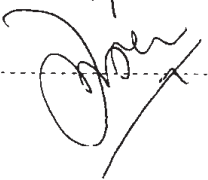


Third Party Direct Settlement
Letter of Authority

1. Accident involving vehicle number SCQ961G & PA 3272S at Entering BKE from Rte on 13.9.2016.
2. I, Lim Bee Yan NRIC S1363204F, owner of motor vehicle no. SCQ961G hereby authorize my repair workshop, namely TAN CHONG MOTOR SALES PTE LTD to act for me with respect to the following:
- a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
 - c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses.
 - d) To sign discharge voucher on my behalf.
3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insures of the other vehicle is concerned.
5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment:
- a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

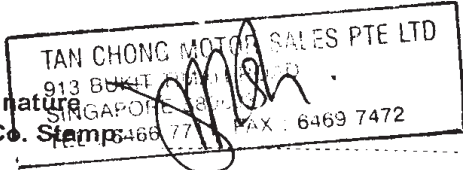
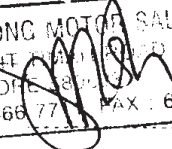
Dated this _____ (Day) of _____ (Month) _____ (Year)

Claimant Particulars

Name: LIM BEE YAN
Address: BLK 25 HONG SAN WALK
#02-02 S16890511
Tel No.: 96464603
Signature: 

Authorized Workshop

Workshop: BUKIT TIMAH
Claim Officer: _____


Signature & Co. Stamp: 
466 7711 FAX : 6469 7472

Email : _____



www.tanchong.com

Tan Chong Motor Sales Pte Ltd

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5

GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
TELEPHONE : #04-05 IOB BUILDING S(049711)
MODEL : 63476100
ENGINE NO : BDTARCZB17EWA----A
CHASSIS NO : HR16949382B
VEHICLE NO : MNTBBAB17Z0020501
SKQ961G

INVOICE NO : W12140370
INVOICE DATE : 07-JAN-2019
TERMS : CREDIT
DATE REC'D : 06-DEC-2016
SA/SE : SC1
JOB NO : BG993484
MILEAGE : 028469
YOUR REFERENCE : INS/IC/SC/0511/2

ITEMS	JOB DESCRIPTION	AMOUNT
1	REMARKS AIG CLAIM AGAINST INDIA DOA:13.09.2016	
2	TOC:DIRECT SETTLEMENT (50%) OUR REF:INS/IC/SC/0511/2016	
3	SATISFACTION NOTE ATTACHED OWNER CLAIM LOSS OF USE	
4	T/P VEHICLE NO:PA3272S	
5	SURVEY BY:TAUFIK (LKK) ON 15.11.2016	
6	REPAIR FROM 06.12.2016-09.12.2016	
Insurance Co : INDIA INT'L INSURANCE PTE LTD Policy No..... PA3272S DIRECT SETTLEMENT Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... 13-SEP-2016 Our Ref..... INS/IC/SC/0511/2016 Surveyor..... SURVEYOR FROM INSURANCE CO		
	LABOUR :	2160.00
	PARTS :	1099.78
	SUBTOTAL :	3259.78
	TOTAL :	3259.78
	GST(7%) :	228.18
	AMOUNT DUE :	3487.96

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: THREE THOUSAND FOUR HUNDRED EIGHTY
SEVEN AND CENTS NINETY SIX ONLY.

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

Tan Chong Motor Sales Pte Ltd

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5

GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
TELEPHONE : #04-05 IOB BUILDING S(049711)
MODEL : 63476100
ENGINE NO : BDTARCZB17EWA----A
CHASSIS NO : HR16949382B
VEHICLE NO : MNTBBAB17Z0020501
SKQ961G

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SA/SE : SC1
JOB NO : BG993484
MILEAGE : 028469
YOUR REFERENCE : INS/IC/SC/0511/2

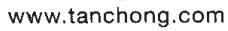
ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	TO RENEW LHR DOOR, LHF DOOR. TO KNOCK OUT LHR FENDR	1170.00
2	TO SPRAY LHF DOOR, LHR DOOR, LHR FENDER	750.00
3	PERFORM RUST PROOF TREATMENT FOR AFFECTED BODY	120.00
	PARTS	
4	TO TRANFER LHR DOOR PARTS AND LHF	120.00
	SUBTOTAL :	2160.00
	PARTS	
1	TAPE-FR DOOR SA	15.50
	Qty:1 @ \$15.50 each (Special Nett Item)	
2	TAPE-FR DOOR, LH	11.90
	Qty:1 @ \$11.90 each (Special Nett Item)	
3	TAPE-RR DOOR, LH	9.68
	Qty:1 @ \$12.10 each (Disc:20.00% After Disc:\$9.68each)	
4	TAPE-RR DOOR, LH	11.60
	Qty:1 @ \$11.60 each (Special Nett Item)	
5	TAPE-RR DOOR, LH	15.50
	Qty:1 @ \$15.50 each (Special Nett Item)	
6	DOOR A FRT LHF	502.30
	Qty:1 @ \$502.30 each (Special Nett Item)	
7	DOOR A RR	533.30
	Qty:1 @ \$533.30 each (Special Nett Item)	
	SUBTOTAL :	1099.78

DOLLARS:

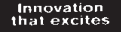
WORKSHOP MANAGER

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CUSTOMER



911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5



CREDIT NOTE:
INVOICE NO
GST REG : 19-9106231-D
INVOICE DATE
TERM NO.....: CMBC111317
XXXXXXXXXX
DATE REC'D :
XXXXXX 07-JAN-2019
CASE
JOB NO :
MILEAGE :
YOUR REFERENCE :

DOLLARS:

The General Terms and Conditions of Service (the "**Conditions**") printed overleaf or attached to this invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☒☐☐

TYPE OF CLAIM:

☐

OWN DAMAGE (OD)

☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC

☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

☒

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

DATE:

OWNER NAME:

LIM BEE YAN

NRIC NO.:

ADDRESS:

BUK 2E HONG SAN

WALK #02-04

S 689051

VEHICLE MODEL:

NISSAN SUPREMACY

REGN. NO.:

SKQ 961G

CHASSIS NO.:

INSURANCE CO.:

ALC - INDIAN

CLAIM NO.:

POLICY NO.:

DATE OF ACCIDENT:

13/09/16

DATE RECEIVED:

06/12/16

DATE COMPLETED:

09/12/16

We / I hereby confirmed that the accident repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd and that all necessary repairs as resulted of the accident of the above vehicle have been completed to our / my satisfaction and that We / I have no further claim whatsoever against the above Company in respect thereof. Terms and Conditions as stipulated in the overleaf applies.

We / I have taken delivery of my car after all necessary repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd on*

Note: In the event of an Own Damage Claim, your Insurance Company may under policy terms & conditions, or as standard Industrial Practice, increase the loading on your premium during Insurance Policy renewal. Your NCD [Non Claim Discount] may also be affected, subject to business policy of respective Insurance Company.

X
(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

☐

DEPOSIT PAID BY OWNER

☐

OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

☐

DOCUMENTS RETURNED TO
OWNER

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

INSURANCE CO. COPY

* Delete When Necessary

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: TP / MCT19070181
Claimant Ref : SJH889S

We/I, SM AUTOMOTIVE ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 7,500.00 (Global Sum) ~~(repair cost)~~, ~~CF~~ ~~(loss of use/rental)~~, ~~CF~~ ~~(search fee)~~, vehicle no. SJH889S that was damaged pursuant to the accident which occurred on 07/07/2019 (date) at CLUNG ROAD TOWARDS BUKIT TIMAH ROAD NEAR L/P 30 (location) involving vehicle no. SHC8424Y (insured vehicle). This is pursuant to the inspection conducted on 08/07/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TAN CHWEE HONG ("the third party claimant") of vehicle no. SJH889S to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SJH889S (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 7,500.00 to SM AUTOMOTIVE.

Dated this 25 day of 09 20 19

CLAIMANT:

Signature:


Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

Our ref:
Your ref:

GBC 5871 E 19/19/19/Vcos/022228

SMD525 C

Date:

23 SEP 2019

Direct Settlement

To:

Lopez

Singapore

Attn:

Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SMD525 C & GBC 5871 E
At/Along BT. Timah Rd S.W. Ave On 17/08/19 @ 17:20
J27

I am the owner of vehicle no. SMD525 C that was involved in an accident with your insured vehicle no. GBC 5871 E of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ <u>4,321.09</u>
2. Loss of Use (Rental) <u>3</u> days @ \$ <u>107</u> per day)	\$ <u>321.00</u>
3. LTA/GIA Search Fee	\$ <u>2.00</u>
4. GIA Report Fee	\$ _____
5. Others	\$ _____
Total: \$ <u>4,644.09</u>	

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714401 (Mr Vincent Seah) / 67714304 (Ms Amanda Ang).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature


Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Mr Vincent Seah/ Ms Amanda Ang
E-mail: vincent.seah@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
LONPAC INSURANCE BHD	Cust No/Name WCV37512/Seah Kok Khong
MOTOR CLAIM DEPARTMENT	Reg No/Reg Date SMD525C / 08/11/2018
300 BEACH ROAD	Date In/Mileage 02/09/2019/ 11044
#17-04/07 THE CONCOURSE	Chassis No WDD246242J5143468
SINGAPORE 199555	Engine No 27091031737371
Contact No 62507388	Make/Model MB/MB B 180 STYLE
	Colour/Trim 028 890 Cavansite B/ 041 118 Lther ARTIC

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
WL001605	Credit	18/09/2019/ 15:47	VS	356 / Vincent Seah	36169	28158138

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
M BPNSUN			F.O.C.
POLICY NO/ACC DATE :1800132909 // 17.08.19			
DRIVE IN/EXCESS : 19.08.19 // TP CAR NO.: GBC5871E=LONPAC			
DATE IN/DATE SURVEY:02.09.19 // 02.09.19 TAUFIKH=LKK 14:50PM			
DIRECT SETTLEMENT : KHANCHNA-LKK			
A BPILAB		0.10	380.00
"USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO STANDARD SETTINGS.NETT"			
A BPILAB			960.00
REMOVE & REPLACE ON REAR BUMPER			
A BPIRES			600.00
RESPRAY ON REAR BUMPER			
X REAR BUMPER	1.00	1499.14	1499.14
X FOOTPLATE	1.00	239.22	239.22
X REAR LOWER BUMPER	1.00	152.11	152.11
X REAR BUMPER CHROME MOULDING	1.00	207.93	207.93
<p>Cycle & Carriage celebrates 120 years. Visit www.cyclecarriage.com/120 for more info!</p>			

Parts	2,098.40	Nett	4,038.40
Labour	1,940.00	7% GST on	282.69
Standard Menu	0.00		
Specialist Job	0.00	Total Payable	4,321.09
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	0.00	Total Due	4,321.09
Total(w/o GST)	4,038.40		

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany

FLEXI-DRIVE ENTERPRISE

Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875

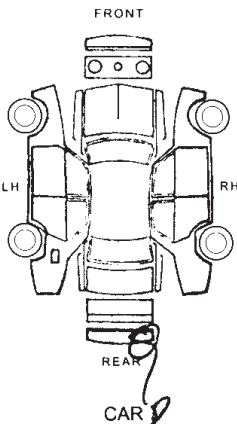
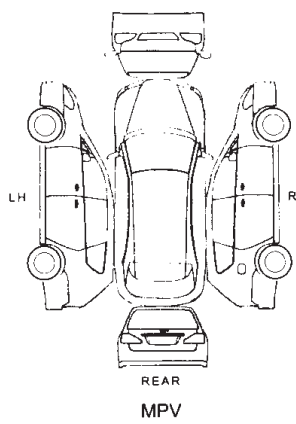
Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone : 9667 5455 (24 Hrs)

SMD
5250

INVOICE

RA : 09002

V. A. No.		Vehicle Regn. No. <i>S162 5413P</i>		Model Type <i>Mazda 3</i>		Renting Location <i>CSC VINCENT</i>	
Reference <i>10 days / 2 day</i> \$ per Day \$ per \$ per Week \$ per \$ per Month Cts per Kilometre				Agreed Return Date		5 Hours = 1 Day Rental (1 Day Rental ÷ 5 = 1 Hour Extension)	
				KM In	<i>129654</i>	Time / Date In <i>09/09/09 10:30</i>	
				KM Out	<i>129552</i>	Time / Date Out <i>09/09/09 8:45</i>	
				KM Drvn		Total / Time Chargeable	
Hirer's Name <i>Seah Lok Kheng</i>				Rental Charges		Dollars Cents	
Address <i>22 Leedon Heights #08-32 S 266218</i>				Total <i>3</i> Days Rental		<i>810 p/day 13 day</i>	
I/C No. <i>5 26239772</i>							
Reference Contact				Tel. No.			
Driver's Name <i>AS ABOVE</i>				Passport / IC No. / Country			
Address				Petrol Out <i>E 1/4 1/2 3/4 F</i>		Petrol In <i>E 1/4 1/2 3/4 F</i>	
Driving Licence No. Expiry Issued by				Outstanding Petrol will charge in every 1/4, 1/2, 3/4, F @\$ _____ per 1/4			
Additional Driver				Tel. No. (Home)			
Address				Passport / IC No. / Country			
Driving Licence No. Expiry Issued by				Sub-Total			
Method of Payment <i>BILL TO: CYCLES & VEHICLES IN PTE LTD 188 PANDAN LANE 188378</i>				Others			
				Grand Total		<i>8321.00</i>	
				Prepayment Received \$			
				By: (Name in Block Letters)		CASH CHEQUE	
				Amount Due / Refundable			
- RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. - THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OR SURCHARGES DURING PERIOD OF HIRE. Hirer's signature signifies acceptance of agreement				Refund Received \$ _____ by receiver X _____			
				Out by <i>[Signature]</i>		In by <i>[Signature]</i>	
				FRONT  CAR		FRONT  MPV	
Hirer's Signature / Company Stamp <i>[Signature]</i> Remarks <i>Longer</i>							

NB: Please notify our office should there be any accident involving this hired vehicle as soon as possible.



RECORDS MANAGEMENT CENTRE

**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-19-133524
Date of Request: 19/08/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 19/08/2019
Enquiry By Lim Xin Yi
TP Vehicle No. GBC5871E
Accident Date 17/08/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBC5871E	Lonpac Insurance Bhd	19/03/2019-18/03/2020	+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.



RECORDS MANAGEMENT CENTRE

**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-19-133524

Date of Request: 19/08/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 19/08/2019

Enquiry By Lim Xin Yi

TP Vehicle No. GBC5871E

Accident Date 17/08/2019

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

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	19/08/2019 11:17
Date Of Accident	17/08/2019 17:20
Exact Location Of Accident	BT. TIMAH ROAD SIX AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD525C
Insured/Policyholder	
Name Of Registered Owner	SEAH KOK KHONG
NRIC No	S2623977Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98331912
Alternative Phone No	OFFICE-98331912

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800132909
Cover Note Number	

Driver

Name of Driver	YOONG POH KWEN
NRIC No	S7281265D
Date Of Birth	25/05/1972
Occupation	INDOOR
Date Of Driving Pass	04/01/2005
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98283977
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	22 LEEDON HEIGHTS #09-32
Postcode	266219
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

MY CAR STOPPED AT THE RED LIGHT AND CAR B (GBC5871E) COULD NOT STOPPED ON TIME AND KNOCKED INTO MY CAR.

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	GBC5871E
Vehicle Make/Model/Colour	MIT WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJENDRAN PORTHIBAN
NRIC/Passport Number	G2460027R
Contact Number	84925550
Address	M-STARS ENG. & CONSTRUCTION PTE LTD
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident

17/08/19

Time Of Accident

17:19 pm

Exact Location Of Accident

BT. Timah Mel, 53 Ave J-7

Country/State of Loss

Singapore/ Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SND 525 C

Insured/Policyholder

Name Of Registered Owner

Seah Hok Kheng

NRIC No

S2623977 Z

Email Address

Mobile Phone No

9-8331812

Alternative Phone No

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

B180

Exact Purpose for which vehicle was being used at time of accident

Private use ☒ Commercial use ☐ Hire & reward ☐
Others - Please specify

Are you claiming under your own insurance policy for repair to your vehicle?

Yes ☐ No ☒ Other

If No, Please state action to be taken

Third Party Claim ☒ Reporting Only ☐

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AIA

Type Of Coverage

Comprehensive

Others

Fleet Policy

Yes ☐ No ☒

Policy Number

1800132909

Cover Note Number

Driver

Name of Driver

Young Poh Kuen

NRIC No

S7281265 D

Date Of Birth

25/05/1972

Occupation

Indoor ☒ Outdoor ☐

Date Of Driving Pass

04/01/2005

Driving Experience

14 yrs

Gender

Male ☐ Female ☒

Mobile Number

9-828 3977

Fax Number

Contact Number

Email Address

Address

22 Leedon Heights

#09-32

Postcode

266219

Was driver an employee of the Insured's Company

Yes ☐ No ☒

If No, Relationship of the Driver with the Insured

Owner ☐ Paid Driver ☐ Relative ☐ Friend ☐ Parent ☐
Spouse ☒ Children ☐ Sibling ☐ Other: _____

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

☒ Rear - post-impact

Weather Conditions

Clear ☒ Raining ☐ Others

Road Surface

Dry ☒ Wet ☐ Others

Details of Injured Persons

Was anybody injured in the Accident?

No ☒ Yes ☐

Name

Address

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

No ☐ Yes ☒

Was injured conveyed to hospital by ambulance?

No ☒ Yes ☐

Other Information

Was any foreign vehicle involved in this accident?

No ☒ Yes ☐

Number of vehicles involved in the accident

Was any other material or property damaged?

No ☐ Yes ☒

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

No ☒ Yes ☐

Number of Passengers (Including Driver)

Passenger 1

Male ☐ Female ☐

Passenger 2

Male ☐ Female ☐

Passenger 3

Male ☐ Female ☐

Passenger 4

Male ☐ Female ☐

Passenger 5

Male ☐ Female ☐

Details of Police Action

Was the accident reported to the police?

No ☒ Yes ☐

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No ☒ Yes ☐

NO If Yes, against whom?

Circumstances of Accident

--

Attachment(s)

Are accident photos available for attachment? No ☐ Yes ☒
Was there any video captured by Car Camera? No ☐ Yes ☒
Was there any audio recorded? No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	6BC 5871 E
Vehicle Make/Model/Colour	MIT White Canter
Details Of Properties	
Vehicle Category	
Name of Driver	Rajendran Perithan
NRIC/Passport Number	G 2460027R
Contact Number	8-492 5550 - Mr Kumar
Address	M-Starts Eng. & Construction P/L
Postcode	7 Gombak Crescent 401-38 ARIC @ Gombak
Insurance Company Name	Impul
Nature Of Damage	Front
No. Of Passenger (Including Driver)	5757 087

DETAILS OF OTHER VEHICLE PROPERTY 2

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

Details of Witness

Was there any witness? No ☒ Yes ☐
Name
Phone Number
Email Address

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 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 19/10/2018
10:55am

Driver's Signature

(If driver is not the policyholder)

Date & Time 19/10/2018
10:55am

Reporting Centre Personnel's

Name:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
Tel: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

[illegible]

My car stopped at the red light and his truck couldn't stop on time & ~~was~~ knocked into my car.

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

(Please contact your insurance company for any further details)

9/08/88
10.55 am

19/08/18
10 55 am

Name:

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SEAH KOK KHONG
 Period of Insurance : 08 Nov 2018 To 07 Nov 2019
 Engine No. : 27091031737371
 Chassis No. : WDD2462422J514346

Vehicle No. : SMD525C
 Policy No. : 1800132909
 Endorsement No. :
 Issued Date : 15 Nov 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

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

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SEAH KOK KHONG - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612202

CYCLE & CARRIAGE - ANDREA
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Amile
 AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCNFY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg

PASS DATE

04 Jan 2005


NP 428A




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7281265D**
Name:
YOONG POH KWEN

Birth Date: **25 May 1972**
Issue Date: **04 Jan 2005**



001311090F