



Proforma Inv : CAS/20/PI0054

FAX: 6509 9501

Email: contact@casgarage.sg

26.05.2020

Our Ref : SKR 2154B

Your Ref : SMP 3485B

M/s AIG Asia Pacific Insurance Pte Ltd

AIG Building

78 Shenton Way

#07-16

Singapore 079120

Dear Sir/Mdm

**ACCIDENT INVOLVING SKR 2154B AND SMP 3485B ALONG SLE TWRDS WOODLANDS ON
18.11.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **CARS 88 HIRE PTE LTD** the registered owner of motor vehicle number **SKR 2154B** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SMP 3485B** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

- | | |
|--|-------------|
| 1. Cost of Repair (Recommended By LKK Adrian) | \$ 8,500.00 |
| 2. Loss of Use (14 days x \$ 100) Private hire | \$ 1,400.00 |
| 3. GIA Fees | \$ 43.00 |

TOTAL AMOUNT	\$ 9,943.00
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We enclsod hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) Letter of Authority
- (C) GIA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

CAS GARAGE PTE LTD
DEN 201828067M
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,
SINGAPORE 417883

Ms Nicole Chong

Administrator

Mobile: 65 97916119

Email: nicole@casgarage.sg



INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD

Invoice Date

26 May 2020

CAS GARAGE PTE LTD

1 KAKI BUKIT AVENUE 6

Invoice Number

TI-20-0058-1180TP

#02-22 AUTOBAY

SINGAPORE 417883

Reference

SKR 2154B CITROEN C4

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED LKK ADRIAN)	1.00	8,500.00	No Tax	8,500.00
Subtotal				8,500.00
TOTAL SGD				8,500.00

Due Date: 26 May 2020



PAYMENT ADVICE

To: CAS GARAGE PTE LTD
1 KAKI BUKIT AVENUE 6
#02-22 AUTOBAY
SINGAPORE 417883

Customer	AIG ASIA PACIFIC INSURANCE PTE LTD
Invoice Number	TI-20-0058-1180TP
Amount Due	8,500.00
Due Date	26 May 2020
Amount Enclosed	

Enter the amount you are paying above

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	18/11/2019 12:18
Date Of Accident	18/11/2019 07:45
Exact Location Of Accident	ALONG SLE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2154B
Insured/Policyholder	
Name Of Registered Owner	CARS 88 HIRE PTE LTD
Co Reg No	201820615D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68372808
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102235080
Cover Note Number	
Driver	
Name of Driver	AMRAN BIN VARIS
NRIC No	S1744795E
Date Of Birth	30/10/1966
Occupation	INDOOR
Date Of Driving Pass	27/09/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96392095
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 720 WOODLANDS AVE 6 #02-602
Postcode	730720
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	5
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: : UNKNOWN GENDER: : FEMALE

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

ON 18/11/2019 AT ABOUT 7.45AM, I WAS TRAVELLING ON THE EXTREME RIGHT LANE ALONG SLE TOWARDS WOODLANDS. DUE TO THE HEAVY TRAFFIC, THE FRONT VEHICLE SLOWED DOWN AND CAME TO A STOP. I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG AND IMPACT FROM MY REAR. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B FAILED TO BRAKE IN TIME, COLLIDED ONTO REAR OF MY VEHICLE A. THE GREAT IMPACT FORCED MY VEHICLE TO BANG ONTO THE FRONT VEHICLE E, CAUSING DAMAGES FRONT AND REAR OF MY VEHICLE A.

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	SMH706B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMIAH LOKE
NRIC/Passport Number	
Contact Number	90685403
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SQ7396Y
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK7950S
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMP3485B
Vehicle Make/Model/Colour
Details Of Properties VEHICLE E
Vehicle Category PRIVATE CAR
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 AMRAN BIN VARIS
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKR2154B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

1 1 1 1

Address

Postcode

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.
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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:

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

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

Chas S. RASIA

Sketch Plan #2 Pg. 1

SKETCH PLAN

SLB towards Woodlands after upper Thomson exit		<p>A - SKR 2154B</p> <p>B - SMT 706B</p> <p>C - SR 7396Y</p> <p>D - SLK 7950S</p> <p>E - SMP 3485B</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.11.2019, at about 0745, I was travelling on the extreme right lane along SLB towards Woodlands. Due to the heavy traffic, the front vehicle slowed down, came to a stop, and I followed suit. Suddenly, I heard a loud bang and impact from my rear. When I alighted, I realised it was vehicle B failed to brake on time, collided to the rear of my vehicle A, the great impact forced my vehicle to bang to the front vehicle E, causing the damages front and rear of my vehicle A.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

TAX INVOICE

Our Ref No: GR-19-191107

Date of Request: 20/11/2019

Your Ref No: WALK IN GERALD

CAS GARAGE PTE LTD
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 18/11/2019

Vehicle No: SKR2154B

Place of Accident: ALONG SLE TWDS WOODLANDS

Involving Vehicle No: SMP3485B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMP3485B	ALONG SLE TWDS WOODLANDS	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-191105

Date of Request: 20/11/2019

Your Ref No: WALK IN GERALD

CAS GARAGE PTE LTD
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SKR2154B

Date of Accident: 18/11/2019

Place of Accident: SLE

Involving Vehicle No: SMH706B,SLK7590S,SQ7396Y,SMP3485B

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-191106

Date of Request: 20/11/2019

Your Ref No: WALK IN GERALD

CAS GARAGE PTE LTD
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 18/11/2019

Vehicle No: SKR2154B

Place of Accident: ALONG SLE TWDS WOODLANDS

Involving Vehicle No: SMH706B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMH706B	ALONG SLE TWDS WOODLANDS	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



FAX: 6509 9501


Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SKR 2154B AND SMH 706B
AT/ALONG AT/ SGE TWDS WOODLANDS
ON 18 DAY 11 MONTH 2019 YEAR

- I/We, the owner of vehicle no. SKR 2154B hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 18 day 11 month 2019 year

Signature : 
Name : CARS 88 HIRE PTE LTD
NRIC/ROC No. : 201820615 D
Address : BLK 720 WOODLANDS AVE 6
#02-602

Company Stamp

