

# 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

Ashley

**PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING**

Your Reference: SGL5718J

Our Reference: SLV5028E

Date: 02/05/2019

M/s EQ Insurance Company Limited  
5 Maxwell Road  
#17-00 Tower Block  
MND Complex Singapore 069110

BY POST & EMAIL

Attention: Claims Department

**CLAIMANT: TOH JIN HUI SHALENE**

**PROPERTY DAMAGED CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 25/02/2019 ALONG PIE EUNOS TWDS CHANGI INVOLVING VEHICLE NO SLV5028E & SGL5718J**

We act for TOH JIN HUI SHALENE who was the owner of motor vehicle no. SLV5028E.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 25/02/2019 involving our client's vehicle registration number SLV5028E and vehicle registration number SGL5718J, 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)	\$ 16,585.00
2	Loss of Rental (\$ 120.00 x 32days) (Included 7% GST) Surveyor recommended repair 21 days, 2days PRI, 1days survey, 2 days resurvey and 6 days sunday	\$ 4108.80
3	LTA Search Fee	\$ 31.00
	<b>Total :</b>	<b>\$ 20724.80</b>

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

- GIA/ Police report lodged by driver of;
- Final Repair Bill
- Rental Invoice / Loss Of Use
- LTA Search Fee Invoice
- 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: SLV5028E

Date: 02/05/2019

M/s EQ Insurance Company Limited  
5 Maxwell Road  
#17-00 Tower Block  
MND Complex Singapore 069110

Vehicle No : SLV5028E  
Make/ Model : MERCEDES C200CGI  
Year of Manufacture : 2011  
Chassis No. : WDD2040482A520589  
Colour : BLACK  
D.O.A : 25/02/2019

QTY	ITEM/PARTICULARS	AMOUNT (\$S)
-----	------------------	--------------

1.	Repair Cost for Motor Vehicle No. SLV5028E Type of repair: LUMP SUM	:SS 15,500.00
----	--	---------------

GST @ 7% : SS 1085.00

GRAND TOTAL:SS 16,585.00

Total : Singapore Dollars Sixteen Thousand Five Hundred and Eighty-Five Dollars  
Only.

Company's Stamp & Signature





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

## TAX INVOICE

Our Ref No: GR-19-039948

Date of Request: 13/03/2019

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,

Date of Accident: 25/02/2019

Vehicle No: SLV5028E

Place of Accident: PIE EUNOS TWDS CHANGI

Involving Vehicle No: SGL5718J

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGL5718J	PIE EUNOS TWDS CHANGI	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

 GIRO  Cash  Cheque



明輝汽車服務私人有限公司  
BH AUTO SERVICES PTE LTD

NO. 213, KRANJI ROAD, SINGAPORE 739485 TEL: (65) 6559 8944  
FAX: (65) 6515 3144 CO. REG. NO.: 200917512K GST REG. NO.: 200917512K

Reference No.: **CS 04035**

Invoice No.: \_\_\_\_\_

Customer Name: Toh Jin Hui Date/ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Number: 90686734

Car Make & Model: Mercedes C200 Car Plate No: \_\_\_\_\_

SN	Services Provided	Brand	Qty	Unit Price	Amount
1	Towing Service				S\$
2	Battery				S\$
3	Tyres				S\$
4	Others: <u>Rental</u>	<u>SLM 3/60R</u>	<u>45</u>	<u>\$120.00</u>	<u>S\$ 5400.00</u>
Total Amount (inclusive of GST):					<u>S\$ 5778.00</u>

Special Remarks: 26/02/2019 - 10/04/19

Service Done by:

Sales Person Name & Signature

Acknowledged by:

Customer Name & Signature

Received by:

Finance Department



# BH AUTO SERVICES PTE LTD

BIK 1 SIN MING INDUSTRIAL ESTATE SECTOR C #01-111/113/115/117  
SINGAPORE 575636 TEL: (65) 6559 8944 FAX (65) 6269 2404  
CO. REG. NO.: 200917512K GST REG. NO.: 200917512K

## VEHICLE RENTAL AGREEMENT

Owner: BH AUTO SERVICES PTE LTD ("the owner") Date: \_\_\_\_\_  
 Hirer: Toh Jin Hui Shalene Tel / HP: 90686724  
 NRIC / Co. Reg No: S89125742 FAX: \_\_\_\_\_  
 Address: \_\_\_\_\_

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. <u>SLV 5028 E</u>	<u>Mercedes Benz C200</u>
Vehicle Reg. No. <u>SLM 3160 R</u>	Rental:
Odometer: <u>128590</u>	
Date & Time Out: <u>26/02/2019</u>	Hirer's Signature: 
Date & Time In: <u>10/4/19 - 6.45pm.</u>	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\$ 3,500/- 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\$ 3,500/- 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

## 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	26/02/2019 11:13
Date Of Accident	25/02/2019 15:35
Exact Location Of Accident	PIE EUNOS TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5028E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Email Address	SHARLENTOHJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90686734
Alternative Phone No	OFFICE-90686734

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA410430
Cover Note Number	

### Driver

Name of Driver	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Date Of Birth	12/04/1989
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90686734
Fax Number	
Contact Number	OFFICE-90686734
EMail Address	SHARLENTOHJH@GMAIL.COM

Address	NIL
Postcode	
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	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	5
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	SGL5718J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM6990D
-----------------------------	----------

## 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 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)**

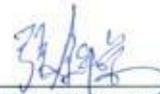
I understand, acknowledge, agree and consent that:

- (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.



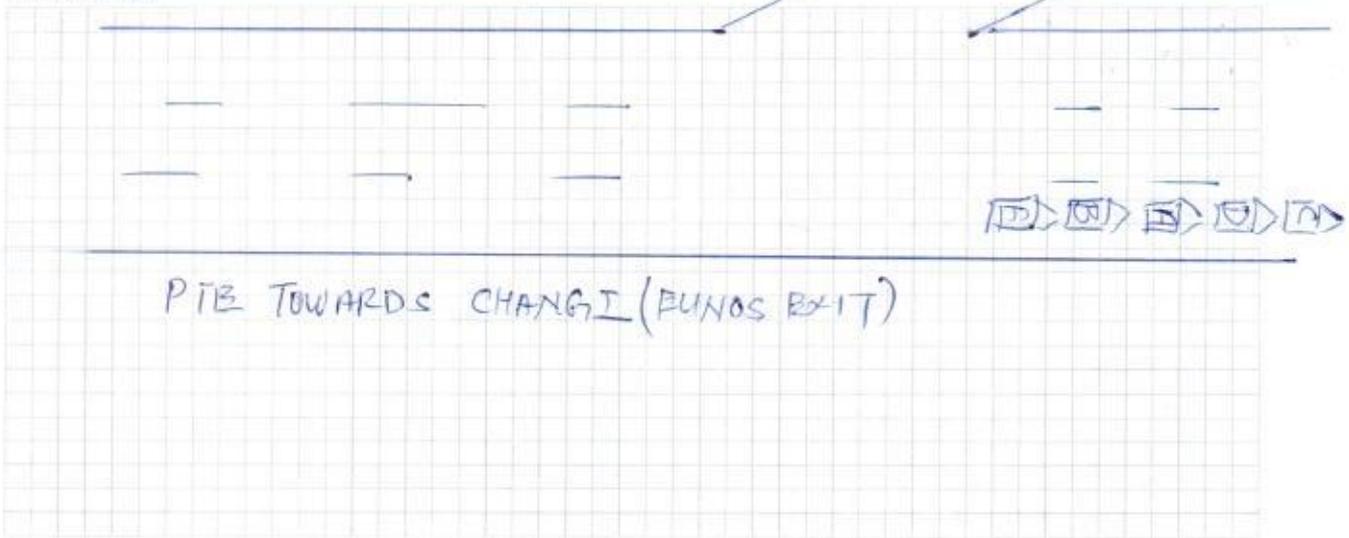
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



PIE TOWARDS CHANGI (RUNOS EXIT)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at PIE towards Changi. The car lined down and stop and i also stopped, suddenly the car behind bang and my car was pushed forward and knock the car in front. It's a car chair accident - low bid car.

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:

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

## AUTHORISATION

Name of owner of m/vehicle: Toh Jin Hui Sharlene .  
Address: 415 B Fernvale Link #17-50 S(792415)  
NRIC No: S9912574Z .  
RE: ACCIDENT ON 25/12/2019 ALONG PIE Euras Twos Changi  
INVOLVING SLV5028E VS SGL576J

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no. SLV5028E at my/our request, I/We the abovenamed owner of motor vehicle no. SLV5028E 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.

Signed:  Date this 26 (day) of 02 (month) 19 (year)

Owner of m/vehicle: Toh Jin Hui Sharlene .

HP: 90686734

Witnessed:



**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-19-030637

Date of Request: 26/02/2019

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: 26/02/2019  
Enquiry By: Jacelyn Loh Cai Ling  
P Vehicle No.: SGL5718J  
Accident Date: 25/02/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGL5718J	EQ Insurance Company Ltd	21/09/2018-20/09/2019	6223 9433

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**

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

**TAX INVOICE**

Our Ref No: GR-19-030637

Date of Request: 26/02/2019

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 26/02/2019  
Enquiry By Jacelyn Loh Cai Ling  
TP Vehicle No. SGL5718J  
Accident Date 25/02/2019

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



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

## TAX INVOICE

Our Ref No: GR-19-039943

Date of Request: 13/03/2019

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,

**Your Search Criteria:**

Date of Accident: 25/02/2019

Place of Accident: PIE EUNOS TWDS CHANGI

Client Vehicle No: SLV5028E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

 GIRO  Cash  Cheque



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

## SEARCH RESULTS

Our Ref No: GR-19-039943

Date of Request: 13/03/2019

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,

**Your Search Criteria:**

Date of Accident: 25/02/2019

Place of Accident: PIE EUNOS TWDS CHANGI

Client Vehicle No: SLV5028E

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SGL5718J	PIE TWDS CHANGI NEAR JALAN EUNOS	25/02/2019 15:35

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.