



WITHOUT PREJUDICE

Our Ref: SJA 4755E

Your Ref: GU 1133A

21st February 2019

ATTN : LKK Auto Consultants Pte Ltd
Case Handler

INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Sir/Mdm,

Accident Involving: SJA 4755E and GU 1133A

Date of Accident: 12th October 2016

Location of Accident: Airport Road TWDS Air Force

We refer to the above-mentioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$ 2,200.00	
Add Loss of Use	\$ 560.00	7 Days @ \$80/day 2 Days PRS (13/14 Oct) + 4 Repair Days Agreed (17/18/19/20 Oct) + 1 Resurvey (21 Oct)
Total	\$ 2,760.00	
Add LTA Search Fee	\$ 5.35	
GRAND TOTAL	\$ 2,765.35	

Kindly pay the Grand Total Amount of **\$2,765.35** to:

Motor Stop Services Pte Ltd

8 Kaki Bukit Ave 4 #01-07

Premier @ Kaki Bukit

Singapore 415875

For further query, please feel free to contact us at 6385-1838
or email: motorstopoffice@gmail.com / cc: motorstopservices@gmail.com

Regards,
Yap June

The above settlement is in respect of our client for damage pertaining to his motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Motor Stop Services Pte Ltd - 8 Kaki Bukit Ave 4 #01-07 Premier@ Kaki Bukit S'415875

Tel: 6385-1838 Fax: 386-1838 Email: motorstopoffice@gmail.com / motorstopservices@gmail.com

Co Reg No: 201534353C



Motor Stop Services Pte Ltd

No 8 Kaki Bukit Avenue 4
Premier @ Kaki Bukit #01-07
Singapore 415875

Phone : (65) 6385-1838 Fax : (65) 6386-1838
motorstoppteltd@gmail.com
motorstopoffice@gmail.com

INVOICE

DATE	21-Feb-19
INVOICE #	MSS4755E-16/0447
ACCIDENT DATE	12-Oct-16
REFERENCE #	SJA 4755E

BILL TO : AIG Asia Pacific Insurance Pte Ltd
On Behalf Of: Neo Ah Thiam

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts and Labour Pertaining to Accident Repair o SJA 4755E	2,200.00

Subtotal 2,200.00
Discount N/A

OTHER COMMENTS
1. Total payment due in 30 days 2. Please include the invoice number on your check 3. Credit Info: TBA

Total Payable	2,200.00
Amount Paid	
BALANCE DUE \$	2,200.00

Make all checks payable to
MOTOR STOP SERVICES PTE LTD

For any query pertaining to this invoice, please contact motorstopoffice@gmail.com
Thank You For Your Business!



Letter of Authorization

Claimant Name : NEO AH THIAM NRIC Nos.: S1826704G

Contact No. : 98457128 (Mobile) _____ (Others)

In Respect of Accident Involving My Vehicle No.: SJA 4755E

and GU1133A and _____

and _____ and _____

@ AIRPORT RD TWDS AIR FORCE

dated 12th OCTOBER 2016

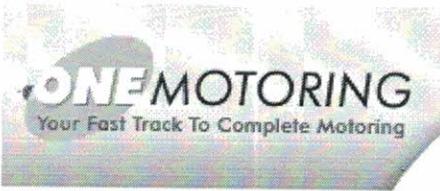
1. I, the claimant, hereby appoint **Motor Stop Services PTE LTD** ("the workshop"), located at No 8 Kaki Bukit Ave 4, #01-07 Singapore 415875, to act for me with respect to my claim for repair costs and/or rental and/or loss of use and all other necessary costs related to my vehicle that was damaged pursuant to the above mentioned accident.
2. I acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is/are concerned.
3. I authorize the workshop to receive payment pertaining to the settlement of my claim - with payment cheque to be made in favour to **Motor Stop Services Pte Ltd**. In the event that the payment cheque is being made in my favour, I hereby undertake to return the full amount to the workshop within 14days from receiving of said payment cheque.
4. I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and to utilize the monies to pay their charges without further reference to me. The payment to the workshop shall amount to a good discharge of Motor Stop Services' obligation to me in respect of the settlement monies.
5. I understand and accept that until I revoke the workshop's authority in writing to you, I am bound by all the instructions given by the workshop to you.



Signed by the claimant
Date:



Signed by Motor Stop Services Pte Ltd
Date:



Text size + -



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Oct 20
Receipt Date/Time : 13 Oct 20

Tax Invoice/Receipt

SJA 4755E
Receipt No. : ITNET-00000-161013-000225
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)
Result of Insurance Enquiry - GU1133A As at 12 Oct 2016/18:42:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - GU1133A Enquiry Fee 20161013092401694964	5.00	0.35
Sub-Total		5.00	0.35
Total Before Rounding		5.00	0.35
Rounding Difference			
Total Amount Payable			
Paid By			
	xxxxxxxxxxxx9876	Credit Card: Visa/MasterCard	
Total			
Cash Change			
Tendered Amount			
Excess Refundable Amount			

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payme provider / financial institution. Otherwise, the transaction and receipt is considered void and la apply.

Print Receipt OK Save as PDF

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 ability
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 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	13/10/2016 14:22
Date Of Accident	12/10/2016 18:45
Exact Location Of Accident	AIRPORT RD TWDS AIR FORCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4755E
Insured/Policyholder	
Name Of Registered Owner	NEO AH THIAM
NRIC No	S1826704G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98457128
Alternative Phone No	Others-98457128

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X 2.5 A
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	Allied World Assurance Company, Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	AVPPSB0521901601
Cover Note Number	

Driver

Name of Driver	NEO AH THIAM
NRIC No	S1826704G
Date Of Birth	06/05/1967
Occupation	Indoor
Date Of Driving Pass	28/11/2003
Driving Experience	12 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-98457128
Fax Number	
Contact Number	Others-98457128
EMail Address	NOEMAIL

Address	BLK 184C RIVERVALE CRESCENT #07-189
Postcode	543184
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU1133A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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:

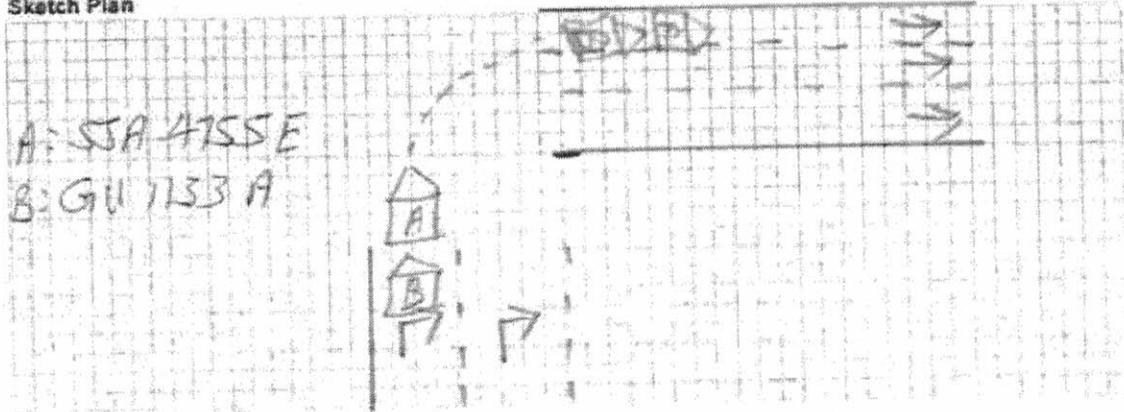
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Policyholder's Signature / Date & Time


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

 13/10/16
 Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

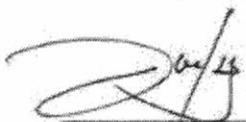
Describe Circumstances of the Accident

On mentioned Date and Time, I was driving along airport Rd. the traffic was slow. suddenly I feel a strong impact from my rear, when I came down and check, then I realised vehicle (B) hit into my rear portion.

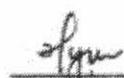
A: SJH 4755E
B: GU 1133A

Declaration

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


Policyholder's Signature / Date & Time


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

 13/10/16
Witnessed by Reporting Center Personnel

PRIVATE CAR

81291.17

CERTIFICATE OF INSURANCE

MX1
R SB
A466SD1
Cov Type: C
KUKLYSB

(THE MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT, CAP 397 IN THE REPUBLIC OF SINGAPORE AND THE ROAD TRANSPORT ACT 1987 IN MALAYSIA)
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR VEHICLES BUREAU OF SINGAPORE, DATED 11 FEBRUARY 1975 AND THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (MALAYSIA) AND THE MOTOR VEHICLES BUREAU OF MALAYSIA DATED 11 APRIL 1976 WITH EFFECT FROM 1975 TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No. AVPPSB0521901601 CHANO: GRX2203045529

1. Index Mark and Registration Number of Vehicle SJA 4755 B

2. Name of Policyholder NEO AN THIAN

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 11 June 2016

4. Date of Expiry of Insurance 10 June 2017

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

A. THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR TO HIS EMPLOYER OR HIS PARTNER.

B. ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER :

1. USE FOR HIRE OR REWARD.
2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Estimated Value : MARKET VALUE WITH COE/PAPF
Hire Purchase Owner : MAYBANK
Type of Cover : Comprehensive

Limitations rendered inoperative by Section 72 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third Party Risks and Compensation) Ordinance 1990 (Republic of Singapore) are not to be included under the heading.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

WAH HONG ENSURE PTE LTD
Co. Reg. No.: 201017457N
38 Toh Guan Road East
#01-57 Enterprise Hub
Singapore 608561
Tel: 6515 5988 Fax: 6896 6321

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1826704G



Name

NEO AH THIAM

梁亞添

Race

CHINESE

Date of birth

06-05-1967

Sex

M

S1826704G

Country of birth

SINGAPORE

3645588



NRIC No. S1826704G



Date of issue

19-11-2004

Address

APT BLK 184C RIVERVALE CRESCENT
#07-189
SINGAPORE 543184

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1826704G**
 Name: **NEO AH THIAM**
 Birth Date: **06 May 1967**
 Issue Date: **28 Jul 2003**

000692527J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Oct 1987
Class 2A	Motorcycles between 201 cc and 400 cc	05 Feb 2002
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	28 Nov 2003

S1826704G

S / No. 9000015623

NP 428A

Licence No: S1826704G

