



Proforma Inv : CAS/20/PI0013

FAX: 6509 9501

Email: [contact@casgarage.sg](mailto:contact@casgarage.sg)

25.02.2020

Our Ref : SJV 1502C

Your Ref : SKE 5605R

**M/s AIG Asia Pacific Insurance Pte Ltd**

AIG Building

78 Shenton Way

#07-16

Singapore 079120

Dear Sir/Mdm

**ACCIDENT INVOLVING SJV 1502C AND SKE 5605R ALONG UPP. CHANGI RD ON 17.12.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **STABLE MOTOR** the registered owner of motor vehicle number **SJV 1502C** 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 **SKE 5605R** 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 ( <b>Recommended By LKK</b> ) | \$ 7,000.00 |
| 2. Loss of Rental ( 11 days x \$ 100)           | \$ 1,100.00 |

<b>TOTAL AMOUNT</b>	<b>\$ 8,100.00</b>
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We enclsod hereby the following documents for your consideration :

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

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

**CAS GARAGE PTE LTD**

UEN 201828067M

1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

Ms Nicole Chong

Administrator

Mobile: 65 97916119

Email: [nicole@casgarage.sg](mailto:nicole@casgarage.sg)



# INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD

Invoice Date  
26 Feb 2020

Invoice Number  
TI-20-0015-1197TP

Reference  
SV 1502C TOYOTA ALTIS

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

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK HOCK ANN)	1.00	7,000.00	No Tax	7,000.00
Subtotal				7,000.00
TOTAL SGD				7,000.00

Due Date: 26 Feb 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-20-0015-1197TP
Amount Due	7,000.00
Due Date	26 Feb 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	18/12/2019 16:02
Date Of Accident	17/12/2019 07:50
Exact Location Of Accident	UPPER CHANGI ROAD TOWARDS BEDOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1502C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STABLE MOTOR
Co Reg No	53338824D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67434777

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS010199
Cover Note Number	

### Driver

Name of Driver	ONG KOK HWA
NRIC No	S1125633C
Date Of Birth	19/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90695269
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	639 YISHUN STREET 61 #03-172
Postcode	S760639
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOSS
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	RAINING
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?	
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 17/12/2019 AT ABOUT 0750, THE TRAFFIC WAS HEAVY, MY VEHICLE A CAME TO A STOP DUE TO THE FRONT VEHICLE STOPPED. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR. WHEN I ALIGHTED, I REALIZED IT WAS VEHICLE B WHO FAILED TO STOP ON TIME, CAUSING THE COLLISION AND DAMAGED TO THE REAR PORTION OF MY VEHICLE A. I WISHED TO STATE I HAVE A FEMALE GOJEK PASSENGER IN MY VEHICLE.

#### 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	SKE5605R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

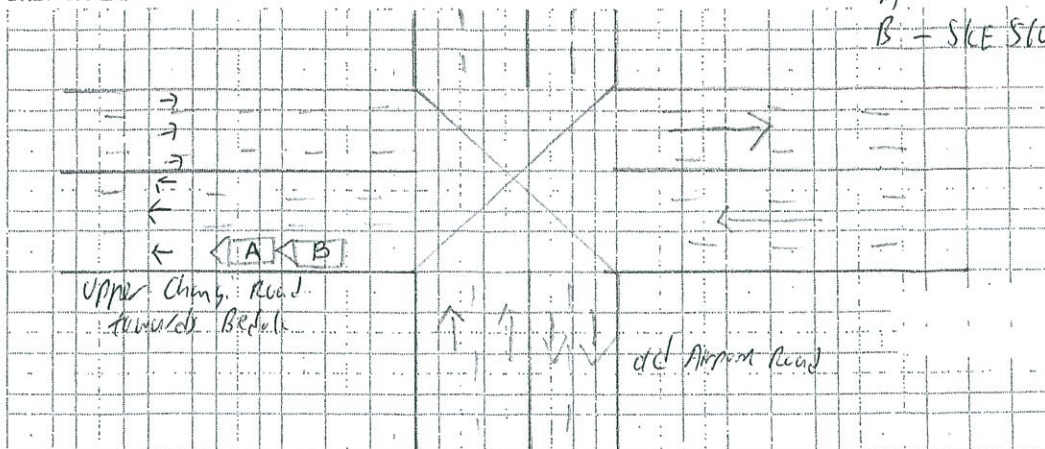
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.12.2019, at about 0750, the traffic was heavy, my vehicle A came to a stop due to the turn vehicle stopped. Suddenly, I heard a loud bang from the rear. When I alighted, I realised it was vehicle B who failed to stop on time, causing the collision and damaged to the rear portion of my vehicle A. I wished to state I have a female gojek passenger in my vehicle.

## 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.:



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:

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

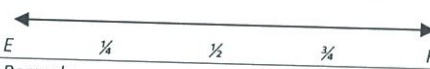
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# STABLE MOTORS

3 St George's Road, #01-109, Singapore 320003

## Rental Agreement

Hirer's Name <b>ONG Kok Hua</b>		Date of Birth <b>19/09/54</b>	Passport/NRIC No <b>S1125633C</b>	Nationality <b>Singaporean</b>
Address <b>Blk 639 Yishun St 61 #03-172</b>		Occupation	Driving License No <b>S1125633C</b>	Date of Expiry
Postal Code <b>760639</b>		Contact No <b>90695269</b>	Mobile Phone No <b>90695269</b>	
Joint Hirer's / Guarantor's Name		Date of Birth <b>19/09/54</b>	Passport/NRIC No	Nationality
Address		Occupation <b>outdoor</b>	Driving License No	Date of Expiry
Postal Code		Contact No	Mobile Phone No	



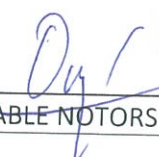
Check Out:	Date <b>17/12/2019</b>	Time <b>8am</b>	Mileage	
Check In:	Date <b>28/12/2019</b>	Time	Mileage	
				Remarks

### Important Notes:

- No refund will be given for vehicle that returns early.
- Own Damage Liability – First \$2000 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability – First \$2000 for any Third Party Accident Claim.
- Hirer is responsible for all parking fines and traffic summons.
- Extension: One day's advance notice is required otherwise no extension will be allowed.
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hours will be charged to next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- Carrying of more than four passengers in vehicle is strictly prohibited.

	Unit		Rate (\$)	Total (\$)
Rate	11	@	\$100	1100.00
Discount				
GST @ 7%				
Total				1100.00
Extension				
4 WEEK CONTRACT				
Deposit (refundable) : S				
Changed over from Vehicle			Date	

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.  
I/We declare that all information given on this form is true and accurate.

 Hirer's Signature	 Joint Hirer's / Guarantor's Signature	 STABLE MOTORS Representative
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Vehicle No. <b>SLQ 9741-D</b>	Model <b>Mitsubishi Attrage</b>
From	Return

Operating Hours: Monday to Friday 9am-5pm. Saturday 9-12pm. Closed on Sunday & Public Holidays





FAX: 6509 9501

Email: contact@casgarage.sg

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SJV1502C AND SKE5605R  
AT/ALONG Upper Changi Rd (Bedok)  
ON 17 DAY Dec MONTH 19 YEAR

- I/We, the owner of vehicle no. SJV1502C 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 17 day Dec month 2019 year

Signature : [Signature]  
Name : ONG KOK HWA  
NRIC/ROC No. : S1125633C  
Address : 639 Yishun St 61 #03-72  
S' 760639

Company Stamp

