

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7391Z.2020.Z-PD
Your Ref: SH6991H

17 SEP 2020

TEL: 6438 1323
FAX: 6438 2313

TO: COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711



Dear Sirs

RE: CLAIMANT: KARZ-TA LEASING
ACCIDENT INVOLVING VEHICLES NO. SMG3410P & SH6991H ALONG
CARPARK OF BLK 435A WEST EDGE @BUKIT BATOK AVENUE 5 ON
02.08.2020

We are instructed by the abovenamed to claim damages against you in connection with an accident on 02 August 2020 at about 06:15 hours along Blk 435A West Edge@ Bukit Batok Ave5 carpark involving our client's vehicle no. SMG3410P and vehicle registration number SH6991H driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SH6991H.

As a result of the accident, our client's vehicle registration number SMG3410P was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A Damages

- Cost of Repairs (inclusive GST)
- Rental (8 days x \$130.00 per day)
- Loss of Use (2 days x \$80.00 per day)
(inclusive of 1 Sunday and 1 Holiday and 2 days Pre-Repair Inspection Notice)

B Disbursements

- LTA Search
- GIA Report
- Surveyor Report

C LEGAL COSTS (AT THIS STAGE)

\$	5,350.00
\$	1,040.00
\$	160.00
\$	7.49
\$	29.00
\$	629.00
\$	749.00
\$	7,964.49

CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE
SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7391Z.2020.Z-PD
Your Ref: SH6991H

17 SEP 2020

TEL: 6438 1323
FAX: 6438 2313

TO: NADERAJGEN P A
Blk 435B Bukit Batok West Ave 5
#05-990
Singapore 652435

**BY CERTIFICATE OF
POSTING**

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

Dear Sirs

**RE: CLAIMANT: KARZ-TA LEASING
ACCIDENT INVOLVING VEHICLES NO. SMG3410P & SH6991H ALONG
CARPARK OF BLK 435A WEST EDGE @BUKIT BATOK AVENUE 5 ON
02.08.2020**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 02 August 2020 at about 06:15 hours along Blk 435A West Edge@ Bukit Batok Ave5 carpark involving our client's vehicle no. SMG3410P and vehicle registration number SH6991H driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SH6991H.

As a result of the accident, our client's vehicle registration number SMG3410P was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs (inclusive GST)	\$	5,350.00
b.	Rental (8 days x \$130.00 per day)	\$	1,040.00
c.	Loss of Use (2 days x \$80.00 per day) (inclusive of 1 Sunday and 1 Holiday and 2 days Pre- Repair Inspection Notice)	\$	160.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	29.00
c.	Survey Report	\$	629.00
C	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	7,964.49

CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE
SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our clients' claim:-

- a) GIA Report and Traffic Police Report lodged by the driver of our client (SMG3410P) with sketch plan;
- b) GIA Report lodged by you (SH6991H) with sketch plan together with photographs of your vehicle no. SH6991H;
- c) Result of LTA search on your vehicle registration no. SH6991H;
- d) Vehicle Rental Official Invoice from KARZ-TA Leasing;
- e) Repair Proforma Invoice from Z-One Automotive Pte Ltd;
- f) Certificate of Insurance of our client's vehicle no. SMG3410P;
- g) Vehicle Owner Particulars of our client's vehicle no. SMG3410P; and
- h) LTA Receipt & GIA Invoices.

We have on 04 August 2020 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our clients arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully


CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SMG3410P

MSME20065353 / SME Motor Pte Ltd - Kaid Bukit
ENTRY DATE & TIME: 03/08/2020 16:21
SUBMITTED BY: Chia Pei Ying

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	03/08/2020 16:21
Date Of Accident	02/08/2020 06:15
Exact Location Of Accident	CARPARK OF BLK 435A WEST EDGE @ BUKIT BATOK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3410P
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	5XXXX368E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83223232

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	5111881492-000002
Cover Note Number	

Driver

Name of Driver	HUANG SHUXIAN
NRIC No	SXXXX178H
Date Of Birth	25/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91851050
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 922 JURONG WEST ST 92 #03-45
 Postcode 640922
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 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? YES
 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) 2
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200803/2040.

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 SH6991H
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver NADERAJGEN P A
 NRIC/Passport Number SXXXX250I
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HUANG SHUXIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMG3410P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

3/8/20

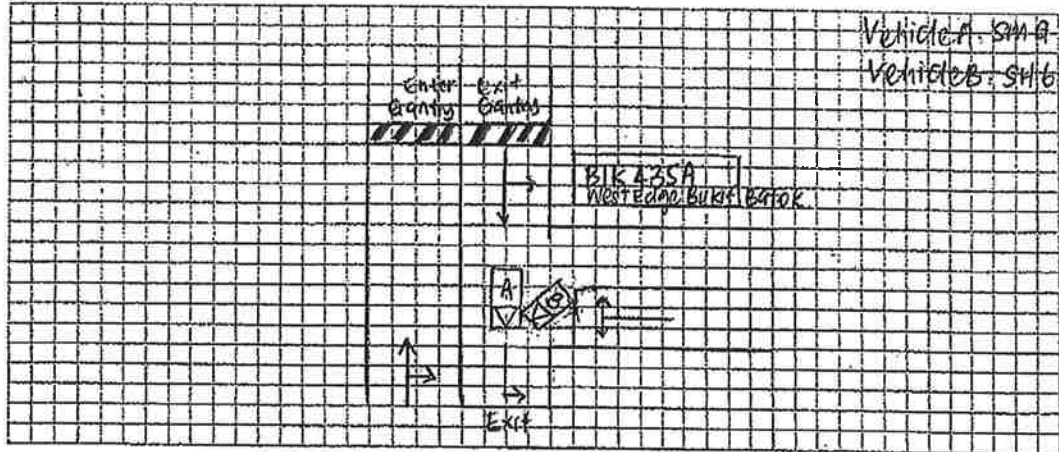
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Z-ONE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Police report

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 #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200803/2040

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20200803/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2020 13:38		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: HUANG SHUXIAN			Address: APT. BLK 922 JURONG WEST STREET 92 #03-45 SINGAPORE 640922		
ID Type / ID No.: NRIC NO / S8616178H			Contact No.: Home/Office: Mobile: 91851050		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 25/05/1986	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06:15 02/08/2020 18:45	Type of Location: Along the road of Blk 435A Bukit Batok West Ave 5	
Location: Along Road 1 BUKIT BATOK WEST AVENUE 5 Along Bukit Batok West Ave 5 near Blk 435A					
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		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
SH6991H	Car	HYUNDAI	I40 1.7 CRD F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	1
SMG3410P	Car	TOYOTA	SIENTA STANDARD (AUTO)	Brown	Seriously Damaged	1

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200803/2040

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

.2 of 3

Report No. T/20200803/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NADERAJGEN P A	ID No.	S01892501
Related Vehicle	SH6991H (Car)	Contact No.	81763083
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	NIL	Degree of Injury	NIL
Driver			
Name	HUANG SHUXIAN	ID No.	S8616178H
Related Vehicle	SMG3410P (Car)	Contact No.	91851050
Hospital/Clinic	Drs Koo & Choo Medical Clinic Pte Ltd	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2020	Date Discharge	03/08/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On the 02/08/2020 at about 1815hrs I was driving my vehicle bearing car registration SMG3410P along Bukit Batok West Ave 5 near Blk 435A. Subsequently I felt a collision from the left, I make a check with my passenger and she informed that she does not require medical attention. I then step out of my vehicle to make a check and discovered damages on the left front passenger door from the opposing vehicle bearing car registration SH6991H. I then approach the opposing driver and the opposing driver then asked why did I drive so fast. I then question him why he did not stop at the stop line and he kept quiet. I then exchange particulars and told him to claim from insurance. We then left the location.

On the 03/08/2020 at about 1230hrs I had went to see the doctor from Dr Koo & Choo Medical Clinic located at Bukit Batok because I felt strain at my neck area and right hand fourth finger felt numb. I was given 04 days of medical leave. This is the first time such incident have happened.

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200803/2040

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20200803/2040

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:
D /
Sgt 1 CHANG ZHEN LONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2020 13:38

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

SN 34

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 03/08/2020 13:30
 Date Of Accident 02/08/2020 06:10
 Exact Location Of Accident ALONG BUKIT BATOK WEST AVE 5 SERVICE ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6991H
Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars
 Manufacturer HYUNDAI
 Model I40
 Vehicle Category TAXI
Insurance Company
 Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number
Driver
 Name of Driver NADERAJGEN P A
 NRIC No S0189250I
 Address 435B 05-990 BUKIT BATOK WEST AVE 5

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 Number of Passengers (Including Driver) 3

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG3410P

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

A SH 6991 H

B SMG 3410 P

Butik Batok West
Ave 5

B

A

Multi
Storey
Car
Park
435A

Butik Batok Service
Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/08/2020 @ about 0610 hr. i was at Butik Batok west
Ave 5. BIK 435A Multi Storey car park. After i drive my vehicle A
at the service road towards turn left to main road. At the above
junction, i stop my vehicle check for incoming car from my right.
After i just move out B vehicle SMG 3410 P from my right suddenly
come out and collided onto my front portion.
No one was injury at that time of accident.
There is two male passengers onboard, they also no injury at that time.

DECLARATION

We declare the foregoing particulars are true in every respect.

OMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1993033921R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Hong Leong Tale
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.

COMFORT TRANSPORT PTE LTD
CO. REG. NO. 199303821R

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.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 02 Aug 2020 / 06:15:00)

Vehicle Insurance Details

Vehicle No.:

SH6991H

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20200804105546202636

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

KARZ TA Leasing

317 Outrum Road B1-03 Concorde Shopping Centre S(169075)

Tel: 8322 3232 Fax: 6738 8360 Roc: 53318368E

Offical Invoice

Date : 14-Aug-20

Invoice No : Karzta/005/2020

Bill To : Z-One Automotive Pte Ltd,
1 Kaki Bukit Ave 6 ,Blk D #01-87
Autobay @ Kaki Bukit S(417883)

: Rental For Toyota Sienta 7 Seater SMG3410P

<u>Item</u>	<u>Unit</u>	<u>Qty</u>	<u>Total</u>
Rental From 5 Aug 2020 To 13 Aug 2020	\$ 130.00	8	\$ 1,040.00



Karz Ta Leasing



Z-ONE AUTOMOTIVE PTE LTD

1 Kaki Bukit Ave 6, Blk D #01-85/87, Autobay@Kaki Bukit Singapore 417883

Tel: [62502115](tel:62502115)/[66342112](tel:66342112) Fax: [66342122](tel:66342122)

Email: service@z-one.com.sg ; enquiry@z-one.com.sg

AUTOMOTIVE * PERFORMANCE Company Registration No. 201118055N

Karz-Ta Leasing
317 Outram Road #B1-03 Concorde Shopping Centre
Singapore 169075
Contact : 83223232

PROFORMA INVOICE

Date : 01/09/2020
Date in : 05/08/2020
Vehicle Num. : SMG3410P
Make/Model : TOYOTA SIENTA STANDARD (AUTO)-2018
Chassis/Eng# : MHFZ28H3X00060337/2NRX400624
Accident Date : 02/08/2020
Claim No : C101982
Reference :
Policy No. : 5111881492-000002 (17/08/2020)

LUMPSUM REPAIR BILL
AS PER SURVEYOR REPORT
DATED 18/08/2020
BY Pal's Appraiser Pte Ltd

Amount \$
5,000.00



Z-ONE AUTOMOTIVE PTE LTD

E. & O.E.	Sub \$:	5,000.00
Add GST (7%)	\$:	350.00
Total Amount	\$:	5,350.00

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 08-20002/DY

Billing Name & Address

Karz-Ta Leasing

c/o No.1 Kaki Bukit Ave 6, Blk D

#01-87 AutoBay@Kaki Bukit

Singapore 417883

Date 18 Aug 2020

Vehicle No : SMG 3410 P

Model : Toyota Sienta

Item	Descriptions	Amount S\$
1	Date of inspection : <u>5 Aug 2020</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>69</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection Total	<u>\$ 629.00</u>
	SDLS : SIX HUNDRED AND TWENTY-NINE ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

E & O. E

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : **TP / 08-20002/DY / 2020**
Date of Report : **18 Aug 2020**

Karz-Ta Leasing
c/o No.1 Kaki Bukit Ave 6, Blk D
#01-87 AutoBay@Kaki Bukit
Singapore 417883

THIRD PARTY SURVEY ACCIDENT HAPPENED ON 2 Aug 2020

As per your instruction dated **5 Aug 2020** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SMG 3410 P**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : SMG 3410 P
Model : Toyota Sienta
Year / Capacity : 2018/1496
Chassis No : MHFZ28H3X00060337
Engine No : 2NRX400624
Mileage : 97333
Colour : Grey

2. TYRES CONDITION

			<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	:	195/60 R15	Crucero	5.00	mm	Sport
REAR	O/S	:	195/60 R15	Crucero	5.00	mm	Sport
FRONT	N/S	:	195/60 R15	Crucero	5.00	mm	Sport
REAR	N/S	:	195/60 R15	Crucero	5.00	mm	Sport

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the n/s front portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Z-One Automotive Pte Ltd
No.1 Kaki Bukit Ave 6, Blk D
#01-87 AutoBay@Kaki Bukit
Singapore 417883

5. Estimated normal period of repair : 6 working days to complete.

6. Enclosed number of photograph : 69 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: **SMG 3410 P**
 Report No: **TP/ 08-20002/DY / 2020**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Front headlamp	Damage	\$ 1029.40	\$ 1029.40
1	Front bumper	Damage	\$ 343.75	\$ 343.75
1	Front bumper clip (1 set)	Necessary	\$ 38.90	\$ 38.90
1	Front bumper lower lip	Damage	\$ 378.20	\$ 378.20
1	Front bumper seal plate	Damage	\$ 67.15	\$ 67.15
1	Front bumper side retainer	Damage	\$ 11.25	\$ 11.25
1	Front bumper side protector	Damage	\$ 278.10	\$ 278.10
1	Front bumper fog lamp	Damage	\$ 276.40	\$ 276.40
1	Front fender	Damage	\$ 551.40	\$ 551.40
1	Front fender inner shield	Damage	\$ 167.10	\$ 167.10
1	Front fender inner shield clip (1 set)	Necessary	\$ 22.10	\$ 22.10
1	Engine undercover	Intact	\$ 178.43	\$
1	Front wheel hub	Damage	\$ 237.20	\$ 237.20
1	Front wheel bearing	Necessary	\$ 101.80	\$ 101.80
1	Front shock absorber	Damage	\$ 497.10	\$ 497.10
1	Front knuckle arm	Damage	\$ 453.10	\$ 453.10
1	Front lower arm	Damage	\$ 896.30	\$ 896.30
			<u>\$ 5527.68</u>	<u>\$ 5349.25</u>
	Discount	25.0%	\$ 1381.92	\$ 1337.31
			<u>\$ 4145.76</u>	<u>\$ 4011.94</u>
<u>Special Nett Items</u>				
1	Front tyre (Depreciation)	Intact	\$ 320.00	\$
1	Front sport rim	Damage	\$ 450.00	\$ 450.00
			<u>\$ 770.00</u>	<u>\$ 450.00</u>

Spare Parts Total \$ 4915.76 \$ 4461.94

Vehicle No: **SMG 3410 P**
Report No: **TP/ 08-20002/DY / 2020**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 4915.76	\$ 4461.94
1	To remove and refit damage parts, test for proper functioning and focus of headlamps.	\$ 60.00	\$ 40.00
2	To remove and refit front undercarriage.	\$ 380.00	\$ 200.00
3	To check and re-adjust (Computerized) all wheel alignment.	\$ 180.00	\$ 120.00
4	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 960.00	\$ 660.00
5	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 900.00	\$ 660.00
6	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 60.00
Total		<u>\$ 7545.76</u>	<u>\$ 6201.94</u>

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 5000.00

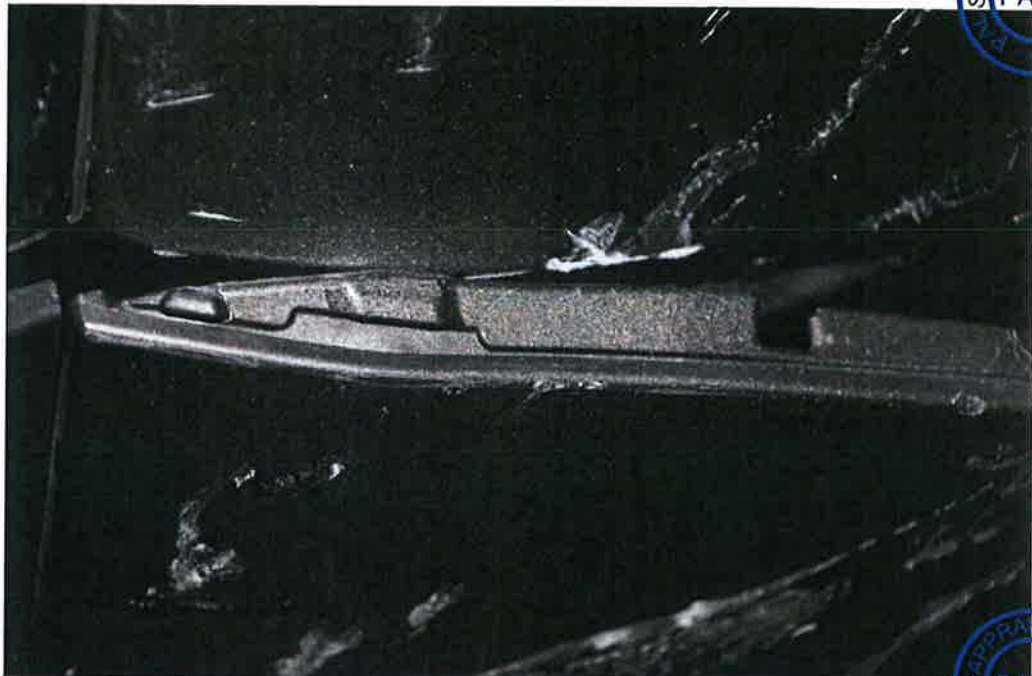
SDLS: FIVE THOUSAND ONLY


Qualified Appraiser



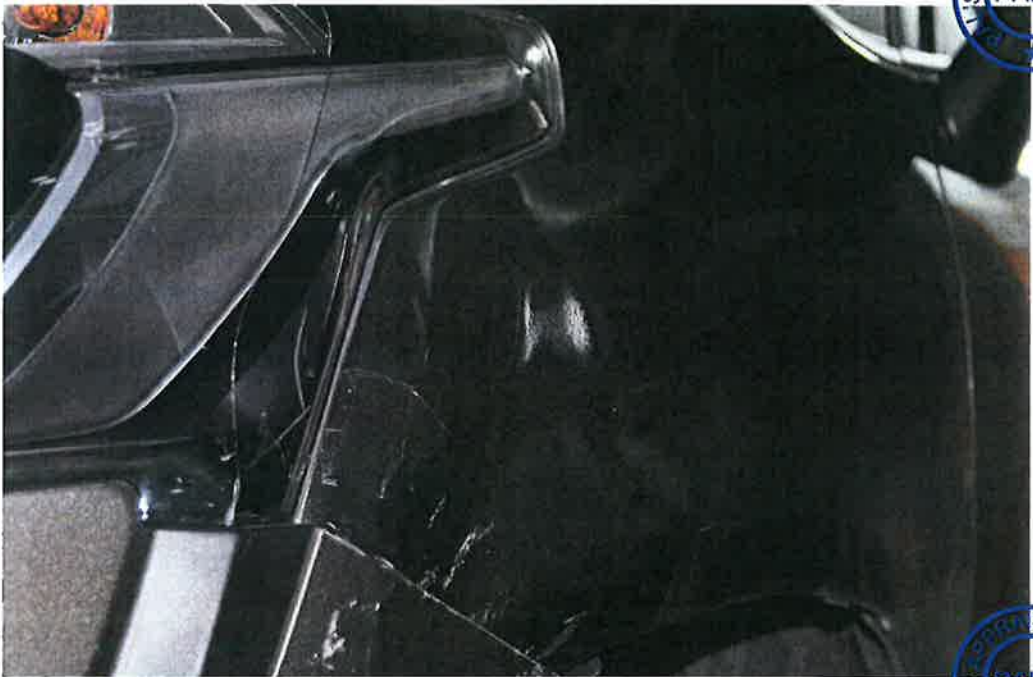
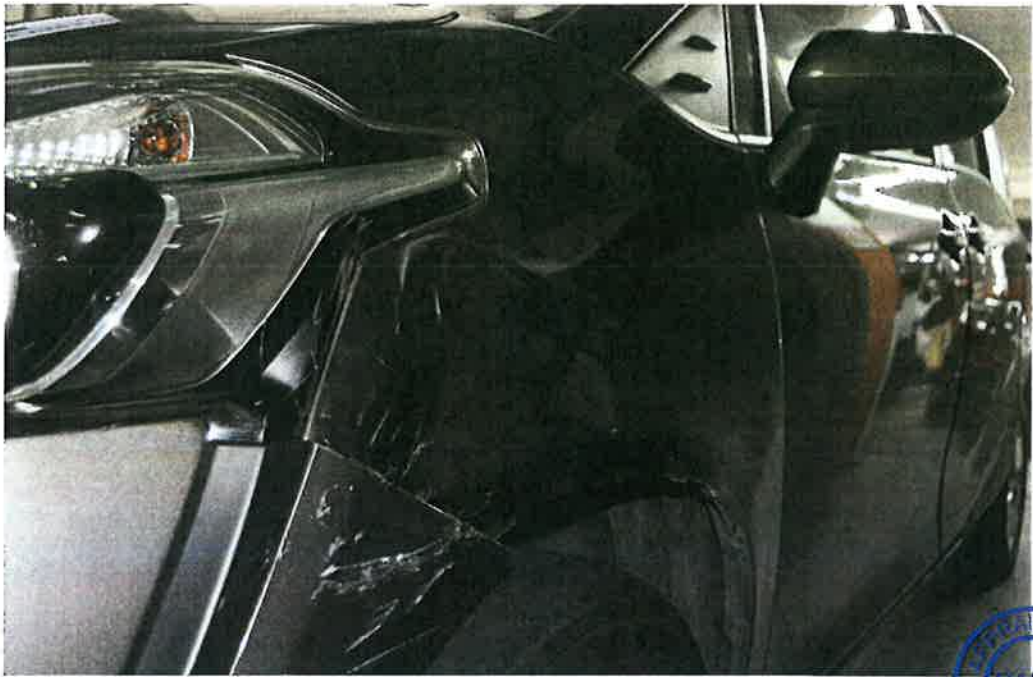










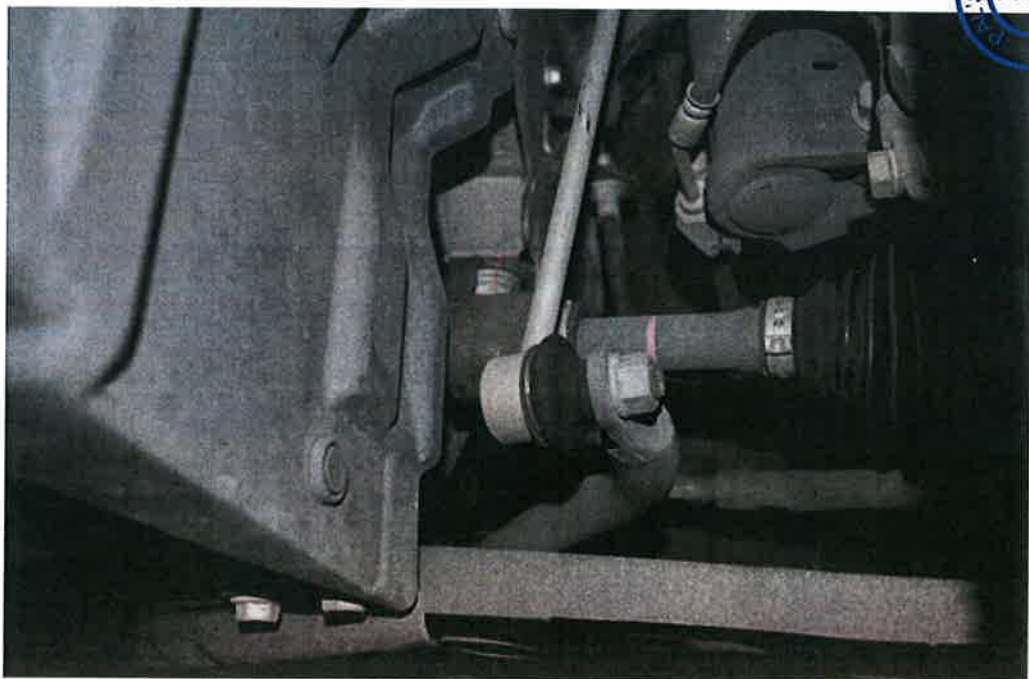
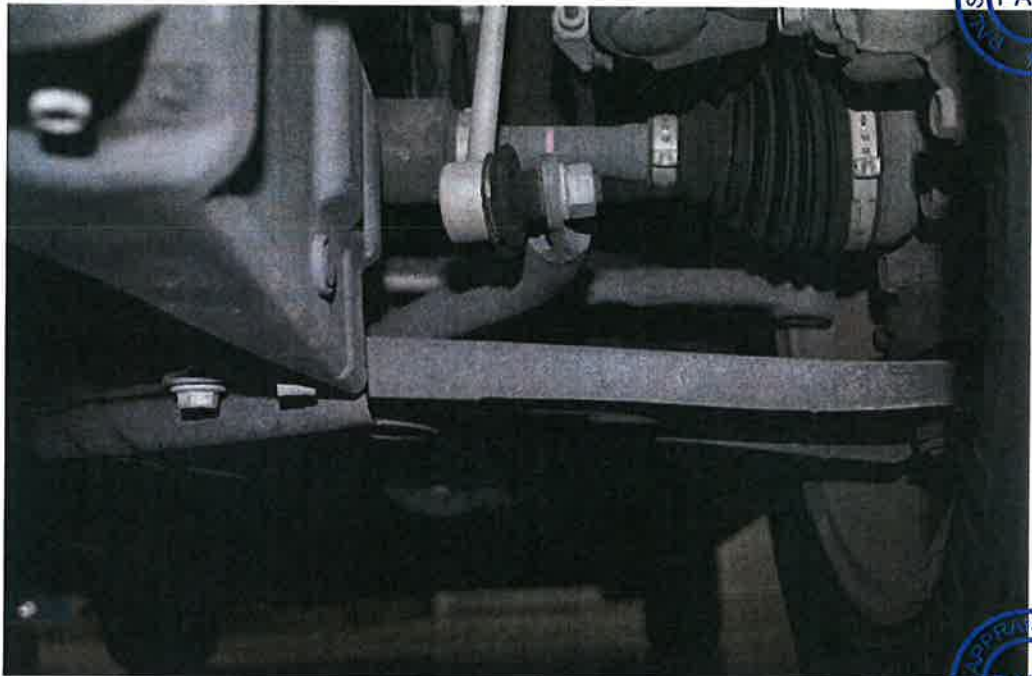
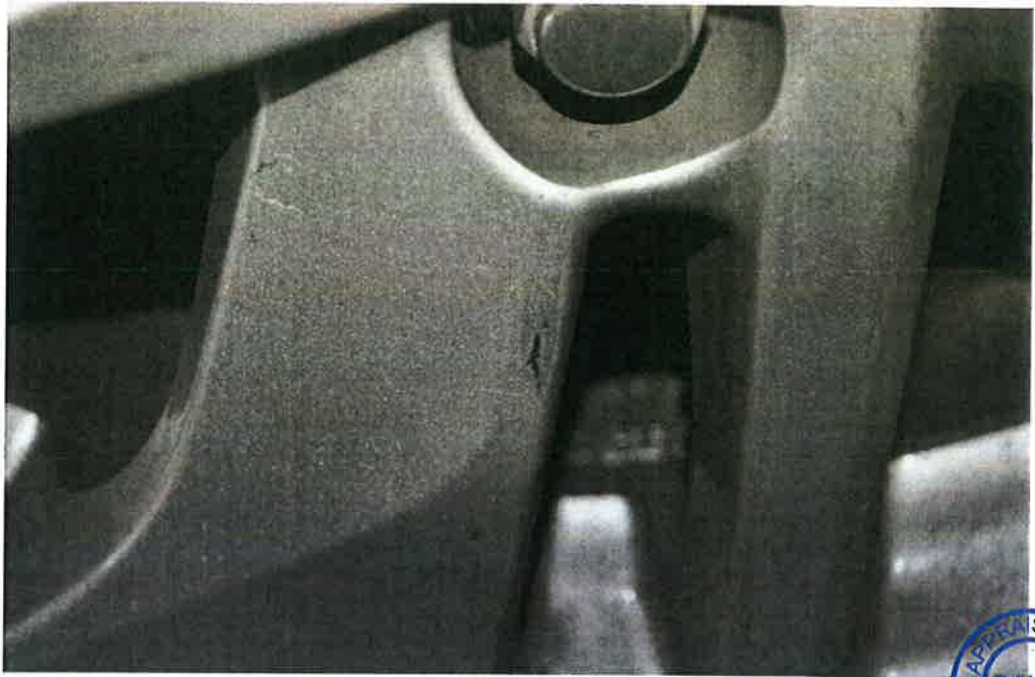


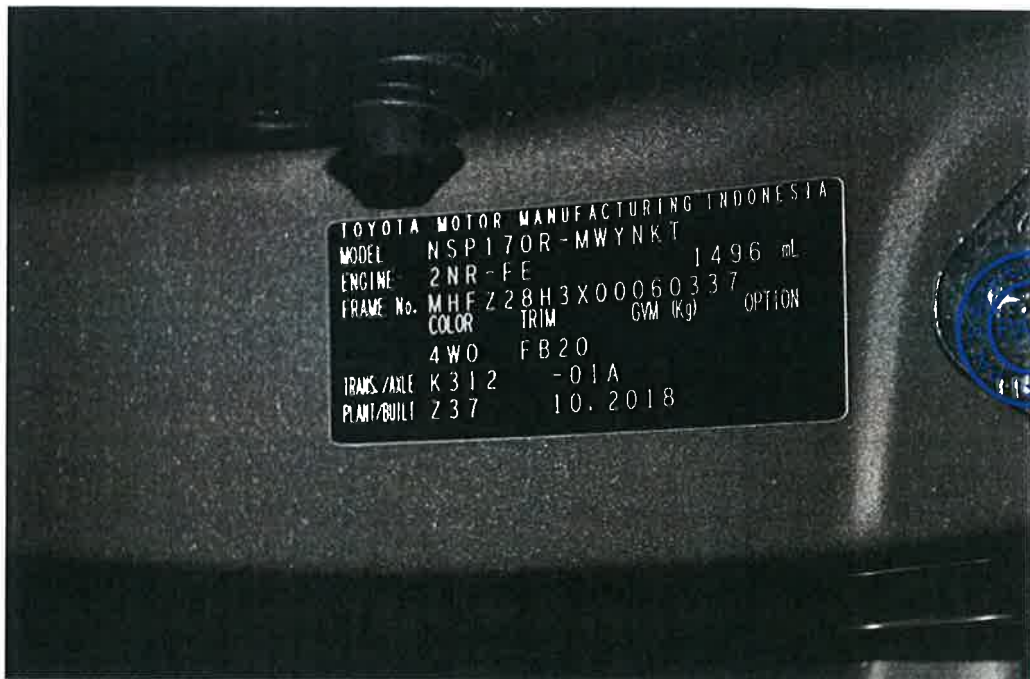






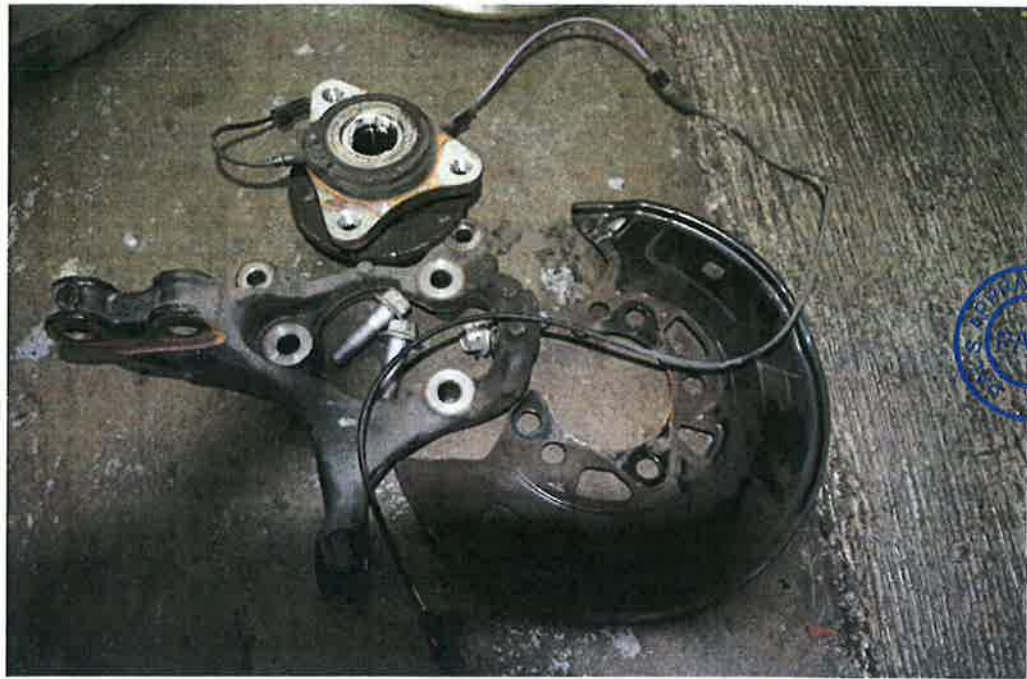




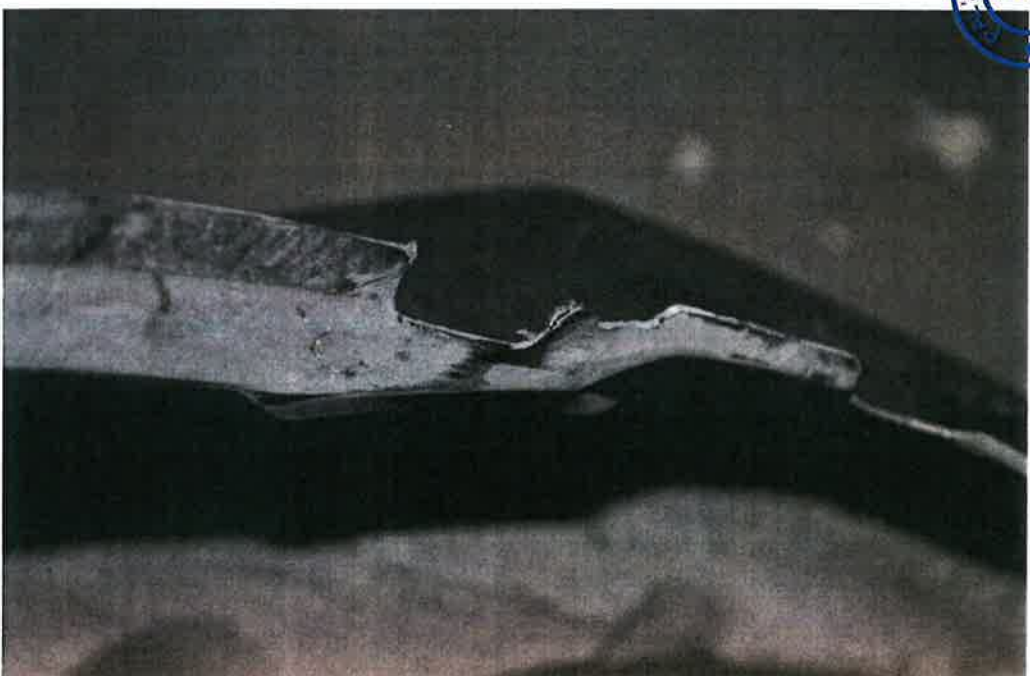


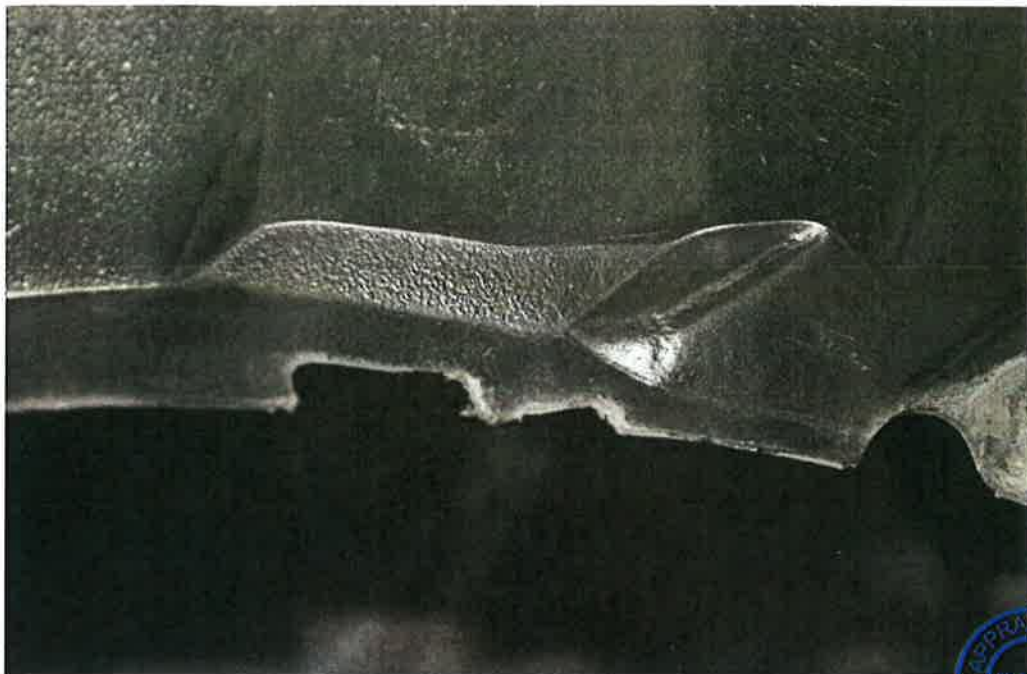


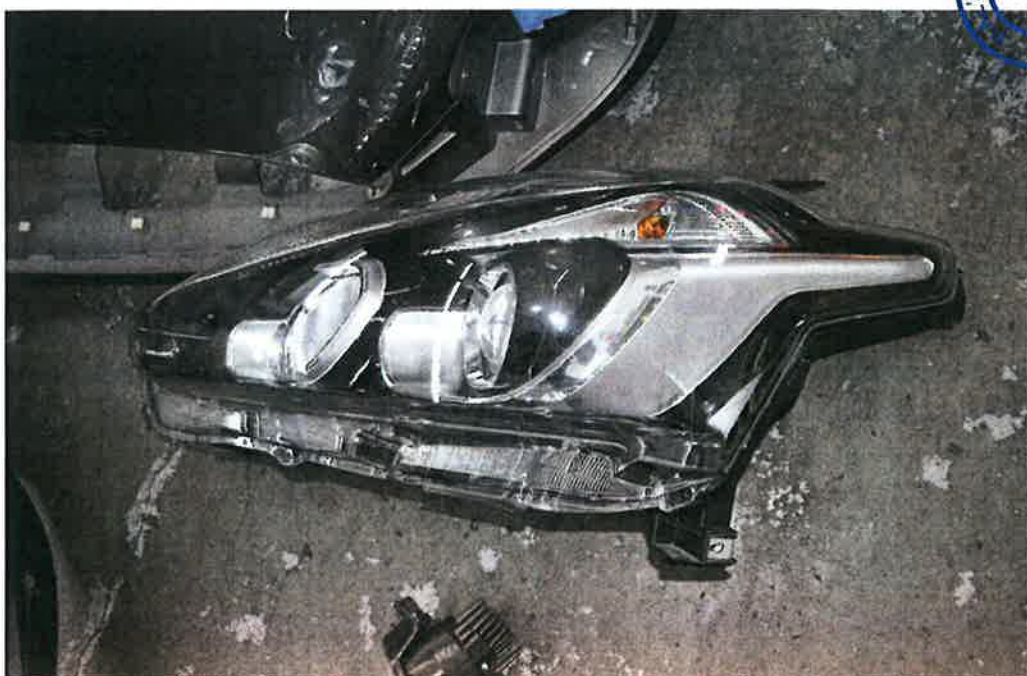


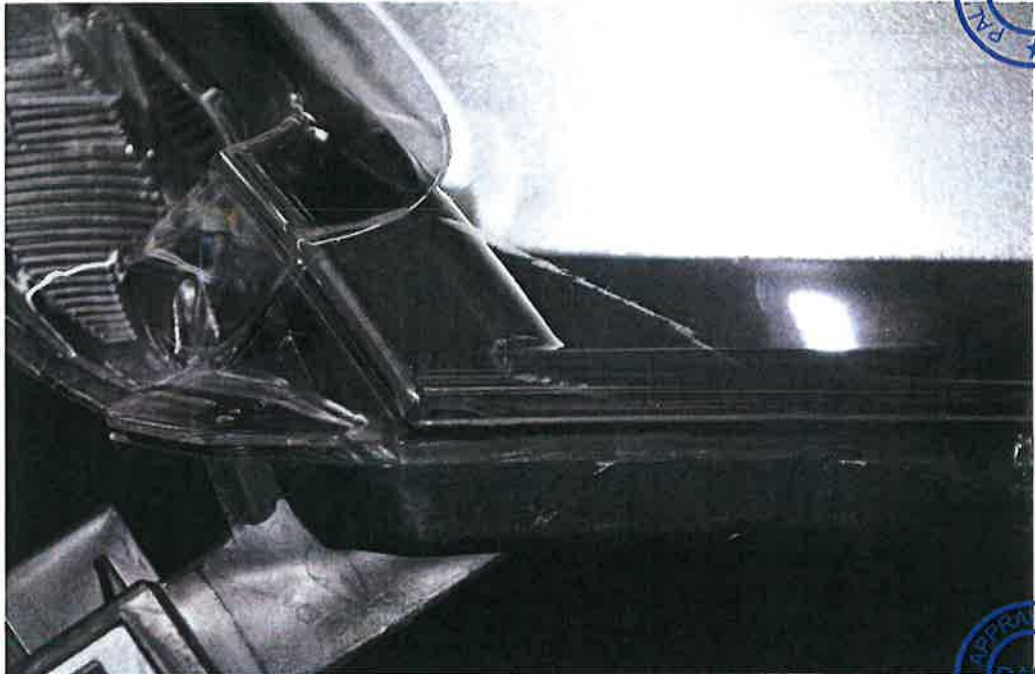
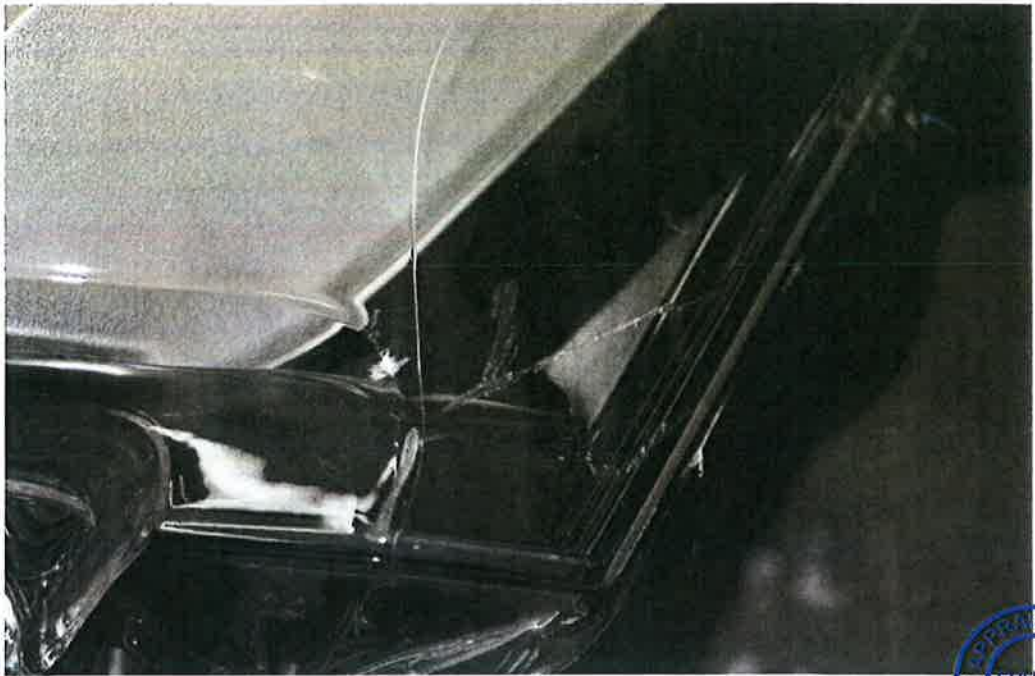


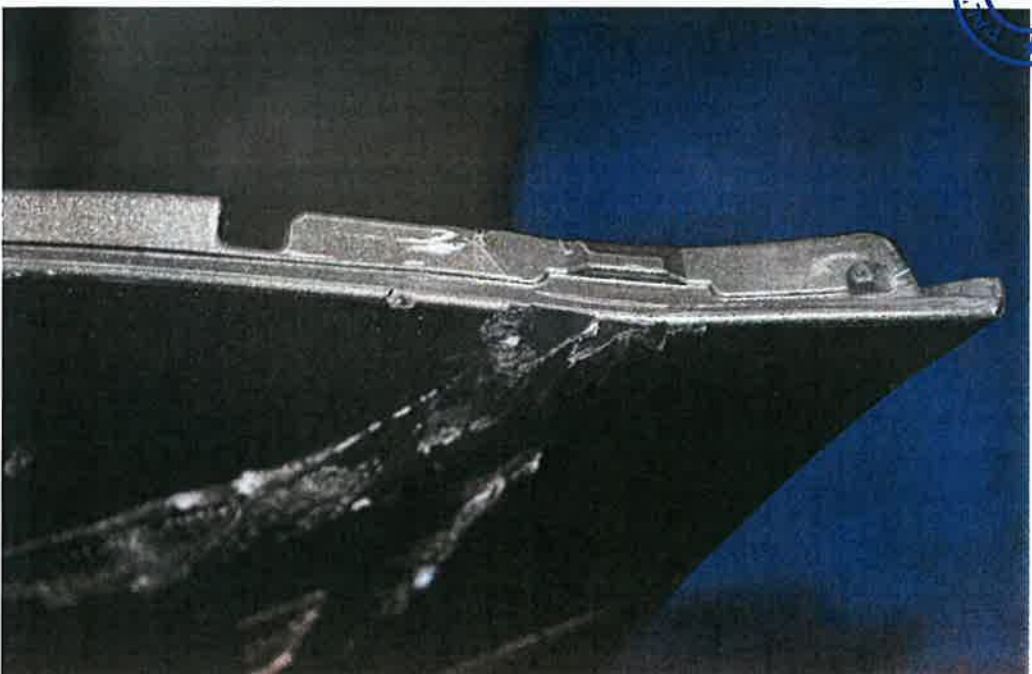
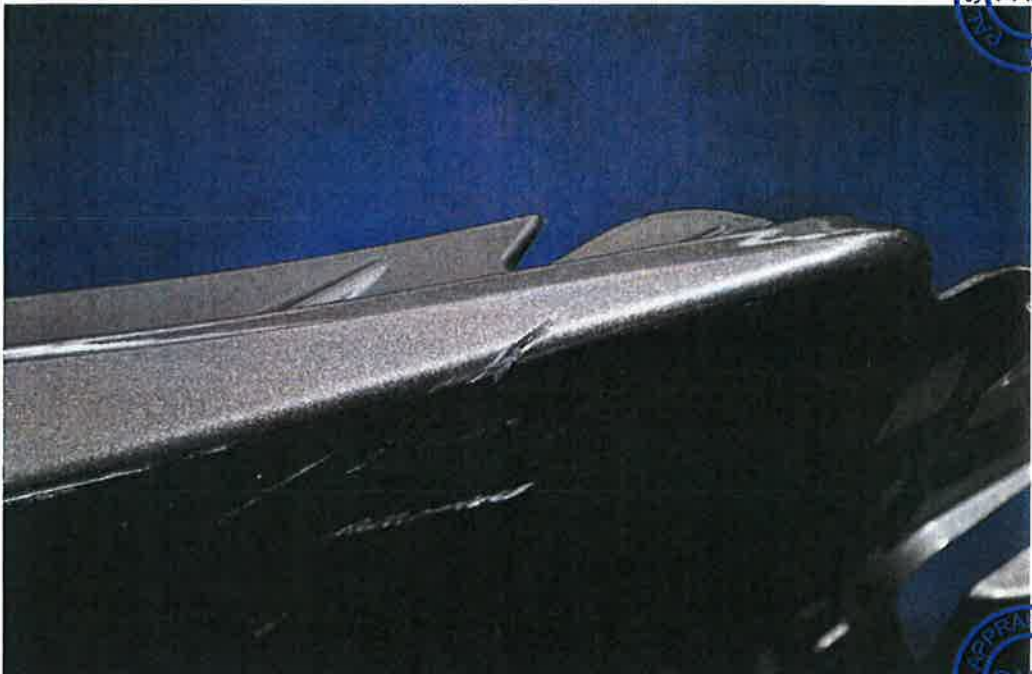


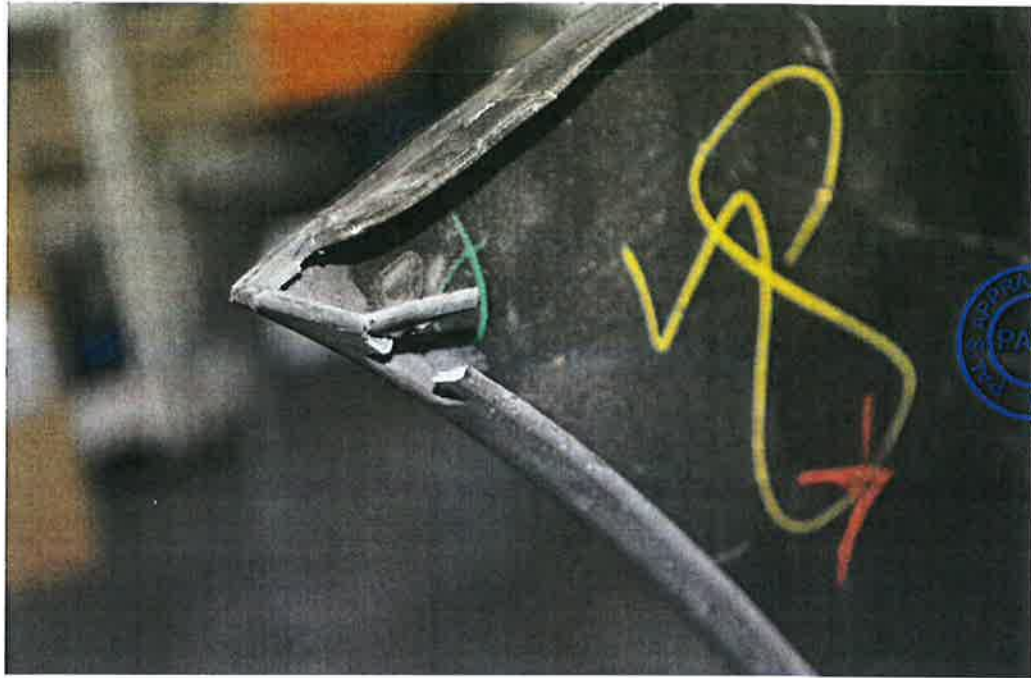
















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111881492-000002

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMG3410P**
Chassis Number : **MHFZ28H3X00060337**
2. Name of Policyholder : **KARZ-TA LEASING**
3. Effective Date of Insurance : **18 Aug 2019**
4. Expiry Date of Insurance : **17 Aug 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **COWELL INSURANCE (AGENCY) PTE LTD (00000610380)**

Date of Issue : **13 Aug 2019 14:55 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Business

368E

SMG3410P

Yes

04 Aug 2020

TOYOTA

SIENTA STANDARD (AUTO)

Brown

2018

2NRX400624

MHFZ28H3X00060337

79.0 kW (105 bhp)

\$17,658.00

17 Dec 2018

17 Dec 2018

0

\$17,658.00

Yes

16 Dec 2028

\$13,243.00

16 Dec 2028

A - Car up to 1600cc & 97kW (130bhp)

10

\$28,199.00

\$22,559.00

\$35,802.00

The information contained herein is correct as at 04 Aug 2020

OK

**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-20-090095
Date of Request: 04/08/2020

Your Ref No: AJ.TK.Z

CROSSBORDERS LLC
133 New Bridge Road #23-03/04/05
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 02/08/2020
Place of Accident: BLK 435A WESTEDGE
Client Vehicle No: SMG3410P

DESCRIPTION	AMOUNT (S\$)
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-20-090108
Date of Request: 04/08/2020

Your Ref No: AJ.TK.Z

CROSSBORDERS LLC
133 New Bridge Road #23-03/04/05
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 02/08/2020
Vehicle No: SMG3410P
Place of Accident: CARPARK OF BLK 435A WEST EDGE @ BUKIT BATOK AVE 5
Involving Vehicle No: SH6991H

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\$)
SH6991H	CARPARK OF BLK 435A WEST EDGE @ BUKIT BATOK AVE 5	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



Thank you

Amerjeet Singh has successfully logged out.

Your last login date and time was 04 Aug 2020, 10:55:04.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SH6991H	-	18.19 Enquire Veh Owner Info (Others) by Law Firm

Tr
7.