

# 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 : 30.03.2021

AXA Insurance Singapore Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : GBE 7844K / SHD 3504C ON.16.12.2020

We are the authorized repair workshop for the owner of motor vehicle no: **GBE 7844K** , which was involved in the captioned accident with your insured vehicle no: **SHD 3504C** . 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	\$	3,300.00
2) Loss of Use ( 5 day X \$ 150 )	\$	750.00
	\$	<u>4,050.00</u>

We enclosed herewith the following documents to support the claims:

- |                          |                                  |
|--------------------------|----------------------------------|
| a) Final Repair Invoice  | b) Letter of Authorisation ,etc  |
| c) GIA Report            | d) I/C & Driving Licence         |
| e) Insurance Certificate | f) 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

AXA Insurance Singapore Pte Ltd  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

Attn : Motor Claim Department

Tax Invoice : 22192

Date : 30.03.2021  
Vehicle No : GBE 7844K  
Make/Model : Nissan Cabstar  
Chassis/Eng# :  
Accident Date : 16.12.2020  
Claim No : 0121 -22192  
Reference :  
Policy No :

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		Amount
To proceed on lump sum repair	S\$	3300.00

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E. & O. E.

Total : S\$

3300.00

  
for CHOO MOTOR SPRAY PANTER

## AUTHORISATION TO ACT

I/We, Arrowcrest Technologies Pte Ltd (the third party claimant") of 57 Genting Lane #06-00  
Giant Building Singapore 349564 (address), owner of G1BE 7844K (vehicle no.) hereby  
authorize Choo Motor Spray Painter ("the workshop") to act for me with respect  
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.  
G1BE 7844K that was damaged pursuant to the accident which occurred on 16.12.2020 (date)  
along Near 116 Potong Pasir Ave1, Blk 116, Singapore 350116 (location) involving  
vehicle no/s SHD 3504 C ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they  
deem fit and the workshop is further authorized to receive payment further to settlement of my  
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a  
without prejudice and without admission of liability basis insofar as the driver/owner/insurers  
of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_ (year)



Signed by "the third party claimant"  
(with company stamp if applicable)



Signed by "the workshop"  
(with company stamp)

SH0420CH0001-01 / Hock Wah Motor Workshop Pte Ltd  
ENTRY DATE & TIME: 17/12/2020 15:09 (SGT)  
SUBMITTED BY: Janice Lee Jia Yi  
VERSION: 2 (14/01/2021 15:49 (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 Authonsed 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	17/12/2020 15:09 (SGT)
Date of Accident	16/12/2020 19:00 (SGT)
Exact Location of Accident	Near 116 Potong Pasir Ave 1, Block 116, Singapore 350116
Additional Location Information	PIE EXIT 15 TOWARDS CTE(SLE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7844K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ARROWCREST TECHNOLOGIES PTE LTD
Company Reg No	1XXXXX344G
Email Address	ricseah@arrowcrest-tech.com
Mobile Phone No	(Phone) +65-68427633
Alternative Phone No	(Office) +65-68427633

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCV0001197-01
Cover Note Number	29/03/2020 - 28/03/2021

### DRIVER

Name of Driver	CHINNAKANNU SUDHAKAR
Passport No/FIN	GXXXX169P
Date Of Birth	27/06/1983

Date Of Driving Pass	07/12/2017
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-87320040
Alt. Phone Number	-
Email Address	sudhakarcsv7@gmail.com
Address	383A UPPER ALJUNIED ROAD
Address complement	-
Postcode	367869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 16/12/2020 AT ABOUT 1900 HRS WHILE I WAS TRAVELLING ALONG PIE EXIT 15 TOWARDS CTE(SLE) IN MY VEHICLE GBE7844K AT THIS MOMENT OF THE TIME THE TRAFFIC WAS VERY HEAVY. AS I WAS APPROACHING THE FLYOVER FOR THE MERGING INTO CTE ANG MO KIO. I SLOW DOWN AND STOPPED AS THE VEHICLE IN FRONT OF ME STOP. SUDDENLY, A TAXI SHD3504C FROM BEHIND COLLIDED ONTO MY REAR OF MY VEHICLE.

#### 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	SHD3504C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

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



**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 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.

**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

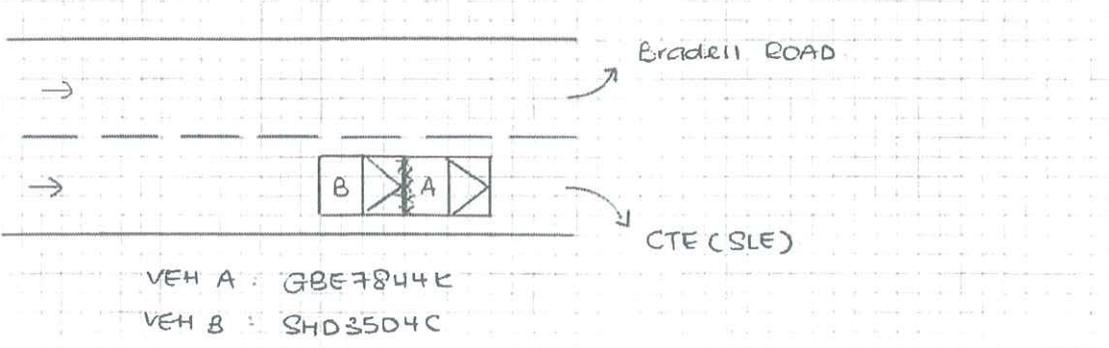
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

17/12/2022  
  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

REFER TO GHA REPORT

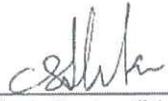
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD/TP at other workshop

**Declaration**

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

    
Witnessed by Reporting Centre Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SH0420CH0001 Vehicle Registration No: GBE7844K  
Name(as shown in NRIC) : ARROWCREST TECHNOLOGIES PTE LTD NRIC/FIN/Passport No : 199801344G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : 68427633 Mobile No. : \_\_\_\_\_  
Email Address : ricseah@arrowcrest-tech.com  
Date of Accident : 16/12/2020 Time of Accident : 19:00  
Place of Accident : PIE EXIT 15 TOWARDS CTE(SLE)  
Insurance Company: INDIA INTERNATIONAL INSURANCE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO AMEND TO THIRD PARTY CLAIM INSTEAD OF REPORTING.

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_  


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


For Insurance Reporting And  
Claim Purposes Only

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G7748169P**

Name: **CHINNAKANNU SUDHAKAR**

Birth Date: **27 Jun 1983**

Issue Date: **17 Sep 2019**

Valid Till **06/12/2022**



For Insurance Reporting And  
Claim Purposes Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg **07 Dec 2017**

NP 428A



For Insurance Reporting And  
Claim Purposes Only

### WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
ARROWCREST TECHNOLOGIES PTE LTD

87320040



Name  
CHINNAKANNU SUDHAKAR

Work Permit No.  
0 33323581

Sector:  
CONSTRUCTION



K1754211



For Insurance Reporting And  
Claim Purposes Only

### VISIT PASS

Immigration Regulations

11-09-2019

Name  
CHINNAKANNU SUDHAKAR

FIN  
G7748169P

Date of Birth      Sex  
27-06-1983      M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass  
App to check status



## 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)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO.: D19MCV0001197_01</b>	<b>COVER: Comprehensive</b>
<p><b>1. Index Mark and Registration Number of Vehicle</b> : GBE7844K  <b>Chassis No</b> : JNISC2F24Z0858312</p> <p><b>2. Name of Policyholder</b> : ARROWCREST TECHNOLOGIES PTE LTD</p> <p><b>3. Effective date of Insurance</b> : 29 Mar 2020</p> <p><b>4. Expiry date of Insurance</b> : 28 Mar 2021</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b></p> <p>Any person who is driving on the Policyholder's order or with their permission.          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.</p> <p><b>6. Limitations as to use*</b></p> <p>a) Use in connection with the Policyholder's business.          b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.          c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward.          b) Use for racing, pace-making, reliability trial or speed-testing.          c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><small>*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 (Malaysia), are not to be included under these headings.</small></p>	
<p>Excess Sect I: SGD1,800.00          Windscreen Excess: SGD100.00          Hire Purchase Company : Tan Chong Credit Pte Ltd</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION 1 WILL BE APPLICABLE.</p>	
<p>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 (Malaysia).</p> <p>Agent/Broker : D000001/Direct Client          Date of Issue : 27/03/2020 08:47:45          M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p> <p style="text-align: right;"><i>For India International Insurance Pte Ltd</i></p> <div style="text-align: right;">   <hr style="width: 100%; border: 0.5px solid black;"/>         Authorised Signatory       </div>	

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 344G

### Vehicle Details

Vehicle No.: GBE7844K  
Vehicle to be Exported: No  
Intended Deregistration Date: 15 Jan 2021  
Vehicle Make: NISSAN  
Vehicle Model: CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
Primary Colour: Silver  
Manufacturing Year: 2016  
Engine No.: ZD30009667N  
Chassis No.: JN1SC2F24Z0858312  
Maximum Power Output: -  
Open Market Value: \$24,867.00  
Original Registration Date: 29 Mar 2016  
First Registration Date: 29 Mar 2016  
Transfer Count: 0  
Actual ARF Paid: \$1,244.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 28 Mar 2026  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
QP Paid: \$45,036.00  
COE Rebate Amount: \$23,425.00  
**Total Rebate Amount: \$23,425.00**

The information contained herein is correct as at 15 Jan 2021

OK