

AIG ASIA PACIFIC INSURANCE
78 SHENTON WAY
#08-16
SINGAPORE 079120
ATTENTION: MOTOR CLAIMS

10TH SEPTEMBER 2020

"WITHOUT PREJUDICE"

ACCIDENT INVOLVING VEHICLES SLZ1986U AND SJM4930C ON 03.08.2020

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses, which are set out hereunder as follows:

Repair Cost	: \$4066.00
Loss of Rental	: \$360.00 (3 DAYS X \$120.00)
LTA Search	: \$2.00
Total cost	: \$4428.00

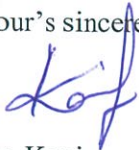
A copy each of the following supporting documents is enclosed:

Repair Invoice & Rental Invoice	Certificate of Insurance
Accident report/IC	GIA Search
Letter of authority	Discharge voucher

Please forward us an acknowledgement of receipt of this letter within 14 days of your receipt, failing which our client will have no choice but to take action against you without any further notice to you or your client.

For any clarification, you can contact us at 97637000/ fax 67411626 or email to kavi@tts.com.sg
Thank you.

Your's sincerely,



Ms. Kavi
Motor Claims officer
Email: kavi@tts.com.sg



TTS EUROCARS pte ltd
A member of the TTS Motor Group

Company Reg. No: 200413930H
GST No: 200413930H

383 Sin Ming Drive, TTS Centre, Singapore 575717 Sales: +65 6842 2222 Admin: +65 6757 0122 Aftersales: +65 6757 2622 Fax: +65 6741 1626
Branch : 73 Mackenzie Road Unit No: 01-14/15 Mackenzie Car Mall Singapore 228729 Tel : +65 6462 1111

For corporate, fleet & leasing enquiries, please contact +65 6462 1111
24-Hour Emergency Assistance: +65 6475 2722

Website : www.tts.com.sg



DISCHARGE VOUCHER

07TH SEPTEMBER 2020

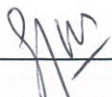
AIG INSURANCE

NAME : LOO KAH HUI
NRIC NO : S7304585A
CAR PLATE NO : SLZ1986U
CLAIM TYPE : Third Party
POLICY NO : MY005473
INSURANCE EXCESS : -
REPAIR COST : \$4066
DATE OF ACCIDENT : 03.08.2020

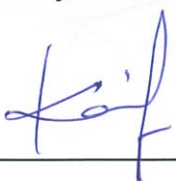
I Hereby acknowledge having received from TTS EUROCARS PTE LTD, 383 Sin Ming Drive. TTS CENTRE Singapore 575717, my vehicle, which had been repaired to my satisfaction and acceptance.

I Admit that payment of \$_____ account for such repairs is in full discharge of reference claim number **SLZ1986U** in respect of the Third Party claim to the said vehicle.

Dated this day of : 07TH SEPTEMBER 2020

x 

Signed by Policy holder/Insured



Signed by Workshop



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TAX INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG BUILDING

78 SHERIDAN WAY

#07-16

SINGAPORE 579120

Vehicle No : SL213800

BMW 523i 2.5 AT ABS D/AB

Mileage : 0

Document No: IN20-300753

Date : 10/09/2020

Staff ID : KAVISHA

Account No : AIG

Job No : T20-101771

Page 1

Description	Quantity	U Price	Disc%	Amount
GLOBAL LUMP SUM REPAIR	1	3,800.00		3,800.00

Total 3,800.00

9.00

7.00% GST Pay 266.00

Nett Total 4,066.00

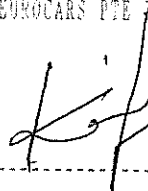

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* Acknowledgement by Customer *

I confirm that the goods stated in this invoice have been received by me in good working order and condition.

I further confirm that all services and/or repair jobs stated in this invoice are completed and done to my satisfaction.

TTS EUROCARS PTE LTD

Name/Signature/NRIC No/Co Stamp (where applicable)

Authorized Signature


TTS EUROCARS pte ltd
 A member of the TTS Motor Group

Company Reg. No: 200413930H GST No: 20-0413930-H

383 Sin Ming Drive, TTS Centre, Singapore 575717 • Sales: +65 6842 2222 • Admin: +65 6757 0122 • After Sales: +65 6757 2622 • Fax: +65 6741 1626

Branch: 15, Commonwealth Lane, Lot A1, Commonwealth Car Mall, Singapore 149554 • Tel: +65 6462 1111 • Fax: +65 6252 4834

24 Hours Emergency Assistance: +65 6475 2722

Website: www.tts.c



TTS EUROCARS pte ltd

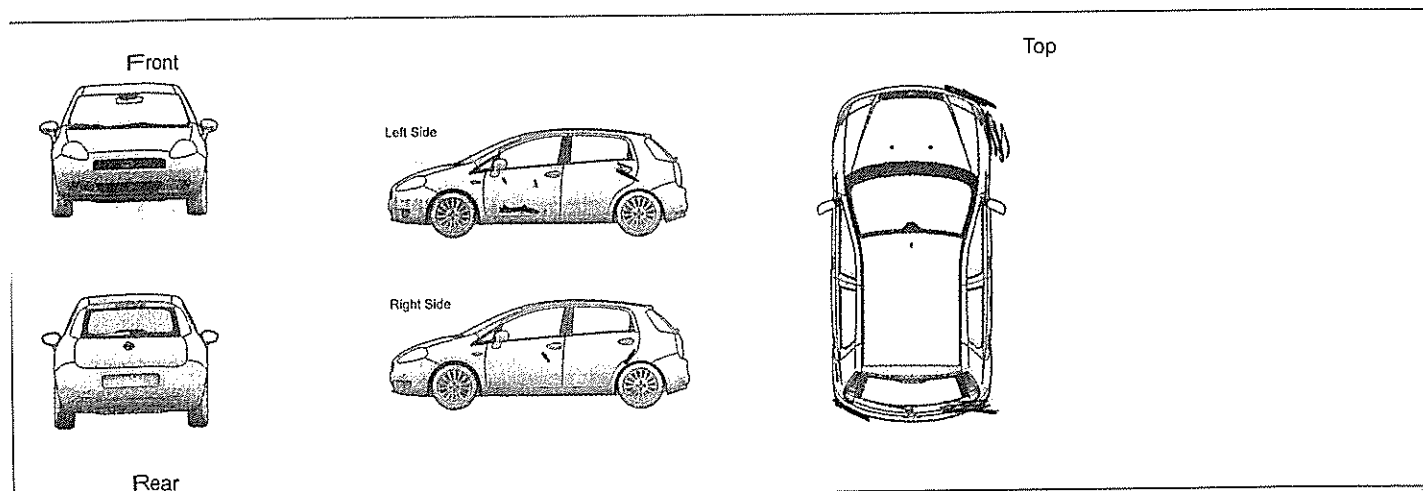
A member of the TTS Motor Group

75991212.

Leasing & Rental Agreement

TTS : 0311

HIRER'S PARTICULARS		VEHICLE DETAILS
Name: LOO KAH HUI	NRIC No/ Passport No: SXXXX585A	Vehicle Registration No:
Address: BLK 138C Lorong 1A TOA PAYOH #31-32	Telephone (Home): Mobile No: 98273988	Make / Model: Audi A4 Colour: Black
The hirer is to bear excess of the first \$3,500.00 on the damage to TTS's car (customer to sign acknowledgement)		
Collision Damage Waiver : Yes (No)	Date Hired from: 21/8/20	Rental Amount :\$
Excess waiver to :		CDW :\$
Estimated Date of Return :	No. of Days:	Refundable deposit :\$
Remarks: Accident Repair - SLZ1986V		Total :\$
		Amount Paid :\$



Collection of Vehicle			Return of Vehicle		
Out Date / Time 21/8/20 3pm	Mileage Out 100/20	Fuel Level 	In Date / Time 21/9/20 4pm	Mileage In 100975	Fuel Level
Checkout by: KAVI			Check In by: KAVI		

All terms and conditions shall be governed by and construed in accordance to the laws of the Republic Singapore. In acknowledgement and agreement to the above terms and conditions of the rental Agreement contract:

Hirer Signature

TTS EUROCARS PTE LTD

Refund Deposit to Customer: \$

Date:

Customer's Signature:

X



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

Third Party Insurer Enquiry

Our Ref No: GR-20-090509
Date of Request: 04/08/2020

Your Ref No: Online Purchase

TTS Eurocars Pte Ltd
383 Serangoon Drive
TTS Centre
Singapore 575717

Dear Sir/Madam,

Enquiry Date 04/08/2020
Enquiry By Natarajan Kavidha Rajan
TP Vehicle No. SJM4930C
Accident Date 03/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJM4930C	AIG Asia Pacific Insurance Pte. Ltd.	06/01/2020-05/01/2021	65-6419-3000

Thank You.

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.

This is a computer generated document and requires no signature.

8/4/2020

Invoice



RECORDS MANAGEMENT CENTRE

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-20-090509
 Date of Request: 04/08/2020

Your Ref No: Online Purchase

TTS Eurocars Pte Ltd
 383 Serangoon Drive
 TTS Centre
 Singapore 575717

Dear Sir/Madam,

Enquiry Date 04/08/2020
 Enquiry By Natarajan Kavidha Rajan
 TP Vehicle No. SJM4930C
 Accident Date 03/08/2020

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GI RO ☐ Cash ☐ Cheque



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)**

Policy No.: 19-MY005473-R06 (Private Motor Car)

- | | | |
|---|----------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLZ1986U | Chassis No.: WBAFP32060C865362 |
| 2. Name of Policyholder | MR LOO KAH HUI (LU JIAHUI) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 21/10/2019 | |
| 4. Date of Expiry of Insurance | 20/10/2020 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| (a) The Policyholder. | | |
| (b) Any other person who is driving on the Policyholder's order or with his 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2402DDA

Insurance Plan:	Comprehensive Other Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



TTS EUROCARS pte ltd

A member of the TTS Motor
Group

Company Reg. No: 200413930H

LETTER OF AUTHORISATION

ACCIDENT INVOLVING SLZ1986V & SJM4930C ON 3/8/20,
I, Leo Kah Hui owner of Vehicle Registration No. SLZ1986V.


Hereby authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.

I further authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my above claim.

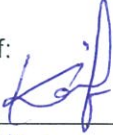
I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd of the settlement amount in respect of such claim shall constitute the full discharge of the claim in respect of such loss and damage.

Signed By:

Leo Kah Hui 
Name
NRIC No: S73045851A.

In the presence of:


Name Karidher
NRIC No: S8171135F.

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 af resaid.

ACCIDENT STATEMENT

Date Of Report	04/08/2020 17:54
Date Of Accident	03/08/2020 10:15
Exact Location Of Accident	JUNCTION OF MOUNT VERNON AND BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1986U
Insured/Policyholder	
Name Of Registered Owner	LOO KAH HUI
NRIC No	SXXXX585A
Email Address	SPIKELOO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98273988
Alternative Phone No	OFFICE-98273988

Vehicle Particulars

Manufacturer	BMW
Model	523I-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MY005473-R06
Cover Note Number	

Driver

Name of Driver	SIM KIM HUA
NRIC No	SXXXX236A
Date Of Birth	14/05/1972
Occupation	INDOOR
Date Of Driving Pass	16/01/2004
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82991213
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138C LORONG 1A TOA PAYOH #31-32
Postcode	313138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PHU SIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS AT THE JUNCTION OF MOUNT VERNON ROAD & BARTLEY ROAD, SUDDENLY VEHICLE "B" HIT ONTO ME

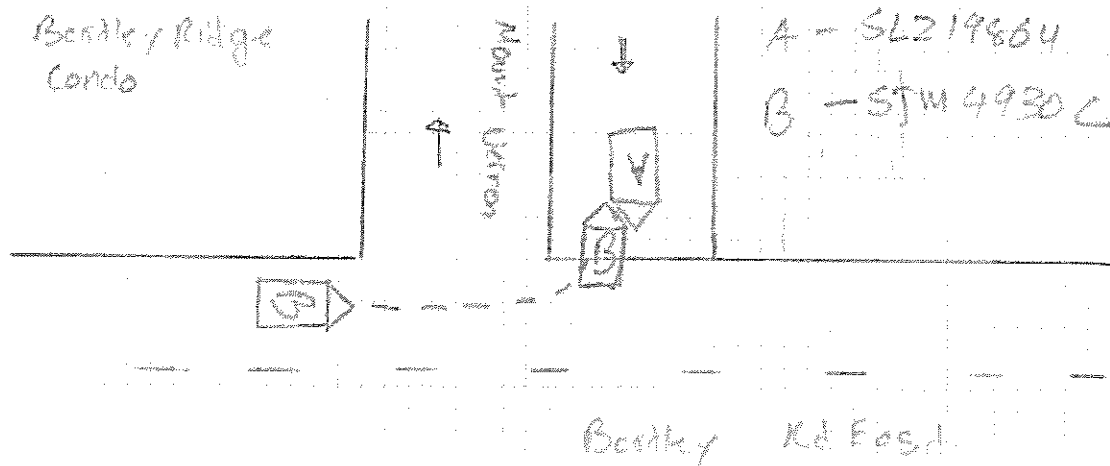
Attachment(s)

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	SJM4930C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DERRICK WONG JUNJIE
NRIC/Passport Number	SXXXX049D
Contact Number	92999091
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Bentley Ridge
Condo



I was at the Junction of Mount Vernon & Bartley Rd. Suddenly vehicle B hit onto me.

1/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: MD Shabr
NRIC/FIN No: _____

Sketch Plan


SKETCH PLAN

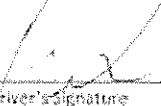
IMPORTANT NOTICE

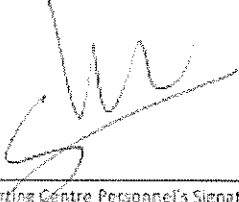
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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