicle Particulars

Manufacturer HONDA

Model GRACE HYBRID-1.5 (A)

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 HIRE

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number

Cover Note Number

Driver

 Name of Driver
 IVY GOH

 NRIC No
 \$7248297B

 Date Of Birth
 31/12/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 04/07/2002

Driving Experience 16 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98580112

Fax Number

Contact Number

EMail Address NOEMAIL

Áddress

BLK 846 TAMPINES ST 82#03-177

Postcode

520846

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - ADDITIONAL HIRER

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?

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)

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 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJF5581G

Vehicle Make/Model/Colour

TOYOTA RUSH

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIEW JACK SAINT

NRIC/Passport Number

S7928839Z

Contact Number

92987750

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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City Comments of C									
DECLARATION						A		, and the second	

Policyholder's Signature

Date & Time:

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

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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 Signatule (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Entered to the only of the processing of the

HOTLINE TEL: (65) 6419-3000 FAX: (65) 6415-3723



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO.

2) NAME OF INSURED

(The below excess is subject to GST) ALL CLAIMS EXCESS

\$\$2000,00

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SLR9676D LCRF Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF

INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

25 February 2018

24 February 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

If You or Your Authorised Driver is below the age of 21 years old and/or has less than 1 year driving experience, the excess is \$\$3,500(All Claims).

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) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired,
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

Refer to Policy Terms and Conditions

*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.

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 (Mataysia).

Issued in Singapore 13 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

030080-000 Aon Singapore Pte Ltd 2 Shenton Way #26-01 SGX Centre 1 SINGAPORE 068804

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPAHN

COMFORTDELGRO ENGINEERING PTE LTD A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.)	SCRYOT	60	_and (Third Pa	arty's Vehicle No.)
STF STS/6700 4/10/18	along 63	LANG)	6AST 01	CLSUP
ROAD TONARDS POYA de	THE RD	Werter a produ	an start (20)	t to the contract of the second
Policy Nos:	1 - 2 T	Di	cond	
BY THIS POWER OF ATTORNEY, *I/We,	LCRA	/ Ce	00	*NRIC/Passport
No (Address)*				
	_ f:			_a company
incorporate in Singapore and having its registered	office at (Address)	*		
moorporate in enigapore and having its registered			e Registered N	SUR 9676
Landa initial				
hereby irrevocably ap			gineering Pte	e Ltd (CDGE), a
company incorporated in Singapore and having its				
ts agents or any person authorized by CDGE to be	*my/our Attomey	and in *my/c	our name(s) an	d on *my/our behalf
to do all or any of the following:				
1. To submit, resolve and make any claim(s) (includate against the other *party/parties to the Acc *party/parties or alternatively under Insurance For the cost of repairs, loss of use and at all oth Accident (loss and damage).	cident and under t Policy No.	he insurance	*policy/policie taken up	s taken up by such by *me/us in respect
2. For the purpose of such claim(s) as aforesaid, to appo	int solicitors on *mv/c	our behalf as *	mv/our Attornev	shall in his absolute
discretion, deem fit.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.
 To collect payment(s) due in respect of any su by way of cheque in favor of ComfortDelGro Eng therefor. 				
4. For any of the purposes aforesaid, to execute, si	gn, seal and delive	er all docume	ents whatsoeve	r in relation thereto.
5. Generally do all such acts as it shall deem n	ecessary for the	purpose of	settling such	claim(s) and
6. To agree to any settlement at the absolute d	iscretion of CDG	E.		
*I/We hereby declare that all acts, instruments and behalf by the Attorney, its agents or any person auth to all intents and purposes whatsoever as if the sar person(s) and *I/We hereby ratify and confirm, all the authority and powers hereby conferred.	orized by CDGE in	that behalf	shall be as good	d valid and effectual
*I/We hereby further declare that the powers a	nd authority he	reby confe	rred shall re	main irrevocable.
*I/We further confirm that the acceptance by CDGE of of my/our claim(s) in respect of such loss and dama	the settlement amonge.	ount in respec	t of such constitu	ute the full discharge
*IN WITNESS WHEREOF. *I/We have hereunto to	Actual Company of the	and seal this	day 09	_ of the month of
, Year Two Thousand	(20 18)			energia production
Signed, Sealed & Delivered By Reg. No. 201624597K Customers Name: NRIC No.: Co's rubber Stamp				

delete as appropriate. Insurance

RELEASE

Claim Reference:	TP / 1201800012824
Surveyor's Reference:	CC4/FWD18018214/Kpa3
TP Reference:	SLR 9676D

We, <u>ComfortDelGro Engineering Pte Ltd</u> (" Workshop") hereby agree and confirm that we are authorized by the owner ("Claimant") of motor vehicle <u>SLR 9676D</u> ("Vehicle") to accept the sum of \$5,943.95, being the amount claimed for \$5,341.95 (repair costs), \$600.00 (loss of rental/ use), ______ (loss of income), \$2.00 (search fees) as compensation for the loss of or damage to the Vehicle, as a result of an accident ("Accident") which occurred on <u>04/10/2018</u> (date of accident) at / along <u>JUNCTION GEYLANG EAST CENTRAL AND PAYA LEBAR RD</u> (location) involving vehicle no/s. <u>SLR 9676D</u> and <u>SJF 5581G</u>.

This is pursuant to the inspection conducted on <u>09/10/2018</u> (date) at the Workshop.

We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of <u>SJF 5581G</u> be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

Please forward your cheque made payable to:

COMFORTPELGRO ENGINEERING PTE LTD

Dated this 13 day of 04

"The contents of this document apply to vehicle damages around personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

CLAIMANT

CLAIMS OF ARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
__SD LOYANG DRIVE
SINGAPORE 508969

(LKK) KEC

[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the "Claimant"

[FWD's appointed surveyor with Co. Stamp]

For and on behalf of FWD Singapore Pte. Ltd.