



Telephone: 6484 2220  
FAX: 6509 9501  
Email: casgaragesg@gmail.com

Proforma Inv : CAS/19/PI0078

15.08.2019

Our Ref : SMK 2002U

Your Ref : SLM 3847T

**M/s AIG Asia Pacific Insurance Pte Ltd**

AIG Building  
78 Shenton Way  
#07-16  
Singapore 079120

Dear Sir/Mdm

**ACCIDENT INVOLVING SMK 2002U AND SLM 3847T ALONG HOLLAND RD TWRDS CLEMENTI  
ON 24.06.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **CARS 88 HIRE PTE LTD** the registered owner of motor vehicle number **SMK 2002U** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SLM 3847T** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair ( <b>Recommended By LKK Adrian</b> )	\$	6,250.00
2.	LTA Search	\$	7.45
3.	GIA Search	\$	29.00
4.	Loss of use ( 9 days x \$ 150)	\$	1,350.00

**TOTAL AMOUNT** \$ 7,636.45

We enclsod hereby the following documents for your consideration :

- ( A ) Final Repair Bill
- ( B ) LTA Search
- ( C ) GIA Search
- ( D ) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

**CAS GARAGE PTE LTD**  
UEN 201828067M  
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

Ms Nicole Chong  
Administrator  
Mobile: 65 97916119  
Email: nicolechong.cas@gmail.com



Telephone: 6484 2220  
FAX: 6509 9501  
Email: casgaragesg@gmail.com

Tax Invoice No : TI190102

## FINAL REPAIR BILL

**M/s AIG Asia Pacific Insurance Pte Ltd**  
AIG Building  
78 Shenton Way  
#07-16  
Singapore 079120

Date : 15.08.2019

Vehicle Number : SMK 2002U  
Make/Model : BMW 523I  
Date of Accident : 24.06.2019

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Cost of Repair (Recommended By LKK Adrian)	\$ 6,250.00
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<b>GRAND TOTAL</b>	<u>\$ 6,250.00</u>
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ISSUED BY

**CAS GARAGE PTE LTD**  
UEN 201828067M  
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

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Ms Nicole Chong  
Administrator  
Mobile: 65 97916119  
Email: nicolechong.cas@gmail.com

## 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	25/06/2019 17:20
Date Of Accident	24/06/2019 15:40
Exact Location Of Accident	ALONG HOLLAND RD TWDS CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2002U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARS 88 HIRE PTE LTD
Co Reg No	201820615D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68372808

### Vehicle Particulars

Manufacturer	BMW
Model	523i

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	51022350808
Cover Note Number	

### Driver

Name of Driver	LIANG YAOSHENG
NRIC No	S9122902A
Date Of Birth	27/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81749090
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 223 BUKIT BATOK EAST AVE 3 #10-162
Postcode	650223
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 - CHANGE/CROSS LANE
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?	YES
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 24/06/2019 AT 1540HRS, I WAS TRAVELLING ON THE EXTREME RIGHT LANE ALONG HOLLAND RD TOWARDS CLEMENTI. SUDDENLY, VEHICLE B CHANGED LANE ABRUPTLY FROM EXTREME LEFT LANE TO THE EXTREME RIGHT LANE. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B THAT HAD COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES. I WISH TO STATE I HAVE VIDEO FOOTAGE AS EVIDENCE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3847T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 INJURED PERSON 1

Name	LIANG YAOSHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMK2002U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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 reputate 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.:

CAS GARAGE



Holland Road

Technical  
Clementi

A - SMK 2002 U  
B - SMK 3847 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attach

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:

Shree

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

## Sketch Plan #3 Pg. 1

On 24.06.2019 at about 1540 hours , I was travelling on the extreme right lane along Holland Road towards Clementi. Suddenly, Vehicle B changed lane abruptly from extreme left lane to the extreme right lane.

When I alighted , I realized it was vehicle B that had collided to the right portion of my vehicle A causing the damages. I wish to state I have video footage as evidence.

Vehicle A-SMK2002U

Vehicle B-SLM3847T

A handwritten signature in black ink, appearing to be 'Shan' or similar, with a horizontal line extending to the right.



## TAX INVOICE

Our Ref No: GR-19-106239

Date of Request: 03/07/2019

Your Ref No: WALK IN ANG

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SMK2002U  
Date of Accident: 24/06/2019  
Place of Accident: HOLLAND RD  
Involving Vehicle No: SLM3847T

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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-19-106240

Date of Request: 03/07/2019

Your Ref No: WALK IN ANG

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 24/06/2019

Vehicle No: SMK2002U

Place of Accident: ALONG HOLLAND RD TWDS CLEMENTI

Involving Vehicle No: SLM3847T

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\$)
SLM3847T	ALONG HOLLAND RD TWDS CLEMENTI	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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

&gt; Back to OneMotoring

SMK 20024



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jun 2019 / 17:56:45

Receipt Date/Time : 24 Jun 2019 / 17:56:45

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190624-003227

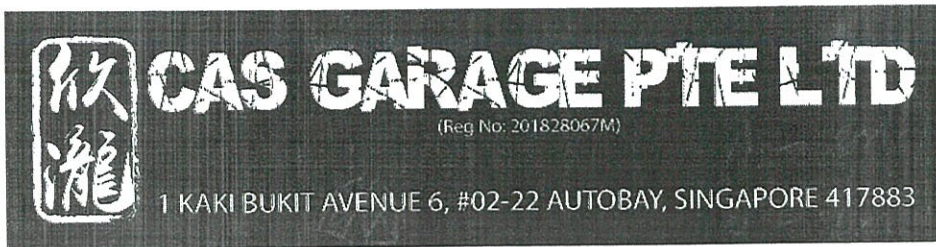
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLM3847T As at 24 Jun 2019/15:40:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLM3847T Enquiry Fee 20190624175510952090	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	Paid By			
	xxxxxxxxxxxx5050			
	Credit Card: Visa/MasterCard			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.





Telephone: 6484 2220  
Email: casgaragesg@gmail.com

FAX: 6509 9501

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMK 2002 U AND SLM 3847 T  
AT/ALONG Holland Rd twos Clementi  
ON 24 DAY JUNE MONTH 2019 YEAR

- I/We, the owner of vehicle no. SMK 2002 U hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.


Dated this 24 day JUNE month 2019 year

Signature

Name

NRIC/ROC No.

Address

  
Cars 88 Hire P/L  
2018 20615D  
BLK 223 Bukit Batok East  
Ave 3 #10-162 S'650223

Company Stamp

