Focus Auto Pte Ltd

Business Reg. No. 201004495R GST Reg. No. 201004495R

Tel: 6886 9097 Fax: 6481 9095 Email: claims@focusauto.com.sg

Date :

11/11/2019

BY E-MAIL / MAIL

Your ref:

GBJ2633J

Our ref:

GBF4634P

WITHOUT PREJUDICE

M/S India International Insurance Pte Ltd

64 Cecil Street, #04/60-00, IOB Building Singapore 049711

Dear Sir/Madam,

ACCIDENT INVOLVING: (

GBF4634P

& GBJ2633J) ALONG

SIMS AVENUE

DOA:

21/10/2019

TIME:

1800 HOURS

We refer to the above matter and write on behalf of

IMPACT AUDIO VISUAL SERVICES PTE LTD , the registered owner of

GBF4634P in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving / or management of your insured vehicle. Your insured's vehicle GBJ2633J collided onto the side portion of our client vehicle GBF4634P. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows:-

1. Cost of Repair	(\$4000 + 7% GST)	\$ 4,280.00
2. Loss of Rental	(3 days × \$120)	\$ 360.00
3. LTA search		\$ 7.45

Total Amount: 4,647.45

Enclosed are the following documents for your perusal.

- 1) Driver's driving license/ Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) GIA Search

(GBJ2633J)

- 5) Original repair claim
- 6) Car Rental Agreement / Receipt

The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,

Focus Auto Pte Ltd

Business Reg. No: 201004495R GST Reg. No: 201004495R No 1 Kaki Bukit Ave 6 Autobay #02-50 Singapore 417883

Date: 11/11/2019

IMPACT AUDIO VISUAL SERVICES PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6 AUTOBAY #02-48/50 SINGAPORE 417883

MOTOR VEHICLE NO: GBF4634P NISSAN CABSTAR-3.0

REPAIR CLAIM \$ 4,000.00

LUMP SUM Sub- total: \$ 4,000.00

7% GST: \$ 280.00

Total: \$ 4,280.00

FOUR THOUSAND TWO HUNDRED AND EIGHTY

SINGAPORE DOLLARS: ONLY

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 witholding 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	22/10/2019 15:08
Date Of Accident	21/10/2019 18:00
Exact Location Of Accident	SIMS AVENUE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

GBF4634P

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner IMPACT AUDIO VISUAL SERVICES PTE LTD

Co Reg No 199608584N

Email Address CLAIMS@PROGRESSIVEAUTO.SG

Mobile Phone No (LOCAL) +65-96868369
Alternative Phone No OFFICE-63830025

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA277017

Cover Note Number

Driver

Name of Driver MOHAMED YAZIB BIN M'A ARIP

 NRIC No
 \$8107014H

 Date Of Birth
 15/03/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/09/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91279670

Fax Number
Contact Number

EMail Address CLAIMS@PROGRESSIVEAUTO.SG

Address BLK 612D PUNGGOL DRIVE #04-86

Postcode 724612

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

2

NO

1

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was driving along Sims Avenue and stop for traffic light suddenly vehicle B hit me from the back. My vehicle having scratches and dent result from the accident

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

lunderstand, 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)

22/10/19

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	Euroc
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and the second of the second o	
	Sims Avenue

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sims Avenue and Crop for traffic ligid suddenly vehicle B tut me from the book. My vehicle being scratch and dent result from the accident.
I Velyde B but me Rom the book My velode have coverth and
dent result Rome the occident
The section .
ECLARATION

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

Policyhelder's Signature

Date & Time:

Driver's Spnature

(If driver is not the policyholder)

22/10/10

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



IMPACT AUDIO VISUAL SVCS PTE LTD 200 JALAN SULTAN #05-03 TEXTILE CELITRE SINGAPORE 199019

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Renewal

date

29/10/2018

policy number CV1 / GA277017

your servicing distributor

WINNER INSURANCE AGENCIES PTE LTD / 04460

rour servicing distributor contact

62838611

Policy Schedule

Your SmartDrive Commercial Comprehensive

Your policy snapshot

Policyholder name IMPACT AUDIO VISUAL SVCS PTE LTD Policy number CV1/GA277017 199008584N ACRA code (UEN no. Cover Comprehensive

Period of Insurance from 15/11/2018 to 14/11/2019 (both dates inclusive)

Business/Profession AUDIO VISUAL SVCS

In the business or profession as declared and no other for the purpose of this insurance

Premium breakdown

Gross Premium after 20% NCD SGD 1.446.86 7% GST SGD 101.28 1,548.14 Final Premium SGD

Your benefits highlights

trefer to Policy Wording for full terms and conditions)

SmartDrive Commercial Comprehensive Benefits

- 24/7 Towing
- Windscreen Repair with Excess
- Loss or Damage
- Legal Liability

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Vehicle details

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RENTAL AGREEMENT

Credit Card No.

GUARANTOR PARTICULARS

E-CUBE CAR RENTAL PTE LTD

615 Lorong 4 Toa Payoh #07-04 Singapore 319516 TEL: +65 6257 5757 | Email: Ecuberental@gmail.com Co. Reg. No: 201226433N

No. R19100020

Date: 25 Oct 2010

		Date. 23 Oct 2013
VEHICLE PARTICULARS	PAYMENT	AMOUNT

TEINGEE TAITHOUEA	10	1 11 11 11 11 11	
Vehicle No.	: YM8801M	Day: 4 days x 120.00	480.00
Make	: ISUZU	Week	0.00
Model	: NHR85AUE4A	Month	0.00
Out (Date & Time)	: 29 Oct 2019 1500	Add HRS	0.00
In (Date & Time)	:	SUB TOTAL	480.00
HIRER PARTICULARS		GST	0.00
Name	: FOCUS AUTO PTE LTD	NETT AMOUNT	480.00
Add (D)			200.00

Address (Res) SECURITY DEPOSIT 300.00

Tel : 68444620

REMARKS Name on Credit Card

NOTE Payment Mode

Hirer must not carry sand and cement on the vehicle. MAIN DRIVER PARTICULARS

Please check engine oil and radiator water every Name : MOHAMED YAZID BIN M'A morning. ARIP

E-Cube Car Rental Pte Ltd will levy a service charge : BLK 612D PUNGGOL DRIVE Address (Res) of S\$100 if the rented vehicle breaks down due to #04-869 Singapore 824612

shortage of petrol/diesel.

Driving License No. **IMPORTANT**

Passing Date : 26/09/2005 It is essential that the vehicle be returned to us not later than the date stated above. On the expiration of Date of Birth : 15/03/1981 that period, all third party or the insurance cover ceases to be effective. The rented vehicle shall be considered lost or stolen if it is not returned within NRIC/FIN/Passport No : S8107014H

twenty-four (24) hours after the expiry date and **Guarantor Name**

Guarantor IC **Guarantor Contact** Guarantor address

E-Cube Car Rental Pte Ltd reserves the right to amend any part of the terms and conditions without any given notices. Hirer and/or Driver is liable for all parking, traffic and smoky exhaust violations.

I have read and agree to the terms and conditions on all pages of this agreement.

I authorize E-Cube Car Rental Pte Ltd to process a credit card voucher if any for charges under this agreement including any miscellaneous charges.

All information I have given E-Cube Car Rental Pte Ltd in connection with this agreement is true.

Hirer's Signature

Guarantor's Signature

PAGE 1 OF 3

Rented out by

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 22 Oct 2019 / 12:02:49

Receipt Date/Time: 22 Oct 2019 / 12:02:49

Tax Invoice/Receipt

Receipt No.: ITNET-00000-191022-001404

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.			Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura	t of Insurance Enquiry - GBJ2633J 21 Oct 2019/18:00:00 ince Co: INDIA INT'L INS PTE LTD Insurance Enquiry - GBJ2633J					
	Enquiry Fee 20191022120117409819			7.00	0.49	7.49
		Sub-Tota	ıl	7.00	0.49	7.49
		Total Bet	fore Rounding	7.00	0.49	7.49
		Roundin	g Difference			0.04
		Total Am	ount Payable			7.45
		Paid By				
			20191022120133230	Direct Debit: eNE (Internet Banking		7.45
		Total				7.45
		Cash Ch	ange			0.00
		Tendered	Amount			7.45
		Excess R	efundable 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.

1