



Proforma Inv : CAS/20/PI0102

FAX: 6509 9501
Email: contact@casgarage.sg

02.11.2020

Our Ref : SMQ 2585Y

Your Ref : SLX 2044S

M/s AIG Asia Pacific Insurance Pte Ltd

AIG Building
78 Shenton Way
#07-16
Singapore 079120

Dear Sir/Mdm

**ACCIDENT INVOLVING SMQ 2585Y AND SLX 2044S ALONG SLIP RD OF STEVEN RD TWRDS
SCOTTS RD ON 23.06.2020**

Please refer to the above mentioned accident.

We are writing in on the behalf of **SOUDAL N.V SG BRANCH** the registered owner of motor vehicle number **SMQ 2585Y** 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 **SLX 2044S** 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) | \$ 3,049.50 (W/GST) |
| 2. | Loss of Rental (3 days x \$120) | \$ 360.00 |
| 3. | GIA Fees | \$ 29.00 |

TOTAL AMOUNT \$ 3,438.50

We enclsod hereby the following documents for your consideration :

- (A) Proforma Invoice
- (B) Letter of Authority
- (C) GIA Search Invoice
- (D) Rental Agreement
- (E) Rental Receipt

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

Ms Nicole Chong
Administrator
Mobile: 65 97916119
Email: nicole@casgarage.sg





CS CAR RENTAL

1 KAKI BUKIT AVENUE 6
#02-38, AUTOBAY
SINGAPORE (417883)
TEL:6484 2220 H/P:9692 2220

smk 25851

NO: 10092

UEN.: 53394623M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) SOUDAL N.V SG BRANCH
NRIC/PASSPORT No: _____
Address (Res): _____
Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____ Date of Birth: _____
Tel: (O) _____ (R) _____ HP 83489106

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) Vbe berghen Edward Louis J
NRIC/PASSPORT No: G3883716N
Address (Res): No 3, Anthony Rd #02-05 S20513

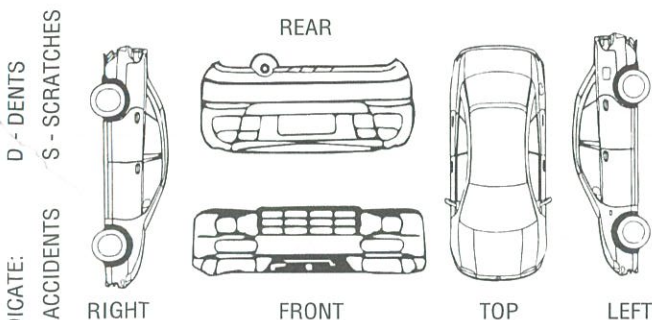
Driving License No: _____ D/L Type: Local / International
Issue Date: 30/09/1982 Date of Birth: 16/3/1964
Occupation: _____ Driving Exp: _____

Vehicle No: smk 4064 C Replace Veh No: _____
Mileage Out: 27020 Mileage Out: _____
Make & Model: Hyundai Avante Auto/Manual _____
Group: _____
Out : Date 06-07-20 Time: 1400
HIRE / PERIOD EXPIRY Time: _____
NON-WAIVER EXCESS=\$ _____

CHARGES

| | | | | | |
|-----------------------------|---|----------|---------------|-----|----|
| Daily | 3 | @ \$ 120 | per day | 360 | 00 |
| Weekly | | @ \$ | per week | | |
| Monthly | | @ \$ | per month | | |
| Hours | | @ \$ | per hour | | |
| Others | | @ \$ | | | |
| CDW | | @ \$ | per day/month | | |
| PAI | | @ \$ | per day/month | | |
| Delivery/Collection Service | | | | | |
| SUB-TOTAL \$ | | | | 360 | 00 |

VEHICLE CHECK LIST



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio/Cass ☐ CD ☐ Cartridges

PETROL LEVEL

| | | | | | | |
|-----|---|-----|-----|-----|---|--|
| Out | E | 1/4 | 1/2 | 3/4 | F | |
| In | E | 1/4 | 1/2 | 3/4 | F | |

EXTENSION

Misc. _____

TOTAL CHARGES \$ _____

SOUDAL N.V. SINGAPORE BRANCH
(T19FC0069J)

Hire's Signature _____

Additional Driver's Signature _____

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CS CAR RENTAL in connection with this agreement is true.

*IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SINGAPORE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CS CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS |
|---------|---------|---------|------------|---------|
| 9/7/20 | 1500 | | | |

SOUDAL N.V. SINGAPORE BRANCH
(T19FC0069J)

SIGNATURE OF HIRER/DRIVER _____

MSME20056766 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 03/07/2020 17:23
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 03/07/2020 17:31

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 | 03/07/2020 17:23 |
| Date Of Accident | 23/06/2020 07:55 |
| Exact Location Of Accident | SLIP RD OF STEVEN RD TWDS SCOTTS RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMQ2585Y |
| Insured/Policyholder | |
| Name Of Registered Owner | SOUDAL N.V. SINGAPORE BRANCH |
| Co Reg No | TXXXXX069J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-83489106 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | SANTAFE |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1900242924 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | VLOEBERGHEN EDUARD LOUIS J |
| NRIC No | GXXXXX716N |
| Date Of Birth | 16/03/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/09/1982 |
| Driving Experience | 37 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83489106 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address 3 ANTHONY ROAD #08-05
 Postcode 229953
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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? 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) 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

ON 23/06/2020 AT ABOUT 0755HRS, I WAS TRAVELLING ALONG STEVEN ROAD TOWARDS SCOTTS ROAD. UPON REACHING THE SLIP ROAD, DUE TO THE TRAFFIC AHEAD, I MADE A STOP TO GIVE WAY. SUDDENLY, I FELT A LOUD BANG AND IMPACT FROM THE REAR OF MY VEHICLE A. IT WAS VEHICLE B FAILED TO STOP IN TIME CAUSING THE COLLISION AND DAMAGES TO 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 SLX2044S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver JAYCE
 NRIC/Passport Number
 Contact Number 82280289
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 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

SOUDAL N.V. SINGAPORE BRANCH
(T19FC0069J)

Policyholder's Signature
Date & Time:

3/7/20

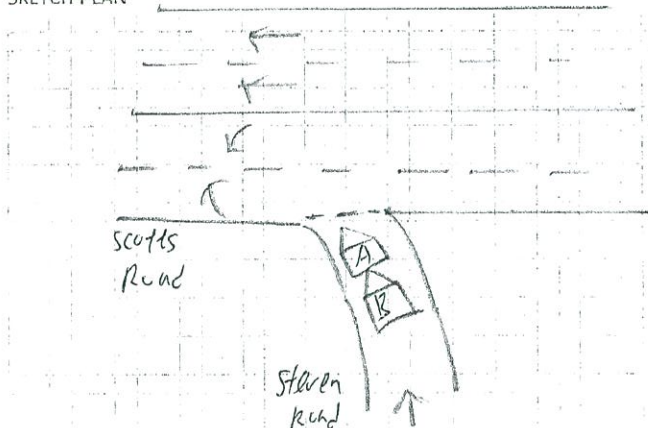
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

CHAS ALFABE

Sketch Plan #2 Pg. 1

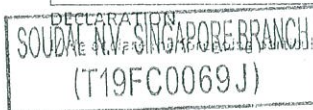
SKETCH PLAN



A - SMG 2585Y
B - SLX 2044S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.06.2020, at about 0755, I was travelling along Steven Road towards Scotts Road. Upon reaching the slip road, due to the traffic ahead, I made a stop to give way. Suddenly, I felt a loud bang and impact from the rear of my vehicle A. It was vehicle B failed to stop in time causing the collision and damages to my vehicle A - the rear of



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.:



**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-20-079026

Date of Request: 06/07/2020

Your Ref No: PURCHASE BY EMAIL

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

Dear Sir/Madam,

Your Vehicle No: SMQ2585Y
Date of Accident: 23/06/2020
Place of Accident: STEVEN RD
Involving Vehicle No: SLX2044S

| 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



**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-20-079028

Date of Request: 06/07/2020

Your Ref No: PURCHASE BY EMAIL

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

Dear Sir/Madam,

Date of Accident: 23/06/2020

Vehicle No: SMQ2585Y

Place of Accident: SLIP RD OF STEVEN RD TWDS SCOTTS RD

Involving Vehicle No: SLX2044S

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\$) |
|----------------------------------|-------------------------------------|---------------|-----|--------------|
| SLX2044S | SLIP RD OF STEVEN RD TWDS SCOTTS RD | 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. SMD 2585X AND SIX 200PS
AT/ALONG 8UP Rd of Steven Rd finds Scotts Rd
ON 23 DAY JUNE MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SMD 2585X 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 : [Signature]
Name : SOUDAL N.V SG BRANCH
NRIC/ROC No. : _____
Address : _____

Company Stamp

SOUDAL N.V. SINGAPORE BRANCH
(T19FC0069J)