PTE/GBB8662C/20190308/DS-CL 19/02/2020

Dear Sirs

M/s AXA Insurance Singapore Pte Ltd C/o LKK Auto Consultants Pte Ltd 51 Ubi Avenue 1, #02-25 Singapore 408933

Attn: Motor Claims Department WITHOUT PREJUDICE

SPARKS CAR CARE

ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office 205 Braddell Road Singapore 579701 Mainline +65 6383 6280 Facsimile +65 6280 9755

Company Registration No. 199506048W

Car Care Centres

Braddell 205 Braddell Road Singapore 579701 Tel 6383 8110

Loyang 59 Loyang Drive Singapore 508969 Tel 6214 8300

Pandan 45 Pandan Road Singapore 609286 Tel 6338 8778

Sin Ming 383 Sin Ming Drive Singapore 575717 Tel 6553 0400

Sungei Kadut 7 Sungei Kadut Way Singapore 728791 Tel 6369 7369

Ubi 320 Ubi Road 3 Singapore 408649 Tel 6848 5721

www.SPARKcarcare.com

ACCIDENT ON 08/03/2019 INVOLVING GBB8662C & XE3278K ALONG AYE TOWARDS CITY

We are the authorised repair workshop for the owner of vehicle, GBB8662C, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, XE3278K, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1.	Cost of Repairs	344.60
2.	Car Rental	-
3.	6.0 days Loss of Use @ \$120	720.00
4.	Surveyor Fee	S#3
5.	LTA Fee	2=
6.	TP/GIA Fee	2.00
7.	Medical	
8.	Others	-

(E&OE) 1,066.60

We	enclose the following	documents to	support the claims: -
1	Repair/Excess Bill		Insurance Certificate
[Surveyor Report		Power of Attorney
	Coloured Photographs	[]	Car Rental Bill
1	GIA/Police Report(s)	[]	Medical Bill
[/] GIA/TP Search	[]	Witness Statement
[Others:		

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully Cecilia Lee CDGE Claims Department 59 Loyang Drive S(508969)

DID: 6214 8354 FAX: 6214 1843

Email: cecilialee@sparkcarcare.com

ComfortDelGro Engineering Pte Ltd

Corporate Office 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755 www.cdge.com.sg

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205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare,com



TAX INVOICE

COMPANY REG. NO: M2-892 817-3

JOB NO. 305375423

INVOICE NO./DATE 91494277 12.02.2020

ODOMETER READING

344.60

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER

SINGAPORE SG 068811

CONTACT NO: 63387288

VEHCLE NO GBB8662C

MAKE FIAT

MODEL Doblo 1.3MJTD

DATE OF REG

CHASSIS CODE

Description: TP - GE - AXA

S/No	Part No. Description	Qty	Unit	Price	Ne
01	20-501 LABOUR CHARGES	1 EAC	115.06	SGD	115.06
02	M COST PLUS 15%	1 EAC	27.00	SGD	27.00
03	1979 TAILLAMP RH	1 PC	100.00	SGD	100.00
04	1979 RH TAILLAMP TOP GARNISH	1 PC	80.00	SGD	80.00
		Items total Add GST @		7.000 %	322.06 22.54

Invoice amount

Issued by SIEWHWA 12.02.2020 16:45:42 Repair type CESO/52/5T Payment Type/Term: /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OF NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPT

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR T PERIOD OF DEFAULT.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCE WITHIN 14 DAYS OF RECEIPT, IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office: 205 Braddell Road Blk C Ext 1 Level 2 Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No
8010010	91494277	344.	60
		T-180 J.	



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-19-040044

Date of Request:

13/03/2019

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Dear Sir/Madam,

Enquiry Date

13/03/2019

Enquiry By

Denis Teo Chin Chye

P Vehicle No.

XE3278K

Accident Date

08/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XE3278K	AXA Insurance Pte Ltd	10/08/2018-09/08/2019	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.

ais is a computer generated document and requires no signature.

3/13/2019 Invoice



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

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Our Ref No:

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Date of Request:

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Online Purchase

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Dear Sir/Madam,

Enquiry Date

13/03/2019

Enquiry By

Denis Teo Chin Chye

P Vehicle No.

XE3278K

Accident Date

08/03/2019

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:

[X] 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 witholding 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.	active the draffying of this report at the control and to supplies of the report 2000g this active to the
	ACCIDENT STATEMENT
Date Of Report	08/03/2019 11:45
Date Of Accident	08/03/2019 10:25
Exact Location Of Accident	AYE TOWARDS CITY LAMPOST 654
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB8662C
hsured/Policyholder	
Name Of Registered Owner	SINGAPORE TELECOMMUNICATION LIMITED
Co Reg No	199201624D
Email Address	CHOWPENG@SINGTEL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63463809
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO-1.3 D JTD (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO a design
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
surance Company	
Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	SEOW ENG HUAT

Name of Driver SEOW ENG HUAT

NRIC No S1711642H
Date Of Birth 20/08/1965
Occupation OUTDOOR
Date Of Driving Pass 26/07/1988

Driving Experience 30 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96152030

Fax Number

Contact Number

EMail Address CHOWPENG@SINGTEL.COM

Address

ENGHUAT.SEOW@SINGNET.COM

Postcode

96152030

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Vas any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

ELSON LEE 81819122

GENDER:

: MALE

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 TO STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XE3278K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

FENG TIEN LAI

NRIC/Passport Number

S0177465D

Contact Number

98221663

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

SKETCH PLAN

IPEPORTANT 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

lunderstand, 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)

08-03-19

Date & Time

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

province of the second

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Special sensitations of

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

08-03-19

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: For Customer Service please visit 1 Pickering Street #01-01 Great Eastern Centre Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance



ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1954 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

Risk# : 0716

FORM MZ300

Policy No. : 2018-V0046329-VCF-R012

Cover : Third Party Only Policy Type ; Commercial Vehicle Fleet

DESCRIPTION OF VEHICLES:

Vehicle Registration : GBB8662C Vehicle Make & Model : FIAT DOBLO 1.3MJTD

Name of Insured: SINGAPORE TELECOMMUNICATIONS LIMITED

Period of Insurance: 01-09-2018 (0000HRS) to 31-08-2020

ERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE * Any person who is driving on the Policyholder's order or with their 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.

LIMITATIONS AS TO USE

(1) Use in Connection with the Policyholder's business.(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic and pleasure purposes. The policy does not cover :-

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

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

Signed for and on behalf of the Company

1. Ito

Authorised Signature

GPG1CS:

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY
ACCIDENT INVOLVING (Owner's Vehicle No.) ACCIDENT INVOLVING (Owner's Vehicle No.) along AVE HOWOVDS CHY LOWED OST GEA
Policy Nos: 2018-Y0046329-VCF-R012
BY THIS POWER OF ATTORNEY, *I/We,*NRIC/Passport
No(Address)*
, Singapore Tole committed company
incorporate in Singapore and having its registered office at (Address)*
owner of Vehicle Registered No.
hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
ompany incorporated in Singapore and having its registered office at
its agents or any person authorized by CDGE to be *my/our Attomey and in *my/our name(s) and on *my/our behalf
to do all or any of the following:
1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. 2018 - 10046329
 For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as * my/our Attorney shall in his absolute discretion, deem fit.
 To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd , CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in relation thereto
5. Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and
6. To agree to any settlement at the absolute discretion of CDGE.
*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/out behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectua to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.
*I/We hereby further declare that the powers and authority hereby conferred shall remain irrevocable
*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.
*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day of the month or
January, Year Two Thousand(20_270
Signed, Sealed & Delivered By

Customers Name: Chan NRIC No.: Solgangary
Co's rubber Stamp