

# LAM PAINTING COMPANY

160 Sin Ming Drive  
#02-15 Sin Ming AutoCity  
Singapore 575722

Phone: 6453 2233  
Email: lam\_painting@yahoo.com.sg

Our Ref: DS2605/LP/aq  
Your Ref: CC4/AIG18019023/khb3

5<sup>th</sup> November 2018

AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
#07-16  
Singapore 079120

**Attn: Motor Claims Dept**

Dear Sirs

## **ACCIDENT INVOLVING SKJ 2605 J & GBE 755 E ON 16/10/2018**

1. We act for the owner of vehicle registration no. SKJ 2605 J.
2. We enclosed herewith copies of the following:-
  - Repair Bill (Invoice No. 0230)
  - Letter of Authority
  - Singapore Accident Statement
  - LTA search
3. The breakdown of the claim would be as follows:-

• Cost of Repairs	\$ 3,400.00
• Loss of Use (3 days x S\$ 80.00)	\$ 240.00
• LTA Search fees	\$ 7.45
	<u>\$ 3,647.45</u>

Please kindly contact us to negotiate for a satisfactory settlement at Tel No. 64532233 or email to lam\_painting@yahoo.com.sg

Yours faithfully

Angie Quak  
For LAM PAINTING CO

Encls.

Cc LKK Auto Consultants Pte Ltd

# LAM PAINTING COMPANY

Quality auto spray painting and grooming for over 40 years

# INVOICE

160 Sin Ming Drive  
#02-15 Sin Ming AutoCity  
Singapore 575722  
Tel: 6453 2233  
Email: lam\_painting@yahoo.com.sg

**DATE:** 5th November 2018  
**INVOICE #** 0230

**Bill To:**  
Mr Lim Sze Kiong  
C/O AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
#07-16  
Singapore 079120

**MAKE/MODEL:** Lexus IS 250  
**REG NO:** SKJ 2605 J

**PAGE:** 1

DESCRIPTION	AMOUNT
Parts & Labour:-  Being lump sum repairs.....	
<b>TOTAL</b>	<b>\$ 3,400.00</b>

MAKE ALL CHEQUES PAYABLE TO LAM PAINTING COMPANY

THANK YOU FOR YOUR BUSINESS!

Prepared By:

Angie

## LETTER OF AUTHORITY

M/s AGI ASIA PACIFIC INSURANCE PTE LTD  
78 STANTON WAY  
# 07-16  
SINGAPORE 079120

RE: ACCIDENT INVOLVING VEHICLES SKJ 2605 J & FIB 755E  
ON 16/10/2018 ALONG PLAZA SINGAPURA CARPARK

1. I/We Jim See Kiong, NRIC No. S 1106800f  
confirm that M/s **LAM PAINTING COMPANY** acts for me/us in respect of my/our  
claim against the driver of SKJ 2605 J, arising out of the abovementioned  
accident.
2. I/We hereby authorize you, M/s AGI ASIA PACIFIC INSURANCE PTE LTD to pay the cheque  
for the full settlement sum to my/our repairer, M/s **LAM PAINTING COMPANY**.
3. The cheque for the settlement sum is to be made in favour of M/s **LAM PAINTING  
COMPANY**.

Signature :  
(Owner)

Date :

Witness Signature :

Witness Name :

NRIC No. :

ANGIE OUEK  
S1481674/A

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	17/10/2018 14:28
Date Of Accident	16/10/2018 13:25
Exact Location Of Accident	PLAZA SINGAPURA CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ2605J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SZE KIONG
NRIC No	S1106800F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91295139
Alternative Phone No	OFFICE-91295139

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-

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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3098191701
Cover Note Number	

### Driver

Name of Driver	LIM SZE KIONG
NRIC No	S1106800F
Date Of Birth	25/06/1955
Occupation	INDOOR
Date Of Driving Pass	10/05/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91295139
Fax Number	
Contact Number	OFFICE-91295139
Email Address	NOEMAIL

Address -  
 Postcode -  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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) 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

REFER ATTACHED REPORT.

#### 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 GBE755E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver PEK CHAI  
 NRIC/Passport Number  
 Contact Number 90706963  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON 16/10/2018 I'D PARKED MY VEHICLE SKI 2605 J  
 AT DECK 6 PLAZA SINGAPURA CARPARK. I WENT TO  
 COLLECT MY VEHICLE AT ABOUT 1335 HOURS AND SAW THE  
 FRONT PORTION OF MY VEHICLE WAS DAMAGED (BEING HIT).  
 A NOTE WAS FOUND, THE DRIVER OF GBE 735 E STATED THAT  
 HE'D KNOCKED ONTO MY PARKED VEHICLE WHILE BEING  
 FROM HIS PARKING LOT. (PLEASE SEE ATTACHED)  
 WE CALLED THE DRIVER, MR PER CHAI WHICH TOLD US TO  
 MAKE A CLAIM AGAINST HIS CAR INSURANCE.

**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.:

GIARMC SketchPlanForm\_V3



**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.:

> Back to OneMotoring

  
Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Oct 2018 / 13:58:33  
Receipt Date/Time : 17 Oct 2018 / 13:58:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181017-001308  
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - GBE755E				
As at 16 Oct 2018/13:25:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBE755E			
	Enquiry Fee	7.00	0.49	7.49
	20181017135640877928			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	20181017135709835	Direct Debit: eNETS Debit (Internet Banking)		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.