

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 : 13.04.2021

India International Insurance Pte Ltd
64 Cecil Street
#04-05 IOB Building
Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SDW 3033S/ SMC 1503P ON 11.03.2021

We are the authorized repair workshop for the owner of motor vehicle no: **SDW 3033S** , which was involved in the captioned accident with your insured vehicle no: **SMC 1503P** . 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 (inclusive of GST)	\$ 2,000.00
2) Loss of Use (2 Days X S\$100)	\$ 200.00
3) LTA Search Fee	\$ 7.45
	<u>\$ 2,207.45</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,



Jason Tang (jason@fastechauto.com.sg)
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 : 22297

Date : 13.04.2021
Vehicle No : SDW 3033S
Make/Model : MERCEDES E200K
Chassis/Eng# :
Accident Date : 11.03.2021
Claim No :
Reference : 0321 -22297
Policy No :

	Amount
To proceed on lump sum repair	S\$ 2000.00

E. & O. E.

Total : S\$ 2000.00



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 : 12 Mar 2021 / 09:54:46

Receipt Date/Time : 12 Mar 2021 / 09:54:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210312-000767

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMC1503P As at 11 Mar 2021/12:52:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMC1503P Enquiry Fee 20210312095403334737	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
20210312095412114		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 : 11.04.2021

TO : India International Insurance Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SDW 3033S/SMC 1503P

ALONG Grange Road towards Orchard Link

ON 11.03.2021

I/We, Lim Siang Goh

of (NRIC No./ROC No.) 800264927

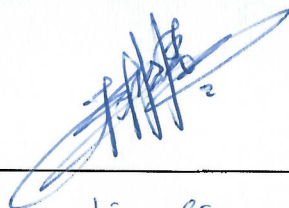
of Blk 661 Jalan Damai #03-127 S(410661)

owner of vehicle no. SDW 3033S in consideration of M/s CHOO MOTOR SPRAY PAINTER repairing my/our vehicle SDW 3033S 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 :



Lim Siang Goh



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	12/03/2021 16:40 (SGT)
Date of Accident	11/03/2021 12:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GRANGE ROAD TWRDS ORCHARD LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW3033S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SIONG GOH
NRIC No	SXXXX492Z
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-90662311
Alternative Phone No	+65-90662311

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Vehicle Make/Model MERCEDES BENZ / E200K
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116575088
Cover Note Number	-

DRIVER

Name of Driver	LIM SIONG GOH
NRIC No	SXXXX492Z
Date Of Birth	14/06/1953
Occupation	Indoor



Date Of Driving Pass	01/01/1972
Driving experience	49 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90662311
Alt. Phone Number	+65-90662311
Email Address	jasonkcapl@gmail.com
Address	BLK 661 #03-127 JALAN DAMAI
Address complement	-
Postcode	410661
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	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?	No
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

REFER ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	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 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.

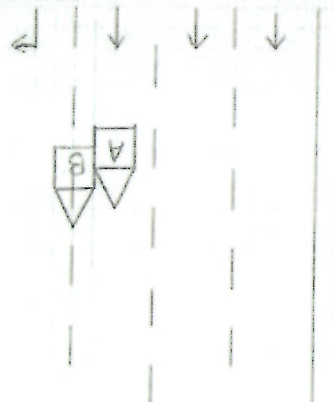
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Rep. Ins. Mgmt. Personnel
12 MAR 2021

Sketch Plan



A: SOW3033S

B: SMC1503P

Describe Circumstances of the Accident

On 11.03.2021 at about 12:52pm. I was travelling along Cairnhill Road towards
 vehicle
 Orchard Road. In front, stopped, I stopped. Suddenly, vehicle B cut into my lane and hit
 my vehicle from side.

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel

12 MAR 2021

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0026492Z



Name
LIM SIONG GOH
林 松 梧

Race
CHINESE

Date of birth
14-06-1953

Country/Place of birth
SINGAPORE

Sex
M

S0026492Z

For Insurance Reporting And
Claim Purposes Only

Barcode

NRIC No. S0026492Z



Date of issue
05-12-2017

Address
APT BLK 661 JALAN DAMAI
#03-127
SINGAPORE 410661

4486

For Insurance Reporting And
Claim Purposes Only



For Insurance Reporting And
Claim Purposes Only



For Insurance Reporting And
Claim Purposes Only

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116575088	Cover : drive CLASSIC
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1. Index mark and Registration Number of Vehicle : **SDW30335**
Chassis Number : **WDB2110412B141214**
2. Name of Policyholder : **LIM SIONG GOH**
3. Effective Date of Insurance : **12 Mar 2020**
4. Expiry Date of Insurance : **11 Mar 2021**
5. Persons 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.
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.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

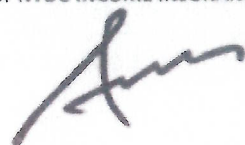
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM SIONG GOH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : I INSURANCE AGENCY (00000572538)
Date of Issue : 05 Mar 2020 10:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 492Z

Vehicle Details

Vehicle No.: SDW3033S
Vehicle to be Exported: No
Intended Deregistration Date: 12 Mar 2021
Vehicle Make: MERCEDES BENZ
Vehicle Model: E200K
Primary Colour: Red
Manufacturing Year: 2007
Engine No.: 27195630887472
Chassis No.: WDB2110412B141214
Maximum Power Output: 135.0 kW (181 bhp)
Open Market Value: \$49,523.00
Original Registration Date: 12 Mar 2008
First Registration Date: 12 Mar 2008
Transfer Count: 3
Actual ARF Paid: \$54,476.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 11 Mar 2023
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$22,499.00
COE Rebate Amount: \$8,971.00
Total Rebate Amount: \$8,971.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 12 Mar 2021

OK