

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: SLL9484Y

Our Reference: SKB1550G

Date: 31/07/2019

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

BY POST ONLY

Attention: Claims Department

CLAIMANT: TALHOFF GERALD

PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 16/02/2019 ALONG QUEENSWAY TOWARDS COMMONWEALTH AVE INVOLVING VEHICLE NO SKB1550G & SLL9484Y

We act for TALHOFF GERALD who was the owner of motor vehicle no. SKB1550G

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 16/02/2019 involving our client's vehicle registration number SKB1550G and vehicle registration number SLL9484Y 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)	\$ 5243.00
2	Loss of Rental (\$ 100.00 x 11days) (Included 7% GST) 6 days surveyor recommend + 02 days PRI + 01 days survey + 01 days resurvey + 01 sunday	\$ 1177.00
3	LTA Search Fee	\$ 2.00
	Total :	\$ 6422.00

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

- (a) GIA/ Police report lodged by driver of ;
- (b) Final Repair Bill
- (c) Rental Invoice / Loss Of Use
- (d) LTA Search Fee Invoice
- (e) 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: SKB1550G

Date: 31/07/2019

M/s AXA Insurance Pte Ltd

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

BY POST ONLY

Vehicle No : SKB1550G
Make/ Model : BMW 318i
Year of Manufacture : 2010
Chassis No. : WBAPF72080A794112
Colour : SILVER
D.O.A : 16/02/2019

QTY	ITEM/PARTICULARS	AMOUNT (S\$)
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1. Repair Cost for Motor Vehicle No. SKB1550G
Type of repair: LUMP SUM :S\$ 4900.00

GST @ 7% : S\$ 343.00

GRAND TOTAL:S\$ 5243.00

Total : Singapore Dollars Five Thousand Two Hundred and Forty-Three Dollars Only.

Company's Stamp & 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

Third Party Insurer Enquiry

Our Ref No: GR-19-025202
Date of Request: 18/02/2019

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: 18/02/2019
Enquiry By: Kelvin Lim Khan Hong
TP Vehicle No.: SLL9484Y
Accident Date: 16/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLL9484Y	AXA Insurance Pte Ltd	14/11/2018-13/11/2019	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
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Our Ref No: GR-19-025202
Date of Request: 18/02/2019

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 18/02/2019
Enquiry By Kelvin Lim Khan Hong
TP Vehicle No. SLL9484Y
Accident Date 16/02/2019

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 16/02/2019 19:30
Date Of Accident 16/02/2019 17:55
Exact Location Of Accident QUEENSWAY TOWARDS COMMONWEALTH AVE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB1550G
Insured/Policyholder
Name Of Registered Owner TALHOFF GERALD
Passport No/FIN G6486988X
Email Address GTALHOFF@OUTLOOK.COM
Mobile Phone No (LOCAL) +65-91112985
Alternative Phone No OFFICE-91112985

Vehicle Particulars

Manufacturer BMW
Model 318i-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATR 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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA039087/1
Cover Note Number

Driver

Name of Driver TALHOFF GERALD
Passport No/FIN G6486988X
Date Of Birth 25/02/1966
Occupation INDOOR
Date Of Driving Pass 26/07/2011
Driving Experience 7 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91112985
Fax Number
Contact Number OFFICE-91112985
Email Address GTALHOFF@OUTLOOK.COM

Address	91 FARRER DRIVE #03-05
Postcode	259289
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 - MAJOR/MINOR RD
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	1
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 STATEMENT

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	SLL9484Y
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	RIGHT HEADLIGHT AND FRONT RIGHT
Vehicle Category	PRIVATE CAR
Name of Driver	CHU HON
NRIC/Passport Number	S9038726Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

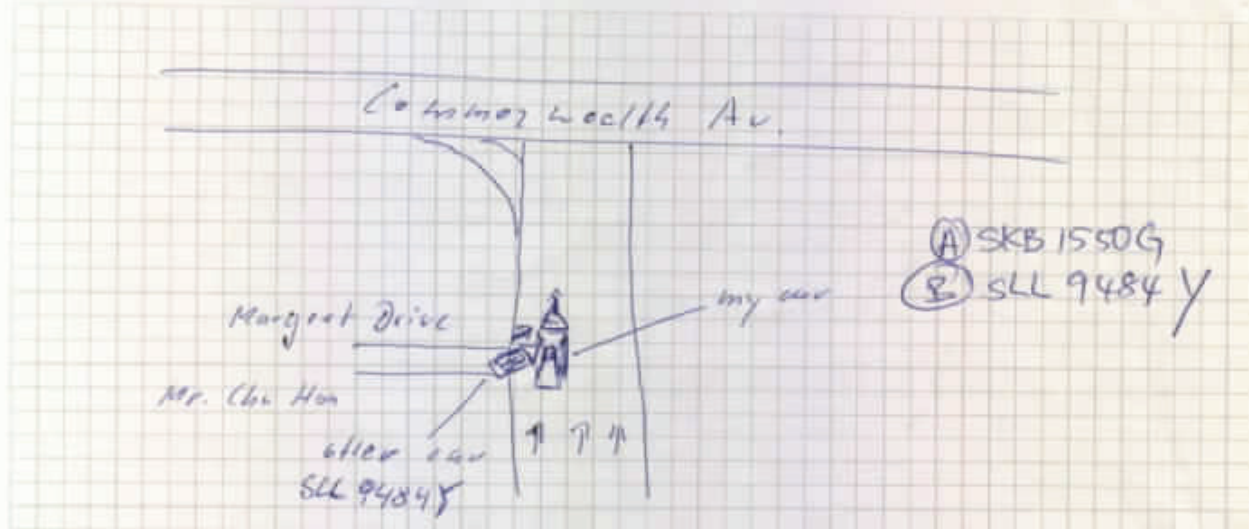
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

16 Feb 2019

16 Feb 2017

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, GERALD TALHOFF, was driving on Queen's Way around 5:55 pm on Sat, 16 Feb 2019, heading to Commonwealth Avenue. I was on the left lane before Margaret Drive as I wanted to turn left in to Commonwealth Avenue. The other party (Honda car, SLL 9484Y) was "shooting" out from Margaret Drive, obviously not paying any attention to what was in front of him. He hit my left side quite strongly. We both stopped and exchanged our particulars. He did not dispute his responsibility.

DECLARATION

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

Gerald Talhoff
Policyholder's Signature

Date & Time:
16 Feb 2019, 19:00

Signature: Noted for form 99

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

Date & Time: 16 Feb 2019, 19:00

[Signature]
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

AUTHORISATION

Name of owner of m/vehicle: TALHOFF GERALD

Address: 91 FARRER DRIVE #03-05 (S) 259289

NRIC No: G# 6486988X

RE: ACCIDENT ON 16/02/19 ALONG Queensway Towards Comarumal THAVE
INVOLVING SKB1330G VS SLL9784Y

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no SKB1330G at my/our request, I/We the abovenamed owner of motor vehicle no SKB1330G 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 16 (day) of 02 (month) 19 (year)

Signed:

Owner of m/vehicle

HP

Witnessed:

Phone 91112985

Date 16-02-2019

To: Owner of Vehicle Number SKB1550G

The following has been advised to you via your workshop, BH AUTO through their staff, ERIC CHEONG

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 _____

Signed and acknowledge by

[Signature]
Name and signature of policyholder/authorized driver

Name and signature of workshop personnel including company stamp



BH AUTO SERVICES PTE LTD

BLK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01-111/113/115/117
SINGAPORE 575636 TEL: (65) 6559 8844 FAX (65) 6269 2404
CO. REG. NO.: 200917512K GST REG. NO.: 200917512K

VEHICLE RENTAL AGREEMENT

Owner: BH AUTO SERVICES PTE LTD ("the owner")

Date: 16-02-2019

Hirer: TALHOFF GERALD

Tel / HP: 91112985

NRIC / Co. Reg No: G6486988X

FAX:

Address: 91 FARRER DRIVE #03-05 SOMMERVILLE PARK (S259289)

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.	
Vehicle Reg. No. SKB1550G	Rental: SF48764
Odometer: —	
Date & Time Out: 16-02-2019 19.30pm	Hirer's Signature:
Date & Time In: 20-03-2019 15:00pm	Hirer's Signature:

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\$ 2000K 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\$ 2000K 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

XU JIE



明輝汽車服務私人有限公司
BH AUTO SERVICES PTE LTD

NO. 215, BRANLE ROAD, SINGAPORE 739465 TEL: (65) 8559 8844
FAX: (65) 8515 3144 CO. REG. NO.: 200817512N GST REG. NO.: 200817512N

Reference No.: CS 04558

Invoice No.: _____

Customer Name: TALHOFF GERALD

Date/ Time: _____

Address: 91 FARRER DRIVE #03-05 SOMMERVILLE PARK
S1 2H919

Mobile Number: 91112985

Car Make & Model: B.M.W 218i

Car Plate No: SKB 15509

SN	Services Provided	Brand	Qty	Unit Price	Amount
1	Towing Service				S\$
2	Battery				S\$
3	Tyres				S\$
4	Others: Rental	SFU 876U	31	\$100.00	S\$ 3100.00
Total Amount (inclusive of GST):					S\$ 2317.00

Special Remarks

From: 16/02/19 - 20/02/2019

Service Done by:

Acknowledged by:

Received by:



Sales Person Name & Signature

Customer Name & Signature

Finance Department