

## SU BROTHERS' MOTOR WORKSHOP

BLK 5034 ANG MO KIO IND PK 2 #01-341/343 SINGAPORE 569537

Date : 12<sup>nd</sup> Apr 2019

Pg : 1/2

Our ref: SB/MC/0131/04/19 TD

Lonpac Insurance Bhd  
300 Beach Road  
#17-04/07 The Concourse  
Singapore 199555

Attn : Motor Claims Dept

Dear Sir/Mdm,

Re : Accident Involving Motor Vehicle Nos. SKT 2924 K / GBB 1600 C  
Along TPE Twds Changi Airport Beside Changi North Cres On  
02/04/2019.

Please refer to the above accident.

From the circumstances of the accident, the driver of your insured's vehicle no. GBB 1600 C was entirely negligent in causing the above accident.

Our client has been put to loss & expense, particulars of which are as the below followings:-

1)	Lump Sum Repair	\$	2,247.00
2)	Loss of Rental @\$120.00 x 6 days	\$	720.00
3)	GIA Search	\$	2.00
		<b>\$</b>	<b>2,969.00</b>

Remarks: Client vehicle was lying at our w/s on 02/04/19. Your appointed surveyor Mr. Steve Chen had inspected client vehicle on 04/04/19. He recommended 5 repair days. Said vehicle was completed repaired & back to client on 08/04/19. So total 6 days of claim, cross 1 weekend.

## SU BROTHERS' MOTOR WORKSHOP

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Pg : 2/2

We enclose the following documents in support our client's claim for your consideration.

- 1) Satisfaction & Discharge Voucher / Letter Of Authority.
- 2) GIA Report Of SKT 2924 K.
- 3) Final Repair Bill (Invoice No : 0131/04/19).
- 4) Certificate Of Insurance Of SKT 2924 K.
- 5) GIA Search Of GBB 1600 C.
- 6) B & O Vehicle Rental w/agreement no. 19291.

Kindly revert to our client's claim as soon as possible.



3rd Party

Claim Ref No : \_\_\_\_\_

Date : \_\_\_\_\_

To : Motor Claim Department

SATISFACTION & DISCHARGE VOUCHER

I/We hereby declare that the repairs to my/our Motor Vehicle No.

SKT 2924K has been completed to my/our satisfaction and

I/We agreed that the payment of the account of S\$ 2,969.00

(S'pore Dls : \_\_\_\_\_)

towards the full discharge and settlement of the above vehicle

repairs cost be paid to Messrs. SU BROTHERS' MOTOR WORKSHOP of

Blk 5094 #01-341/343, Ang Mo Kio Industrial Park 2, Singapore

569537 in respect of the damages caused in the accident which

occured on the day of 02/04 2009.

Didakt

Signature of Assured

Name : Mr. Lim Chwee Hwa

Nric/Passport No : S1704759J

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LETTER OF AUTHORITY

RE : Accident involving motor vehicle no SKT 2924K A GDA 1600C  
along TPE Towards Changi Air Port beside Changi North Crescent  
on 02/04/19

I/We, Mr Lim Chwee Hwa Nric No. S1704759J  
of \_\_\_\_\_

Owner of Motor Vehicle Registration No. SKT 2924K

Insured by Sompo Insurance Singapore Pte Ltd under policy no.

DIGMTFV01008188 do hereby authorised M/S SU BROTHERS' MOTOR WORKSHOP of  
Blk 5034 Ang Mo Kio Industrial Park 2 #01-341/343, Singapore 569537. To act as my/our  
representative in my/our claim against the owner/driver of Vehicle Registration No.

GDA 1600C in respect of the above-mentioned accident.

I/We, hereby authorised M/S SU BROTHERS' MOTOR WORKSHOP to appoint a firm of solicitor of  
their choice to act on my/our behalf in respect of any claim, if any.

I/We, also hereby authorised that any payment due to me/us from the aforesaid claim to be  
paid to my/our above-named representative.

I/We, indemnify my above-named representative against all claim and/or damaged which arise  
from all actions taken for and on my/our behalf.

I/We, the above-mentioned vehicle owner/driver affirm the abovesaid statement below.

**BY AUTHORITY**

Pickel  
OWNER/DRIVER

NAME Mr Lim Chwee Hwa

NRIC S1704759J

DATE \_\_\_\_\_

**WITNESSED BY**

q

NAME C A ONH

NRIC S1715614D

DATE \_\_\_\_\_



58/MC/0131/04/19TD

## 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	02/04/2019 16:39
Date Of Accident	02/04/2019 13:40
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT BESIDE CHANGI NORTH CRES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2924K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHWEE HWA
NRIC No	S1704759J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93862991
Alternative Phone No	OTHERS-93862991

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01008188
Cover Note Number	

### Driver

Name of Driver	LIM CHWEE HWA
NRIC No	S1704759J
Date Of Birth	16/02/1965
Occupation	INDOOR
Date Of Driving Pass	23/07/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93862991
Fax Number	
Contact Number	OTHERS-93862991
Email Address	NOEMAIL

Address	BLK 428 AMK AVE 3 #11-2646
Postcode	560428
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
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)	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

ON THE STATED DATE/TIME, I WAS DRIVING MY VEHICLE SKT 2924 K AT THE STATED PLACE. SUDDENLY I FELT THE FRONT LEFT TYRE OF MY VEHICLE WAS PUNCTURE. SO I STOPPED MY VEHICLE WITH DOUBLE HAZARD LIGHT ON. I CALLED THE TOW DRIVER AND STOOD AT THE SIDE OF MY VEHICLE TO WAIT FOR THE TOW TRUCK ARRIVE. ABOUT 30 MINS LATER, A LORRY GBB 1600 C CAME FROM BEHIND COLLIDED ONTO MY STATIONARY VEHICLE. AS A RESULT, MY VEHICLE SUSTAINED BADLY DAMAGED ON REAR PORTION. THAT'S ALL.

#### 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	GBB1600C
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOOLIYARAJ SANKAR
NRIC/Passport Number	G6546221X
Contact Number	83600412
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## Sketch Plan Pg. 1

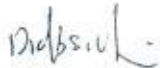
### SKETCH PLAN

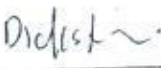
#### IMPORTANT NOTICE

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:

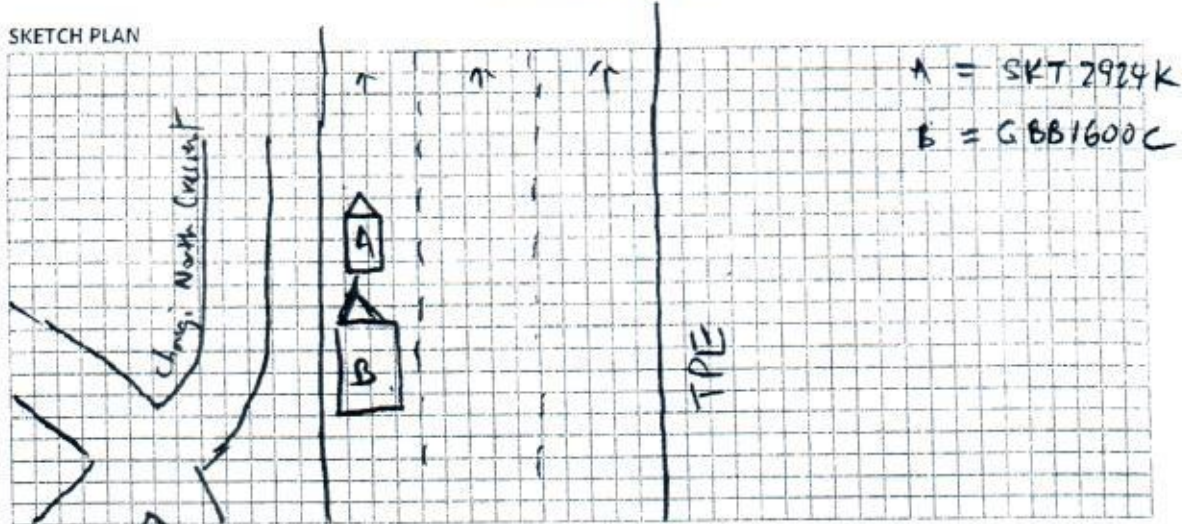
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date/time. I was driving my vehicle SKT 2924K at the stated place. suddenly I felt the front left tyre of my vehicle was puncture. so I stopped my vehicle with double Hazard light on. I called the tow driver and stood at the side of my vehicle to wait for the tow truck arrive, about 30 mins later. A lorry GBB 1600C came from behind, collided onto my stationary vehicle. As a result, my vehicle sustained badly damaged on rear portion. That's All.

## DECLARATION

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

*Michael*  
 Policyholder's Signature  
 Date & Time:

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

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



# Su Brothers' Motor Workshop

Blk 5034 Ang Mo Kio Industrial Park 2

#01-341/343

Singapore 569537

Tel : 64824355 Fax : 64824788 Email : su\_bros@singnet.com.sg

Co. Reg. No : 26584500M GST Reg No : M9-0008282-A

Date : 12/04/2019

Our Ref : SB/MC/0131/04/19 TD

Tax Invoice : 0131/04/19

**Longpac Insurance Bhd**  
300 Beach Road  
#17-04/07 The Concourse  
Singapore 199555

Attention : Motor Claims Department

Vehicle No : SKT 2924 K  
Make/Model : Subaru XV  
DOA : 02/04/2019

Your insured Vehicle reg no: GBB 1600 C

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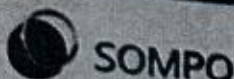
## Final Cost Of Repairs : -

Lump sum repair .....	\$	2,100.00
	GST 7%	\$ 147.00
		=====
	\$	2,247.00
		=====

Dollars : Two Thousand Two Hundred And Forty-Seven Only.







Sompo Insurance Singapore Pte. Ltd.

80 Raffles Place, 4th-11th Floor Singapore Land Tower, Singapore 048601  
Tel: 661 6655 | Fax: 6721 2002 | Website: www.sompo.com.sg  
Co. Reg No.: 198806500E | UOB Reg No.: M00000196

### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966  
ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Cert No./Policy No. : D18MTPVD1008188  
Insured : LIM CHWEE HWA  
Motor Car (Registration No.) : SKT2924K  
Cover : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 29 MAY 2018 00:00  
Policy Expiry Date : 28 MAY 2019 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$600 - Section I  
(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)  
Voluntary Excess\* : N/A  
Windscreen Excess\* : S\$100.00 - Waived if Repair at ExcelDrive Workshop  
Loss of Use : Per Policy Schedule  
\* Subject to GST wherever applicable

#### Persons or Classes of Persons entitled to drive\*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
  - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
  - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

#### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

#### ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 02 MAY 2018 13:12

#### IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Car.
- a. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- a. On the sale of the Motor Car or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- a. This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.



**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-19-051472

Date of Request: 02/04/2019

Your Ref No:

Online Purchase

Su Brothers' Motor Workshop  
3lk 5034 Ang Mo Kio Industrial Park 2  
#01-341/343  
Singapore 569537

Dear Sir/Madam,

Enquiry Date 02/04/2019  
Enquiry By Koh Siew Ling  
TP Vehicle No. GBB1600C  
Accident Date 02/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB1600C	Lonpac Insurance Bhd	28/02/2019-27/02/2020	+65 62507388

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.



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  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-051472  
Date of Request: 02/04/2019

Your Ref No: Online Purchase

Su Brothers' Motor Workshop  
Blk 5034 Ang Mo Kio Industrial Park 2  
#01-341/343  
Singapore 569537

Dear Sir/Madam,

Enquiry Date: 02/04/2019  
Enquiry By: Koh Siew Ling  
TP Vehicle No: GBB1600C  
Accident Date: 02/04/2019

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

# B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)

Singapore 569536

Tel: 6482 5577 (3 Lines)

Fax: 6482 5000

Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

## 车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 2/4/19

Owner: B & O VEHICLE RENTAL ("the owner")

Hirer: Lim Chwee Hua

NRIC / Co. Reg. No: S1704759J

Tel:

Fax:

H/P:

Address: Blk 428 Ang Mo Kio Ave 3 #11-2646 S1580428

Owner and Hirer have agreed to enter into 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.

Vehicle Reg. No: SG 6370X E		Agreement No.: 19291	
Driver's Particulars		Odometer:	
Name: Lim Chwee Hua		Date & Time Out: 2/4/19 3:57	
Address:		Date & Time In: 8/4/19 12:00	
I/C No: S1704759J	Dr/Licence No:	Hour @\$	
Date of Issue: 9/15/03	Occupation:	6 Days @\$ 120/✓	
Date of Birth: 16/2/1955	Tools: Spare Tyre: Old one set	Wks @\$	
		Mths @\$	

### 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\$ 3000/✓ 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 \$ 3000/✓ excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

### Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

### Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):

Sub-Total:

Balance To Pay: 2720/✓

PETROL/DIESEL AT YOUR OWN EXPENSE  
FOR LOCAL USE ONLY

B & O VEHICLE RENTAL

Authorised Signature

Hirer's Signature