



Hisa u Toj

India Int'l Insurance Pte Ltd
64 Cecil Street
#04-05 IOB Building
Singapore 049711
Attention: Motor Claims

"Without Prejudice"

Your Ref :

Our Ref :

Date :

Subject :

27 June 2019

ACCIDENT INVOLVING VEHICLES SLS1867S & SH7102B ON 27.01.2019

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses which are set out hereunder as follows:-

Cost of repair	:	S\$ 3745.00
Loss of use	:	S\$ 400.00 (S\$100.00 x 4 days)
Total	:	S\$ 4145.00

A copy of each of the following supporting documents is enclosed:

1. Copy of Accident Report
2. Copy of Final Repair bill & Certificate of Insurance
3. Copy of Identification Card & Driving License
4. Copy of Letter of Authorisation & Discharge Voucher

Performance Motors
Limited
1800-Cali-BMW
(1800-2255-269)
www.pml.com.sg

303 Alexandra Road
Sime Darby
Performance Centre
Singapore 159941
Tel Sales 6319 0100
Tel Aftersales:
6319 0111
Fax 6474 7770

315 Alexandra Road
#01-01
Sime Darby
Business Centre
Singapore 159944
Tel Sales 6319 0511
Tel Aftersales:
6319 0527
Fax 6479 6624

280
Kampong Arang Rd
East Coast Centre
Singapore 438180
Tel Aftersales:
6319 0888
Fax 6344 1332

Registered office
305 Alexandra Road
#02-01
Vantage
Automotive Centre
Singapore 159942

Co. Reg. No:
197401559W

Please note that you or your insured should send us an acknowledgement of receipt of this letter within fourteen (14) days from the date of this letter, failing which our client will have no alternative but to commence legal proceedings against you without any further notice to you or your insured.

Should you have a counterclaim against our client arising out of the accident, you are also required to send a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

For any correspondence, please contact Ms Caroline Tan at 6319-0174 / Fax. 6479-4601 or email to pml-pbsp@simedarby.com.sg.

Yours sincerely

Cresendo Lagman
Customer Service Manager, Body & Paint

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 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.**
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	28/01/2019 12:02
Date Of Accident	27/01/2019 12:45
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1867S
Insured/Policyholder	
Name Of Registered Owner	OW CHIO KIAT
NRIC No	S0799657H
Email Address	OWYILING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98767976
Alternative Phone No	OTHERS-98767976

Vehicle Particulars

Manufacturer	BMW
Model	335i
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091600MVPC
Cover Note Number	

Driver

Name of Driver	KIERSTEN OW YILING (OU YILING)
NRIC No	S8118351A
Date Of Birth	20/06/1981
Occupation	INDOOR
Date Of Driving Pass	19/03/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98767976
Fax Number	
Contact Number	OTHERS-98767976
Email Address	YILING@STAMFORDLAND.COM

Address	15 COVE DRIVE #04-16
Postcode	098328
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	CHAIN COLLISION
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	4
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

PLEASE 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	SH7102B
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM FENG CI, RONNIE
NRIC/Passport Number	S1444934E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE3163L
-----------------------------	----------

Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANGELINE NGUAN SUE LYN
NRIC/Passport Number	S7416472B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBC5555T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93659199
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.
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: 28 Jan 2019
10:50 AM

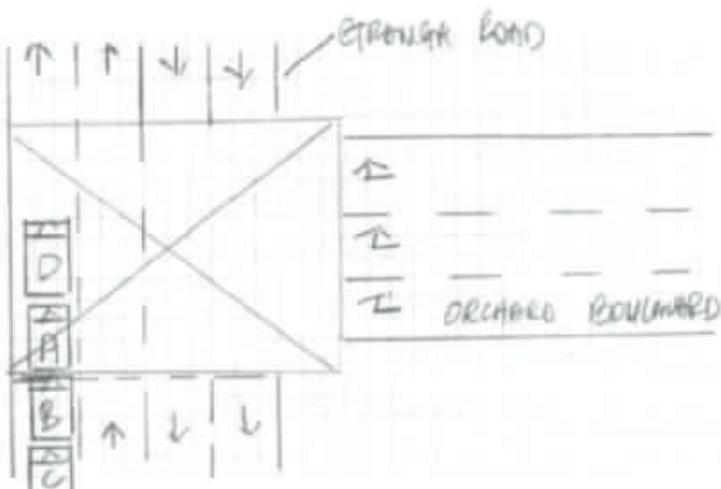
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

- A) SBS 1867S
- B) SH 7102B
- C) SKE 3163L
- D) SBC 555ST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Kersten Ow Kling driver of BMW (SBS 1867S) was at the traffic light waiting in stationary position, behind the Mercedes (SBC 555ST), when a taxi hit the back of my car all of a sudden. I had my foot on the brake pedal but the impact of the taxi (SH 7102B) ~~that~~ caused my car to hit the Mercedes (SBC 555ST) in front of me.

When I got out of the car to inspect the damages, I realised that an Audi (SKE 3163L) had hit the taxi behind me, which caused ~~the~~ the taxi to hit me. This is a result of a 4 car chain collision caused by the driver of the Audi (SKE 3163L) who did not stop her car in time at the traffic light.

DECLARATION

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

Policyholder's Signature
Date & Time

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

28/01/2019 10:57 AM

[Signature]
Reporting Centre Personnel's Signature
Name: *[Name]*
NRIC/PIN No.



303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Tel. 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax. 64747770280, Serpong Arang Road
East Coast Centre
Singapore 438180
Tel. 63190888 (AfterSales)
Fax. 63449773315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel. 63190528 (AfterSales)
63190533/530 (Motorrad)
Fax. 64796601 (AfterSales)
64796624 (Motorrad)**SERVICE TAX INVOICE**

Repair Order No. : B1 1340461	Page No. : 1 of 1
Date IN : 26/02/2019	Invoice Number : 2112574 / WSB
Motor Claim Advisor: Joseph Yaguel	Invoice Date : 18/06/2019
	Payment Terms : 30 Days From Invoice
	Invoice By : Toh Jing Xuan

- CUSTOMER INFORMATION -	- INVOICE TO - 219
Mr Ow Chio Kiat	India Int'L Insurance Pte Ltd
40B Nassim Road	64 Cecil Street
	#04-05 IOB Building
	Singapore 049711
Singapore 258427	

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLS1867S	PZ85208	30/09/2009	335I-C	41844

--- LABOUR ---		NETT
Labour charge to R & R, renew and/or repair affected parts and attachments, chassis pulling-alignment-measurement, panel beats and spray paint affected area including additional discount for LIMIT REPAIR.		3,500.00
INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT. DATE OF ACCIDENT : 27.01.2019. 3RD PARTY CAR : SH7102B. YOUR REF NO : NIL.		0.00
VEHICLE WAS SURVEYED BY MR TAUFIKH FROM LKK AUTO ON 26.02.2019 AT 11:20AM. AUTHORISED REPAIR BY MS VIC ALPEH FROM LKK AUTO ON 15.02.2019 VIA EMAIL. PROPOSE LOSS OF USE = \$100x4. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.		0.00
Total Labour 1:		3,500.00

Labour Charges : 3,500.00	Total Labour & Parts Charges : S\$ 3,500.00
Parts Charges : 0.00	Less Insurance Excess : S\$ 0.00
Lubricant/Misc : 0.00	Invoice Total Amount Exclude GST : S\$ 3,500.00
	GST @ 7% : S\$ 245.00
	Invoice Total Amount Include GST : S\$ 3,745.00

Computer generated invoice. No signature is required.	Amount Payable Include GST : S\$ 3,745.00
---	--

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @1% per month will be debited on overdue amounts.





Performance Motors Limited

A member of the Sime Darby Group
Co. Reg. No. 197401559W GST Reg. No M2-0020081-X

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Tel: 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax: 64747770

380, Kampong Arang Road
East Coast Centre
Singapore 438180
Tel: 63190888 (AfterSales)
Fax: 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel: 63190528 (AfterSales)
63190531/530 (Motorrad)
Fax: 64796601 (AfterSales)
64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

30 JAN 2019

ESTIMATE

Estimate No. : b1 49951 Page No. : 1 of 5
Date Estimated : 29/01/2019
Prepared By : Joseph Yaguel

- ESTIMATE REPAIR FOR -

Ow Chio Kiat
40B Nassim Road
Date:
Subject:
Singapore 258427

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLS1867S	PZ85208	30/09/2009	3351-C	0

DESCRIPTION

Replacing rear bumper panel and attachments, reworking front bumper panel, tail panel and to knock out dents caused by the accident

VALUE
1700 2,550.00

Spray rear bumper, tail panel, front bumper

1868 2,819.00

To check electrical wiring system at the front and rear sections for proper function including adjustment of headlights.

250 295.00

To remove and install boot compartment carpet and garnish to facilitate repairs.

230? *part* 271.00

Sundries

? 150.00

Total Labour 1: 6,085.00

DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
RR BUMPER LH GUIDE	1	39.30	? 39.30
RR BUMPER RH GUIDE	1	39.30	? 39.30
RR BUMPER CTR GUIDE	1	47.95	? 47.95
RR BUMPER CARRIER	1	458.55	? 458.55
RR BUMPER (M/PDC)	1	1,320.90	de 1,320.90
DECOUPLING RING PDC TORQUE CONVERTE	4	5.05	nu 20.20

Total Parts : 1,926.20

Performance Motors Limited
1800-Car-BMW
(1800-2255-269)

www.pml-bmw.com.sg

303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Tel: Sales 6319 0100
Tel: AfterSales 6319 0111
Fax: 6474 7770

315 Alexandra Road #01-01
Sime Darby Business Centre
Singapore 159944
Tel: Sales 6319 0511
Tel: AfterSales 6319 0527
Fax: 6479 6624

380 Kampong Arang Rd
East Coast Centre
Singapore 438180
Tel: AfterSales 6319 0888
Fax: 6344 1332

Registered office
303 Alexandra Road #02-01
Vantage Automotive Centre
Singapore 159942

Co. Reg. No. 197401559W

Performance Motors LimitedA member of the Blue Bird Group
Co. Reg. No. 197401559W GST Reg. No. M2-0020081-X

Performance Motors Limited

303, Alexandra Road, Singapore 159941
Tel: 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax: 64747770

315, Kembangan Road, Singapore 159944
Tel: 63190888 (AfterSales)
Fax: 63449773

Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel: 63190528 (AfterSales)
63190533/330 (Motorrad)
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : **b1 49951** Page No. : 2 of 5
Date Estimated : **29/01/2019**
Prepared By : **Joseph Yaguel**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLS1867S	PZ85208	30/09/2009	335i-C	0

Your Ref.
Our Ref.
Date
Subject

Claims OD / 3rd Party / Uninsured losses / Direct Settlement

Regn No. _____ Claim No. _____
Date & Time 26/2/19 @ 1120 Excess S\$ _____
Surveyor's Name Taufik Sign Taufik
Surveyor's Tel 97495749 Authorised Yes / No _____
Authorised Date _____ Time _____
 SURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No
Taufik e/hrs@com
04 days

Performance Motors
Limited
1800-Call-BMW
(1800-2255-2699)
www.pml-bmw.com.sg

303 Alexandra Road
Sime Darby
Performance Centre
Singapore 159941
Tel: Sales 6319 0100
Tel AfterSales
6319 0111
Fax 6474 7770

315 Alexandra Road
#01-01
Sime Darby
Business Centre
Singapore 159944
Tel: Sales 6319 0511
Tel AfterSales
6319 0527
Fax 6479 6624



Labour 1	:	6,085.00
Parts	:	1,926.20
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	560.78
Grand Total	:	8,571.98

**** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY ******** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE ****

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : PRIVATE MOTOR CAR INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-18091600MVPC
Vehicle No / Chassis No : SLS1867S / WBAWL720X0PZ85208
Name of Insured : OW CHIO KIAT
Period Of Insurance : 30.09.2018 To 29.09.2019
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,500.00 SECTION I FOR NAMED DRIVERS

Authorised Driver*

OW CHIO KIAT, LIM SIEW FENG KATHERINE MRS C K OW, OW YEW HENG, KIERSTEN OW YILING, LAMAT BIN HARON, MOHAMMED SUHAIMI BIN TAIB, MOHAMAD RAIMI BIN SULAM AND RAHIM BIN KOMING

Persons or classes of persons entitled to drive*

* 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.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

LILIA/B0188/MX3

Issued at Singapore on 16.08.2018



Authorised Signature

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0799657H



Name

OW CHIO KIAT



欧石吉

Race

CHINESE

Date of Birth

28-03-1945

Country of Birth

SINGAPORE

Sex

M



NRIC No.

6841704



NRIC No. S0799657H



Blood Group Date of Issue

O+

05-01-1994

40B NASSIM ROAD
SINGAPORE 258427

NRIC No: S0799657H

Date: 24/12/2007

No: 6841704

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **SB118351A**



Name
KIERSTEN OW YILING
(OU YILING)
歐伊玲

Race
CHINESE

Date of birth
20-08-1987

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number **SB118351A**

Name
OW YILING
(OU YILING)

Issue Date **30 Jun 1997**

Valid Until **15 Mar 2004**



NRIC No. **SB118351A**



Date of issue
17-08-2008

16 COVE DRIVE #04-10
SINGAPORE 060209

NRIC No. **SB118351A** (Valid until 22/10/2015 @)

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1 Motor Cars and Motor Tractors the weight of which when laden does not exceed 3500 kilograms

ISSUE DATE 15 Mar 2004



SP 4284

Performance Motors Limited

A member of the Sime Darby Group



LETTER OF AUTHORISATION

ACCIDENT INVOLVING SLS 186FS & SH7102B ON 27-01-19

I, DW CHIO KIAT owner of Vehicle Registration No. SLS186FS hereby authorise Performance Motors Limited to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.

I further authorise Performance Motors Limited to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my claim above.

I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by Performance Motors Limited of the settlement amount in respect of such claim shall constitute the full discharge of my claim in respect of such loss and damage.

Signed by:

Name: DW CHIO KIAT (Date) 31-01-2019
NRIC No.: S079965TH

In the presence of:

Name: RENAN JOSEPH YAGUEL (Date)

NRIC No. PERFORMANCE MOTORS LIMITED

303 Alexandre Road
Sime Darby Performance Centre
Singapore 159041
TEL: 63190100 (Sales)
63190111 (AfterSales)

FORM B1 VERSION 1 - SEPT 2017

EXPRESS SETTLEMENT

DISCHARGE VOUCHER

III- Direct Settlement (PODS)

India Ref:
Claimant Ref:

We/I, Performance Motors Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 37450 (repair cost), S\$ 400.00 (loss of use/rental), S\$ Nil (search fee), vehicle no. SLS18673 that was damaged pursuant to the accident which occurred on 27/1/19 (date) at Along Grange Road (location) involving vehicle no. 3H71028 (insured vehicle). This is pursuant to the inspection conducted on 26/2/19 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Qu Chio Keat ("the third party claimant") of vehicle no. SLS18673 to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLS18673 (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ _____ to _____

Dated this _____ day of _____, 20 _____

CLAIMANT:

Signature: [Signature]
Signed by "the workshop" (with chop)

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____



WITNESS:

Signature: _____
Signed by appointed Surveyor

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____