

# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: [claim.autoworxhouse@gmail.com](mailto:claim.autoworxhouse@gmail.com)

•TEL: 6452 8211 •FAX: 6451 7420

## Direct Settlement THIRD PARTY CLAIM

Your ref: SKD 1543 S

Our ref: SJC 8266 M

AIG ASIA PACIFIC INSURANCE PTE LTD

Attn: Officer In Charge

(Motor Claim Department)

19/03/2020

Dear Sir,

### RE : ACCIDENT INVOLVING SJC8266M & SKD1543S ON 07/02/2020.

We have been authorized by TAN YUMING DELWYN, the registered owner of vehicle number SJC8266M, which was involved in the above accident and at the material time to make a 3<sup>rd</sup> party claims against vehicle number SKD1543S.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	6,200.00
Loss of Rental (4days x \$120.00) + 7% GST	S\$	513.60
Search Fee	S\$	2.00
Total	S\$	6,715.60

We have enclosed copies of relevant documents to support our claims.

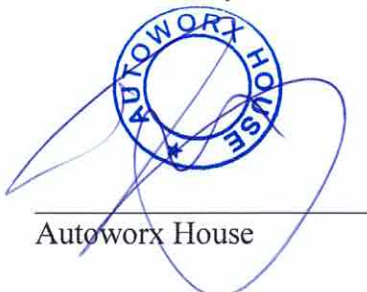
Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,



Autoworx House

# AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517420

Registration No. 5296929B

INVOICE

5399

AIG ASIA PACIFIC INSURANCE PTE LTD

19/3/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE : MERCEDES BENZ C180 / SJC 8266 M</u>	
	Lump sum repair for the above mentioned vehicle.	6,200.00
	Total	6,200.00



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-022404

Date of Request: 07/02/2020

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd  
176 Sin Ming Drive #02-01  
Sin Ming Autocare  
Singapore 575721

Dear Sir/Madam,

Enquiry Date 07/02/2020

Enquiry By Yuki Ho

TP Vehicle No. SKD1543S

Accident Date 07/02/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



友立旅遊服務私人有限公司  
**UNIQUE TOURIST SERVICE (PTE) LTD**

1, Rocher Road, #02-574,  
Rocher Centre Singapore 180001  
Tel: 6292 7656 Fax: (65) 6293 97  
E-mail: uniqtour@singnet.com.sg  
STB LIC TA/00076

Co. Reg. No.: 197401067R  
GST Reg. No.: M2-0019671-6

Mr Tan YuMing Delwyn  
Blk 702 Bedok Reservoir Road  
# 10-3538  
Singapore 470702

20, Sin Ming Lane,  
#08-51, Midview City  
Singapore 573968  
Tel: 6292 7656

28.02.2020

Singapore, \_\_\_\_\_ 20

**TAX INVOICE**

NO. **WP2017831**

DATE	PARTICULARS	@	\$	cts
------	-------------	---	----	-----

Rental of one unit Honda Civic 1.6 Auto  
Registration no. SJG 9865 G self driven as from  
24.02.2020 at 1210 hrs to 27.02.2020 at 1830 hrs.

4 days at \$120.00 per day

\$ 480.00

Add GST at 7%

\$ 480.00

Amount Due

\$ 33.60

\$ 513.60

( SIN DOLLARS: FIVE HUNDRED THIRTEEN AND SIXTY CENTS ONLY )

Standard Rated Supplies:\$

480.00

Total Amount of GST:\$

33.60

  
AUTHORISED SIGNATURE



NO. 1834

58.05.5050

00.084	2
00.084	2
00.084	2
00.084	2

(SIN DOLLARS: FIVE HUNDRED THIRTEEN AND SIXTY CENTS ONLY)

480.00	Standard Rated Supplies:\$
33.60	Total Amount of GST:\$



# UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22625

VEHICLE NO.

SJA 98656

MAKE/MODEL

HONDA CIVIC

NAME OF HIRER TAN YUMING DELWYN

ADDRESS B1K 702 #10-3538 Bedok Reservoir Road

SINGAPORE 470702

OFFICE TEL \_\_\_\_\_ RES TEL \_\_\_\_\_ HP 8484 3998

NAMED DRIVER MR. TAN YUMING DELWYN

OCCUPATION \_\_\_\_\_ NATIONALITY SINGAPOREAN

PASSPORT / NRIC S9119531C DATE OF BIRTH \_\_\_\_\_

DRIVING LIC NO. S9119531C

PLACE OF ISSUE S'PORE DATE PASS/EXPIRY \_\_\_\_\_

DATE OUT 24/2/20 TIME OUT 1210HRS

PETROL OUT E 1/4 1/2 3/4 F

DATE IN 27/2/20 TIME IN 1830HRS

PETROL IN E 1/4 1/2 3/4 F

RENTAL RATES: \$ \_\_\_\_\_ ¢ \_\_\_\_\_

MONTHLY @ \$ \_\_\_\_\_

WEEKLY @ \$ \_\_\_\_\_

DAILY 4 @ \$ 120/ 480 00

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ 7% 33 60

RENTAL DEPOSIT

TOTAL: 513 60

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL \_\_\_\_\_ RES TEL \_\_\_\_\_ HP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

PASSPORT / NRIC \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVING LIC NO. \_\_\_\_\_

PLACE OF ISSUE \_\_\_\_\_ DATE PASS/EXPIRY \_\_\_\_\_

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ \_\_\_\_\_ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ \_\_\_\_\_ FOR USE IN MALAYSIA FROM \_\_\_\_\_ TO \_\_\_\_\_ "X"

THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$1200/

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

## DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE \* OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
2. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
3. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

DATE:

SIGNATURE OF HIRER

DATE:

SIGNATURE OF HIRER



To: Autoworx House  
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SJC 8266M & SKD 1543S  
ALONG/AT TPE towards KPE entrance / KPE tunnel  
ON 07 / 02 / 2020.

1. I/We, Tan Yu Ming Delwyn (NRIC No. S9119531C), owner/driver of motor vehicle no. SJC 8266M, & residing at Bik 702 #10-3538 Bedok Reservoir Road S(470702), respectively in consideration of your workshop Autoworx House repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below.
2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
3. 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/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s Autoworx House.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducting all costs and disbursements incurred should be drawn in your name or my/our name/s (at your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: 

Name: Tan Yuming Delwyn

NRIC NO: S9119531C

Date this 07 day of February 2020.

## 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	07/02/2020 14:20
Date Of Accident	07/02/2020 09:40
Exact Location Of Accident	PIE TOWARDS KPE ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC8266M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN YUMING, DELWYN
NRIC No	SXXXX531C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84843998
Alternative Phone No	OFFICE-84843998

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K-1.6 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111912090
Cover Note Number	

### Driver

Name of Driver	TAN YUMING, DELWYN
NRIC No	SXXXX531C
Date Of Birth	03/06/1991
Occupation	INDOOR
Date Of Driving Pass	03/12/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84843998
Fax Number	
Contact Number	OFFICE-84843998
E-Mail Address	NOEMAIL



Address	BLK 702 BEDOK RESERVOIR ROAD #10-3538
Postcode	470702
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 SKETCH PLAN

#### 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	SKD1543S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THANG DING YANG
NRIC/Passport Number	SXXXX478H
Contact Number	91545323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

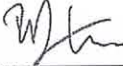
SKETCH PLAN

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:

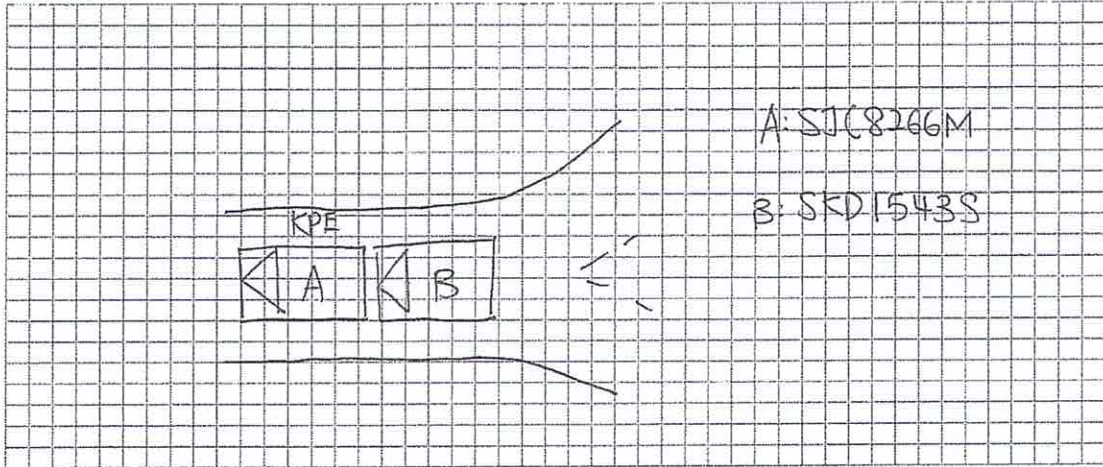
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN

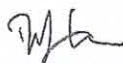


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along PIE when I came to a slip road to KPE. I slowed down my vehicle and eventually came to a stop as I entered the tunnel due to the slow moving traffic ahead. Suddenly, vehicle B collided into the rear of my vehicle with hard impact.

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.: