



3A Automobile Pte Ltd

No 120 Lower Delta Road #02-15 Cendex Centre S 169208 Tel: 6223 1122 Fax: 6738 6666

Our Ref: AIG/Oct17/1838

Your Ref: CC4/AIG17020351/R1pb3

04th May 2021

AIG Asia Pacific Insurance Pte Ltd
78
Shenton Way
#07-16 AIG Building
Singapore 079120

Attn: Claims Manager

WITHOUT PREJUDICE

Dear Sirs / Madam,

**ACCIDENT INVOLVING VEHICLES NO. SKD1838S AND SKF9321C AT AYE SLIP
ROAD TO LOWER DELTA ROAD ON 19/10/2017**

We act for BKW Rent A Car Pte Ltd, the owner of motor vehicle no. SKD1838S.

We are instructed that you are the insurer for vehicle SKF9321C driven at the material time by one Meenakshi Singh. We are instructed that the said accident was caused by the negligence of your insured driver.

On a without prejudice basis, we quantify our client's claim as follow: -

| <u>Description of Items</u> | <u>Amount</u> |
|---|---------------------------|
| (1) Cost of repair | \$ 3,600.00 |
| (2) GIA Search Fees | \$ 1.87 |
| Sub Total: | \$ 3,601.87 |
| Add 7% GST | \$ 252.13 |
| | \$ 3,854.00 |
| (3) Loss of Use (\$80 per day for 8 days) | \$ 640.00 |
| Total: | <u>\$ 4,494.00</u> |



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AIG Asia Pacific Insurance Pte Ltd

We enclose herein: -

- (1) GIA report, of SKD1838S;
- (2) GIA Search and Receipt of SKF9321C;
- (3) Final Repair Bill

Please make payment payable to 3A Automobile Pte Ltd.

Please let us hear from you within the next seven (7) days.

Yours faithfully

c.c.client

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 ability.
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 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 | 19/10/2017 21:15 |
| Date Of Accident | 19/10/2017 14:55 |
| Exact Location Of Accident | AYE SLIP ROAD TO LOWER DELTA ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKD1838S |
| Insured/Policyholder | |
| Name Of Registered Owner | BKW RENT A CAR PTE LTD |
| Co Reg No | 200106276D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97868677 |
| Alternative Phone No | OFFICE-67387777 |

Vehicle Particulars

| | |
|--------------|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |

Exact Purpose for which vehicle was being used at time of accident

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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 999995236/100754333-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAY PENG KIAT |
| NRIC No | S1452454A |
| Date Of Birth | 08/06/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/12/1979 |
| Driving Experience | 37 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97868677 |
| Fax Number | |
| Contact Number | OFFICE-67387777 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | 120 LOWER DELTA ROAD #02-15 CENDEX CENTRE |
| Postcode | 169208 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 |
| Was any body injured in the Accident? | YES |
| 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 |

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 THE 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Registration Number | SKF9321C |
| Vehicle Make/Model/Colour | AUDI A6 |
| Details Of Properties | |
| Name of Driver | MEENAKSHI SINGH |
| NRIC/Passport Number | S7368174Z |
| Contact Number | 91850050 |
| Address | |
| Postcode | |
| Insurance Company Name | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|-----------------|-------------|
| Name | NG KIM PONG |
| Approximate Age | 48 |

Injuries Sustain

Injured person in which vehicle? SKD1838S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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")

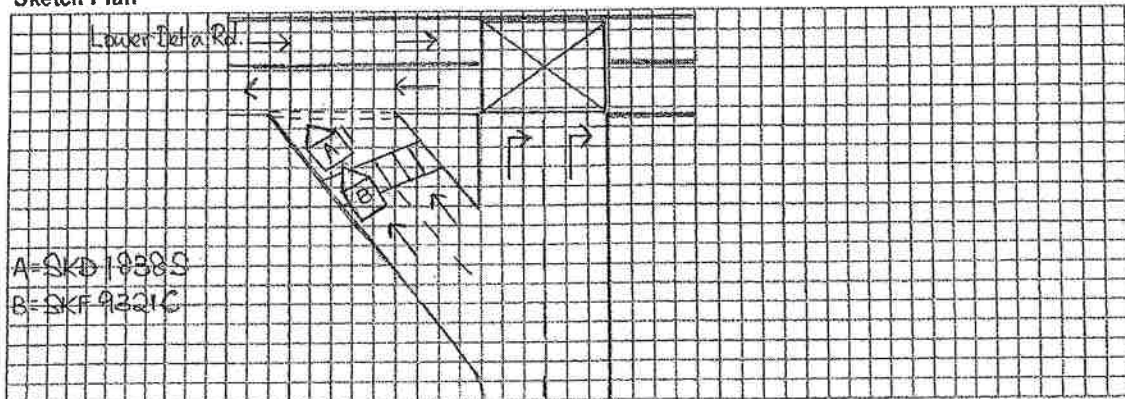
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Witnessed by Reporting Centre Personnel

Sketch Plan



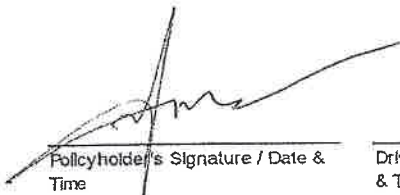
Sketch Plan Pg. 2

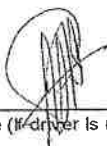
Describe Circumstances of the Accident

On 19/10/2017 about 2:55pm, I exit AYE turning left into Lower Datta Road via filter lane. I stopped & check clear of the road before making the turn. Suddenly SKF 9321C hit the back of my car SKD 1833 S.

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

Witnessed by Reporting Centre Personnel

Third Party Insurer Enquiry

Our Ref No: GR-17-156194
Date of Request: 19/10/2017

Your Ref No: Online Purchase

3A Automobile Pte Ltd
120 Lower Delta Road
#02-15, Cendex Centre
Singapore 169208

Dear Sir/Madam,

Enquiry Date 19/10/2017
Enquiry By 3AA USER 1
TP Vehicle No. SKF9321C
Accident Date 19/10/2017

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SKF9321C | AIG Asia Pacific Insurance Pte. Ltd. | 18/07/2017-17/07/2018 | 65-6419-3000 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-156194
Date of Request: 19/10/2017

Your Ref No: Online Purchase

3A Automobile Pte Ltd
120 Lower Delta Road
#02-15, Cendex Centre
Singapore 169208

Dear Sir/Madam,

Enquiry Date 19/10/2017
Enquiry By 3AA USER 1
TP Vehicle No. SKF9321C
Accident Date 19/10/2017

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



3A AUTOMOBILE PTE LTD

120 Lower Delta Road
#02-15 Cendex Centre
Singapore 169208
ACRA No. 200101122Z
Tel: 6223 1122

Tax Invoice

| Date | Invoice No. |
|------------|-------------|
| 04/05/2021 | 21050175 |

| Invoice To |
|--|
| AIG ASIA PACIFIC INSURANCE PTE LTD 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120 |

| Mileage |
|---------|
| |

| Vehicle Make & Model | Vehicle Number |
|----------------------|----------------|
| TOYOTA ALTIS | SKD 1838 S |

| Description | Qty | Unit Price | Amount |
|----------------|-----|------------|----------|
| COST OF REPAIR | 1 | 3,600.00 | 3,600.00 |

All cheques must be made payable to 3A Automobile Pte Ltd.

For Bank Transfers, please indicate invoice number(s)
Bank Name: United Overseas Bank Ltd, Singapore
Account No: 907-344-303-9
Account Name: 3A Automobile Pte Ltd
Bank Code: 7375
Branch Code: 307
Swift Code: UOVBSGSG
PayNow (UEN): 200101122Z



Subtotal \$3,600.00

GST @ 7%: \$252.00

Total: \$3,852.00