

PTE/SLE1708S/20200925/DS-CL
07/12/2020

M/s AIG Asia Pacific Insurance Pte Ltd
c/o LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1, #02-25
Singapore 408933
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 25/09/2020 INVOLVING SLE1708S & SLA6824C
ALONG JUNCTION OF BUKIT BATOK ROAD & BUKIT BATOK WEST AVE

We are the authorised repair workshop for the owner of vehicle, SLE1708S, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SLA6824C, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

| | |
|--------------------|----------|
| 1. Cost of Repairs | 3,582.66 |
| 2. Car Rental | 117.70 |
| 3. Loss of Use | 320.00 |
| 4. Surveyor Fee | - |
| 5. LTA Fee | - |
| 6. TP/GIA Fee | 2.00 |
| 7. Medical | - |
| 8. Others | - |

(E&OE) 4,022.36

We enclose the following documents to support the claims: -

| | |
|--|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report | <input checked="" type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input checked="" type="checkbox"/> Car Rental Bill |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill |
| <input checked="" type="checkbox"/> GIA/TP Search | <input type="checkbox"/> Witness Statement |
| <input type="checkbox"/> Others: | |

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

205 Braddell Road S(579701)

DID: 6383 7824 FAX: 6281 5767

Email: cecilialeee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6383 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 609286

Tel 6338 8778

Senoko

24 Senoko Loop

Singapore 758156

Tel 6757 8760

Sin Ming

383 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

7 Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6848 5721

www.SPARKcarcare.com

A member of

COMFORTDELGRO

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Singapore 579701
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Facsimile + 65 6280 9755
www.cdge.com.sg

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383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6848 5721



ComfortDelGro Engineering

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

8010004

VEHICLE NO
SLE1708S

INVOICE NO./DATE
91531788 07.11.2020

AIG ASIA PACIFIC INSURANCE PTE LTD

MAKE
HONDA

JOB NO.
305426233

SHENTON WAY.AIG BUILDING #07-16 #78
SG 079120

MODEL
VEZEL 1.5X CVT

ODOMETER READING

CONTACT NO: 64193000

PO NUMBER: DOA@25.09.2020

DATE/TIME IN
05.10.2020 09:18

DATE/TIME OUT
09.10.2020 09:20

| QTY | DESCRIPTION | UNIT PRICE (\$) | DISCOUNT | NET PRICE (\$) |
|-----|---------------------------------------|-----------------|----------|----------------|
| 01 | REAR WINDSCREEN MOULDING SET | 1 PC 171.82 | 20.00 % | 137.46 |
| 02 | (ALL) WINDSCREEN ADHESIVE-310ML CART* | 2 EAC 20.00 | NA | 40.00 |
| 03 | INNER SEALTape REAR WINDSCREEN | 1 PC 40.00 | NA | 40.00 |
| 04 | TAIL GATE | 1 PC 1,100.90 | 20.00 % | 880.72 |
| 05 | LOGO - HONDA | 1 PC 27.10 | 20.00 % | 21.68 |
| 06 | EMBLEM - VEZEL | 1 PC 65.00 | 20.00 % | 52.00 |
| 07 | REAR BUMPER | 1 PC 508.72 | 20.00 % | 406.98 |

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED IN OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

PAGE: 1 OF 2

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| 8010004 | 91531788 | | |
| | | | |
| | | | |

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cedge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
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Tel: 6383 8110
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Tel: 6369 7369
Tel: 6848 5721



ComfortDelGro Engineering

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

INVOICE NO./DATE

91531788 07.11.2020

| S/NO | DESCRIPTION | QTY | UNIT PRICE (S\$) | DISCOUNT | NET PRICE (S\$) |
|------|--------------------|-------|---------------------|----------|--------------------|
| 08 | CLIP RAR BUMPER | 10 PC | 3.90 | 20.00 % | 31.20 |
| 09 | REVERSE SENSOR SET | 1 PC | 200.00 | NA | 200.00 |
| 10 | REVERSE BUZZLE | 1 PC | 85.30 | 20.00 % | 68.24 |
| 11 | LABOUR CHARGES | 1 EAC | 1,470.00 | NA | 1,470.00 |

Total Amount

3,348.28

Add GST

7.00 %

234.38

Net Amount Payable

3,582.66

Issued by
Repair Type
Payment term

: DEASEX08 07.11.2020 11:39:15
: CPS0/52/5T
: /Z030

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PAGE: 2 OF 2

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Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHK No |
|-------------|-------------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

TAX INVOICE

Our Ref No: GR-20-116258

Date of Request: 26/09/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 26/09/2020
Enquiry By Vo Yung Khong
TP Vehicle No. sla6824c
Accident Date 25/09/2020

| 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:

☒ GIRO ☐ Cash ☐ Cheque

Third Party Insurer Enquiry

Our Ref No: GR-20-116258

Date of Request: 26/09/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 26/09/2020

Enquiry By Vo Yung Khong

TP Vehicle No. sla6824c

Accident Date 25/09/2020

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SLA6824C | AIG Asia Pacific Insurance Pte. Ltd. | 11/03/2020-10/03/2021 | 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.

COMFORTDELGRO RENT-A-CAR

ComfortDelGro Rent-A-Car Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6882 0888
Facsimile +65 6665 1818

www.cdgrentacar.com.sg

GST REG No. : M2-0044678-0

TAX INVOICE

Company Registration No.: 198105775H

Invoice No. : R0246772TD

Account No. : CR9G003575
Hirer's Name : Mr Gao Wei c/o CDGE Pandan
Name 2 :
Address : 45 Pandan Rd

RA Ref No. : CR-20-145417
Invoice Date : 09-October-2020

Country : Singapore
Attention : Mr Wong Chee Wei
Postal : 609286

Driver Name : Mr Gao Wei c/o CDGE Pandan
Name 2 :

Vehicle No. : SLP4074J
VA No. : 111 4283
Model Type : MAZDA 3 1.5 A
Start Date : 08-Oct-2020 8:45
End Date : 09-Oct-2020 10:55
Duration : 1 day(s)
Mileage In : 24280
Mileage Out : 24196
Repl Mileage : 0
Km travelled : 84

Payment : InternetBanking

Description

Car Rental

Amount (SGD)

\$110.00

Sub Total : \$110.00

Add GST 7.00% : \$7.70

Total Invoice Amount : \$117.70

Remarks

Original Car No. SLE1708S. Ref: Wong Chee Wei

IMPORTANT

- Please quote the Invoice number when making payment.
- Payment should be made payable to ComfortDelGro Rent-A-Car Pte Ltd.
Bank Name : Citibank N.A.
Bank Account No. : 0818385005
Bank / Branch Code : 7214/001
Swift BIC : CITISGSGXXX
Swift Code : CITISGSG
- Payment advice to : accounts@cdgrentacar.com.sg
- Sales Person : Operations

Scan & Pay
via PayNow



UEN : 198105775H

A member of

COMFORTDELGRO

RA REF NO : CR-20-145417
MODEL NAME : MAZDA 3 1.5 A
VA No : 111 4283
VEHICLE/GROUP : SLP4074J / A
Acct No. : CR9G003575
HIRER'S NAME : Mr Gao Wei c/o CDGE Pandan
Address : 45 Pandan Rd

ComfortDelGro Rent-A-Car Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6882 0888
Facsimile +65 6665 1818

Country : Singapore Postal : 609286
DRIVER NAME : Mr Gao Wei c/o CDGE Pandan
Address : 45 Pandan Rd

Name 2 (SAP) : www.cdgrentacar.com.sg
Contact : Mr Wong Chee Wei
Tel/Fax : /
Tel No (Res/Off) : /

Handphone : 8218 0043
Petrol Card :
Nationality : Chinese

REMARKS (GENERAL/DELIVERY)

Original Car No. SLE1708S. Ref: Wong Chee Wei

Country : Singapore Postal : 609286
License Expiry : LIFE SG
ADDITIONAL DRIVER: Ms Wang Yuanyuan c/o CDGE Pandan
Lic Issue Country : LIFE SG

DELIVERY ADDRESS :
45 Pandan Rd 609286

COLLISION DAMAGE WAIVER(CDR)

Days : \$0.00 Monthly :

Accepts

Decline

Excess : \$1,605.00

PERSONAL ACCIDENT INSURANCE (PAI) :

Days : \$0.00 Monthly :

Accepts

Decline

RENTAL CHARGES :

Rental Type : Transient / Normal
\$ 117.70 nett per day
\$ 117.70 nett per day (7 days & above)

| | | |
|-----------------------------|---|----------|
| RentalCharges | : | \$470.80 |
| Voucher | : | \$0.00 |
| Discount | : | \$0.00 |
| Total CDR | : | \$0.00 |
| Total PAI | : | \$0.00 |
| Total Msia Use | : | \$0.00 |
| Delivery/Collection Charges | : | \$0.00 |
| Petrol Charges | : | \$0.00 |
| Subtotal | : | \$440.00 |
| GST 7% | : | \$30.80 |
| Est Total Rental | : | \$470.80 |
| Misc charges | : | |

Time/Date End(Agreed/Act) : 12-Oct-2020 8:30 /

Time/Date Start(Agreed/Act) : 08-Oct-2020 8:30 /

Est. Rental duration : 4 days

Malaysia use : No

No. of days (Malaysia) : 0

Malaysia use surcharge :

| Receipt No | Payment Type | Payment Method | Total Amt | Receipt Date |
|------------|--------------|----------------|-----------|--------------|
|------------|--------------|----------------|-----------|--------------|

Sales Person : Operations

Payment method :

The hirer acknowledged that the rental agreement shall not be deemed to constitute use for hire or reward.

The Hirer is solely responsible for breach of traffic laws, ERP charges and any parking fines or surcharges during period of hire.

The Hirer is to bear Excess of the first \$1,605.00

I/We agreed to the terms and conditions above, overleaf and declare that all information given is true and correct in all respect.

My/Our driving license (s) is/are current and not disqualified from driving. You may charge all amount due on this rental to my/our credit card.

Prepared by : Dominic Pung Chi Hui

07-Oct-2020

HIRER'S SIGNATURE & COMPANY STAMP

Printed Date: 07-Oct-2020 19:26

A member of

COMFORTDELGRO



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 | 25/09/2020 09:27 |
| Date Of Accident | 25/09/2020 07:15 |
| Exact Location Of Accident | JUNCTION OF BUKIT BATOK RD & BUKIT BATOK WEST AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLE1708S |
| Insured/Policyholder | |
| Name Of Registered Owner | GAO WEI |
| NRIC No | SXXXX783F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82180043 |
| Alternative Phone No | OTHERS-82180043 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USAGE |
| 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 | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D20MTPV01008917 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | WANG YUANYUAN |
| NRIC No | SXXXX557I |
| Date Of Birth | 05/10/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/11/2007 |
| Driving Experience | 12 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97720587 |
| Fax Number | |
| Contact Number | |
| Email Address | WYYANGELA@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | 66 PHONIX ROAD #22-06 SINGAPORE |
| Postcode | 668201 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 |
| 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: : GAO KE GENDER: : MALE |

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

REDFER TO ATTACH SKETCH PLAN

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 | SLA6824C |
| Vehicle Make/Model/Colour | NISSAN / AMERA / GREY |
| Details Of Properties | FRONT PORTION |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | YEO KIM BOON |
| NRIC/Passport Number | SXXXX489C |
| Contact Number | 93371976 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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 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.

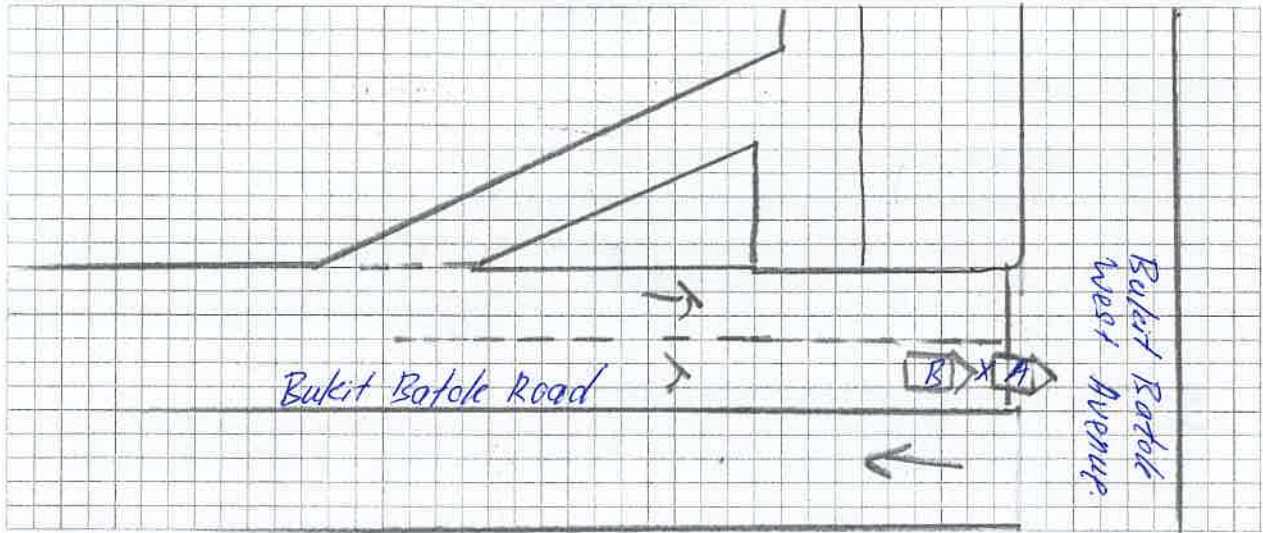
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **WONG CHEE WEI**
NRIC/FIN No.: **772180994**

COMPARTMENT ENGINEERING PTE LTD
EXTERNAL WORKSHOP, PARKWAY BRANCH
NAME & SIGNATURE: *[Signature]*
DATE: **25/09/20**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25 Sept 2020, at 7:15am, I was driving along Bukit Batok road, when I was approaching to the junction. I saw the traffic light turned to red, I stopped my car, then I feel the impact on behind. the Third party driver approached me and told me he hit my car's back.

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: **WONG CHEE WEI**

NRIC/FIN No.: **972180994**

COMFORTDELTA ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, PANGLOSS BRANCH

NAME & SIGNATURE:

DESIGNATION:

DATE: 25/09/20

Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Certificate/Policy No. : D20MTPV01008917
Insured : GAO WEI
Motor Vehicle (Registration No.) : SLE1708S
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 12 JULY 2020 00:00
Policy Expiry Date : 11 JULY 2021 23:59
Maximum Liability (Section I) : Market value at time of loss - Excl. COE
Excess* : \$500 - Section I
Voluntary Excess* : Buy Up : \$400 - Section I
Windscreen Excess* : S\$100.00 for each and every applicable claim.
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.29

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 18 JUNE 2020 15:31

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A JXWDMOO42YMMMQKA

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SLE 17085 and (Third Party's Vehicle No.) SLA 6824 C on 25/09/2020 along Junction of Bukit Batok Road & Bukit Batok West Ave

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, Gao Wei *NRIC/Passport

No. SXXXX 782F (Address)* 66 phoenix Road #02-06 Singapore 668201
/ _____ a company

incorporate in Singapore and having its registered office at (Address)* _____

_____ owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a

company incorporated in Singapore and having its registered office at 205 Braddell Road

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as * my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd , CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day Twenty Five of the month of September, Year Two Thousand Twenty (2020)

Signed, Sealed & Delivered By

Customers Name: Angela
NRIC No.:
Co's rubber Stamp

delete as appropriate. Insurance