

Our ref: EM222
Your ref: SCL1511L
Date: - 2 MAY 2019

To: AXA LLX
Singapore

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. EM222 Z & SCL1511 L
At/Along Moulmein RD Singapore On 21/1/2019 @ 1435

I am the owner of vehicle no. EM222 Z that was involved in an accident with your insured vehicle no. SCL1511 L of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs / <u>Excess</u>	\$ <u>5669.10</u> ^{1/2}
2. Loss of Use / <u>Rental</u> <u>3</u> days @ \$ <u>100</u> per day)	\$ <u>300</u> ^{1/2}
3. LTA/GIA Search Fee	\$
4. GIA Report Fee / Survey Fee	\$ <u>2</u> ^{1/2}
5. Others	\$
Total:	\$ <u>5971.10</u> ^{1/2}

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714336 (Mr Go Chee Han).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378

Cc:

E-mail:

Fax No.

AMANDA ANG
OFFICER - ADMIN
BODY CARE & REPAIR CENTER
DID: 6771 4304
FAX: 6779 5383

EMAIL: amanda.ang@cyclecarriage.com.sg


Updated..22/01/15



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 SINGAPORE 068811	Cust No/Name WCV31544/Tang Yong Choo Reg No/Reg Date EM222Z / 28/08/2017 Date In/Mileage 18/02/2019/ 22896 Chassis No WDD1179422N496702 Engine No 27091031253009 Make/Model MB/MB CLA 180 S/B (X117) "FACELIFT" Colour/Trim 021 191 Cosmos Blac/ 041 151 Lther ARTIC
Contact No 63387288 	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
CSI00001	Cash	26/04/2019/ 18:59	CH	371 / Go Chee Han	30454	28153201

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
Z REQUEST			
Customer Request			
M BPNSUN			F.O.C.
POLICY NO/ACC DATE : 5102921358 // 21-1-2019			
DRIVE IN/TP VEH : 22-1-2019 // SCL1511L - AXA			
DATE IN/DATE SURVEY: 18-2-2019 // Gou Qiang - LKK			
BY/AUTHORIZED ON : 31-1-2019 // Joy Irene - LKK			
A BPILAB			960.00
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.			
A BPIRES			600.00
RESPRAY REAR BUMPER			
A BPILAB		0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			
A BPILAB			120.00
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT			
X REAR TRIM BUMPER	1.00	1140.97	1140.97
X LH/TAIL PIPE BRACKET	1.00	57.85	57.85
X RH/TAIL PIPE BRACKET	1.00	57.85	57.85
X EXPANSION RIVET	8.00	2.07	16.56
X LH TAIL PIPE CHROME COVER	1.00	295.95	295.95
X RH TAIL PIPE CHROME COVER	1.00	295.95	295.95
X SPRING NUT	4.00	3.08	12.32
X TAPPING SCREW	4.00	2.64	10.56
X LH/REAR LAMP COMBINATION	1.00	745.96	745.96
X LOWER TRIM BUMPER	1.00	286.38	286.38
X CHROME MOULDING	1.00	156.78	156.78
X RIVET	6.00	1.27	7.62
X BRACKET	1.00	31.69	31.69
X BRACKET	1.00	31.69	31.69
X COVER TOWING EYE	1.00	46.73	46.73
X SCREW	4.00	10.84	43.36

Cycle & Carriage celebrates 120 years.
Visit www.cyclecarriage.com/120 for more info!

Parts	3,238.22		Nett	5,298.22
Labour	2,060.00	7% GST on	5298.22	370.88
Standard Menu	0.00			
Specialist Job	0.00		Total Payable	5,669.10
Diagnostics Job	0.00		Paid	0.00
Sundry/Others	0.00		Total Due	5,669.10
Total(w/o GST)	5,298.22			

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



Mercedes-Benz are registered trademarks of Daimler, Stuttgart, Germany.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg

CHAN'S & SONS ENTERPRISE

363 Sembawang Road
Singapore 758379
Tel 67532536 Fax:67567565
GST Reg No: 51-936900-M

chan's

www.chans.com.sg

TAX INVOICE

TANG YONG CHOO

INVOICE : AR1902-0327
DATE : 25/02/2019
TERMS : C.O.D
STAFF ID : ELAINE
AGREEMENT NO. : HA201902-0162

ATTN: ACCOUNTS PAYABLE

DESCRIPTION	AMOUNT (SGD)
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280.37

Vehicle Reg No : SLG3406P
Make / Model : KIA FORTE K3 1.6A EX
Rental Dates : Rental Billing From 18/02/2019 To 21/02/2019
Period : 3 days
Rental Rate : S\$ 100.00 Per Day (Including GST)
Reference No : EM222Z

AMOUNT : S\$
THREE HUNDRED DOLLARS ONLY

NON-TAXABLE VALUE : 0.00
TAXABLE VALUE : 280.37
GST 7% : 19.63

TOTAL S\$: 300.00

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official Use Only

Payment Date :	F / Amt
CS / CC / CH :	
CS / CC / CH :	

Member of
VRA & ARTAS



ARTAS

363 Sembawang Road Goodlink Park Singapore 758379 T 67532536 F 67567565 E sales@chans.com.sg

RENTAL AGREEMENT

201902-0162

Hirer's Name → TAN YONG CHOO		Date of Birth	Passport/ Nric No. S1681551T	Nationality
Address 616 DUNKERN RD.		Occupation	Driving Licence No	Date of Expiry
WATKIN ESTATE		Postal Code 284620	Contact No	Mobile Phone No. 90659222
Joint Hirer's / Guarantor's Name ↘ TAN KENNY HO, ANNIE		Date of Birth 02-12-1986	Passport/ Nric No. S8C34965E	Nationality
Address Same as above		Occupation	Driving Licence No	Date of Expiry
		Postal Code	Contact No	Mobile Phone No. 91448666

CHECK OUT	Date	18 Feb 19	Time	1430	Mileage	
					KM	
CHECK IN	Date	20.2.19	Time	5pm	Mileage	Remarks 2x4
					KM	

IMPORTANT NOTES:-

- ❑ Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- ❑ No refund will be given for vehicle that returns early.
- ❑ Own Damage Liability – First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- ❑ Third Party Liability – First \$2000 for Third Party Accident Claim.
- ❑ Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- ❑ Hirer is responsible for all parking fines & traffic summons.
- ❑ Extension:- One day's advance notice is required otherwise no extension will be allowed.
- ❑ Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- ❑ Vehicle returned after office hour will be charged to the next working day.
- ❑ Hourly extension is charged at 1/5 of the daily rate.
- ❑ As preventive maintenance, please check water & engine oil daily.
- ❑ Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- ❑ For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- ❑ Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT		RATE (\$)	TOTAL (\$)
RATE	3	@	100 net	280.37
DISCOUNT				
GST @ 7%				19.63
TOTAL				300.00
EXTENSION				
HSL				
km 7222				
DEPOSIT (refundable) \$				
CHANGED OVER FROM VEH.				DATE

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this form is true and accurate.

Hirer's Signature

Joint Hirer's/ Guarantor's Signature

for CHAN'S & SONS ENTERPRISE

VEHICLE NO.	SLG 3406P	MODEL	
FROM	18.02.2019	RETURN	<small>*Estimate Date. For actual return see CHECK IN</small>

Go Chee Han

From: Amanda Ang
Sent: Thursday, 24 January, 2019 1:34 PM
To: Go Chee Han
Subject: Emailing: SCL1511L



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-19-014059

Date of Request: 24/01/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 24/01/2019
Enquiry By Ang Ying Chun
TP Vehicle No. SCL1511L
Accident Date 21/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SCL1511L	AXA Insurance Pte Ltd	24/03/2018-23/03/2019	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.



RECORDS MANAGEMENT CENTRE

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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-19-014059

Date of Request: 24/01/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 24/01/2019
Enquiry By Ang Ying Chun
TP Vehicle No. SCL1511L
Accident Date 21/01/2019

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

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	22/01/2019 14:06
Date Of Accident	21/01/2019 14:35
Exact Location Of Accident	MOULMEIN RD SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM222Z
Insured/Policyholder	
Name Of Registered Owner	TANG YONG CHOO
NRIC No	S1681581J
Email Address	TANALLAN222@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90699222
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident	PERSONAL
--	----------

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
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102921358
Cover Note Number	

Driver

Name of Driver	TAN TENG HO, ANDREW
NRIC No	S8634965E
Date Of Birth	02/12/1986
Occupation	INDOOR
Date Of Driving Pass	12/12/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91448666
Fax Number	
Contact Number	
Email Address	GODLUVSU_86@HOTMAIL.COM

Address	616 DUNEARN ROAD WATTEN ESTATE SINGAPORE
Postcode	289620
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
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)	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?	YES
Remarks/ Reasons:	FIZE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL1511L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	INDRA HARTANTO
NRIC/Passport Number	S8579547C
Contact Number	84991268
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 willful 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.
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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.
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' law yers/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' law yers/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 law yers/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.

TAN TENG HO, ANDREW

22/01/2019 11:51

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.
Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

BLACK CAR : SCL1511L

WHITE CAR : EM222Z

DESCRIPTION :

On 21 Jan 2019 at 1438hr, I was from CTE(SLE) at Moulmein Rd exit (7A). I was on lane 3 waiting for red traffic light to turn green. When traffic light turned green and I moved off, SCL1511L collided onto the rear of my car.

Declaration

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

TAN TENG HO, ANDREW
22/01/2019 11:51

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel