

SUPREME AUTO SERVICE PTE LTD

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: admin@supreme.sg

•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref: SMG 1175 G

Our ref: SDJ 9705 R

AXA INSURANCE PTE LTD

Attn: Officer In Charge
(Motor Claim Department)

26/03/2019

Dear Sir,

RE : ACCIDENT INVOLVING SDJ9705R AND SMG1175G ON 31/01/2019.

We have been authorized YEO SING SAN, the registered owner of vehicle number SDJ9705R, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SMG1175G.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

| | | |
|---------------------------------------------------------------------------|-----|----------|
| Repair cost | S\$ | 2,700.00 |
| Loss of Use(12 days x \$80.00)1day PRI, 2Sundays, 3days CNY, 6days Repair | S\$ | 960.00 |
| Search Fee | S\$ | 2.00 |
| Total | S\$ | 3,662.00 |

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,


Supreme Auto Service Pte Ltd

SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 FAX: 6451 7420

CO. REG. NO. : 19-9404214-H

INVOICE : 17665

AXA INSURANCE PTE LTD

DATE : 26/3/2019

| QUANTITY | PARTICULARS | AMOUNT (\$) |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p><u>RE: SDJ 9705 R</u></p> <p>Lump sum for repair</p> <p style="text-align: center;"></p> | <p style="text-align: right;">\$2,700.00</p> <hr/> <p style="text-align: right;">Total</p> <hr/> <p style="text-align: right;">\$2,700.00</p> |



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-19-017833

Date of Request: 31/01/2019

Your Ref No: Online Purchase

 Supreme Auto Service Pte Ltd
 176 Sin Ming Drive #02-01
 Sin Ming Autocare
 Singapore 575721

Dear Sir/Madam,

Enquiry Date 31/01/2019

Enquiry By Yuki Ho

TP Vehicle No. SMG1175G

Accident Date 31/01/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SMG1175G | AXA Insurance Pte Ltd | 04/12/2018-03/12/2019 | 6338 7288 |
| SMG1175G | AXA Insurance Pte Ltd | 04/12/2018-03/12/2019 | 6338 7288 |

Thank You.

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TAX INVOICE

Our Ref No: GR-19-017833

Date of Request: 31/01/2019

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd
176 Sin Ming Drive #02-01
Sin Ming Autocare
Singapore 575721

Dear Sir/Madam,

Enquiry Date 31/01/2019

Enquiry By Yuki Ho

TP Vehicle No. SMG1175G

Accident Date 31/01/2019

| 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

To: Supreme Auto Service Pte Ltd
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SDJ 9705 R & SMG 1175 G
ALONG/AT Near CIB Woodlands to Johor
ON 31/01/2019.

1. I/We, Yeo Sing San (NRIC No. S2586667C), owner/driver of motor vehicle no. SDJ 9705 R, & residing at _____ respectively in consideration of your workshop Supreme Auto Service Pte Ltd repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below.
2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s Supreme Auto Service Pte Ltd.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducting all costs and disbursements incurred should be drawn in your name or my/our name/s (at your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: 

Name: Yeo Sing San

NRIC NO: S 2586667C

Date this 01 day of Feb 20 19.

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 | 01/02/2019 14:03 |
| Date Of Accident | 31/01/2019 10:10 |
| Exact Location Of Accident | NEAR CIQ WOODLANDS TO JOHOR (CUSTOM AREA) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDJ9705R |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO SING SAN |
| NRIC No | S2586667C |
| Email Address | YEOSS@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93806308 |
| Alternative Phone No | OTHERS-93806308 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | MAZDA |
| Model | 323 |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5087059975-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YEO SING SAN |
| NRIC No | S2586667C |
| Date Of Birth | 24/11/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/11/1985 |
| Driving Experience | 33 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93806308 |
| Fax Number | |
| Contact Number | OTHERS-93806308 |
| EMail Address | YEOSS@HOTMAIL.COM |

| | |
|-----------------------------------------------------|------------------------------------|
| Address | BLK 140 YISHUN RING ROAD #05-80 |
| Postcode | 760140 |
| 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 | COLLISION - CHANGE/CROSS LANE |
| 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? | YES |
| 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 ATTACHED

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 | SMG1175G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN CHEE KEONG |
| NRIC/Passport Number | S1574822B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|--------------|
| Name | YEO SING SAN |
|------|--------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK AND BACK PAIN

SDJ9705R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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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:

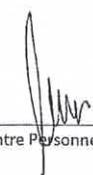
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/10/19

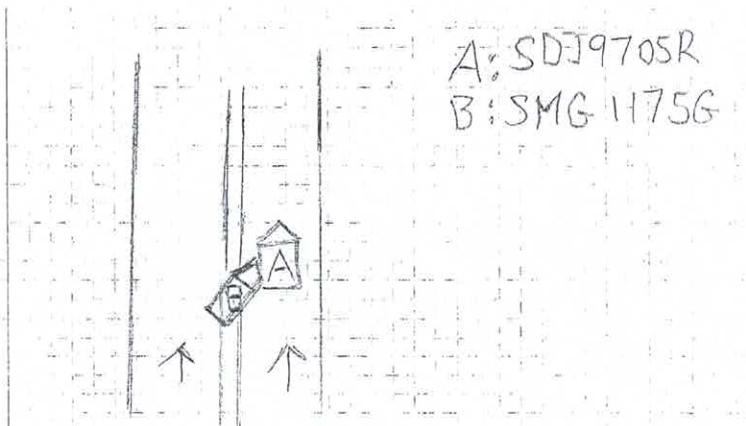


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/10/19



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Woodlands crossing before CIR Woodlands towards Jolor, when vehicle B crossed the chevrons and hit onto the left portion of my vehicle, leaving with great impact.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/01/19

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/01/19

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: