

## Autoexcel Engineering

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**From:** Autoexcel Engineering <aeexcel@singnet.com.sg>  
**Sent:** Tuesday, June 30, 2020 10:18 AM  
**To:** 'SG AXA Insurance SM AXA SGP - Motor Survey'  
**Subject:** ACCIDENT INVOLVING OUR SDV 9535B & YOUR INSURE GT 8992X ON 20/10/2014

**Importance:** High

Dear Officer,

Kindly update us the status of the below file.

- 1) ACCIDENT INVOLVING OUR SDV 9535B & YOUR INSURE GT 8992X ON 20/10/2014 ALONG BISHAN ROAD.

Thank you

Best Regards  
Ryan Soh  
93825367

**AUTOEXCEL ENGINEERING PTE LTD**  
 BLK 19, SIN MING INDUSTRIAL ESTATE SECTOR A.  
 # 01-05 SINGAPORE 575677.  
 TEL : 6459 1630 / 6453 5654 . FAX : 64591698.  
 EMAIL : aeexcel @ singnet.com.sg.

Date : 05/11/2014

Ref : SDV 9535B

ATTN : MOTOR CLAIM DEPARTMENT .( T.P ) WITHOUT PREJUDICE

ADDRESS : AKA Insurance Singapore Pte Ltd.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*UCC*

*10/07/2015*

Dear Sir/ Mdm :

Accident involving our vehicle No : SDV 9535B & your insure vehicle GT 8992X.  
 date of accident 20/10/2014 Along / At Ang Mo Kio Ave 8.  
Twds Bishan Road.

Refer to the matter . The accident was caused solely by the negligence of your insured and as a result the following costs and losses had incurred.:

		AMOUNT.
1	G.I.A/ POLICE REPORT FEE.	S\$ <u>—</u>
2	FINAL REPAIR BILL INCLUDE GST	S\$ <u>1,551.50</u>
3	SURVEYOR REPORT FEE	S\$ <u>LKK Auto</u>
4	RENTAL BILL : L.O.U. <u>Waiting + A working</u>	S\$ <u>250.00</u>
5	T.P INSURANCE SEARCH : <u>LTA Search</u>	S\$ <u>—</u>
6	OTHER DOCUMENT.:	S\$ <u>—</u>
<b>TOTAL :</b>		<b>S\$ <u>1,801.50</u></b>

Please kindly let us have your confirmation to settle our claim As Soon As Possible.  
 kindly contact Ryan Soh regarding the above matter.

RYAN SOH 64535654

*18/11/14*

*13/07/15*



益勝工程私人有限公司  
**AUTOEXCEL ENGINEERING PTE LTD**

Block 19, Sector A, Sin Ming Industrial Estate,  
 #01-05 Singapore 575677  
 Tel: 64591630 Fax: 64591698

**TAX INVOICE**

GST Reg. No. 19-9603355-R

INVOICE NO: TP 5501

DATE :	05/11/2014	VEH NO :	SDV 9535 B
TO :	AXA INSURANCE SINGAPORE PTE LTD	MODEL :	HYUNDAI
	8, SHENTON WAY,	PAYMENT TERM :	MATRIX
	#27-01 AXA TOWER	JOB NO :	
	SINGAPORE 068811		

S/N	DESCRIPTION	AMOUNT S\$
	Accident date : 20/10/2014	
	Lump Sum repair, supply parts and labour .	\$ 1,450.00
	Sub - Total	\$ 1,450.00
	GST 7%	\$ 101.50
	<b>TOTAL</b>	<b>\$ 1,551.50</b>

NOTE: All cheques must be crossed and make payable to Autoexcel Engineering Pte Ltd

RECEIVED VEHICLE IN GOOD ORDER



for Autoexcel Engineering Pte Ltd

**AUTHORISATION TO ACT**

I/We, \_\_\_\_\_ (the third party claimant") of \_\_\_\_\_  
 \_\_\_\_\_ (address), owner of SDV 9535B (vehicle no.) hereby  
 authorize \_\_\_\_\_ ("the workshop") to act for me with respect  
 to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.  
 \_\_\_\_\_ that was damaged pursuant to the accident which occurred on \_\_\_\_\_ (date)  
 along \_\_\_\_\_ (location) involving  
 vehicle no/s \_\_\_\_\_ ("the accident").

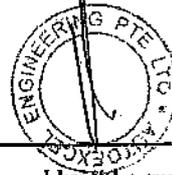
I further authorize the workshop to settle my above mentioned claim in a manner that they  
 deem fit and the workshop is further authorized to receive payment further to settlement of my  
 claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a  
 without prejudice and without admission of liability basis insofar as the driver/owner/insurers  
 of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)

X *[Signature]*  
 \_\_\_\_\_  
 Signed by "the third party claimant"  
 (with company stamp if applicable)

*[Signature]*  
 \_\_\_\_\_  
 Signed by "the workshop"  
 (with company stamp)



\_\_\_\_\_  
Attn: Motor Claims Dept

Dear Sir/ Madam

**ACCIDENT INVOLVING VEHICLE NO \_\_\_\_\_**  
**ALONG \_\_\_\_\_ ON \_\_\_\_\_**

We understand that you are the insurer of \_\_\_\_\_ vehicle.

I/We wish to inform you that my/our vehicle \_\_\_\_\_ have been completed repairs to my/our satisfaction by M/s \_\_\_\_\_, I/We therefore propose to claim from your as follows:

- |    |  |                  |
|----|--|------------------|
| 1. | Cost of Repairs                            | S\$ _____        |
| 2. | Loss of Use/Rental(S\$ _____ x _____ days) | S\$ _____        |
| 3. | LTA Search Fee/GIA Reports                 | S\$ _____        |
|    | <b>TOTAL</b>                               | <b>S\$ _____</b> |

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

\_\_\_\_\_



**LETTER OF DISCHARGE**

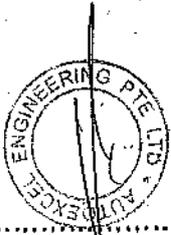
We, \_\_\_\_\_ (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle \_\_\_\_\_ to accept the sum of \$ \_\_\_\_\_ (inclusive of inte alla, damages, interests, loss of use, costs and disbursements) from M/s LKK Auto Consultants Pte Ltd, the authorized surveyors of M/s AXA Insurance Singapore Pte Ltd, the Third Party's insurers, on this matter.

This acceptance is in full and final settlement of any claim made against \_\_\_\_\_ pursuant to the road accident which occurred along \_\_\_\_\_ on \_\_\_\_\_

We \_\_\_\_\_ (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Insurance Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Singapore Pte Ltd, against any claim made or which may be made in respect of this matter.



.....  
For and on behalf of the owner of  
( \_\_\_\_\_ )  
(workshop stamp and authorized signature)

.....  
For and on behalf of M/s AXA  
Insurance Singapore Pte Ltd  
(LKK stamp and authorized  
signature)

Text size +

**Enquire Vehicle & Owner Information ( Vehicle No. GT8992X As At 20 Oct 2014 / 00:00:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: A6-MISC-2014

**Current Owner Details**

Owner ID Type: Business  
Owner ID: 49439300M  
Owner Name: HUI WANG ENTERPRISE  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 5  
Registered Street Name: DEFU LANE 10  
Registered Unit No.: # 01 - 576  
Registered Building Name: -  
Registered Postal Code: 539186

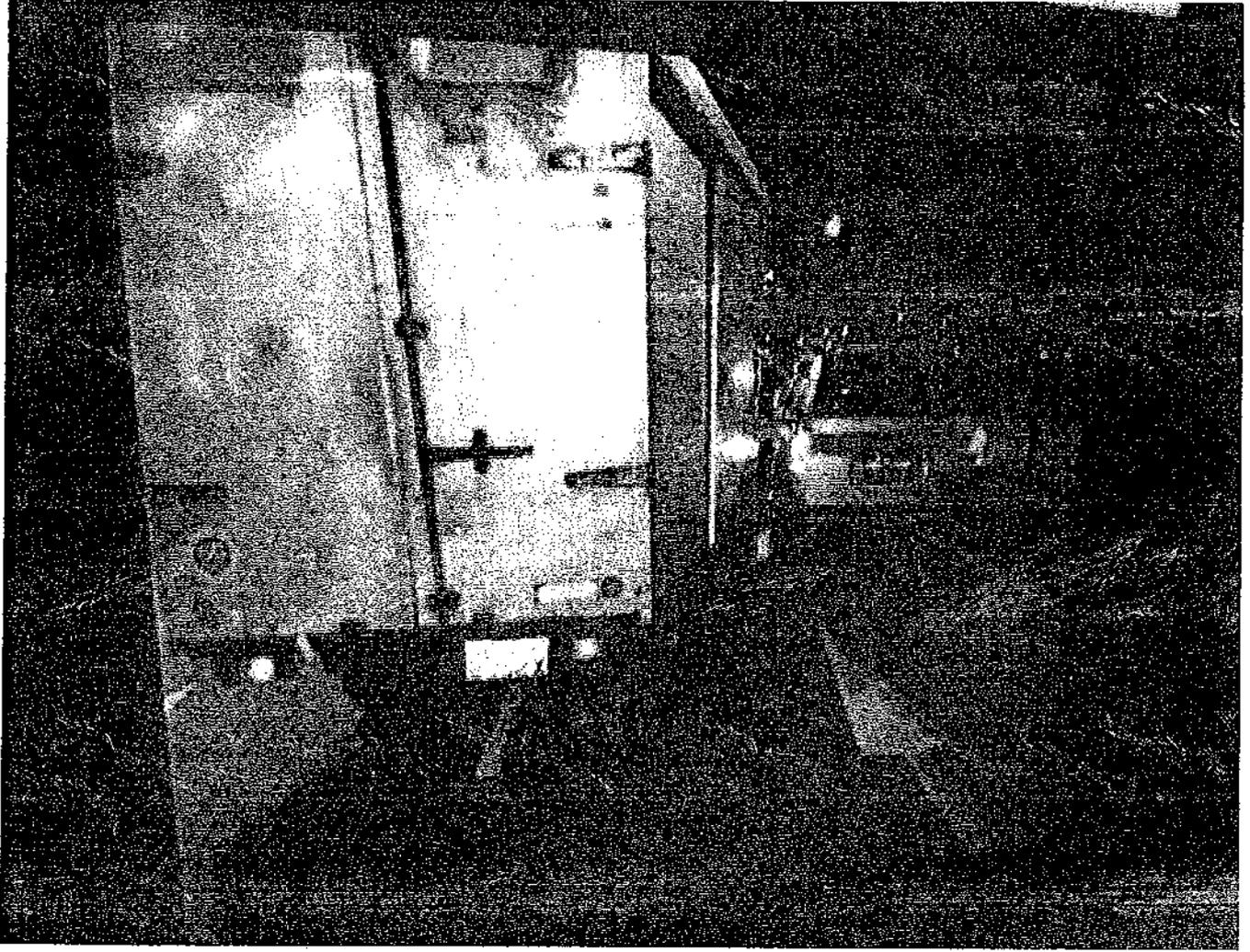
**Current Vehicle Details**

Vehicle No.: GT8992X  
Make Description/Model: TOYOTA / DYNA 150 D  
Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD

**Land Transport Authority**

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Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution  
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Accident Photo



HS: \$1450

A Day

**AUTOEXCEL ENGINEERING PTE LTD**  
 Block 19, Sector A,  
 Sin Ming Industrial Estate,  
 #01-05, Singapore 579677  
 Tel: 64591630, 64535654 Fax: 64591698  
 Email: aeexcel@singnet.com.sg

*Not Authorized*  
*L/Sing @1450*  
*4 days*

Date : 21/10/2014

**QUOTATION -THIRD PARTY CLAIM**

AXA INSURANCE SINGAPORE PTE LTD

Att: Motor Claim Department, Officer In Charge

Accident on : 21/10/2014

Claim : Third Party Claim  
 Veh. No : SDV 9535 B  
 Model : HYUNDAI MATRIX  
 Insured Ins: NTUC INCOME  
 GST Reg. No : 9 - 9603355 - R

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : GT 8992 X		
1	FRONT LH DOOR	REPAIR	
1	FRONT LH DOOR PROTECTOR	\$ 68.59	
1	REAR LH DOOR	REPAIR	
1	REAR LH DOOR PROTECTOR	\$ 68.59	
1	REAR LH FENDER	REPAIR	
1	REAR BUMPER	REPAIR	
1	REAR LH WHEELHUB BEARING	\$ 420.00	
1	REAR LH SHOCK ABSORBER	\$ 385.00	X
		\$ 942.18	
	Less 20%	\$ 188.44	
		\$ 753.74	
	<b>S/Nett.</b>		
1	REAR LH RIM	\$ 380.00	
	<b>Total S/Nett</b>	\$ 380.00	
	<b>Sub-Total</b>	\$ 1,133.74	



Accident Photo



## 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
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 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	21/10/2014 13:55
Date Of Accident	20/10/2014 22:15
Exact Location Of Accident	ANG MO KIO AVE 8 TOWARDS BISHAN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV9535B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SU TENG
NRIC No	S1617828D
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	MATRIX
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5023730640-07 (DRIVO PREMIUM)
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN CHEE KIONG @CHEN CHAO QUN
NRIC No	S0617325Z
Date Of Birth	27/05/1930
Occupation	Indoor
Date Of Driving Pass	20/08/1952
Driving Experience	62 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-97334482
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 108 BUKIT PURMEI ROAD #04-117
Postcode	090108
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured Parent  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

**General Information of the Accident**

Type Of Accident Unknown - REFER TO SKETCH  
Weather Conditions Clear  
Road Surface Dry

**Other Information**

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? Yes  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No

**Details of Police Action**

Was the accident reported to the police? Yes  
If Yes, Please state which Police Station  
Police Station Name [Other] BUKIT TIMAH NPC  
Was notice of intended Prosecution given? No  
If Yes, against whom?

**Circumstances of Accident**

ACCIDENT HAPPENED ON 20TH OCTOBER 2014 AT ABOUT 22:15 HOURS. PLEASE REFER TO POLICE REPORT NO. T/20141021/4003 ATTACHED. \*\*ATTENDED BY CHRISTINA\*\*

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GT8992X  
Vehicle Make/Model/Colour TOYOTA LORRY

**Details Of Properties**

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number FBG6120L  
Vehicle Make/Model/Colour MOTORCYCLE

**Details Of Properties**

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN RIDER  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? FBG6120L  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name UNKNOWN PILLION  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? FBG6120L  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? Yes  
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**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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 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.
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.

*Alston* 21 OCT 2016

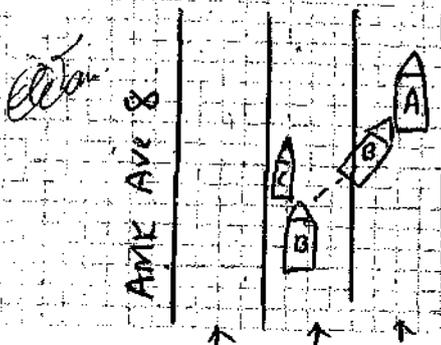


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A - SDV 9535B  
 B - GT 8992X  
 C - FBG 6120L

**Describe Circumstances of the Accident**

( Refer to police Report attached )

**Declaration**

We declare the foregoing particulars are true in every respect.

21 OCT 2014



\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20141021 4003

1 of 3

Report No. T 20141021/4003

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made: 20/10/2014 01:31	Vide Report No.: F 20141020/0245	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: TAN CHEE KIONG	Address: APT BLK 108 BUKIT PURMEI ROAD #04-117 SINGAPORE 090108		
ID Type / ID No.: NRIC NO / S061732SZ	Contact No.:	Mobile: 97334482	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 84	Date of Birth: 27 05 1930	Type of Informant: Driver
Race: Chinese	Language: English	Institution School Name:	
Occupation: Retiree	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2014 22:15	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SNE MO KIO AVENUE 8 BISMAN ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBG6120L	Motorcycle			White	Slightly Damaged	1
GT8992X	Lorry	TOYOTA		Blue	Slightly Damaged	1
SDV9535B	Car	HYUNDAI	MATRIX	Green	Slightly Damaged	0

**Details of Person Involved**

A: Pedestrian Involved: No	No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
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Police Station Of Origin:  
 Bukit Timah N.P.C  
 1 Duke's Road SINGAPORE 268914  
 Tel No: 1800-4629999



T/20141021/4003

2 of 3

Report No. T/20141021/4003

CONTINUATION OF REPORT

Name	TAN CHEE KIONG		ID No.	S0617325Z
Related Vehicle	SDV9535B (Car)		Contact No.	97334482
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL

**Brief Details.**

On 20/10/2014 at about 2215hrs, I was driving along Ang Mo Kio Avenue 5 towards Bishan Road in my car (SDV9535B) on the extreme right lane of a three lane road. I then witness one lorry (GT8992X) travelling in the center lane hit a motorcycle (FBG6120L) and saw two persons falling from the motorcycle. The said lorry then swerved into my lane and hit the left side of my car, leaving a scratch in the rear passenger door.

The male Indian lorry driver and the passenger then got out of the lorry, and attended to the motorcyclist and the passenger that was injured. One male subject approached and informed that he would call for the ambulance and for the police. I went over to get the particulars of the lorry driver, and he told me that he would parked his vehicle further in front first before giving me his particulars. I told him not to move the vehicle as traffic police have not arrived yet. However, the lorry driver along with the passenger drove off immediately when the ambulance arrived at scene. The male subject that helped to call for ambulance and police left prior to police arrival. I am not sure if he had witnessed the accident.

The motorcyclist and the passenger was sent to the hospital, and they suffered scratches on the arms. One of them complained of pain in his back. I do not have particulars of the lorry driver, the passenger or the injured person. There is no in-built camera installed in my car. I was asked by the police officers that attended to the case to lodge a report.

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20141021 4003

3 of 3

Report No. T 20141021/4003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E/ Ho Kang Ling	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2014 01:31
Officer In Charge Of Case: TP / GIT / DJUMUNDI BIN DJUHARI Contact No: 65472077 Authentication Stamp NP768... Signature	Classification Of Case:

Singapore Police Force

Policy Information					
Policy No.	5023730640-07	Policyholder Name	TAN SU TENG	Policyholder NRIC	S1617828D
Address	BLK 431 #12-533 TAMPINES STREET 41 SINGAPORE 520431				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/09/2014	Effective Date	28/09/2014 00:00	Expiry Date	27/09/2015 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 62865551	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address					
Address 1	BLK 431 #12-533	Address 2	TAMPINES ST 41	Address 3	SINGAPORE 520431
Address 4		Address Type	Singapore address	Post Code	520431
Unit No.		Related Policy Number	5023730640-07		

Insured Object: SDV9535B					
Vehicle No.	SDV9535B	Model	MATRIX	Make	HYUNDAI
Vehicle Type	398	Date of Registration	26/09/2007		
Classis No.	KMHPN81CR7U289494	Engine No.	G4ED6505628	Vehicle Capacity	1591
No. of Seats	5	Parallel Import	0	Imported/Reconditioned	0
Off peak car	0				

Coverage	Coverage Category	Sum Insured	Excess Description	Remark
drivo PREMIUM	Own Damage Benefit	9,999,999,999.99		
drivo PREMIUM	Own Damage or Loss	999,999,999.99		
drivo PREMIUM	Own Damage or Loss in transit	999,999,999.99		
drivo PREMIUM	Windscreen Damage	999,999,999.99		
drivo PREMIUM	TPI	999,999,999.99		
drivo PREMIUM	TPPD	5,000,000.00		
drivo PREMIUM	Personal Accident for PH	20,000.00		
drivo PREMIUM	Personal Accident for Driver Liability	10,000.00		
drivo PREMIUM	Personal Accident for Passenger	10,000.00		
drivo PREMIUM	Medical Expenses	300.00		
drivo PREMIUM	Towing Fee	200.00		

Driver Name	ID No.	Date of Birth	Driving License Reg Date	Role
TAN SU TENG	S1617828D	18/05/1963	01/01/1993	Main Driver

Endorsements				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE DRIVING LICENCE



TAN CHEE KIONG

Date: 27 May 1930

Date: 16 Dec 2002



000006894D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0617325Z



Name

TAN CHEE KIONG  
@CHEN CHAO QUN

陈志强

Race

CHINESE

Date of Birth

27-05-1930

Sex

M

Country of Birth

CHINA



0938606

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 Aug 1962



NRIC No: S0617325Z



Blood Group

Date of Issue

O+

24-04-1993



License No: S0617325Z

APT BLK 108 BUKIT PURMEI ROAD #04-117  
SINGAPORE 090108  
NRIC No: S0617325Z

Date: 08/05/2012

No: 6026027

NP 428A

Text size +

**Enquire PARF/COE Rebate for Registered Vehicle**

**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: S1617828D

**Vehicle Details**

Vehicle No.: SDV9535B

Vehicle to be Exported: Yes

Intended De-registration Date: 23 Oct 2014

Vehicle Make: HYUNDAI

Vehicle Model: MATRIX FL A

Primary Colour: Silver

Manufacturing Year: 2006

Engine No.: G4ED6505628

Chassis No.: KMHPN81CR7U289494

Maximum Power Output: 76.0 kW (101 bhp)

Open Market Value: \$11,824.00

Original Registration Date: 28 Sep 2007

First Registration Date: 28 Sep 2007

Transfer Count: 0

Actual ARF Paid: \$13,007.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Sep 2017

PARF Rebate Amount: \$7,804.00

**Intended COE Rebate Details**

COE Expiry Date: 27 Sep 2017

COE Category: E - Open Category

COE Period(Years): 10

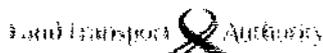
QP Paid: \$19,323.00

COE Rebate Amount: \$5,269.00

**Total Rebate Amount: \$13,073.00**

The information contained herein is correct as at 23 Oct 2014

OK



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LETTER OF AUTHORITY & INDEMNITY

To : **AUTOEXCEL ENGINEERING PTE LTD ("AUTOEXCEL")**  
Blk 19 Sector A Sin Ming Industrial Estate # 01-05  
Singapore 575677

ACCIDENT INVOLVING VEHICLE NO. SDV 9535B AND GT 8992X  
ON 20-10-14

1. I/We, the owner of vehicle no. SDV 9535B hereby instruct and authorise AUTOEXCEL to commence repairs to the said vehicle.
2. You are authorised to submit my/our claim on my/our behalf, to the insurers of the third party driver to recover the repair cost, loss of use or rental fees as the case may be, survey report fee and any other expenses which are recoverable.
3. AUTOEXCEL is further authorised to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his/her insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
4. AUTOEXCEL 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 AUTOEXCEL deem fit. Upon settlement of my/our claim, AUTOEXCEL is authorised to sign any Discharge Voucher or any document to confirm my/our acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf.
5. Upon resolving my/our claim, AUTOEXCEL is authorised to agree with my/our solicitors on the amount of their professional costs and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account.
6. In the event that I/we and/or the driver of my/our vehicle are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/we shall render full co-operation.
7. Subject to Clause 8 hereinafter, in the event that my/our claim against the 3<sup>rd</sup> party is not successful, AUTOEXCEL will write off the repair cost.
8. While my/our vehicle is undergoing repairs, AUTOEXCEL will on my /our behalf rent a vehicle for my/our use and recover the rental fees from the 3<sup>rd</sup> party driver. If no vehicle is rented for my/our use, AUTOEXCEL will on my/our behalf recover damages for loss of use of vehicle and remit the sum recovered to me/us upon successful recovery.
9. I/we agree to pay AUTOEXCEL the repair cost, rental fees (if applicable), survey report fees and legal costs and disbursements in the event that my/our claim is not successful for any one or more of the following reasons :-
  - a. If the driver of my/our vehicle had committed a traffic offence or driving related offence in the above captioned accident and is convicted in a court of law or is served a traffic summons and has accepted and paid the composition fine stated therein.

- b. If I/we and/or the driver of my/our vehicle fails to render full co-operation to sign or make any court documents and/or to attend court in connection with my/our claim.
- c. If the third party driver is uninsured or fails to report the accident to his or her insurers or fails to co-operate with his/her insurers or commits a breach of policy conditions (including but not limited to drunken driving in respect of the accident) resulting in his or her insurers refusing to entertain my/our claim.
- d. If the driver of my/our vehicle had falsely reported the circumstances of the accident or misled AUTOEXCEL in respect of the circumstances of the accident including but not limited to the identity of the driver of my/our vehicle.

10.

Remarks : Claim Loss of Use

\_\_\_\_\_  
Signed : \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200

Signed : X [Signature]

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Address ; \_\_\_\_\_

Contact No. 97334482