

# BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01-115 SINGAPORE 575636

Tel: 6559 8944 Fax: 6269 2404

CO. REG. NO. 200917512K

GST REG NO. 200917512K

**PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING**

Your Reference: SJA6669H

Our Reference: SLZ3012S

Date: 24/09/2019

M/s AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811

BY POST ONLY

Attention: Claims Department

**CLAIMANT: BH AUTO SERVICES PTE LTD**

**PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 12/01/2019 ALONG KOVEN MARKET CARPARK, INVOLVING VEHICLE NO SLZ3012S & SJA6669H.**

We act for ANG MING KOON who was the owner of motor vehicle no. SLZ3012S.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 12/01/2019 involving our client's vehicle registration number SLZ3012S and vehicle registration number SJA6669H, driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/you insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1	Cost of Repair (Included 7% GST)	\$ 749.00
2	Loss of Rental (\$ 120.00 x 2days) (Included 7% GST)	\$ 256.80
3	LTA Search Fee	\$ 2.00
	<b>Total :</b>	<b>\$ 1007.80</b>

We enclose a copy of each of the following documents for your consideration:-

- GIA/ Police report lodged by driver of ;
- Final Repair Bill
- Rental Invoice / Loss Of Use
- LTA Search Fee Invoice
- Letter Of Authorization

Kindly revert to our client's claim within the next 7 days.

Yours faithfully,

Yun Shi

(O): 6559 8944 (F): 6269 2404

Email: yunshi.chan@bhauto.com.sg



# BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE  
SECTOR C #01-115 SINGAPORE 575636

Tel: 6743 3494

Fax: 6269 2404

CO. REG. NO. 201006106C

GST REG NO. 201006106C

## TAX INVOICE

### Final Repair Bill

Our Ref: SLZ3012S

Date: 24/09/2019

M/s AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811

Vehicle No : SLZ3012S  
Make/ Model : HONDA SHUTTLE  
Year of Manufacture : 2017  
Chassis No. : GK81201120  
Colour : SILVER  
D.O.A : 12/01/2019

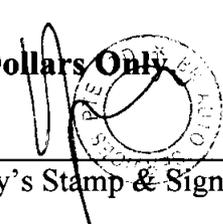
QTY	ITEM/PARTICULARS	AMOUNT (\$S)
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1. Repair Cost for Motor Vehicle No. SLZ3012S  
Type of repair: LUMP SUM :SS 700.00

GST @ 7% : SS 49.00

**GRAND TOTAL:SS 749.00**

**Total : Singapore Dollars Seven Hundred and Forty-Nine Dollars Only**

  
Company's Stamp & Signature

## AUTHORISATION

Name of owner of m/vehicle: Ang Ming Koon  
Address: 21K 88 Edgedale Plains #07-19 (S) S28684  
NRIC No: 871352619  
RE: ACCIDENT ON 12/01/19 ALONG Kovan Market Carpark  
INVOLVING SLZ 30125 IP SJA 6669-H

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no. SLZ30125 at my/our request, I/We the abovenamed owner of motor vehicle no. SLZ30125 hereby authorise the Workshop to demand claim, negotiate, settle my/our claim for cost of repairs loss of use and all other expenses and damages arising out of the above accident.

I/We further authorise the Workshop to appoint solicitors to demand, claim, negotiate, settle and/or commence legal proceedings in my/our name for the above purpose and at the sole discretion of the Workshop. All sums recovered therefrom shall belong to the Workshop absolutely and I/We further authorise the Workshop to give absolute discharge on my/our behalf and to sign all discharge vouchers and other documents in relation to the same on my/our behalf. I/We further agree to fully co-operate with the solicitors appointed by the Workshop on my/our behalf and attend all Court hearings that are necessary to prosecute the claims maintained by the Workshop.

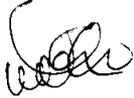
I/We agree that in the event that the claim is rejected for whatsoever reason or the Workshop decides not to proceed with legal proceedings or for whatsoever reason the Workshop is unable to recover all of the repair costs or are only able to recover a portion of the same I/we hereby undertake to pay them the full repair costs and or any portion thereof that cannot be recovered and all expenses including legal costs that they may have incurred in pursuing the claim within 7 days from the date of the written notice for payment by them to my/our last known address.

I/We hereby declare that I/we will always remain and be liable to the Workshop for the cost of repair to my/our motor vehicle and expenses incurred on my/our behalf. In the event that Workshop has to issue any notice or commence legal proceedings against me/us to enforce this undertaking against me/us, I/we shall be liable for the Workshop's expenses and legal cost (including solicitor and client cost) on an indemnity basis.

I/We further authorise the Workshop to give to the other party/parties absolute discharge in respect of any liability and any sum, whether agreed or not made the Workshop or to the law firm appointed by the Workshop towards full settlement of my/our claim it shall be regarded as full and final discharge of the claim.

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

Date this 14 (day) of 01 (month) '19 (year)

Signed: 

Owner of m/vehicle: SLZ 30125

HP: 969 07176

Witnessed:

refining

Date: 14/01/19

To: Owner of Vehicle Number: SLZ 3012S

The following has been advised to you via your workshop, BH Auto Workshop through their staff, Suzelyn

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of the case accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others 3rd party claims @ BH Auto Workshop.

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



RECORDS MANAGEMENT CENTRE

**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-19-007364

Date of Request: 14/01/2019

Your Ref No:

Online Purchase

BH Auto Services Pte Ltd  
 Blk 1 Sin Ming Industrial Estate Sector C  
 #01/111/113/115/117  
 Singapore 575636

Dear Sir/Madam,

Enquiry Date 14/01/2019  
 Enquiry By Jacelyn Loh Cai Ling  
 Vehicle No. SJA6669H  
 Accident Date 12/01/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJA6669H	AXA Insurance Pte Ltd	21/10/2018-20/10/2019	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**

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-19-007364  
Date of Request: 14/01/2019

Your Ref No: Online Purchase

BH Auto Services Pte Ltd  
Blk 1 Sin Ming Industrial Estate Sector C  
#01/111/113/115/117  
Singapore 575636

Dear Sir/Madam,

Enquiry Date 14/01/2019  
Enquiry By Jacelyn Loh Cai Ling  
TP Vehicle No. SJA6669H  
Accident Date 12/01/2019

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:

GIRO  Cash  Cheque



明輝汽車服務私人有限公司

BH AUTO SERVICES PTE LTD

NO. 213, KRANJI ROAD, SINGAPORE 739465 TEL: (65) 6559 8944  
FAX: (65) 6515 3144 CO. REG. NO.: 200917512K GST REG. NO.: 200917512K

Reference No.: CS 04556

Invoice No.: .....

Customer Name: Ang Ming Koon Date/ Time: .....

Address: 88 Edgedale Plains #07-19 (S) 525684 Mobile Number: 9190 7176

Car Make & Model: London Shuttle Car Plate No: SLZ 3012-S

SN	Services Provided	Brand	Qty	Unit Price	Amount
1	Towing Service				S\$
2	Battery				S\$
3	Tyres				S\$
4	Others: <u>Rental</u>	<u>SGY61575</u>	<u>2</u>	<u>120.00</u>	S\$ <u>240.00</u>
Total Amount (inclusive of GST):					S\$ <u>256.80</u>

Special Remarks

From: 29/07/19 - 31/07/19

Service Done by:

.....  
Sales Person Name & Signature

Acknowledged by:

.....  
Customer Name & Signature

Received by:

.....  
Finance Department

# BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01 11/11/3/15/11/  
SINGAPORE 575636 TEL (65) 6559 8944 FAX (65) 6269 2404  
CO REG NO : 200917512K GST REG NO : 200917512K

## VEHICLE RENTAL AGREEMENT

Owner: BH AUTO SERVICES PTE LTD ("the owner") Date: 29 July 2019  
Hirer: ANG MING KOON Tel / HP: 96907176  
NRIC / Co. Reg No: S7135261G FAX: \_\_\_\_\_  
Address: 88 EDGEHILL PLAINS #07-19 S(828684)

Owner and Hirer have agreed to this Vehicle Rental Agreement for the motor vehicle described below and upon the Terms and Conditions contained on both sides of this document. Hirer acknowledges having read and understood all the Terms and Conditions and signifies acceptance upon signing.

Owner Vehicle No.	<u>SLZ 3012 S</u>	
Vehicle Reg. No.	<u>SGY 6651 S</u>	Rental:
Odometer:	<u>149468</u>	
Date & Time Out:	<u>29/07/2019 9:30 am</u>	Hirer's Signature: <u>[Signature]</u>
Date & Time In:	<u>31/07/2019</u>	Hirer's Signature: <u>[Signature]</u>

### Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3000 comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

### Own Vehicle Damage

Hirer is responsible for the first S\$ 3000 excess for collision or damage to first party (owner) and shall pay additional plus loss of earnings while damaged vehicle is under repair.

BH AUTO SERVICES PTE LTD

Authorised Signature



Hirer's Signature

[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 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	14/01/2019 12:27
Date Of Accident	12/01/2019 13:00
Exact Location Of Accident	KOVEN MARKET CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3012S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG MING KOON
NRIC No	S7135261G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96907176
Alternative Phone No	OFFICE-96907176
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA346177
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANG MING KOON
NRIC No	S7135261G
Date Of Birth	06/10/1971
Occupation	INDOOR
Date Of Driving Pass	13/03/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96907176
Fax Number	
Contact Number	OFFICE-96907176
EMail Address	NOEMAIL

Address NIL  
 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 (including own vehicle) involved in the accident 2  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)  
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLEASE REFER TO STATEMENT

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJA6669H  
 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

## 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/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.:

