

# 明 摩 哆 CHIN MENG MOTORS

1 Kaki Bukit Ave 6, #01-40 Autobay@Kaki Bukit, Singapore 417883  
Tel: 6747-4810 Fax: 6745-5018  
cmmotors@singnet.com.sg

Our Ref: CMM064/20/TP  
Your Ref: TP claim against GBC6077A

31-Mar-20

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

**Attn: Motor Claims Department**

Dear Sir/Ms,

**Accident Involving SFS2829S and GBC6077A on 01-10-2019 along Airport Rad toward KPE.**

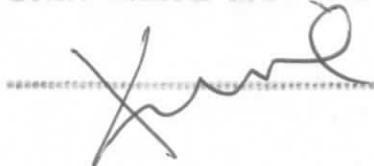
We refer to the above matter. The accident was caused solely by the negligence of your insured and as a result, our client had incurred the following cost and losses:-

Cost of Repair (Surveyed by your surveyor):	SS	9,800.00
Loss of use 07 days (06 days + 1 Sunday) @\$200.00 :		1,400.00
GIA search fee:		7.45
	SS	<u>11,207.45</u>

Enclosed are copies of following documents for your perusal:

- (X) Repair bill
- (X) Letter of authorisation
- (X) GIA report
- (X) Photocopy of driver's IC & DL
- (X) GIA search fee

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CHIN MENG MOTORS



# 振明摩哆 CHIN MENG MOTORS

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31-Mar-20

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

**Attn: Motor Claims Department**

Dear Sir/Ms,

**Re: Final cost of repair to BMW 530i no: SFS2829S**  
Date of accident: 01-10-2019

Total cost of repair and labour charge incurred for dismantling and replacement for parts of the above mentioned vehicle etc as recommended in nett as lump sum by surveyor.

Total lump sum: S\$ 9,800.00

Dollars: Nine thousand and eight hundred only.

振明摩哆  
CHIN MENG MOTORS




**AUTHORISATION TO ACT**  
**(AIG Express Third Party Claim)**

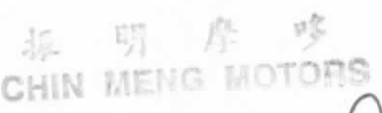
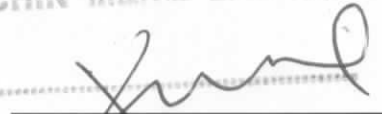
I, QUEK KIM PUAY (the third party claimant) of 418 UPPER PAYA LEBAR ROAD #05-02 S534996 (address), owner of SFS2829S (vehicle no.) hereby authorize CHIN MENG MOTORS ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SFS2829S that was damaged pursuant to the accident which occurred on 01-10-2019 (date) along AIRPORT ROAD (location) involving vehicle no/s GBC6077A ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"  
(with chop if applicable)

  
  
\_\_\_\_\_  
Signed by "the workshop"  
(with chop)

**RELEASE VOUCHER**  
**(AIG Express Third Party Claim)**

“We/I, CHIN MENG MOTORS (“the workshop”) hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$ (Repair Cost), S\$ (Loss of rental/use), (Disbursement), for vehicle no. SFS2829S that was damaged pursuant to the accident which occurred on 01-10-19 (date) along AIRPORT RD (location) involving vehicle no/s GBC6077A. This is pursuant to the inspection conducted on (date) at “the workshop”.

We/I confirm that we/I are/am authorized by the owner **QUEK KIM PUAY** (“the third party claimant”) of vehicle no. **SFS2829S** 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 AIG Asia Pacific 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 costs of repairs and/or rental and/or loss of use pursuant to the damage to SFS2829S (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim 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.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) **20** (year)

Signed by appointed surveyor

Signed by "the workshop" (with chop)

Signed by "the workshop" (with chop)

&gt; Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Oct 2019 / 09:28:06

Receipt Date/Time : 02 Oct 2019 / 09:28:06

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-191002-000529

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 - GBC6077A				
As at 01 Oct 2019/18:40:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBC6077A Enquiry Fee 20191002092642150607	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				
	xxxxxxxxxxxx0994	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.

## 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	02/10/2019 16:12
Date Of Accident	01/10/2019 18:40
Exact Location Of Accident	AIRPORT ROAD TOWARDS KPE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS2829S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK KIM PUAY (GUO JINPEI)
NRIC No	S7417796D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96820522
Alternative Phone No	OFFICE-96820522

### Vehicle Particulars

Manufacturer	BMW
Model	530I LED NAV
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	5110520678 PREMIUM
Cover Note Number	

### Driver

Name of Driver	QUEK KIM PUAY (GUO JINPEI)
NRIC No	S7417796D
Date Of Birth	04/06/1974
Occupation	INDOOR
Date Of Driving Pass	17/01/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96820522
Fax Number	
Contact Number	OFFICE-96820522
Email Address	NOEMAIL

Address	418 UPPER PAYA LEBAR ROAD #05-02 SUITES @ PAYA LEBAR
Postcode	534996
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?	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)	2
Passenger 1	NAME: : TRUONG CAM DUYEN
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	GBC6077A
Vehicle Make/Model/Colour	NISSAN / NV200 1.5L MT ABS AIRBAG 2WD 6DR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 QUEK KIM PUAY (GUO JINPEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFS2829S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name TRUONG CAM DUYEN (PASSENGER)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFS2829S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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/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.

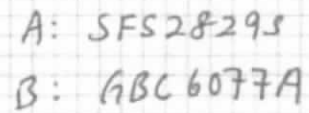
  
Policyholder's Signature  
Date & Time: 02/10/19

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN



B: ABC6077A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

02/10/19

Driver's Signature  
(If driver is not the policyholder)

**IDAC KAKI BUKIT (VAC)**  
**23 Kaki Bukit Ave 4 #02-02**  
**Singapore 415933**  
**Tel: 67416697 Fax: 67492305**  
**Email: [vackb@idac.com.sg](mailto:vackb@idac.com.sg)**  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2082

1 of 3

Report No. T/20191002/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2019 14:19	Vide Report No.:	Station Diary No.: 18
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## Informant's Particulars

Name of Informant: QUEK KIM PUAY			Address: APT BLK 418 UPPER PAYA LEBAR ROAD #05-02 SINGAPORE 534996	
ID Type / ID No.: NRIC NO / S7417796D			Contact No.:	Mobile: 96820522
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 04/06/1974	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2019 18:40	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD  AIRPORT ROAD TOWARDS KPE TUNNEL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6077A	Van				Slightly Damaged	0
SFS2829S	Car	BMW	530I LED NAV	Silver	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS2829S	NTUC Income Insurance Co-Operative	5110520678	28/06/2019	27/06/2020

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2082

2 of 3

Report No. T/20191002/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK KIM PUAY	ID No.	S7417796D
Related Vehicle	SFS2829S (Car)	Contact No.	98820522
Hospital/Clinic	W. H. YAK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 1/10/2019 at about 6.40pm, I was travelling along Airport Road towards KPE tunnel. While just approaching the one road tunnel, the vehicle started to slow down. As I was driving, a vehicle GBC8077A collided with me from the rear. I then alighted to make a check on the collision. No one was injured. No ambulance or police came to scene. As we were blocking the traffic, we decided to move to the road shoulder ahead. We exchange particulars for insurance claim and left the scene.

While heading back home, myself and my passage (my wife) felt pain at on our back and went to the W.H. Yak Family Clinic Pte Ltd for medical checkup. Both of us were given 3 days Medical Certificate from 2/10/2019 to 4/10/2019. My vehicle sustained dent and scratches at the rear portion of the vehicle. I wish to state that I do have an in car camera but I have not view the footages yet. No government property damaged.

My wife particulars are as follows:

Truong Cam Duyen  
G1811821T

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2082

3 of 3

Report No. T/20191002/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/10/2019 14:19

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NID-188

## 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 Number:** 5110520678

**Cover :** drive PREMIUM

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SF52829S                   |
| Chassis Number  | : WBAJA52010WA34697          |
| 2. Name of Policyholder   | : QUEK KIM PUAY (GUO JINPEI) |
| 3. Effective Date of Insurance  | : 28 Jun 2019                |
| 4. Expiry Date of Insurance   | : 27 Jun 2020                |
| 5. Persons 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.   |                              |
| 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. |                              |
| 6. Limitations as to Use#   |                              |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                              |

**This Policy does not cover**

- (a) Use for hire or 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.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: QUEK KIM PUAY
NAMED DRIVER (1)	: QUEK KIM SENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

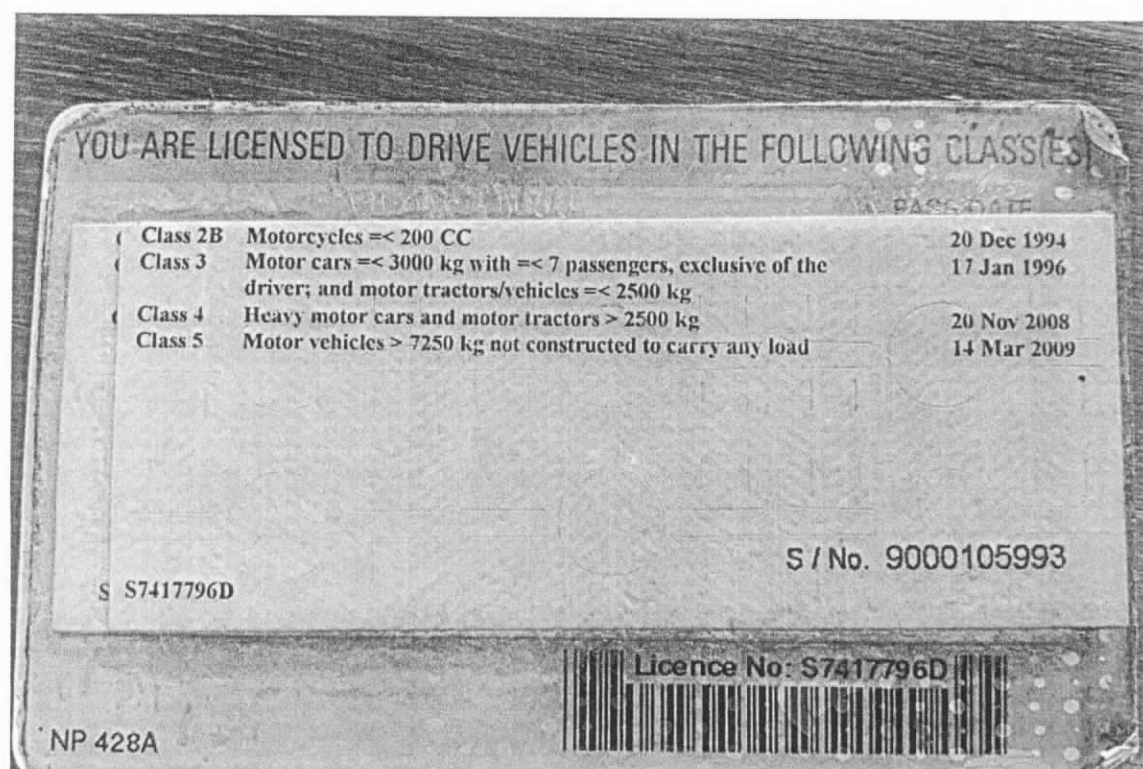
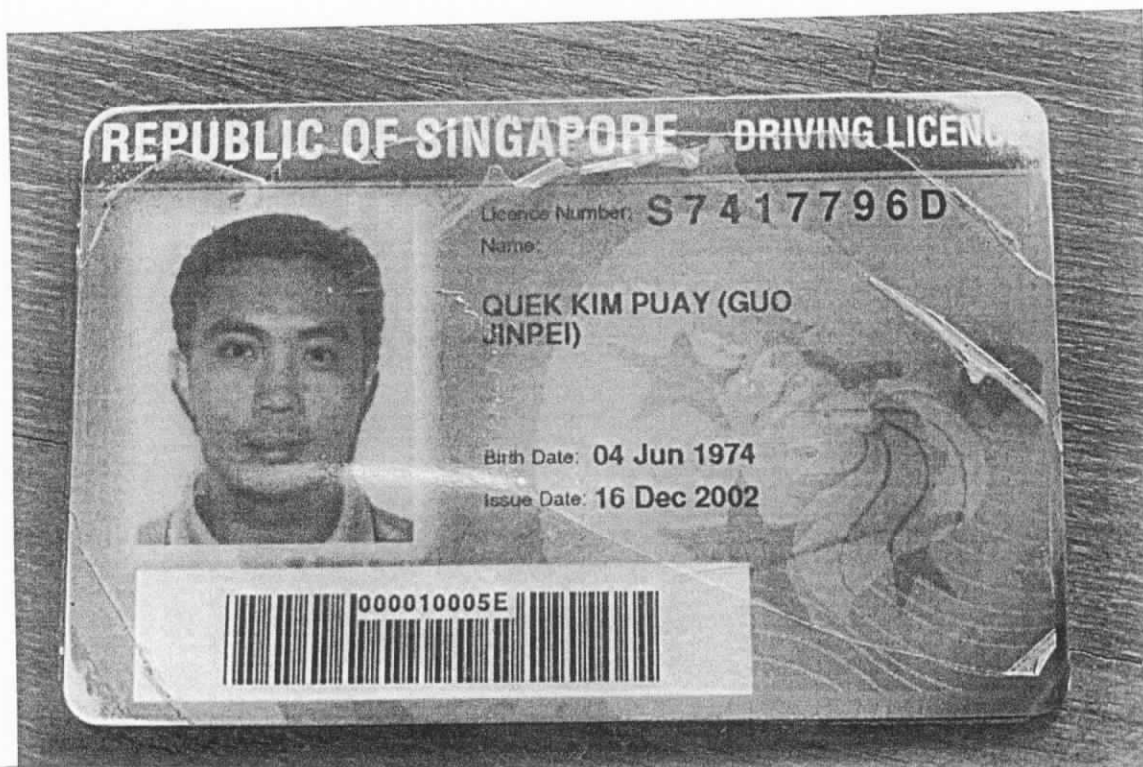
Agency : NEW TIMES MOTOR& INS AGY PL (00000571791)  
Date of Issue : 18 Jun 2019 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7417796D



Name

QUEK KIM PUAY  
(GUO JINPEI)

Race

CHINESE

Date of birth

04-06-1974

Sex

M

Country of birth

SINGAPORE



S7417796D

3589511



NRIC No. S7417796D



Date of Issue

15-07-2004

APT BLK 418 UPPER PAYA LEBAR ROAD #05-02

SINGAPORE 534996

S7417796D

27/12/2013