



CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel : 67556142 Fax : 67557719

Email: chmotor@singnet.com.sg

Date: 13 SEP 2019

India Int'l Insurance Pte Ltd
C/O LKK Auto Consultants

Attn : THE MOTOR CLAIMS DEPT

Dear Sir / Madam

**ACCIDENT INVOLVING VEHICLE NO. SJK8864U & SHC2582M ON 13/07/2019
ALONG SLIP ROAD FROM CLEMENTI ROAD TO AYE.**

We are authorized by SJK8864U for their above matter.

Record reveals that you are the insurer of SHC2582M. We therefore wish to seek compensation from you as below:-

1. Cost of Repairs	S\$ 4226.50
2. Loss of Use	S\$ 560.00
3. Hire of Vehicle	S\$ 0.00
4. LTA Search Fee/GIA Reports	S\$ 0.00
TOTAL	S\$ 4786.50

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

TAX INVOICE

M/S : INDIA INT'L INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711
TEL: 63476100 FAX: 62247743
ATTN: Motor Claim Department

NO: **CL8190892**
Date: 26 Aug 2019
Policy No: PNP2018-00015483
Veh Reg No: **SJK8864U**
Make/Model: HONDA STREAM 1.8X A
Job No: JC1600366

WS Ref: TP/INDIA
Claim Type: Third Party
Accident Date: 13/07/2019
TP Veh Reg No: SHC2582M

Description	Quantity	List Price	PAGE:1
			Amount
		<u>S\$</u>	<u>S\$</u>
To Supply all replaced parts, all necessary and agreed labour & miscellaneous charges. (As recommended by your appointed surveyor)	1 PC	S\$ 3,950.00	S\$ 3,950.00

Total S\$ 3,950.00
Add GST @ 7% 276.50
Total Amount payable S\$ 4,226.50

For Cheng Hoe Motor Pte Ltd


AUTHORISED SIGNATURE

E. & O. E.

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	13/07/2019 12:37
Date Of Accident	13/07/2019 11:10
Exact Location Of Accident	ALONG SLIP ROAD FROM CLEMENTI ROAD TO AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8864U
Insured/Policyholder	
Name Of Registered Owner	KAMSI AH BINTE SALLEH
NRIC No	S1613177F
Email Address	YAHALOYA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87484264
Alternative Phone No	OTHERS-87484264

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNP2018-00015483
Cover Note Number	

Driver

Name of Driver	KAMSI AH BINTE SALLEH
NRIC No	S1613177F
Date Of Birth	15/11/1963
Occupation	INDOOR
Date Of Driving Pass	14/09/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87484264
Fax Number	
Contact Number	OTHERS-87484264
EEmail Address	YAHALOYA@HOTMAIL.COM

Address BLK 601 WOODLANDS DRIVE 42 #04-75
 Postcode 730601
 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) 2
 Passenger 1 NAME: : ABDUL MALIK MOHD ALI
 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 SKETCH PLAN

Attachment(s)

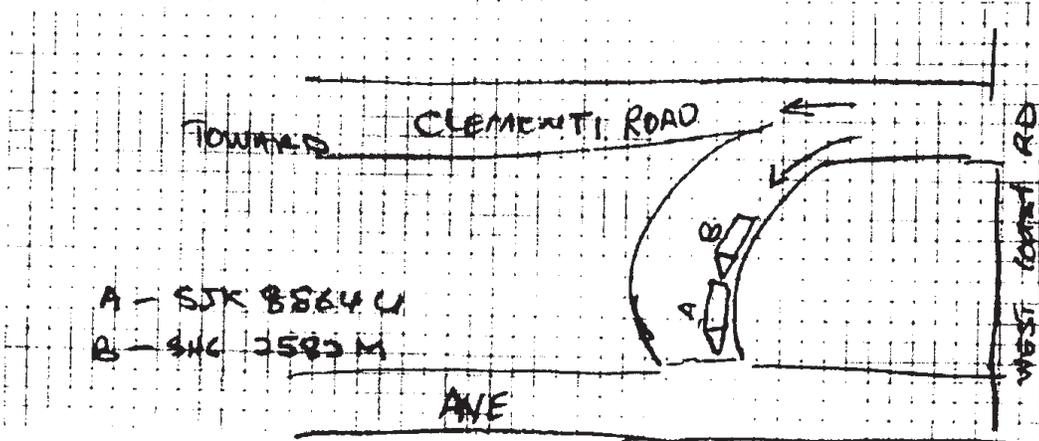
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2582M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting in front of give way sign at stack above Taxi NO SNC 2582 suddenly hit my car SJK 8884U from behind.

DECLARATION

(We declare the foregoing particulars are true in every respect.

[Signature] 13/7/19
 Policyholder's Signature 12:30PM
 Date & Time:

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

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



LETTER OF AUTHORISATION
(FOR PROPERTY DAMAGE CLAIM ONLY)

Re: Motor Insurance Claim SJL8864U
in respect of the traffic accident on 13/7/2019
at/along Slip Road from Clementi Road to AYE

I/We, Kamsiah Binte Salleh
NRIC S1613177F of Blk 601 Woodlands Drive 42
#04-75 Singapore 730601
owner of motor vehicle SJL8864U, insured by FWD Singapore
Pte Ltd under policy no. PNP2018-00015483

hereby authorise **M/s CHENG HOE MOTOR PTE LTD** on Blk 1019 Yishun Industrial Park A #01-374 Singapore 768761, to act as my/our representative in my/our claim against the owner /driver of motor vehicle SHC2582M in respect of the above-mentioned accident.

I/We further authorise that any payment due to me/us from the aforesaid claim is to be directed to my/our abovenamed representative.

And I/We hereby indemnify my/our abovenamed representative against any claim and/or damage which may arise from any action taken on my/our behalf.

I/We affirm all the above by my/our signature below.

Signed : 
Date : 13/7/2019