



INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD

Invoice Date

3 Jul 2020

Invoice Number

TI-20-0087-1257

Reference

SKV 1821U HONDA
MOBILIO

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 ADRIAN)	1.00	5,000.00	No Tax	5,000.00
Subtotal				5,000.00
TOTAL SGD				5,000.00

Due Date: 3 Jul 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-20-0087-1257

Amount Due 5,000.00

Due Date 3 Jul 2020

Amount Enclosed

Enter the amount you are paying above



Proforma Inv : CAS/20/PI0083

FAX: 6509 9501

Email: contact@casgarage.sg

03.07.2020

Our Ref: SKV 1821U

Your Ref: SLA 2150P

M/s AIG Asia Pacific Insurance Pte Ltd

AIG Building

78 Shenton Way

#07-16

Singapore 079120

Dear Sir/Mdm

ACCIDENT INVOLVING SKV 1821U AND SLA 2150P ALONG BEDOK RESERVOIR RD ON 06.04.2020

Please refer to the above mentioned accident.

We are writing in on the behalf of **GERARD CHUA PENG ANN** the registered owner of motor vehicle number **SKV 1821U** 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 **SLA 2150P** 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) | \$ 5,000.00 |
| 2. | Loss of Use (7 days x \$ 60) | \$ 420.00 |

TOTAL AMOUNT

\$ 5,420.00

We enclsod hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) 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

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	07/04/2020 14:36
Date Of Accident	06/04/2020 23:00
Exact Location Of Accident	ALONG BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1821U
Insured/Policyholder	
Name Of Registered Owner	GERARD CHUA PENG ANN
NRIC No	SXXXX497J
Email Address	GERARD_CHUA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94355897
Alternative Phone No	OFFICE-94355897

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO SV 1.5 CVT

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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00769329
Cover Note Number	

Driver

Name of Driver	GERARD CHUA PENG ANN
NRIC No	SXXXX497J
Date Of Birth	16/06/1976
Occupation	INDOOR
Date Of Driving Pass	08/03/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94355897
Fax Number	
Contact Number	OFFICE-94355897
Email Address	GERARD_CHUA@HOTMAIL.COM

Address	141 SIMEI STREET 2 #02-84 SINGAPORE
Postcode	520141
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LEE YEN LIN GENDER: : FEMALE
Passenger 2	NAME: : LEE YAN TING 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

PLEASE REFER TO 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	SLA2150P
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

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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 07/04/2020

1419 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

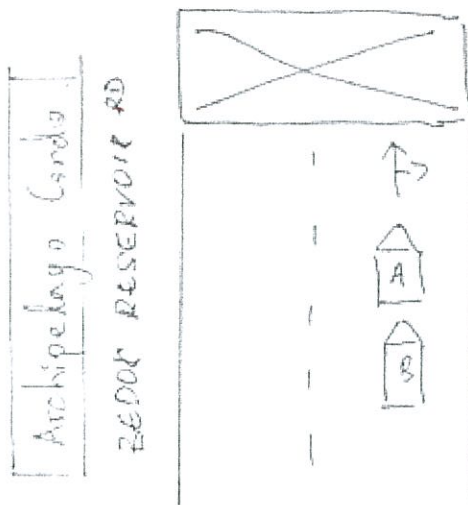
Accident Toolkit

Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



On 6 April 2020 at 10.50pm, I was at the traffic light junction at Bedok Reservoir Road near the Archipelago Condo. I came to a stop at the Red light when the driver of SLA 2150P hit me at the rear end of the vehicle. My wife & I came out of vehicle to assess the damages and there was a large dent at the rear of the vehicle. Nobody was injured during that period time.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



direct
asia
INSURANCE

07042020
1419 HRS

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 1501 5555 (toll-free)



Telephone: 6484 2220
Email: casgaragesg@gmail.com

FAX: 6509 9501

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SKV18214 AND SLA2150P
AT/ALONG Bedok Reservoir Rd
ON 6 DAY April MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SKV18214 hereby instruct and authorize you to commence repair to the said vehicles.
- b) 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.
- c) 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.
- d) 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.
- e) 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.
- f) 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.
- g) I/we have read and understand the above statement and agreed.

Dated this _____ day _____ month _____ year

Signature

Name

NRIC/ROC No.

Address

RS
: Gerard Chua Peng Ann
: S7617497J
: 141 Simei St 2 #02-84
: S'520141

Company Stamp