

Our Ref: PTE/ SLM4398R / 20201111 / DS -CL

22/01/2021



ComfortDelGro Engineering

India International Insurance Pte Ltd
64 Cecil Street
#04-02 IOB Building
Singapore 049711
Attn: Motor Department

Without Prejudice

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755

Company Registration No: 192505048W

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 6388 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

Dear Sirs

ACCIDENT INVOLVING SLM4398R & SHD4774H ON 11.11.2020

We are the authorised repair workshop for the owner of vehicle, SLM4398R which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized 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 driver, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Repair Cost / Excess				2,515.46
2. Car Rental		X		-
3. Loss of Use	6	X	\$80	480.00
4. Surveyor Fee				-
5. LTA Fee				-
6. TP/GIA Fee				-
7. Medical				-
8. Others - Towing Fee				-

(E&OE) 2,995.46

We enclose the following documents to support the claims: -

- | | |
|--|---|
| <input type="checkbox"/> Repair/Excess Bill | <input checked="" type="checkbox"/> Insurance Certificate |
| <input checked="" type="checkbox"/> Surveyor Report | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input type="checkbox"/> Car Rental Bill |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill |
| <input 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
DID: 6383 7824 FAX: 6281 5767 Email: cecilialee@sparkcarcare.com

A member of

COMFORTDELGRO

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ComfortDelGro Engineering

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

8010032

VEHICLE NO

INVOICE NO./DATE

SLM4398R

91541865 18.01.2021

INDIA INTERNATIONAL INSURANCE PTE LTD

MAKE

JOB NO.

IOB Building

OPEL

305438592

CECIL STREET #04-00/06-00 #64

MODEL

ODOMETER READING

SG 049711

ASTRA HB 1.4 AT

CONTACT NO: 62238122

DATE/TIME IN

DATE/TIME OUT

11.12.2020 15:36

07.01.2021 16:34

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
01	ASTRA WORDING	1 EAC	60.00	NA	60.00
02	REAR BUMPER LOWER GARNISH	1 PC	204.00	NA	204.00
03	REAR NUMBER PLATE	1 PC	45.00	NA	45.00
04	REAR BUMPER REINFORCEMENT	1 PC	384.00	NA	384.00
05	TURBO WORDING	1 EAC	60.00	NA	60.00
06	RIVET	10 PC	5.00	NA	50.00
07	REAR BUMPER BRACKET RH	1 PC	45.00	NA	45.00
08	REAR BUMPER BRACKET LH	1 PC	45.00	NA	45.00
09	REAR BUMPER	1 EAC	780.00	NA	780.00

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED 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
Block 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.
8010032	91541865		

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ComfortDelGro Engineering

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

INVOICE NO. /DATE
91541865 18.01.2021

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
10	REAR BUMPER CLIPS	15 EAC	2.00	NA	30.00
11	REAR BUMPER SPONGE/ BRACKET	1 EAC	48.00	NA	48.00
12	LESS 10%	1 EAC	301.10-	NA	301.10-
13	OD/ TP CASE	1 EAC	11.00	NA	11.00
14	LABOUR CHARGES	1 EAC	890.00	NA	890.00

Total Amount

2,350.90

Add GST

7.00 %

164.56

Net Amount Payable

2,515.46

Issued by
Repair Type
Payment term

: DEVMCS12 18.01.2021 15:06:39
: CUSO/52/5T
: /Z030

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Blk C Ext 1 Level 2
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

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	23/11/2020 09:55
Date Of Accident	22/11/2020 11:25
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4398R
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	1XXXXX399N
Email Address	KELVINCM.CHANG@HCSPLS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67341222

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V02690/VPZ/R01
Cover Note Number	

Driver

Name of Driver	FURUTANI YOSHIO
NRIC No	SXXXX391H
Date Of Birth	21/02/1982
Occupation	INDOOR
Date Of Driving Pass	23/06/2006
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231003
Fax Number	
Contact Number	
Email Address	2102YOSHI@GMAIL.COM

Address	BLK 271B PUNGGOL WALK #03-523
Postcode	622271
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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: : NG SIEW SIM 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

REFER TO SKETCH PLAN

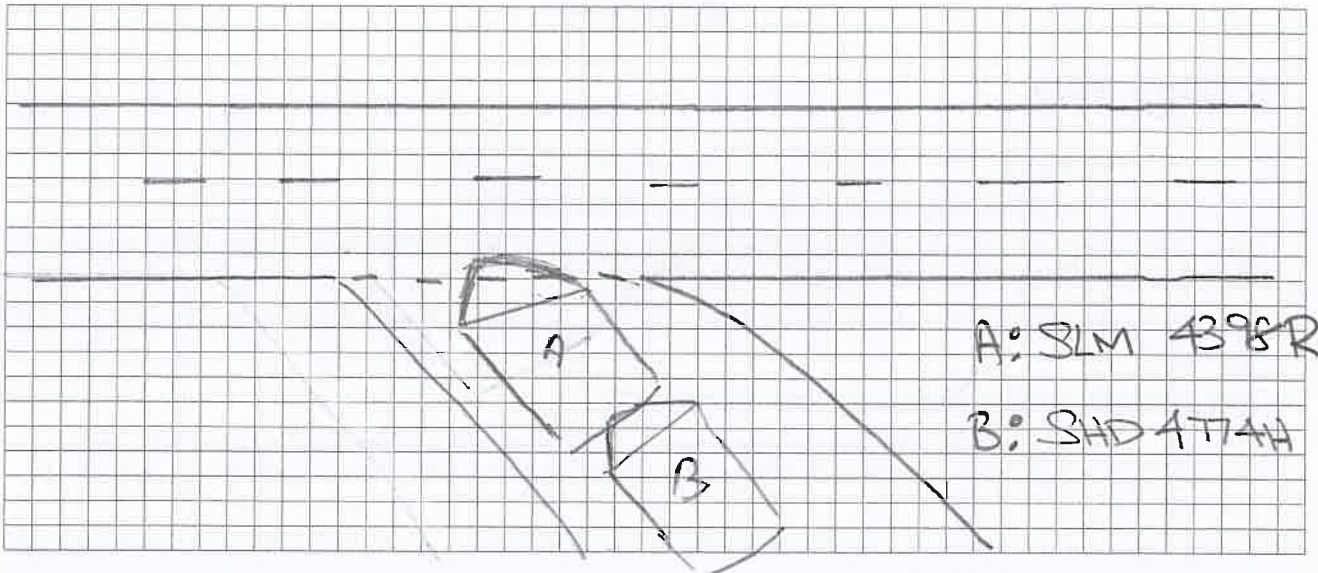
Attachment(s)

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	SHD4774H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I (Driver A) was turning out from slip road.
 Driver B have knocked on me from the back of my car.

The weather was dry and clear. at the point of time during the accident.

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:

COMFORTDELGRO ENGINEERING PTE LTD
 320 UBI ROAD 3
 SINGAPORE 408649

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

SKETCH PLAN


IMPORTANT NOTICE


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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.


KELVIN CHANG (MR)
Manager
Vehicle Solutions
Total Vehicle Solutions Department
Policyholder's Signature
Date & Time:


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

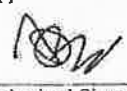
COMFORTDELGRO ENGINEERING PTE. LTD
320 UBI ROAD
SINGAPORE

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



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SI20V02690/VPZ/R01
Form	MZ406
Date of Issue:	02-Mar-2020
1. Index Mark and Registration No. of Vehicle:	SLM4398R
2. Chassis number of Vehicle:	W0LBE6ECXHG023691
3. Name of Policyholder:	HITACHI CAPITAL ASIA PACIFIC PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	30-MAR-2020 00:00
5. Date of Expiry of Insurance:	29-MAR-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	FOO CHAI LING MRS FURUTANI YOSHIO, FURUTANI YOSHIO
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
7. Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
8. Policy does not cover: A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*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 are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I - For FOO CHAI LING MRS FURUTANI YOSHIO and FURUTANI YOSHIO Only - Singapore S\$600 / Outside Singapore \$1,200.00, Section I - Unnamed Drivers - Singapore S\$1100 / Outside Singapore \$2,200.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$5,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD.