



WEGA ENGINEERING

automotive workshop and beyond

24hrs Towing, Insurance Claims, Car Repairs & Spray Painting

TEL : 65-6452 1493 FAX : 65-6452 9153

GST REG NO : 1999 00741 Z

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #24-01

AXA Tower, Singapore 068811

Attn: Claims Department

INVOICE : OD201901

INV DATE : 07/01/2019

VEHICLE NO. : SJZ 8668 R

MAKE / MODEL : BMW

TERMS : 2 WEEKS

YOUR REF NO :

S/N Particular	Quantity	Amount SGD
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Accident between SJZ 8668 R & SJY 7240 C dated 18/11/2018

1 OD CLAIM FOR SJZ 8668 R

Lump Sum Repair Cost \$ 6,349.00

Less: Excess \$ (400.00)

5,949.00

GST 7% \$ 416.43

6,365.43

DOLLARS: SIX THOUSAND THREE HUNDRED SIXTY FIVE AND CENTS FORTY THREE ONLY.

GRAND TOTAL

6,365.43

TERMS : 30 DAYS



Wega Enginnering Pte Ltd

Cheques should be made payable to WEGA ENGINEERING PTE LTD



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Blk 176 Sin Ming Drive, #04-16, 13 Sin Ming Autocare Singapore 575721

Tel: 6452 1493 Fax: 6452 9153 Website: <http://www.wega.com.sg> E-mail: wegaclaim@gmail.com

GST Reg. No: 19-9900741Z

Date : 7/1/2019

Our Ref : 06201901

Your Ref :

M/S :

WITHOUT PREJUDICE

AXA Insurance Singapore Pte Ltd

8 Shenton Way, #24-01 AXA Tower Singapore 068811

Dear Sir,

Accident involving

SJ2 P618R & SJ4 7240 dated 18/11/2018

We enclosed the following documents for your perusal:-

- * Original Survey report bill / 1 original copies of photographs -
- * Original Tax Invoice no. 1 * Original Rental Invoice no. -
- * GIA report / police report of - * Police result 1
- * Certificate of insurance 1 * LTA search and receipt of 1
- * Original Medical Bill/Receipt - * Driver's Letter of Authority -
- * Satisfaction Cum Discharge Voucher - * Others -
- * Survey under insurance instruction / independent Surveyor

We would like to claim all the following losses on behalf of our client:-

1)	Cost of Repair (Inclusive GST)	\$ 6365.43
2)	Surveyor fees (with/without GST)	\$ -
3)	Rental Fees/Loss of Use for - days at \$ - per day	\$ -
4)	LTA / GIA / Police Fees	\$ -
5)	Medical Fees	\$ -
	Total Claim	\$ 6365.43

If you agree to the above, please forward your full settlement directly to WEGA ENGINEERING PTE LTD

Your prompt action is most appreciated.

Yours truly,

Ee Sin Guan



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	19/11/2018 18:41
Date Of Accident	18/11/2018 16:30
Exact Location Of Accident	50B JALAN BUKIT MERAH OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8668R
Insured/Policyholder	
Name Of Registered Owner	ARTHUR LO FOO MAN
NRIC No	S7317187C
Email Address	A2000LO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96925196
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	BMW
Model	1351MA
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA218851
Cover Note Number	20/07/2018 TO 19/07/2019

Driver

Name of Driver	SOMSAMAI KAEWSUWAN
NRIC No	S7562816A
Date Of Birth	01/10/1975
Occupation	INDOOR
Date Of Driving Pass	20/11/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96925196
Fax Number	
Contact Number	
Email Address	A2000LO@YAHOO.COM.SG

Address	5 THOMSON LANE #33-01
Postcode	297724
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	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 TO SKETCH PLAN

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	SJY7240C
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)	

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.
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/mall 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.

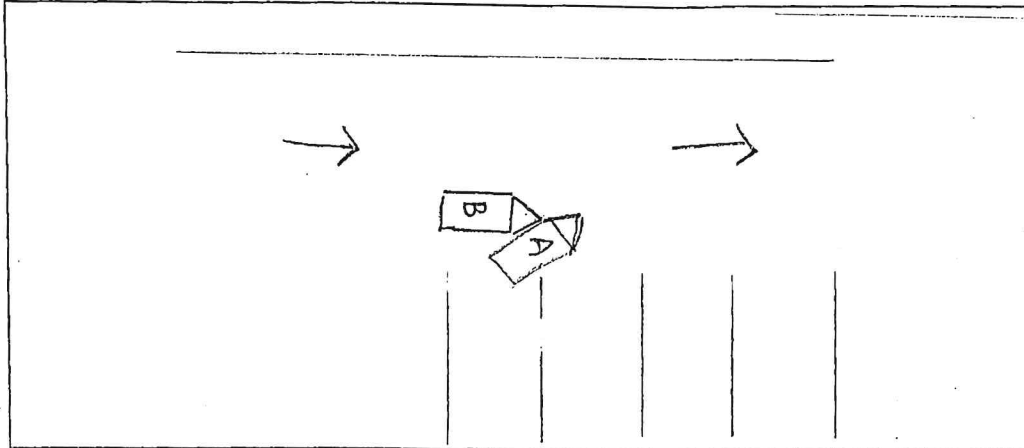
Policyholder's Signature
Date & Time:

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: 18.11.2018 Time: 1630 Location: 50B Jalan Bukit Merah Carpark.
 My Vehicle A: SJZ 8668R Vehicle B: SJY 7240C Vehicle C: /
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning out of Carpark of 50B Jalan Bukit Merah, I hit vehicle SJY 7240C with the left side of my car.

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

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

My workshop: wega Engineering

Email address: Cheekwongwega@gmail.com

& myself:

Email address: a200010@yahoo.com.sg

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

DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle: SJZ 8668R

Policyholder's Signature

Date & Time:

19/11/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

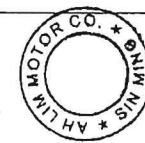
Sai Sai

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/11/2018



Date:

To: Wega Engineering Pte Ltd
Blk 176 Sin Ming Drive
#04-16 Sin Ming Autocare
Singapore 575721.

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SJZ 8668R

I / We ARTHUR LO FOO MAN UEN / NRIC No. S7317187C

Owner of Vehicle No. SJZ 8668R, hereby authorise **M/S WEGA ENGINEERING PTE LTD**
To commence repairs to my vehicle and to forward the claim for damages sustained in the above
Accident to the third party driver and / or his employer and / or the vehicle owner and / or the insurer
Concerned. I / We agree that in consideration of your giving up your repairer's lien I / We agree to
Assign the whole proceeds of my / our third party claim to you and if applicable, our solicitors (to be
Appointed by you on my/ our behalf) shall accept this as my/ our irrevocable authority to pay the
Amount compensated direct to you after deduction of their costs on a solicitor & clients basis. I/We
Undertake to co-operation fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and/ or his employer and / or the vehicle owner and /or the insurer reject liability,
I / We will fully be responsible for the repair costs and other incidentals.

I / We also authorize you to sign all discharge vouchers / Indemnity forms and all necessary paper in
Connection with the above claim in my/ our absence.

I/ We authorise you to appoint such a firm of solicitors on my/ our behalf as you shall deem fit for the
Purpose of the third party/ own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my /our behalf in the event
of the third party's insurance company communicate with me/ us directly by telephone or in writing
and I/We further undertake not to accept any monies of offer of settlement from the third party's
insurer without first communicating with you.

My/our vehicle is repaired by the repairer on my/our own will without any inducement, threat
and /or promise.

In the event that the repairer is completed to enforce this undertaking, I /We agree that I/We shall
Pay for the legal costs incurred by repairer on a solicitor and client's full indemnity basis.

Owner Signature
(Company Stamp if applicable)

TO :

Dear Sirs,

CLAIMANT :

ACCIDENT INVOLVING SJ2 8668R AND SJY7240C
ON 18.11.2018 AT 50B Jalan Bukit merah open Carpark

I/We, ARTHUR LO FOO MAN, am /are the
registered owner of vehicle No. SJ2 8668R.

Please note that I have assigned all compensation monies due to me/ us in the above said
Accident to **WEGA ENGINEERING PTE LTD.**

I /We, hereby authorize you to release all compensation monies pertaining to the above said
Accident to **WEGA ENGINEERING PTE LTD** and forward you settlement cheque
To **WEGA ENGINEERING PTE LTD** whom I/we had authorized to collect the said
Compensation monies.

Thank you.

Signature of Claimant

(Company Stamp, If applicable)

Name :

NRIC No :

Date:

TO:

VEHICLE NO: SJZ 8668 R

DATE OF ACCIDENT/REPAIR: 18/11/2018 /

Accident Involving SJZ 8668 and SJY 7240C along

50B Jalan Bukit Merah open Gasport

This is to confirm that my/ our vehicle SJZ 8668 R is under repair at

WEGA ENGINEERING PTE LTD.

Repairs had been carried out to my satisfaction.

DATED/TIME IN: 19.11.2018 /

DATED/TIME OUT: 29.12.2018

SIGNATURE

(OWNER/AUTHORISED PERSONNEL COLLECTING VEHICLE)

NAME:

I/C NO: