



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

03rd October 2019

Our reference: 1909-01 // Your reference: SKE9717A

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : RESHMA BTE SADRUDIN MRS RESHMA AZIZ MERCHANT

Address : 44 SIGLAP HILL S(456095)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident 30/08/2019 along HOLLAND ROAD involving our client's vehicle registration number SKA7861A and vehicle registrations number SKE9717A 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:-

Cost of Repair	:	\$ 4,815.00
Loss of Use (\$250 x 15 Days)	:	\$ 3,750.00
LTA Search	:	\$ 7.49
Total	:	\$ 8,572.49

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 Tax;
- f) Letter Of Authorisation;
- g) Tax Invoice;
- h) Satisfaction of Repaired vehicle;

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.

Yours faithfully,



Teamwork Garage Pte Ltd

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 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	09/09/2019 11:41
Date Of Accident	30/08/2019 09:45
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7861A
Insured/Policyholder	
Name Of Registered Owner	RESHMA BTE SADRU DIN MRS RESHMA AZIZ MERCHANT
NRIC No	S7179805D
Email Address	RESHMA@DOCTORS.NET.UK
Mobile Phone No	(LOCAL) +65-97776465
Alternative Phone No	OTHERS-97776465

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100250873
Cover Note Number	

Driver

Name of Driver	RESHMA BTE SADRU DIN MRS RESHMA AZIZ MERCHANT
NRIC No	S7179805D
Date Of Birth	21/01/1971
Occupation	INDOOR
Date Of Driving Pass	30/07/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97776465
Fax Number	
Contact Number	OTHERS-97776465
Email Address	RESHMA@DOCTORS.NET.UK

Address	44 SIGLAP HILL SINGAPORE
Postcode	456095
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	WET

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SKE9717A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH WEE WEI
NRIC/Passport Number	S8612188C
Contact Number	92203190
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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/mailed 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:

9/9/19

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

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


Pawan


Sketch Plan #2

SKETCH PLAN

Vehicle
A - SKA7861A
B - SKE9717A

Legend

 Vehicle

 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Holland Road on the middle lane. The traffic was heavy and all vehicles were moving very slow. Out of sudden, I felt an impact from my rear. When I went to check, I realised vehicle B collided onto my rear portion of my vehicle.

DECLARATION

DECLARATION
 I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a **fourteen (14) days** clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Time:

9/9/19
11:18 am

Driver's Signature _____

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Notes

NRIC/FIN No.:

pen

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	805D
Vehicle Details	
Vehicle No.:	SKA7861A
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 250CGI
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	27186030179585
Chassis No.:	WDD2120472A375402
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$55,808.00
Original Registration Date:	14 Mar 2011
First Registration Date:	14 Mar 2011
Transfer Count:	0
Actual ARF Paid:	\$55,808.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Mar 2021
PARF Rebate Amount:	\$30,694.00
Intended COE Rebate Details	
COE Expiry Date:	13 Mar 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$53,400.00
COE Rebate Amount:	\$8,167.00
Total Rebate Amount:	\$38,861.00

The information contained herein is correct as at 02 Sep 2019

OK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Reshma Bte Sadrudin

License Number: **S7179805D**

Name: **RESHMA BTE SADRUDIN**

Birth Date: **21 Jan 1971**

Issue Date: **18 Jul 2003**

Barcode: 000665336D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7179805D**

Portrait of Reshma Bte Sadrudin

Name: **RESHMA BTE SADRUDIN**
MRS RESHMA AZIZ MERCHANT

Race: **INDIAN**

Date of Birth: **21-01-1971**

Sex: **F**

Country of Birth: **MALAYSIA**

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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Jul 2002

NP 428A

Barcode: Licence No: S7179805D

8298209

Barcode

Portrait of Reshma Bte Sadrudin

NRIC No. **S7179805D**

Nationality: **MALAYSIAN**

Blood Group: **O+**

Date of issue: **21-07-1998**

44 SIGLAP HILL
SINGAPORE 456095

S7179805D

01/09/2013



Name of Policyholder : Reshma Bte Sadrudin Mrs Reshma Aziz Merchant
Period of Insurance : 14 Mar 2019 To 13 Mar 2020
Engine No. : 27186030179585
Chassis No. : WDD2120472A375402

Vehicle No. : SKA7861A
Policy No. : 2100250873-08
Endorsement No. :
Issued Date : 04 Mar 2019

Make/Model : MERCEDES BENZ E250 CGI 8E

Engine Capacity/Tonnage : 1.796.00 CC

Sum Insured : Market Value

First Year of Registration : 2011

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 damage 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

Winter: \$1.00

Named Driver and Excess (where applicable)

Rashma Bie Sadruddin / Mrs Rashma Aziz Merchant - \$800 (On Demand)

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

1.Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818

2 Cycle & Canpage Pandan Laga Service Center - Body Care & Repair Add: 188 Pandan Laga Singapore 126378 62061616

For other Approved Reporting Centres/AIG Authorized 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: NA

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. 169), Part IV of the Road Transport Act, 1947 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660383

CYCLE & CARRIAGE - EVELIM

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ADDITIONAL READING

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Sep 2019 / 14:33:52

Receipt Date/Time : 02 Sep 2019 / 14:33:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190902-002091

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 - XD8090G

As at 27 Aug 2019/14:15:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1	Insurance Enquiry - XD8090G Enquiry Fee 20190902143238120768	7.00	0.49	7.49
---	--	------	------	------

Sub-Total		7.00	0.49	7.49
------------------	--	------	------	------

Result of Insurance Enquiry - SJH3419X

As at 30 Aug 2019/20:20:00

Insurance Co: NTUC INCOME INS CO-OP LTD

2	Insurance Enquiry - SJH3419X Enquiry Fee 20190902143238165775	7.00	0.49	7.49
---	---	------	------	------

Sub-Total		7.00	0.49	7.49
------------------	--	------	------	------

Result of Insurance Enquiry - SKE9717A

As at 30 Aug 2019/09:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

3	Insurance Enquiry - SKE9717A Enquiry Fee 20190902143238227786	7.00	0.49	7.49
---	---	------	------	------

Sub-Total		7.00	0.49	7.49
------------------	--	------	------	------

Total Before Rounding		21.00	1.47	22.47
------------------------------	--	-------	------	-------

Rounding Difference				0.02
----------------------------	--	--	--	------

Total Amount Payable				22.45
-----------------------------	--	--	--	-------

Paid By

xxxxxxxxxxxx5880	Credit Card: Visa/MasterCard	22.45
------------------	---------------------------------	-------

Total		22.45
--------------	--	-------

Cash Change		0.00
-------------	--	------

Tendered Amount		22.45
-----------------	--	-------

Excess Refundable Amount		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.

LETTER OF AUTHORIZATION

To Alf and teamwork garage pte ltd (Third party insurance & Workshop)
Claimant reshma Bte Sadrudin mrs reshma aziz merchant

Dear Sirs,

I/We, reshma Bte Sadrudin mrs reshma aziz merchant owner of vehicle no. SKA7861A

hereby authorize my/our repairer, TEAMWORK GARAGE PTE LTD
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. SKA7861A that was damage pursuant to the accident which occurred at/along Holland road
involving vehicle nos. SKE9717A

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors TEAMWORK GARAGE PTE LTD. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors TEAMWORK GARAGE PTE LTD 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 09 day of 09 (month) 20 19 (year)

Signature of owner vehicle (claimant): [Signature]
Name of owner of vehicle (claimant): reshma Bte Sadrudin mrs reshma aziz merchant
NRIC Number (claimant): S7179805D

SATISFACTION OF REPAIRED VEHICLE

I/We, veshna Bte Sadrudin Mrs veshna Aziz Merchant owner/driver of vehicle No. KA 7861A declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

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.

Dated this 13 day of 09 (month) 20 19 (year)

@ 18 hrs 10 mins



Name and Signature