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: 23.09.2021

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

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SJS 2409Z / GM 8458J ON 19.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: $SJS\ 2409Z$, which was involved in the captioned accident with your insured vehicle no: $GM\ 8458J$. 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.

		\$ 3,707.45
3)	LTA Search Fee	\$ 7.45
2)	Loss of Use (4 Days + 1 Sun X S\$60)	\$ 300.00
1)	Cost of Repair	\$ 3,400.00

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) Police Report

f) I/C & Driving Licence

g) Insurance Certificate

h) 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: 22536

Date

:23.09.2021

Vehicle No : SJS 2409Z

Make/Model : NISSAN SYLPHY 1.5L

Chassis/Eng# : Accident Date : 19.08.2021

Claim No

Reference

:0821 -22536

Policy No

Amount

To proceed on lump sum repair

S\$

3400.00

E. & O. E.

Total: S\$

3400.00

for CHOO MOTOR SPRAY PAINTER

> Back to OneMotoring

Authority Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

19 Aug 2021 / 12:44:40

Receipt Date/Time: 19 Aug 2021 / 12:44:40

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210819-001657

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 - GM8458J As at 19 Aug 2021/12:00:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - GM8458J Enquiry Fee		7.00	0.49	7.49
20210819124408760115		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			
	20210819124416236	Direct Debit: eN (Interne	NETS Debit et 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 : 19/08/2021
DATE: 19/08/2021 TO: India International Insurance Pte Ltd
CTO MARGE /Chi CATET
RE: ACCIDENT INVOLVING VEHICLE NO. STS 2409Z/GM 8458J
ALONG Ovchard Road ON 19/08/2021
on $\frac{19/08/2021}{}$
of (NRIC No./ROC No.) \$7240 370C
of (NRIC No./ROC No.) \$7240 370C
of 14 Upper Sevangoon Crescent #16-36 S(534029) owner of vehicle no. SJS 24092 in consideration of M/s CHOO MOTOR SPRAY
owner of vehicle no. SIG 24092 in consideration of M/s CHOO MOTOR SPRAY
PAINTER repairing my/our vehicle SJS 24092 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.
an claimed and/of settled sharf belong to them absorbtery.
I/We further agree and undertake to indemnify them against the above-mentioned claim cost
which may arisen therewith.
Signature of Owner:
Signature of Owner: Name of Owner: Chua Chiay Huaf



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 witholding 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 19/08/2021 18:27 (SGT) Date of Accident 19/08/2021 12:00 (SGT) Exact Location of Accident Orchard Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS2409Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA CHIANG HUAT** NRIC No SXXXX370C **Email Address** PATRICKCHUA1972@GMAIL.COM Mobile Phone No (Phone) +65-96189278 Alternative Phone No (Home) +65-96189278

VEHICLE PARTICULARS

/lanufacturer Nissan Model Sylphy Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5111242440-02 Cover Note Number

DRIVER

Name of Driver CHUA CHIANG HUAT NRIC No SXXXX370C

Date Of Birth 31/10/1972 Occupation Outdoor Date Of Driving Pass 12/02/1999 Driving experience 22 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96189278 Alt. Phone Number (Home) +65-96189278 Email Address PATRICKCHUA1972@GMAIL.COM Address 14 UPPER SERANGOON CRESENT #16-36 Address complement Postcode 534029 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN 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 REGER TO 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 GM8458J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

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)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA CHIANG HUAT
Gender	_
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SJS2409Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	
was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- The issue and acceptance of this Formby insurance companies is not an admission of policy fability 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (ii) 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;
- (ii) 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, involces, 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

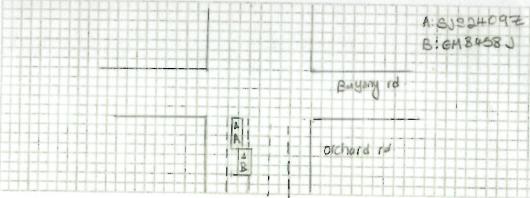
Policyholder's Signature / Date & Time

- I Mark

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on		12/21	at abo	ut	12 pm -	1 was	travelling	along
Orchard	road	C1055	jua crian	Qf.	Buyony	rd.	1 1000	Stationa
due 40	the	-truffic	light (red)	. Sudde	nuj.	vehicle	В
bit my	ieui .							
U								
165-182 (912)								
	Not the American							
- Comment								
Participal Control								
						98.87		
				WALLEY OF				
	CHURCHA!	The state of the s						
laration								
declare the foreg	oing particula	ars are true in	every respect.					
MARKA			1	1				
The state of	-		N-TT-N	_			Ma	14
holder's Signatur	re / Date &	Driver's Si	gnature (If drive	er is not th	e policyholder)	/ Date	Winessed by Re	porting Centre





1 of 4 Report No. T/20210819/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 19/08/20	ne Report M 021 16:10	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	lars		
Name of	Informant: HIANG HU/		Address: 14 UPPER SERANGOON CF 534029	RESCENT #16-36 SINGAPORE
ID Type	/ ID No.: D / S724037	OC	Contact No.: Home/Office:	Mobile: 96189278
Nationali SINGAP	ty: ORE CITIZE	EN	Email:	
Sex: Male	Age: 48	Date of Birth: 31/10/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation PRIVATE			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2021 12:00	Type of Location T-Junction
ORCHARD RO	DAD	Road Surface:		Road Speed Limit:
		riodd Garidoc.	是一个人,但是一个人的人,但是一个人的人的人,但是一个人的人的人的人。 第一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	Lingu Speed I imir
Clear		Dry		The state of the s
		Dry Traffic Control: Traffic Light - Wor		Traffic Volume:

Details of V	ehicle Invo	lved			Carlo Carlo Carlo	PARTE NAME OF THE PARTE NAME O
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GM8458J	Van					0
SJS2409Z	Car	NISSAN	SYLPHY 1.5L 4AT	Blue		1
			1.5L 4AT ABS D/AB 2WD 4DR			

Details of Ve	ehicle Insurance	THE RESIDENCE OF THE PARTY OF T	STATE OF STREET	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4 Report No. T/20210819/2074

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS2409Z	NTUC Income Insurance Co-Operative Limited	5111242440-02	05/08/2021	04/08/2022

Any Pedestrian I	nvolved: No	ACM LAND TO SEE		161.50		
No. of Pedestria			Use of Ped	destrian	Cross	ing: NA
Driver			(69) (60) (60)		Z BOOK	
Name	SOH WEI MIN			ID No.		S9572812Z
Related Vehicle	GM8458J (Van)			Conta	ct No.	90188676
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	THE RESERVE OF THE PERSON	Date Disc	-	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of	NAME AND ADDRESS OF THE OWNER, WHEN THE PARTY OF THE PART	NIL	THE STREET STREET
Driver						
Name	CHUA CHIANG HUA	Г		ID No		S7240370C
Related Vehicle	SJS2409Z (Car)			Conta	ct No.	96189278
Hospital/Clinic	WONG FAMILY CLIN LTD	IIC & SURGI	ERY PTE	Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	19/08/2021		Date Discl	narge	19/08	/2021
No. of Days grant	ed Medical Leave	03	Degree of	Name and Address of the Owner, where the Party of the Owner, where the Owner, which the Own	NIL	

Brief Details.

On 19/08/2021 at about 1200hrs, I travelling along Orchard Road on lane 3 of the 4-lanes road towards Buyong Road with one passenger onboard. Weather was clear and road surface was dry.

While I was approaching the junction, traffic light was turning from amber to red. As such, I came to a complete stop. Subsequently, I felt a hard impact from the rear resulting my car to surge forward. A van (GM8458J) hit my car from the rear.

The other driver alighted and started to scold me and question why I did not dash through when traffic light was amber. My car is not installed with camera and my passenger did not leave any contact details and she informed she was not injured.

No Traffic Police or ambulance attended to us. We exchanged particulars and intended to proceed with insurance claim. As I am feeling pain, I went to see doctor and was given three days Medical Leaves.



Tomanagera

T/20210819/2074

3 of 4

Report No. T/20210819/2074

CONTINUATION OF REPORT





4 of 4 Report No. T/20210819/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

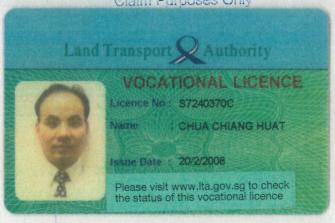
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

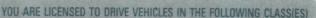
Signature Of Officer Recording The Report: G / Sgt 3 ZHANG LINHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2021 16:10
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN GAPORE SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	SIGNATURE





For insurance Reporting And Claim Purposes Only





EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



NP 428A

Licence No:S7240370C



For Insurance Reporting And

This card is not transferable and Jothe property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

02

TAXI VL

17/04/2003





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: 5111242440-02

Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS2409Z

Chassis Number

: JN1BAAG11Z0110130

2. Name of Policyholder

: CHUA CHIANG HUAT

3. Effective Date of Insurance

: 05 Aug 2021

4. Expiry Date of Insurance

: 04 Aug 2022

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : S\$2,000 **EXCESS (SECTION 2)** : S\$1,500 WINDSCREEN EXCESS : S\$100 **ADDITIONAL EXCESS** : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO **INSURE WITH COE** : YFS NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : CHUA CHIANG HUAT

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)

: INDEX AGENCY PTE LTD (00000572017) Agency

Date of Issue

: 22 Jul 2021 12:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	370C
Vehicle No.:	SJS2409Z
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Aug 2021
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	HR15156991B
Chassis No.:	JN1BAAG11Z0110130
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$19,004.00
Original Registration Date:	05 Aug 2009
First Registration Date:	05 Aug 2009
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,004.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	04 Aug 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,664.00
COE Rebate Amount:	\$8,680.00
Total Rebate Amount: Message	\$8,680.00

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 19 Aug 2021