

Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park

Tel: 6844 2475 Fax: 6844 2474

Email: claims@teamworkgarage.com

GST Register No: 201015366H

18th October 2019

Our reference: 1906-15 // Your reference: SGQ3658K

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: DENI SAPUTRA

Address

: 513 BEDOK NORTH AVENUE 2 #04-227 S(460513)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident 03/06/2019 along 63 TAMPINES **AVENUE 1** involving our client's vehicle registration number **FBH2872X** and vehicle registrations number **SGQ3658K** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the 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:-

\$3,156.50 Cost of Repair

\$ 2,100.00 Loss of Use(100X21Days)

\$ 29.00 Purchase 3P GIA Report

\$ 7.49 3P Insurance Search Invoice:

Total \$ 5,292.99 A copy of each of the following supporting documents are enclosed:-

- a) Our Client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Certificate of Insurance;
- e) LTA Search Invoice;
- f) Purchase 3P GIA Report Invoice;
- g) Letter Of Authorisation;
- h) Tax Invoice;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Teamwork Garage Pte Ltd

Yours faithfully

Encl.

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 to the insurers was hereby available upon application by interested parties.

 7. By the lodgement of this report to the insurers was hereby account to the insurers was hereby account.
- thiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/06/2019 13:56
Date Of Accident	03/06/2019 20:00
Exact Location Of Accident	63 TAMPINES AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH2872X
Insured/Policyholder	
Name Of Registered Owner	DENI SAPUTRA
NRIC No	S9575373F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90101426
Alternative Phone No	OTHERS-90101426
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VMO/P2061565
Cover Note Number	
Driver	
Name of Driver	DENI SAPUTRA

S9575373F NRIC No Date Of Birth 13/08/1995 **INDOOR** Occupation 09/03/2017 **Date Of Driving Pass** 2 YEARS AND 2 MONTHS **Driving Experience** Gender MALE (LOCAL) +65-90101426 Mobile Number Fax Number OTHERS-90101426

Contact Number

NOEMAIL EMail Address

Address 513 BEDOK NORTH AVENUE 2 #04-277 SPORE 460513

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 COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

10

TEL NO: 65470000 - FAX NO:

If Vac against whom?

If Yes,against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

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

SGQ3658K

Vehicle Make/Model/Colour

MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Name DETAILS OF INJURED PERSON 1 Name DENI SAPUTRA Approximate Age Injuries Sustain Injured person in which vehicle? FBH2872X Were seat belts worn? NO Was this injured conveyed to hospital by ambulance? NO

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

funderstand, 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 the [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 (all insurers) awyors/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, involces, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature

(If ariver is not the policyholder)

Date & Time:

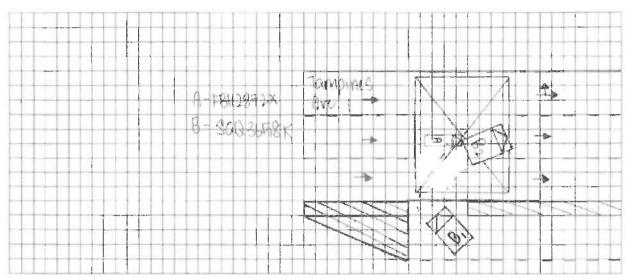
Reporting Centre Personnel's Signature

Name: July Mr.

NRIC/FIN No. 170427524

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reflex to police report.	
9A	

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: 40000

NRIC/FIN NO : JECTOJOOK

Police Report





Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 1 of 3 Report No. 1/20190604/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 12:12			Vide Report No.:	Station Diary No	
Informa	nt's Partic	ulars			
Name of Informant DENI SAPUTRA			Address APT BLK 513 BEDOK NORT SINGAPORE 450513	H AVENUE 2 #04-277	
ID Type / ID No.: NRIC NO / S9575373F			Contact No Home/Office	Mobile: 90101426	
Nationality: INDONESIAN			Email: deni95saputra@gmail.com		
Sex. Age Date of Birth: Male 23 13/08/1995			Type of Informant: Rider		
Raca: Indonesian			Language. Institution / School English		
Occupation, UNEMPLOYED			Oriving Licence Information Class: 28 Date of Expiry		

Type of Injury Accident Others		Orink Orive. No	Date/Time of Accident 03/06/2019 20:00	Type of Location
Location: TAMPINES A	VENUE 1	Road Surface		Road Speed Limit
		Wet		TOBO OPEGO CRITIC
Drizzling Traffic Flow One Way				Traffic Volume

ehicle involve	d				
Туре	Make	Model	Color	Condition	No of Passenger
Motorcycle	YAMAHA	FZ 16	Red	1,	0
Сат	MĂZDA	3			6
	Type Motorcycle	Motorcycle YAMAHA	Type Make Model Motorcycle YAMAHA FZ 16	Type Make Model Color Motorcycle YAMAHA FZ 16 Red	Type Make Model Color Condition Motorcycle YAMAHA FZ 16 Red

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2872X	AXA INSURANCE SINGAPORE PTE	AN3174037	02/05/2019	01/05/2020

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000

Report No. 7/20190604/7010

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved No					
No. of Pedestrian	s Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Rider						
Name	DENI SAPUTRA			ID No		\$9575373F
Related Vehicle	FBH2872X (Motorc	ycle)		Conta	ct No.	90101426
Hospital/Clinic	NIL.			Class Drivin Licent Expiry	9 ce &	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Disci	harge	NIL	
No. of Days gran	ted Medical Leave	03	Degree of	f Injury Sligh		
Driver	ZAMP -			-		
Name	Unknown Driver			ID No		NIL
Related Vehicle	SGQ3658K (Car)	SGQ3658K (Car)			ci No	NIL
Hospital/Clinic	NIL			Class Drivin Licens Expin	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disci	harge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the stated date time and location

I was travelling straight along 63 tampines avenue 1 on my bike (FBH2872X), vehicle (SGQ3558K) suddenly made a u-turn without making sure that the road is clear before doing so and and collided onto my bike. I fell off my bike and was feeling very uncomfortable after the accident and went to the clinic for consultation and was given 3 days of MC.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190604/7010

CONTINUATION OF REPORT

Sketch Pk	311						
informant	is	001	aule	163	provide	sketch	plan

NP168

Signature Of Officer Recording The Report Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter. Not applicable	Date/Time: 04/06/2019 12:12
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case.
Authentication Stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

•	/_ L : _ L		Particula 4 8 1	
- 1	/enici	PLJWRPT	Particilia	irs.

Owner ID Type: Singapore NRIC

Owner ID: 5373F

Vehicle Details

Vehicle No.: FBH2872X
Vehicle to be Exported: No

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

YAMAHA

Vehicle Make:YAMAVehicle Model:FZ 16Primary Colour:RedManufacturing Year:2013

Engine No.: 21CG003494

Chassis No.: ME121C0G3D2003634

Maximum Power Output: -

Open Market Value:\$2,224.00Original Registration Date:02 May 2013First Registration Date:02 May 2013

Transfer Count: 6
Actual ARF Paid: \$334.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 01 May 2023
COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$1,812.00

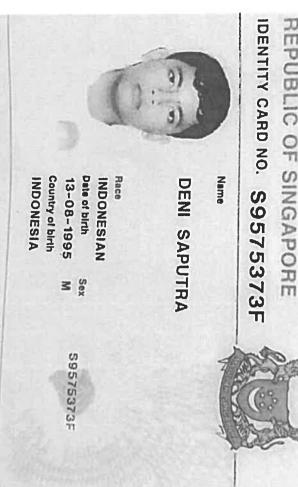
COE Rebate Amount: \$707.00

Total Rebate Amount: \$707.00

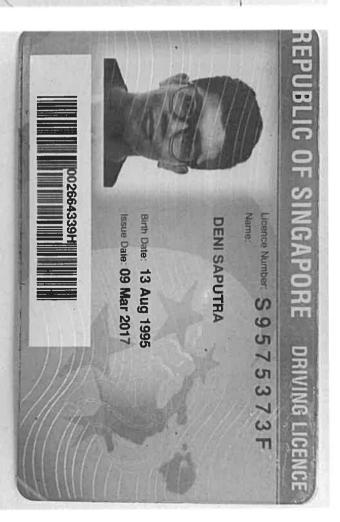
The information contained herein is correct as at 06 Jun 2019

OK

REPUBLIC OF SINGAPORE









AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sq GST Registration Number: 199903512M customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VMO/P2061565

Account No.: 03375

Coverage

: Third Party Only

Sum Insured

: NIL

Name of Policy Holder

: DENI SAPUTRA

Vehicle Registration No. : FBH2872X

Period of Insurance

; From 06/01/2019 To 01/05/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder 1. DENI SAPUTRA

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.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

a) Uge for hire and reward

b) Use for racing, pace-making, reliability trial or speed-testing

c) Use for the carriage of goods (other than samples) in connection

with any trade or business

d) Use for any purpose in connection with the Motor Trade

(11)

* 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.

I/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).

AXA INSURANCE PTE LTD

Authorized Signature

on 22/10/2018 Issued by - MVUELSIE

Policyholders are warned that on the sale of a motor vehicle they 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. IMPORTANT :

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

6/6/2019 Receipt

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 06 Jun 2019 / 13:38:28
Receipt Date/Time : 06 Jun 2019 / 13:38:28

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190606-001484

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resu	It of Insurance Enquiry - SMA3464R				
As at	05 Jun 2019/19:16:00				
Insur	ance Co: AIG ASIA PACIFIC INSURAN	CE PTE. LTD.			
1	Insurance Enquiry - SMA3464R				7.40
	Enquiry Fee		7.00	0.49	7.49
	20190606133735065841	Sub-Total	7.00	0.49	7,49
D	th of Incursors Enquiry CCO2659V	Sub-Total	7.00	0.40	7,-10
	It of Insurance Enquiry - SGQ3658K 03 Jun 2019/20:00:00				
	ance Co: AIG ASIA PACIFIC INSURAN	CE PTE LTD			
2	Insurance Enquiry - SGQ3658K	021 (2.2.0)			
-	Enquiry Fee		7.00	0.49	7.49
	20190606133735148147				
		Sub-Total	7.00	0.49	7.49
Resu	lt of Insurance Enquiry - SLP4231Y				
	04 Jun 2019/15:30:00				
Insur	ance Co: MSIG INSURANCE (SINGAP	ORE) PTE LTD			
3	Insurance Enquiry - SLP4231Y		7.00	0.40	7.49
	Enquiry Fee 20190606133735214868		7.00	0.49	7.49
	20190006133733214606	Sub-Total	7.00	0.49	7.49
	It of Insurance Enquiry - GBC4556Y : 03 Jun 2019/16:25:00				
Insur	ance Co: SOMPO INSURANCE SINGA	PORE PTE. LTD.			
4	Insurance Enquiry - GBC4556Y		= 00	0.40	7.40
	Enquiry Fee		7.00	0.49	7.49
	20190606133735266885	Sub-Total	7.00	0.49	7.49
Danie	th of Incurrence Engiting CRU2221D	Sub-10tal	7.00	0.10	7.10
	It of Insurance Enquiry - GBH3231P : 03 Jun 2019/20:25:00				
	ance Co: NTUC INCOME INS CO-OP I	TD			
1115ui 5	Insurance Enquiry - GBH3231P	-10			
Ü	Enquiry Fee		7.00	0.49	7.49
	20190606133735314048				
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	35.00	2.45	37.45
		Rounding Difference			0.00
		Total Amount Payable			37.45
		Paid By			
		xxxxxxxxxxxx3725	Credit Card:		37.45
			Visa/MasterCard		
		Total			37.45
		Cash Change			0.00



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-19-089794

Date of Request:

06/06/2019

Your Ref No:

WALK IN SEAH

TEAMWORK GARAGE PTE LTD

53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No:

FBH2872X

Date of Accident:

03/06/2019

Place of Accident:

TAMPINES AVE 1

Involving Vehicle No: SGQ3658K

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 [X] Cash [] Cheque



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-19-089795

Date of Request:

06/06/2019

Your Ref No:

WALK IN SEAH

TEAMWORK GARAGE PTE LTD 53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

Dear Sir/Madam.

Date of Accident:

03/06/2019

Vehicle No:

FBH2872X

Place of Accident:

63 TAMPINES AVENUE 1

Involving Vehicle No: SGQ3658K

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\$)	
SGQ3658K	63 TAMPINES AVENUE 1	14.0	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 [X] Cash [] Cheque

LETTER OF AUTHORIZATION

To aig and team were garage ster (Third party insurance & Workshop)
Claimant Deni Saputra
Dear Sirs,
I/We, Ven Saplita owner of vehicle no. Ph 18+2X
I/We,
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental
and/or loss of use ("claim") for my/our vehicle no that was damage pursuant
to the accident which occurred at/along
involving vehicle nos. Su Q 3659 ©
all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors The pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies. I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.
Thank you.
Dated this day of (month) 20 (year)
Signature of owner vehicle (claimant):
Signature of owner vehicle (claimant): Name of owner of vehicle (claimant): NRIC Number (claimant): 195753737
NRIC Number (claimant). $395 + 55 + 37$



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-23/24 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

(TEL)(65) 6844 2475(FAX) (65) 6844 2474 (E-MAIL) claims@teamworkgarage.com

UEN

201015366H

GST Reg

201015366Н

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD AIG BUILDING 78 SHENTON WAY #08-16 SINGAPORE 079120

Tax Invoice

Invoice number:

TI-7054

Date:

18-10-19

Terms:

C.O.D.

Vehicle number:

FBH2872X

Make / Model:

YAMAHA FZ16

Description	Amount (S\$)
ACCIDENT INVOLVING FBH2872X / SGQ3658K ON 03/06/2019 @ 63 TAMPINES AVENUE 1	
NCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
UMP SUM REPAIR	\$2,950.00
SINGDOLLARS : THREE THOUSAND ONE HUNDRED FIFTY-SIX DOLLARS AND FIFTY CENTS ONLY	
Thank you for your business and have a nice day !	
Reference: 1906-15 Subtotal	\$2,950.00
Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD Add: GST 7%	\$206.50
	\$3,156.50
* Please ensure that your vehicle is of good condition upon the point of collection. Total Inc GST 7%	7-,
* Please ensure that your vehicle is of good condition upon the point of collection. Total Inc GST 7% Less: Deposit	\$0.00



CUSTOMER'S SIGNATURE