

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SLM5677D/1902031

11th March 2019

WITHOUT PREJUDICE

The Manager
Motor Claim Dept.
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

**RE: ACCIDENT INVOLVING VEHICLES SLM 5677 D AND SLP 3663 R ON 12TH FEBRUARY
2019 AT 0715 HRS ALONG SIXTH AVENUE TOWARDS HOLLAND ROAD**

Dear Sirs,

We refer to the above matter.

Our Client Sime Darby Services Pte Ltd the registered owner of SLM 5677 D.

You are the insurer of motor vehicle no. SLP 3663 R, which was involved in the above accident.
Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no.
SLP 3663 R, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) Repair cost bill
- b) GIA report
- c) An authorisation letter from the owner (SLM 5677 D)

We are claiming as follows: -

Repair cost	S\$ 3,557.65
Loss of rental (12 days x \$180.00)	S\$ 2,160.00

	S\$ 5,717.65
	=====

Dollar: Five Thousand Seven Hundred Seventeen And Cents Sixty Five Only.

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days
from the date herewith .

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully,


Karen Ong

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TAX INVOICE

The Manager
Motor Claim Department
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

Date of Accident : 12th February 2019
Location : Along Sixth Avenue Towards Holland Road
Third Party Claim Vehicle No : SLP 3663 R
Repair Cost For Vehicle No : SLM 5677 D Nissan X-Trail

Supply of Parts & Labours

No.	Particulars	Qty	Price	Amounts
1	Rear boot cover emblem (X-Trail) (net)	1	101.30	\$ 101.30
2	Rear boot cover emblem (logo) (net)	1	73.60	\$ 73.60
3	Rear bumper fascia (net)	1	660.50	\$ 660.50
4	Rear bumper clips (net)	1set	26.00	\$ 26.00
5	Rear bumper side retainer L&RH (net)	2	52.60	\$ 105.20
6	Rear bumper reinforcement	1	583.30	\$ 583.30
				\$ 1,549.90
		Less	10%	\$ 154.99
				\$ 1,394.91
7	Rear bumper sensor (s/net)	1	250.00	\$ 250.00
				\$ 1,644.91

Labour Charges :-

Cut out, renew, knocking & welding rear boot cover, rear end panel, remove & install all damage parts, straighten & re-align body	\$	800.00
Remove & refix rear bumper sensor	\$	50.00
Spray painting on damage parts	\$	800.00
Check all lighting after repairs	\$	30.00
SPECIALISTS MOTOR PTE LTD		\$ 3,324.91
Add 7% GST		\$ 232.74
Total Amount		\$ 3,557.65

SPECIALISTS MOTOR PTE LTD

S/ Dollars :- Three Thousand Five Hundred Fifty Seven And Cents Sixty Five Only.

ACCIDENT INVOLVING VEHICLE

SLM 5677D and SLM 3663R on 12th February 2018 at 0715hrs
at Jct Sixth Avenue Towards Holland Road

Letter Of Authority And Undertaking

I / We Sime Darby Service pte ltd (NRIC NO) 1975010656 of
305 Alexandra Rd #13-01 Vantage Automobile Centre S159942


the owner / driver of Vehicle No. SLM 5677D hereby authorise your
esteem company specialists motor pte ltd

as my repairer for my Damaged Vehicle involved in the above accident and to
claim against the negligent party and /or insurance company.

I / We hereby agreed to be bound by the following:-

1. You are authorised to use my /our name to claim against the negligent party and /or insurance company pertaining to the above accident including any other incidental losses. All payments / settlement monies shall be made in favour of your company M/S specialists motor pte ltd
2. All documents receive by me from third party or insurance company will be sent to your office for follow-up action.
3. Any offer of settlements by the insurer and /or negligent party will be accepted only with your concurrence and approval.
4. I / We agree to sign/execute the Discharge Receipt within 7 working days of issue of notice, by post, electronic mail, social media or text messaging, by your company.
5. If I / We fail to sign/execute the Discharge Notice after 7 working days from the Issue of notice, I / We hereby authorise your company's authorised representative to sign and execute the said Discharge Receipt on my /our behalf.
6. Throughout the process of claim, I / We will be obligated to assist and to provide your company with accurate and correct information.
7. I / We agree that I / We shall pay to your company all cost / expenses / damages incurred or suffered by you as a result of the unsuccessful recovery of the claims for the full repair cost and any other incidental cost / expenses by you on my / our behalf.
8. I / We warrant and undertake that all information and statement provided by me / us to you are true and accurate.

Thanking you in anticipation.

Yours faithfully 



Date :

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	13/02/2019 11:02
Date Of Accident	12/02/2019 07:15
Exact Location Of Accident	ALONG SIXTH AVENUE TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5677D
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	EJNERRINGTON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96358889
Alternative Phone No	OFFICE-96358889

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	ERRINGTON TIMOTHY JOHN NESS
NRIC No	G5068806U
Date Of Birth	08/05/1959
Occupation	INDOOR
Date Of Driving Pass	13/03/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96358889
Fax Number	
Contact Number	OTHERS-96358889
Email Address	EJNERRINGTON@GMAIL.COM

Address -
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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
 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? 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) 3
 Passenger 1 NAME: : DAUGHTER
 GENDER: : FEMALE
 Passenger 2 NAME: : DAUGHTER
 GENDER: : FEMALE

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? YES
 Remarks/ Reasons: WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP3663R SLP3663 R
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HO JIA MING, MARK
 NRIC/Passport Number S8501669E
 Contact Number
 Address 30 LASIA AVENUE

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

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

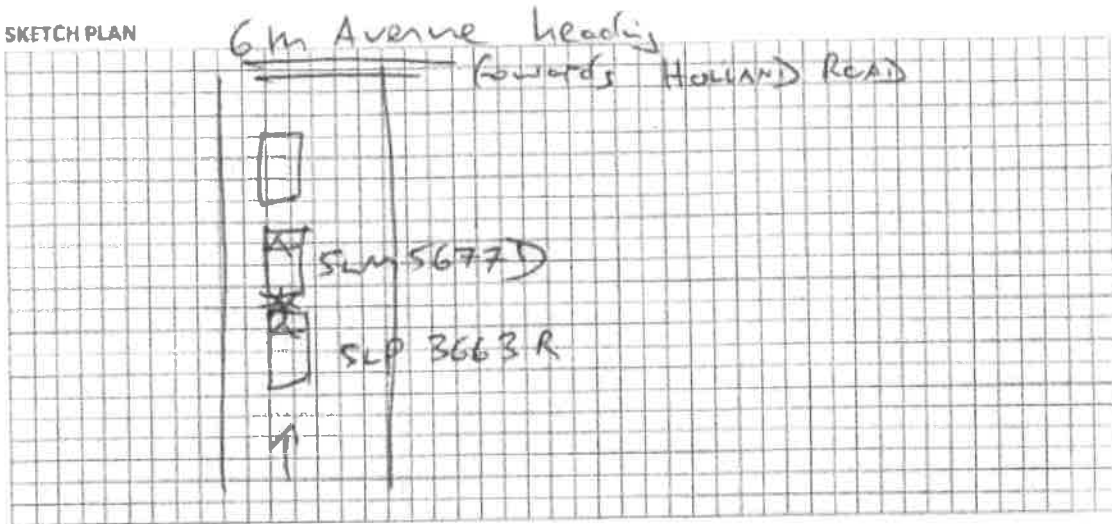
12/2/19

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

18/02/2019
Koh Hui Joon

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped in traffic on 6th Avenue at 7:15 Am on 12/2/19 whilst taking my children to school.

I was hit from behind whilst I was stationary by Toyota SLP 3663R

DECLARATION

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

Policyholder's Signature

Date & Time:

Signature: [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/2/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

13/02/2019
Roshan [Signature]

RELEASE VOUCHER
(AIG Express Third Party Claim)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for S\$ _____ (Repair Cost), S\$ _____ (Loss of rental/use), S\$ _____ (Disbursement), for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____. This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("the third party claimant") of vehicle no. _____ 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 AIG Asia Pacific 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 costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim 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.

Dated this 11th (day) of March (month) 2019 (year)

Signed by appointed surveyor

Signed by "the workshop" (with chop)



AUTHORISATION TO ACT
(AIG Express Third Party Claim)

I, _____ (the third party claimant) of _____
_____ (address), owner of _____ (vehicle no.)
hereby authorize _____ ("the workshop") to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle
no. _____ that was damaged pursuant to the accident which occurred on _____
(date) along _____ (location) involving vehicle no/s
_____ ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 11th (day) of March (month) 2019 (year)

✕

Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)