

SUPREME AUTO SERVICE PTE LTD

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: admin@supreme.sg

•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: SGN 8073 E

AIG ASIA PACIFIC INSURANCE PTE LTD

Attn: Officer In Charge

(Motor Claim Department)

7/09/2020

Dear Sir,

RE : ACCIDENT INVOLVING SGN8073E & SGW3161U ON 13/10/2015.

We have been authorized by PETER GIN HOONG SIONG, the registered owner of vehicle number SGN8073E, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SGW3161U.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	3,600.00
Loss of Use (9days x \$60) 2 Day PRI & one Sunday involved & 9 working days	S\$	540.00
Search Fee	S\$	2.00
Total	S\$	4,142.00

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,


Supreme Auto Service Pte Ltd



SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 FAX: 6451 7420



CO. REG. NO. : 19-9404214-H

INVOICE : 17730

AIG ASIA PACIFIC INSURANCE PTE LTD

DATE : 7/9/2020

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE: TOYOTA ALTIS / SGN 8073 E</u>	
	Lump Sum for repair for the above mentioned vehicle.	\$3,600.00
	Total	\$3,600.00



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903

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-15-119841

Date of Request: 14/10/2015

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd
176 Sin Ming Drive
#02-01
Singapore 786548

Dear Sir/Madam,

Enquiry Date 14/10/2015
Enquiry By MEMESAN
TP Vehicle No. SGW3161U
Accident Date 13/10/2015

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

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GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-15-119841

Date of Request: 14/10/2015

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd
176 Sin Ming Drive
#02-01
Singapore 786548

Dear Sir/Madam,

Enquiry Date 14/10/2015
Enquiry By MEMESAN
TP Vehicle No. SGW3161U
Accident Date 13/10/2015

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGW3161U	AIG Asia Pacific Insurance Pte. Ltd.	13/07/2015-12/07/2016	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.

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 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	14/10/2015 14:48
Date Of Accident	13/10/2015 18:30
Exact Location Of Accident	ALONG BUONA VISTA DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8073E
Insured/Policyholder	
Name Of Registered Owner	PETER GN HOONG SIONG
NRIC No	S6925212E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97571507
Alternative Phone No	Others-97571507

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	Motorcycle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5040519958-05
Cover Note Number	

Driver

Name of Driver	PETER GN HOONG SIONG
NRIC No	S6925212E
Date Of Birth	14/08/1969
Occupation	Indoor
Date Of Driving Pass	11/05/1992
Driving Experience	23 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-97571507
Fax Number	
Contact Number	Others-97571507
Email Address	NOEMAIL

Address	BLK 22 SIN MING WALK
	#08-06
Postcode	575571
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

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
Was there any video captured by Car Camera?	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

REFER ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW3161U
Vehicle Make/Model/Colour	
Details Of Properties	FRONT PORTION
Name of Driver	LEE LIAT GUAN
NRIC/Passport Number	S2187759Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	


Describe Circumstances of the Accident


I was driving along Buena Vista Dr towards Vista Exchange Green. Vehicle in front of me stopped. I stopped too. A few seconds later, Vehicle B (SGW131614) failed to stop in time, collided into my vehicle rear with a hard impact. I felt unwell after the accident.

Declaration

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


Witnessed by Reporting Centre Personnel

Sketch Plan Pg.1

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6. This report will be forwarded by the Insurers to 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

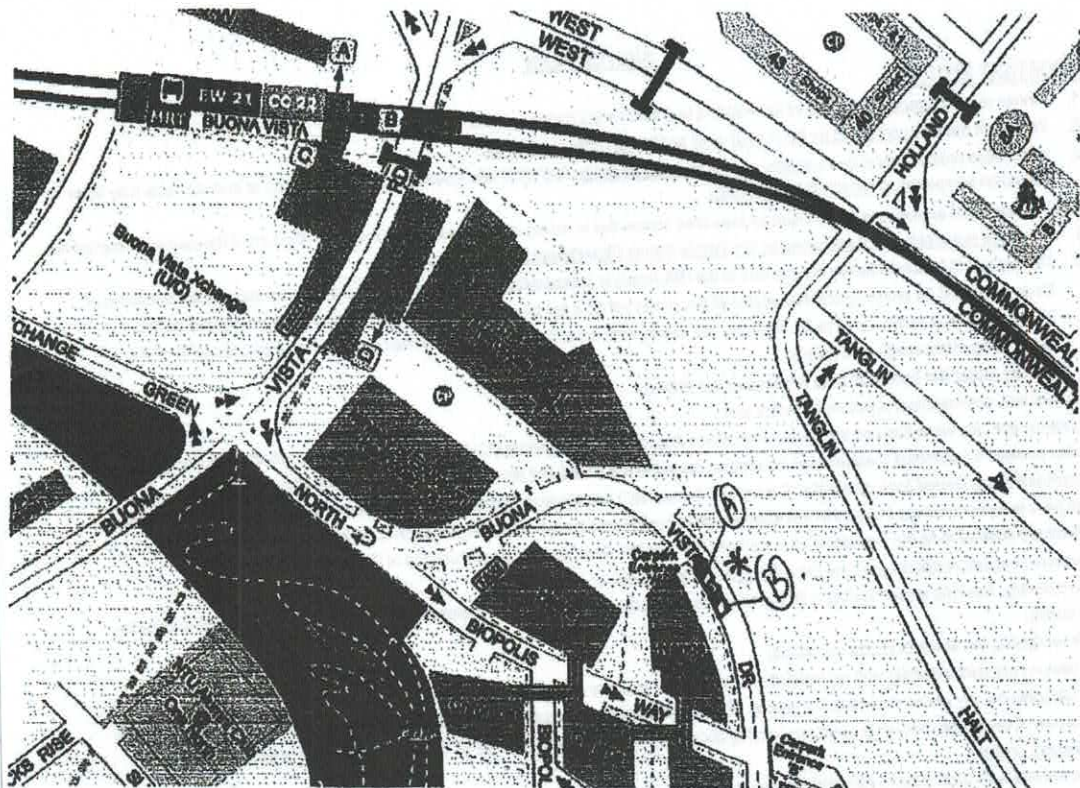
Bubna Vista Dr.

A - 56N B073/E

B - 56W/21611

← A B →

Describe Circumstance of the Accident



To: Supreme auto Service
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SGN 8073E & SGW 3161U
ALONG/AT Buona Vista DR
ON 13/08/2015.

1. I/We, Peter Gin Hoong Siong (NRIC No. S6925212E),
owner/driver of motor vehicle no. SGN 8073E & residing at

respectively in consideration of your workshop Supreme auto Service repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below.

2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
3. 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/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s Supreme auto Service.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducting all costs and disbursements incurred should be drawn in your name and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: 

Name: _____

NRIC NO: _____

Date this 15 day of 10 2015.