


Borneo Motors

Borneo Motors (Singapore) Pte Ltd
 Inchcape Bodycare Centre
 Level 4, Inchcape Centre
 2 Pandan Crescent
 Singapore 128462
 Tel: +65 6631 1855/1500
 Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2021/01/PD0915/DS(SM)

Your Ref: CC4/III20012070/Ups3

15 Jan 2021

BY HAND (INS COPY)

M/S. INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SMU926P AND SHC1574T ON 03 Nov 2020

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$17,183.62	B. LTA Search -
C. Excess -	D. Loss of Use - \$900.00 (\$100x9days)
E. Loss of Rental -	F. Others -
G. Medical Claims - -Undertake By Claimant <input type="checkbox"/>	Total Claim - \$18,083.62

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice	(X) Discharge Voucher
(X) Car Rental Invoice/Agreement	(X) Original Photograph X _____
(✓) GIAS/Police Report/s	(X) Original/Photocopy Survey
(✓) Certificate of Insurance	(X) LTA Search Fees
(✓) Letter of Authority	(X) Medical Receipt

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

TAX INVOICE

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

Borneo Motors (Singapore) Pte Ltd

Online Service Booking :

www.toyota.com.sg

Toyota Bodycare Centre
17 Ubi Road 4
Singapore 409611
Tel no.: 6631 1188

Account Detail	Account No	Customer Detail
India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Attn: Motor Claims Dept	S1000006 / ICIII1	Mr Julian Lim Jian Wei (Lin Jianwei) 14A Bedok Avenue Singapore 469918 Mobile: 91722958
	Document No 39011248	
	Document Date 23/11/2020	

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
19	GFXSK E1	ACR50R	07/08/2020	SMU0926P	4376	20457	67/TP/SMU0926P
Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On		
JTEGD56M907173884	2AZ1B14576	60	Sam San Joi	04/11/2020 11.11	18/11/2020 13.12		

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
11	S	BP-SUBLET RESPRAY JOB ON RH ACCIDENT AFFECTED AREA	0742			3540.00
12	S	BP-SUBLET CONDUCT FULL WHEEL ALIGNMENT	0742			180.00
13	1	T67001-28240 PANEL ASSY, FR RH AERAS	1.00	1718.70		1718.70
14	2	T75955-28030 TAPE, BLACK OUT FR	1.00	43.80		43.80
15	3	T75929-28020 TAPE, BLACK OUT FR	1.00	35.00		35.00
16	4	T75957-28030 TAPE, BLACK OUT FR	1.00	52.30		52.30
17	5	T75968-28020 TAPE, BLACK OUT FR	1.00	22.10		22.10
18	6	T67003-28620 PANEL SUB-ASSY, RR AERAS	1.00	1741.90		1741.90
19	7	T75931-28030 TAPE, BLACK OUT	1.00	43.80		43.80
20	8	T75933-28030 TAPE, BLACK OUT	1.00	48.20		48.20
21	9	T75951-28031 TAPE, BLACK OUT	1.00	26.40		26.40
22	0	T75937-28021 TAPE, BLACK OUT	1.00	35.00		35.00
23	1	T75953-28031 TAPE, BLACK OUT	1.00	30.70		30.70
24	2	T84250-28410 SENSOR ASSY, POWER	1.00	1285.20		1285.20
25	3	T76903-28201 C1 MUDGUARD SUB-ASSY,	1.00	1367.40		1367.40
26	4	T76905-28140 C2 MUDGUARD SUB-ASSY,	1.00	818.10		818.10
27	5	T76931-28040 BRACKET, SIDE	1.00	8.10		8.10

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total
	Please acknowledge receipt of vehicle	Parts 7,276.70 Labour 30.00 Materials 8,752.76 Lubrication/Fluid 0.00 Others 0.00	16,059.46 GST 7.00% 1,124.16 Less 0.00 Amount Due 17,183.62

PLEASE MAIL YOUR CHEQUE TO 2 PANDAN CRESCENT, LEVEL 10 INCHCAPE CENTRE, SINGAPORE 128462

4215698

4215698

TO SECURITY GUARD

PLEASE ALLOW THE UNDERMENTIONED
VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 23/11/2020
TIME 09:08

VEHICLE NO SMU0926P

CUSTOMER

SIGNATURE
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motor



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

TAX INVOICE

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Borneo Motors (Singapore) Pte Ltd

Online Service Booking :

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Toyota Bodycare Centre

17 Ubi Road 4

Singapore 409611

Tel no.: 6631 1188

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L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP CLAIM TP-SHC1574T ACC DATE:03/11/2020 DRIVE IN:04/11/2020 DATE-IN:04/11/2020 DATE SURVEY:05/11/2020 NO OF REPAIR DAYS:8 DAYS BY:MARCUS (LKK)				30.00
2	S	PSP PER PANE LABOUR FOR PLATINUM SHINEPRO & SHINE PER PANEL APPLICATION ON RH ACCIDENT AREAS	0619			366.36
3	S	BP-SUBLET REPLACE RH REAR TYRE	0239			464.00
4	S	BP-SUBLET SUPPLY SEALANT (NETT) - RH BOTH DOOR	0742			120.00
5	S	BP-SUBLET CHECK LIGHTING & WIRING SYSTEM	0742			122.40
6	S	BP-SUBLET TRANSFER & INSTALL COMPONENTS TO NEW DOOR	0742			720.00
7	S	BP-SUBLET REMOVE & INSTALL CARPET, GARNISH AND TRIM MING TO ASSIST REPAIR	0742			360.00
8	S	BP-SUBLET REMOVE & INSTALL REAR REVERSE SENSOR	0742			180.00
9	S	BP-SUBLET TO RESET ECU AND REPROGRAMME	0742			180.00
10	S	BP-SUBLET REPLACE RH ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN RH ACCIDENT AFFECTED AREAS	0742			2520.00

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total
	Please acknowledge receipt of vehicle	Parts Labour Materials Lubrication/Fluid Others	Less
			Amount Due

PLEASE MAIL YOUR CHEQUE TO 2 PANDAN CRESCENT, LEVEL 10 INCHCAPE CENTRE, SINGAPORE 4215697

TO SECURITY GUARD

4215697

PLEASE ALLOW THE UNDERMENTIONED
VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 23/11/2020
TIME 09:08

VEHICLE NO SMU0926P

CUSTOMER

SIGNATURE
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motor

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	04/11/2020 13:50
Date Of Accident	03/11/2020 16:30
Exact Location Of Accident	CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU926P
Insured/Policyholder	
Name Of Registered Owner	JULIAN LIM JIAN WEI
NRIC No	SXXXX159D
Email Address	JULIANLIMJW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91722958
Alternative Phone No	OFFICE-98169909

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070116970
Cover Note Number	

Driver

Name of Driver	YAP AI SUAN
NRIC No	SXXXX646B
Date Of Birth	05/03/1958
Occupation	INDOOR
Date Of Driving Pass	21/09/1977
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98169909
Fax Number	
Contact Number	
EMail Address	JANETFCL@HOTMAIL.COM

Address	14A BEDOK AVE
Postcode	469918
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1574T
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BASKARAN S/O KUNLU RAMAN
NRIC/Passport Number	SXXXX367D
Contact Number	BLK 879 WOODLANDS ST 82 #05-28
Address	730879
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

The sketch plan is drawn on a grid background. It features two buildings: Building A is a small rectangle with a triangle on top, and Building B is a rectangle with a triangle on its right side. A curved line with an arrow points away from the top of Building B, labeled 'LABORATORY'. Several straight arrows indicate movement: one points left from the top left, one points right from the top right, one points left from the middle left, one points right from the middle right, and one points left from the bottom left. A double-headed vertical arrow is located in the bottom right area.

ON 3/11/2020 AT ABOUT 4.30PM I WAS DRIVING ALONG CORPORATION ROAD TOWARD BURONG WEST AVE 2. I WAS ON THE RIGHTEST LANE. SUDDENLY A TAXI SHC 15747 CAME OUT FROM LACEPONT DRIVE AND CROSSED INTO MY LANE. HE DID NOT STOP WHEN HE WAS ENTERING CORPORATION ROAD AND RAN STRAIGHT INTO THE SIDE OF MY CAR.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: _____

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)**

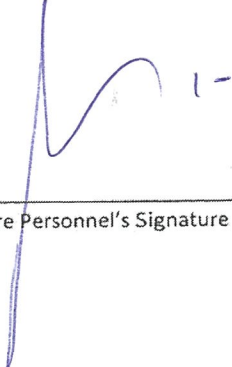
I understand, acknowledge, agree and consent that:

- (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.

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.:



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : JULIAN LIM JIAN WEI (LIN JIANWEI)
Period of Insurance : 07 Aug 2020 To 06 Aug 2021
Engine No. : 2AZ1B14576
Chassis No. : JTEGD56M907173884

Vehicle No. : SMU926P
Policy No. : 2070116970
Endorsement No. :
Issued Date : 12 Aug 2020

ABOUT THE COVER

Make/Model : TOYOTA PREVIA AERAS
Engine Capacity/Tonnage : 2,362.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PARF : Yes

Person 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.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

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

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

JULIAN LIM JIAN WEI (LIN JIANWEI) - \$1000 (Own Damage), \$1000 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667218

INCHCAPE AUTO TOYOTA - BSTL035

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Fathona Ismail

LETTER OF AUTHORITY

ACCIDENT INVOLVING SMU926P and SHC1574T on 3.11.2020
Own vehicle's number Other vehicle's number Date of accident

along Corporation Rd.
Accident location

BY THE LETTER OF AUTHORITY, I/we, Julian Lim Joon Wei
Name of Policy Holder & (IC/Passport/Company Registration) number

of 14A Bedok Ave S469918
Address of Policy Holder

owner of Vehicle Registration No. SMU926P hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:

1. To submit, resolve and make any claims 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 number _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. 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 favour of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our 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 letter of authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by **BMS** 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 sign this 12 of the month Nov Year 2020.

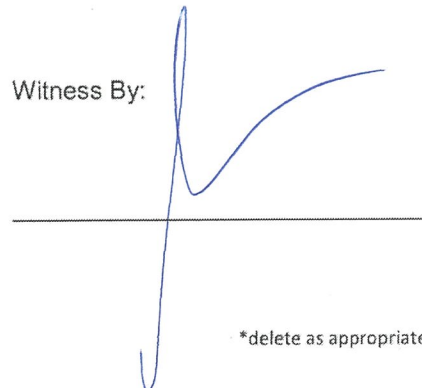
Signed & Delivered By:



(To be sign by the policy holder only)

**Please stamp the company chop for vehicle registered under a company's name

Witness By:



*delete as appropriate