

Our ref: Skk 6335G
Your ref: _____
Date: 15 OCT 2021
To: India International Insurance

Singapore 049711
Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. Skk 6335G & SLM4404G
At/Along Upp Changi Rd East On 24/07/21 @ 08:00

I am the owner of vehicle no. Skk 6335G that was involved in an accident with your insured vehicle no. SLM4404G of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -


1. Cost of Repairs / Excess	\$ <u>5831.37</u>
2. Loss of Use / Rental (<u>3</u> days @ \$ <u>180</u> per day)	\$ <u>540</u>
3. LTA/GIA Search Fee	\$ _____
4. GIA Report Fee / Survey Fee	\$ _____
5. Others	\$ _____
Total:	\$ <u>6,371.37</u>

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714304 (Ms Amanda Ang) / 67714377 (Mr Alan Quek).

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully


Name & Signature


Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Ms Amanda Ang / Mr Alan Quek
E-mail: amanda.ang@cyclecarriage.com.sg / alan.quek@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
INDIA INTERNATIONAL INSURANCE P/L	Cust No/Name WCV45960/S/O K Linggam Tayalan
ATTN: MOTOR CLAIM DEPARTMENT	Reg No/Reg Date SKK6335G / 16/06/2021
64 CECIL STREET	Date In/Mileage 11/08/2021/ 3864
#04/#05 IOB BUILDING	Chassis No W1K2231612A0372154
SINGAPORE 049711	Engine No 25693030309060
Contact No 63476100	Make/Model MB/S 450 4MATIC SEDAN LONG
	Colour/Trim 029 998 Anthracite / 048 801 Black

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No	
WI000576	Credit	29/09/2021/ 19:53	AQ	305 / Alan Quek Ai Lun	51218	28174609	
Description of Goods / Services					Qty	Unit Price S\$	Amount S\$
M BPNSUN							F.O.C.
POLICY NO/ACC DATE :7210058171 // 24-07-2021							
DRIVE IN:26-07-2021 // TP CAR NO:SLM4404G (INDIA INTERNATIONAL INS)							
DATE IN/DATE SURVEY:11-08-2021 // LKK RASUL							
BY/AUTHORIZED ON :JASPER CHUA // 02-08-2021							
A BPILAB							480.00
USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO							
STANDARD SETTINGS.NETT							
A BPILAB							120.00
CHECK REAR LIGHTING SYSTEM AND CONDUCT WATER TEST FOR ANY LEAKAGE.NETT							
A BPILAB							960.00
REMOVE & REPLACE REAR BUMPER & REMOVE REAR SUPPORT							
ASSY COMPONENTS & REFINISH.							
A BPIRES							600.00
RESPRAY REAR BUMPER							
X	REAR BUMPER				1.00	2083.13	2083.13
X	RH/R BASIC MOUNTING FOR BUMPER				1.00	144.63	144.63
X	RH/R BUMPER GARNISH				1.00	112.27	112.27
X	LH/R BUMPER GARNISH				1.00	112.27	112.27
X	RH/R TAIL LAMP				1.00	796.62	796.62
X	RH/R BOTTOM EXHAUST SHIELDING				1.00	40.96	40.96
Guarantee Your Warranty, Maintain with Cycle & Carriage!							

Parts	3,289.88		Nett	5,449.88
Labour	2,160.00	7% GST on	5449.88	381.49
Standard Menu	0.00			
Specialist Job	0.00		Total Payable	5,831.37
Diagnostics Job	0.00		Paid	0.00
Sundry/Others	0.00		Total Due	5,831.37
Total(w/o GST)	5,449.88			

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg

FLEXI-DRIVE ENTERPRISE SICK. 63356



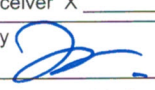
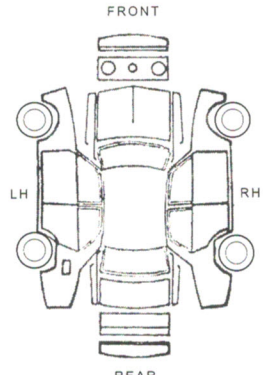
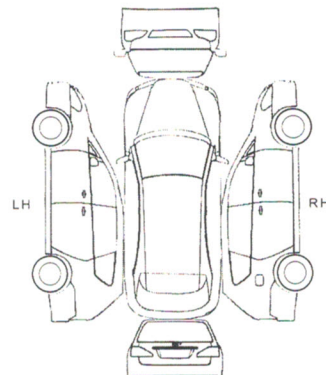
Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875

Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone : 9667 5455 (24 Hrs)

INVOICE

RA : 09527

V. A. No.		Vehicle Regn. No. SMC 6164 B		Model Type MAZDA 6		Renting Location CSC ALAN	
Reference 1800/day x 3day				Agreed Return Date		5 Hours = 1 Day Rental (1 Day Rental ÷ 5 = 1 Hour Extension)	
				KM In		Time / Date In 13 AUG 21 2030H	
\$	per Day	\$	per	KM Out		Time / Date Out 10 AUG 21 1900H	
\$	per Week	\$	per	KM Drvn		Total / Time Chargeable	
\$	per Month	Cts	per Kilometre				
Hirer's Name TAYALAN S/O K. LINGGAM				Rental Charges		Dollars Cents	
Address BUS 162 TAMPINES ST 12 #05-245. (521162)				Total 3 Days Rental		\$180/day x 3day	
I/C No. S8008999R							
Reference Contact				Tel. No.			
Driver's Name				Passport / IC No. / Country			
Address							
Driving Licence No.				Expiry		Issued by	
Additional Driver				Tel. No. (Home)			
Address				Passport / IC No. / Country			
Driving Licence No.				Expiry		Issued by	
Method of Payment							
BILL TO: CYCLE & CARRIAGE IND PTE LTD							
188 RANDAN LOOP							
- RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. - THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OR SURCHARGES DURING PERIOD OF HIRE. Hirer's signature signifies acceptance of agreement  X Hirer's Signature / Company Stamp				Refund Received \$ _____ by receiver X _____			
				Out by 		In by 	
Remarks				 FRONT REAR LH RH CAR		 FRONT REAR LH RH MPV	

NB: Please notify our office should there be any accident involving this hired vehicle as soon as possible.

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	26/07/2021 13:26 (SGT)
Date of Accident	24/07/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP CHANGI RD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6335G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAYALAN S/O K LINGGAM
NRIC No	SXXXX999F
Email Address	SKYLINE@PACIFIC.NET.SG
Mobile Phone No	(Phone) +65-97885472
Alternative Phone No	+65-97885472

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S450
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2996

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210058171
Cover Note Number	-

DRIVER

Name of Driver	TAYALAN S/O K LINGGAM
NRIC No	SXXXX999F

Date Of Birth	07/03/1980
Occupation	Indoor
Date Of Driving Pass	31/10/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97885472
Alt. Phone Number	+65-97885472
Email Address	SKYLINE@PACIFIC.NET.SG
Address	162 TAMPINES ST 12 #05-245
Address complement	-
Postcode	521162
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	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 vehicle 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

CAR A WAS SLOWING DOWN TO LOOK OUT FOR ON COMING VEHICLES TO MERGE ONTO EXIT. ALL OF A SUDDEN CAR B COLLIDED THE REAR PORTION OF CAR A.

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	SLM4404G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN DAZHI
NRIC No	SXXXX739C
Contact Number	-

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 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.



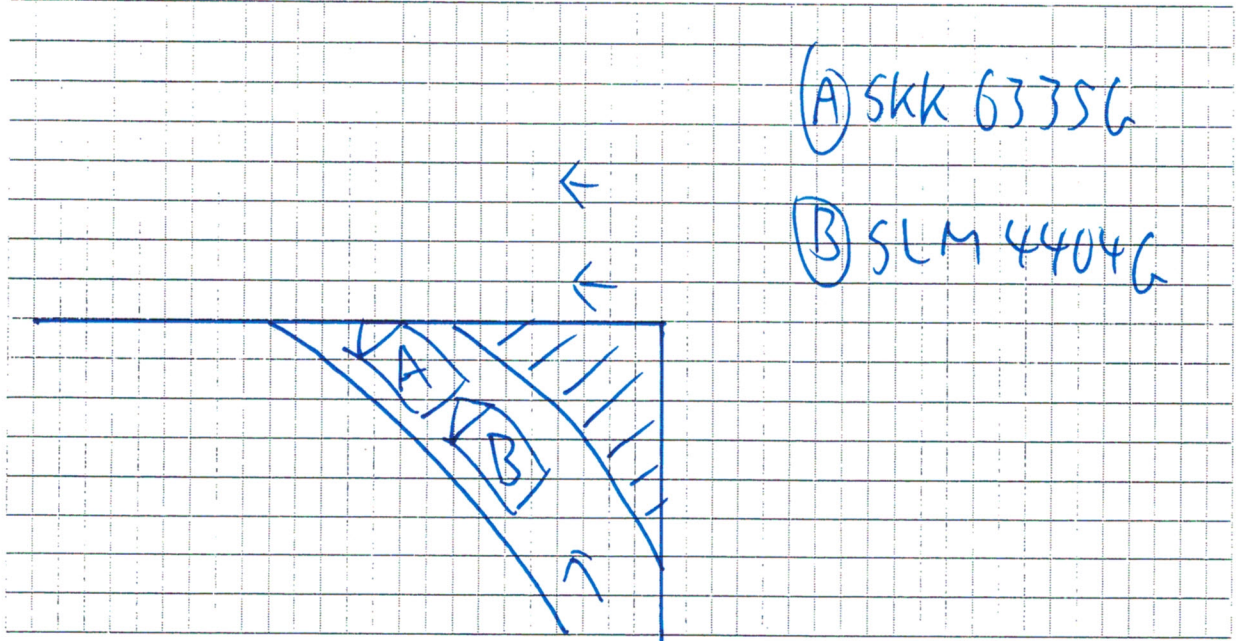
Policyholder's Signature
Date & Time

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


26/07/21

Reporting Centre Personnel's
Name: Alan Quak

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① 'A' vehicle slow down, looking out on coming cars clear before exit main road.
- ② All of sudden 'B' vehicle collided my rear.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

2. Jaydan
Policyholder's Signature
Date & Time

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

26/07/21
Reporting Centre Personnel's
Name: Alan Qupeh



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TAYALAN S/O K LINGGAM
Period of Insurance : 16 Jun 2021 To 15 Jun 2022
Engine No. : 25693030309060
Chassis No. : W1K2231612A037215

Vehicle No. : SKK6335G
Policy No. : 7210058171
Endorsement No. :
Issued Date : 30 Jun 2021

ABOUT THE COVER

Make/Model : MERCEDES Benz S450L
Engine Capacity/Tonnage : 2,999.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2021
Insuring with COE/PAF : Yes

Person 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.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAYALAN S/O K LINGGAM - \$2000 (Own Damage), \$2000 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504688228

CYCLE & CARRIAGE - YEOAL

239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.


SSCNMD


AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8008999F**
Name: **TAYALAN S/O K LINGGAM**

Birth Date: **07 Mar 1980**
Issue Date: **31 Oct 2007**





ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE **31 Oct 2007**

NP 428A

Licence No: **S8008999F**

