

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date : 23.02.2021

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SLA 9800B / GU 857B ON 30.11.2020

We are the authorized repair workshop for the owner of motor vehicle no: **SLA 9800B**, which was involved in the captioned accident with your insured vehicle no: **GU 857B**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

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

1) Cost of Repair	\$	6,900.00
2) Loss of Use (9 days + 1 Sunday x \$150.00)	\$	1,500.00
3) LTA Search Fee	\$	7.45
	<u>\$</u>	<u>8,407.45</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|--------------------------|
| a) Final Repair Invoice | b) LTA Search Result |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) I/C & Driving Licence | f) Insurance Certificate |
| g) Vehicle Registration Log Card | |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims 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/claimant.

Thank you.

Yours faithfully,

Tang Jun Zhong
For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn : Motor Claim Department

Tax Invoice : 22116

Date : 23.02.2021

Vehicle No : SLA 9800A

Make/Model : TOYOTA CAMRY

Chassis/Eng# :

Accident Date : 30.11.2020

Claim No :

Reference : 1220 -22116

Policy No :

	Amount
To proceed on lump sum repair	S\$ 6900.00

E. & O. E.

Total : S\$ 6900.00


for CHOO MOTOR SPRAY PAINTER

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Nov 2020 / 15:07:31

Receipt Date/Time : 30 Nov 2020 / 15:07:31

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201130-002637

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GU857B

As at 30 Nov 2020/14:07:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - GU857B
Enquiry Fee
20201130150649805817

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20201130150701221

Direct Debit: eNETS Debit
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

DATE : 30.11.2020

TO : India International Insurance Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SLA 9800B / GU 851B

ALONG AYE Towards MCE (Before Lower DeHa Road)

ON 30.11.2020

I/We, Si Leng Whatt Peter
of (NRIC No./ROC No.) S 1166245 E
of Blk 312 Shunfu Road #07-247 Singapore 570312
owner of vehicle no. SLA 9800B in consideration of M/s CHOO MOTOR SPRAY
PAINTER repairing my/our vehicle SLA 9800B at my/our instruction and hereby
authorise M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever
amount settled/payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and
all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost
which may arisen therewith.

Signature of Owner : 

Name of Owner : _____

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

*** This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

India Ref:
Claimant Ref:

We/I, Choo Motor Spray Painter ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd _____ (name of Surveyor) with respect to the amount claimed for S\$ _____ (repair cost), S\$ _____ (loss of use/rental), S\$ _____ (search fee), vehicle no. SLA9800A that was damaged pursuant to the accident which occurred on 30-11-2020 (date) at AYE Towards MCE (Before Lower Delta Road) (location) involving vehicle no. SLA9800A (insured vehicle). This is pursuant to the inspection conducted on GU 857B (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Si Leng Whatt Peter ("the third party claimant") of vehicle no. SLA9800A to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLA9800A (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ _____ to Choo Motor Spray Painter.

Dated this day of 20

CLAIMANT:

Signature: _____

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____



Signed by "the workshop" (with Choo)

WITNESS:

Signature: _____

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____

Signed by appointed Surveyor

SS1Y20C20003 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 02/12/2020 10:29 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (02/12/2020 10:29 (SGT))



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 Submission	02/12/2020 10:29 (SGT)
Date of Accident	30/11/2020 14:07 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TWDS MCE (BEFORE LOWER DELTA ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9800B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SI LENG WHATT PETER
NRIC No	SXXXX245E
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-97908383
Alternative Phone No	+65-97908383

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10326084R00
Cover Note Number	-

DRIVER

Name of Driver	SI LENG WHATT PETER
NRIC No	SXXXX245E
Date Of Birth	20/12/1955
Occupation	Indoor



Date Of Driving Pass	12/03/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97908383
Alt. Phone Number	+65-97908383
Email Address	jasonkcapl@gmail.com
Address	BLK 312 SHUNFU ROAD #07-247
Address complement	-
Postcode	570312
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JEANIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/11/2020 AT ABOUT 2.07PM, I WAS TRAVELLING ALONG AYE TOWARDS MCE (BEFORE LOWER DELTA ROAD). IN FRONT THE VEHICLE SLOW DOWN AND STOPPED, I FOLLOWED. SUDDENLY, I FELT AN IMPACT FROM REAR. I WAS INVOLVED IN A 4 VEHICLES CHAIN COLLISION.

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	GU857B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM7533T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN9164G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN


SKETCH PLANIMPORTANT 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:

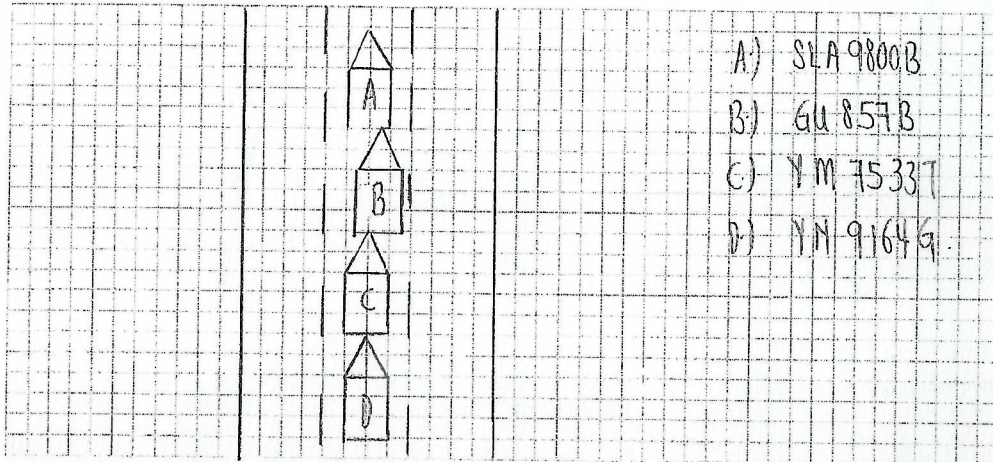

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

I hereby authorised SHUE MOTOR PTE LTD to send my accident report to my workshop, Kim Chuan Auto PTE LTD via fax 6745 8520

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.11.2020 at about 2.07pm, I was travelling along AYE Towards
MCE (Before Lower Delta Road). In front the Vehicle slow down and
stopped. I follow. Suddenly I felt an impact from rear. I was
involved in a 4 vehicles chain collision.

DECLARATION

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

Policyholder's Signature
Date & Time:

01/02/2021 10:27 AM

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1166245E



Name
SI LENG WHATT PETER

Race
CHINESE

Date of birth
21-12-1955

Country of birth
SINGAPORE

Sex
M

S1166245E

For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1166

Name
SI LENG WHATT PETER

Birth Date: 21 Dec 1955

Issue Date: 04 Dec 2003

001036218F

Handwritten signature

For Insurance Reporting And
Claim Purposes Only



NRIC No S1166245E

Date of issue
21-03-2013

Address
APT BLK 312 SHUNFU ROAD
#07-247
SINGAPORE 570312

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
12 Mar 1999

Licence No: S1166245E

NP 428A

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10326084R00 (Comprehensive / Named Driver Plan)

- | | | |
|--|---|---------------------|
| 1) Vehicle Registration Number | : | SLA9800B |
| Chassis Number | : | MR053BK4107042653 |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 16/03/2020 (00:00) |
| 3) Date / Time of Expiry of Insurance | : | 25/02/2021 (23:59) |
| 4) Excess (i) Policy | : | S\$ 600.00 |
| (ii) Windscreen | : | S\$ 100.00 |
| 5) Policyholder | : | Si Leng Whatt Peter |

6) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any 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 accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Si Leng Whatt Peter (21/12/1955)

Named Driver(s) / Date of Birth : No driver is named.

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the occasional business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.


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

- | | | |
|--------------------|---|------------------------|
| 8) Finance Company | : | SPEEDO CAPITAL PTE LTD |
|--------------------|---|------------------------|

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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
13/02/2020

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	245E
Vehicle Details	
Vehicle No.:	SLA9800B
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	1AZE129836
Chassis No.:	MR053BK4107042653
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$25,948.00
Original Registration Date:	26 Feb 2009
First Registration Date:	26 Feb 2009
Transfer Count:	7
Actual ARF Paid:	\$25,948.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Feb 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$31,933.00
COE Rebate Amount:	\$26,316.00
Total Rebate Amount:	\$26,316.00

The information contained herein is correct as at 30 Nov 2020

OK