



WEGA ENGINEERING

automotive workshop and beyond

24hrs Towing, Insurance Claims, Car Repairs & Spray Painting

TEL : 65-6452 1493 FAX : 65-6452 9153

GST REG NO : 1999 00741 Z

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way ,
#11-16 Singapore 079120

Attn: Claims Department

INVOICE : OD20200807

INV DATE : 17/12/2020
VEHICLE NO. : SLE 7752 Z
MAKE / MODEL : HONDA
TERMS : 2 WEEKS
YOUR REF NO :

S/N Particular	Quantity	Amount SGD
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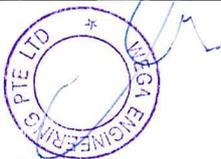
OD CLAIM FOR VEHICLE NUMBER SLE 7752 Z

1 SLE 7752 Z	PART BY PART	\$ 6,620.90
	LESS: EXCESS	\$ (1,100.00)
		5,520.90
	GST 7%	386.46
		<u>5,907.36</u>

DOLLARS: FIVE THOUSAND NINE HUNDRED SEVEN AND CENTS THIRTY SIX ONLY.

GRAND TOTAL 5,907.36

TERMS : 30 DAYS



Wega Enginnering Pte Ltd

Cheques should be made payable to WEGA ENGINEERING PTE LTD

Date:

To: Wega Engineering Pte Ltd
Blk 176 Sin Ming Drive
#04-16 Sin Ming Autocare
Singapore 575721.

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. **SLE7752Z**

I / We **ANG SIU WAH UEN** / NRIC No. **S0199718A**,
Owner of Vehicle No. **SLE7752Z**, hereby authorise **M/S WEGA ENGINEERING PTE LTD**
To commence repairs to my vehicle and to forward the claim for damages sustained in the above
Accident to the own damaged claim driver and / or his employer and / or the vehicle owner and / or the
insurer
Concerned. I / We agree that in consideration of your giving up your repairer's lien I / We agree to
Assign the whole proceeds of my / our own damaged claim claim to you and if applicable, our solicitors
(to be
Appointed by you on my/ our behalf) shall accept this as my/ our irrevocable authority to pay the
Amount compensated direct to you after deduction of their costs on a solicitor & clients basis. I/We
Undertake to co-operation fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and/ or his employer and / or the vehicle owner and /or the insurer reject liability,
I / We will fully be responsible for the repair costs and other incidentals.

I / We also authorize you to sign all discharge vouchers / Indemnity forms and all necessary paper in
Connection with the above claim in my/ our absence.

I/ We authorise you to appoint such a firm of solicitors on my/ our behalf as you shall deem fit for the
Purpose of the third party/ own insurer's claim:

I/We undertake to inform you and/or the solicitors appointed by you on my /our behalf in the event
of the third party's insurance company communicate with me/ us directly by telephone or in writing
and I/We further undertake not to accept any monies of offer of settlement from the third party's
insurer without first communicating with you.

My/our vehicle is repaired by the repairer on my/our own will without any inducement, threat
and /or promise.

In the event that the repairer is completed to enforce this undertaking, I /We agree that I/We shall
Pay for the legal costs incurred by repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)

TO :

Dear Sirs,

CLAIMANT :

ACCIDENT INVOLVING SLE7752Z

ON 02/11/2020 1445 AT SAMBAWANG ROAD (NEAR MATA AYER RD)

I/We, **ANG SIU WAH** ,am /are the
registered owner of vehicle No. **SLE7752Z** .

Please note that I have assigned all compensation monies due to me/ us in the above said
Accident to **WEGA ENGINEERING PTE LTD**.

I /We, hereby authorize you to release all compensation monies pertaining to the above said
Accident to **WEGA ENGINEERING PTE LTD** and forward you settlement cheque
To **WEGA ENGINEERING PTE LTD** whom I/we had authorized to collect the said
Compensation monies.

Thank you.



Signature of Claimant

(Company Stamp, If applicable)

Name : **ANG SIU WAH**

NRIC No : **S0199718A**

Date:

TO:

VEHICLE NO: **SLE7752Z**

DATE OF ACCIDENT/REPAIR: **02.11.20 / 09.10.2020**

Accident Involving **SLE7752Z** along
SEMBAWANG ROAD (NEAR MATA AYER RD.)

This is to confirm that my/ our vehicle **SLE7752Z** is under repair at
WEGA ENGINEERING PTE LTD.

Repairs had been carried out to my satisfaction.

DATED/TIME IN: **03.11.20**

DATED/TIME OUT: _____


SIGNATURE

(OWNER/AUTHORISED PERSONNEL COLLECTING VEHICLE)

NAME: **ANG SIU WAH**

I/C NO: **S0199718A**

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	03/11/2020 15:42
Date Of Accident	02/11/2020 14:45
Exact Location Of Accident	SEMBAWANG ROAD (NEAR MATA AYER RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7752Z
Insured/Policyholder	
Name Of Registered Owner	ANG SIU WAH
NRIC No	SXXXX718A
Email Address	SHIRAYUKI04@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96884774
Alternative Phone No	OFFICE-96884774

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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?	YES
If No, Please state action to be taken	
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	2070138681
Cover Note Number	

Driver

Name of Driver	ANG SIU WAH
NRIC No	SXXXX718A
Date Of Birth	12/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96884774
Fax Number	
Contact Number	OFFICE-96884774
EMail Address	SHIRAYUKI04@GMAIL.COM

Address BLK 467B ADMIRALTY DRIVE #03-143
 Postcode 752467
 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
 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) 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 Sketch Pan.

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 SJZ1372P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR TOH
 NRIC/Passport Number
 Contact Number 86881114
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

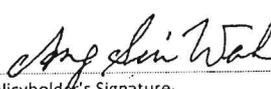
SKETCH PLAN

IMPORTANT NOTICE

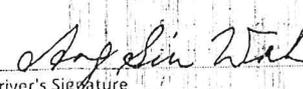
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

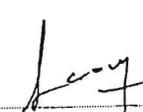
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

3/11/2020

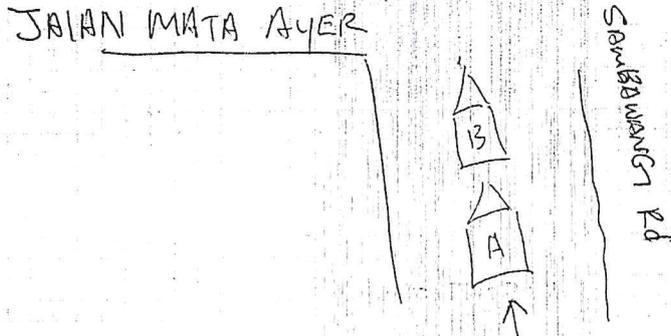

Driver's Signature
(If driver is not the policyholder)
Date & Time:

3/11/2020


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

03 NOV 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/11/2020, Around 2.45pm, at Sambawang Road (Near mata Ayer Rd).

I was driving my vehicle SLE 7752Z. And vehicle SJ 21372 P was in front of me. Accidentally, I knocked against ^{his} car the back bumper.
 Anglim Nee

DECLARATION

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

Anglim Nee
 Policyholder's Signature
 Date & Time: 3/11/2020

Anglim Nee
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 3/11/2020

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

03 NOV 2020