



## Auto Insure Pte. Ltd.

6 Marsiling Lane  
Singapore (739145)  
E: claims@autoinsure.com.sg  
W: www.autoinsure.com.sg  
T: 3157 2626 F: 6368 0081  
**GST No.: 201437380M**

Our Ref: SLK9943U  
Your Ref: SLS9774Z  
Accident Date: 5-Sep-21

**WITHOUT PREJUDICE**

**17-Mar-22**

**ATTENTION: MOTOR CLAIMS DEPT**

Email: motorclaim@iii.com.sg

**India International Insurance**

64 Cecil Street,  
#05 - IOU Building  
Singapore 049711

**CLAIMANT: MODERN POOLS PTE LTD**

**ACCIDENT INVOLVING SLK9943U & SLS9774Z ALONG BUKIT BATOK WEST AVE 6 JUNCTION ON 5 SEPTEMBER 2021**

We are instructed by **MODERN POOLS PTE LTD** to claim damages against your insured in connection with a road accident ON 5 SEP 2021 involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

1) Cost of Repair (with GST) after surveyor final esti.	\$	5,778.00
2) Rental Fee (Includes loss of PRS and loss of Sun & PHs ) (16 days X \$150)	\$	2,400.00
3) LTA/GIA Search Fees	\$	7.49
5) Other incidentals	\$	200.00
<b>TOTAL:</b>	<b>\$</b>	<b><u>8,385.49</u></b>

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt
- 5) Rental Invoice

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **8 weeks** of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call 3157 2628 directly.

Yours Faithfully,

---

Jason Heng  
Auto Insure Pte Ltd  
Claims Director



# INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET, #05-00 IOB BUILDING  
049711  
SINGAPORE

**Invoice Date**  
14 Mar 2022

**Invoice Number**  
INV/2022/0494

**Reference**  
SLK9943U(M3003)

AUTO INSURE PTE LTD  
(GST Registration:  
201437380M)  
6 MARSILING LANE  
739145  
SINGAPORE  
T: 31572625  
F: 63680081  
E: accounts@autoinsure.com  
.sg

Description	Quantity	Unit Price	Tax	Amount SGD
A1.Vehicle Details TOYOTA COROLLA ALTIS 1.6 AUTO	1.00	0.00		0.00
A2.Date of Accident 5-Sep-2021	1.00	0.00		0.00
Lump sum repair cost: To supply and replace parts, labour charges for repair, panel beating, welding, and spray painting	1.00	5,400.00	7%	5,400.00
			Subtotal	5,400.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	378.00
			<b>TOTAL SGD</b>	<b>5,778.00</b>

## Due Date: 13 Apr 2022

### Payment Details

Payable to : Auto Insure Pte Ltd

Account no.: 617-867569-001(SGD)

Bank Name: Overseas Chinese Banking Corporation (OCBC)

Bank Swift Code: OCBCSGSG

PayNow UEN: 201437380M

Please note that Bank Charges are to be borne by Remitter.

Terms and Conditions are as per <http://www.autoinsure.com.sg/dataprivacy/http://www.autoinsure.com.sg/>

This is a computer-generated invoice and no signature is required.

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Sep 2021 / 17:38:33

Receipt Date/Time : 06 Sep 2021 / 17:37:57

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210906-003466

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 - SLS9774Z As at 05 Sep 2021/10:00:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLS9774Z Enquiry Fee 20210906173635185516	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
558860XXXXXX9265		eNETS Credit Card		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				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.**

# 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 ..... 06/09/2021 15:25 (SGT)  
Date of Accident ..... 05/09/2021 10:00 (SGT)  
Exact Location of Accident ..... Bukit Batok West Ave 6, Singapore  
Additional Location Information ..... TRAFFIC JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK9943U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MODERN POOLS PTE LTD  
Company Reg No ..... 2XXXXX897H  
Email Address ..... EDSARTE@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-62837093  
Alternative Phone No ..... (Office) +65-62837093

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS 1.6 CVT  
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  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00023542002  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SARTE EDWIN CAMEROS  
NRIC No ..... SXXXX189F

Date Of Birth .....	24/02/1962
Occupation .....	Indoor
Date Of Driving Pass .....	03/10/2011
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81384583
Alt. Phone Number .....	-
Email Address .....	EDSARTE@YAHOO.COM.SG
Address .....	BLK 107 BUKIT BATOK WEST AVE 6 #05-106
Address complement .....	-
Postcode .....	650107
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 .....	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 .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS9774Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... SLN5865Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4F

R SN

AN0633A

Cov. Type:C

**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)

CERTIFICATE No.	DMPCSNA00023542002	Engine No.: 1ZRY325422	Cha. No.:MR053REH104556150
1. Index Mark and Registration Number of Vehicle	SLK9943U	AUTOSAFE *****	
2. Name of Policy Holder	MODERN POOLS PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/03/2020 (08:44:57)	Named Drivers Ex Sect. I	\$S500.00
4. Date of Expiry of Insurance	02/03/2021	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
5. Persons or Classes of Persons entitled to drive*	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.		
6. Limitations as to use.*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

\* 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.

**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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Selly  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2002083B4E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

**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.



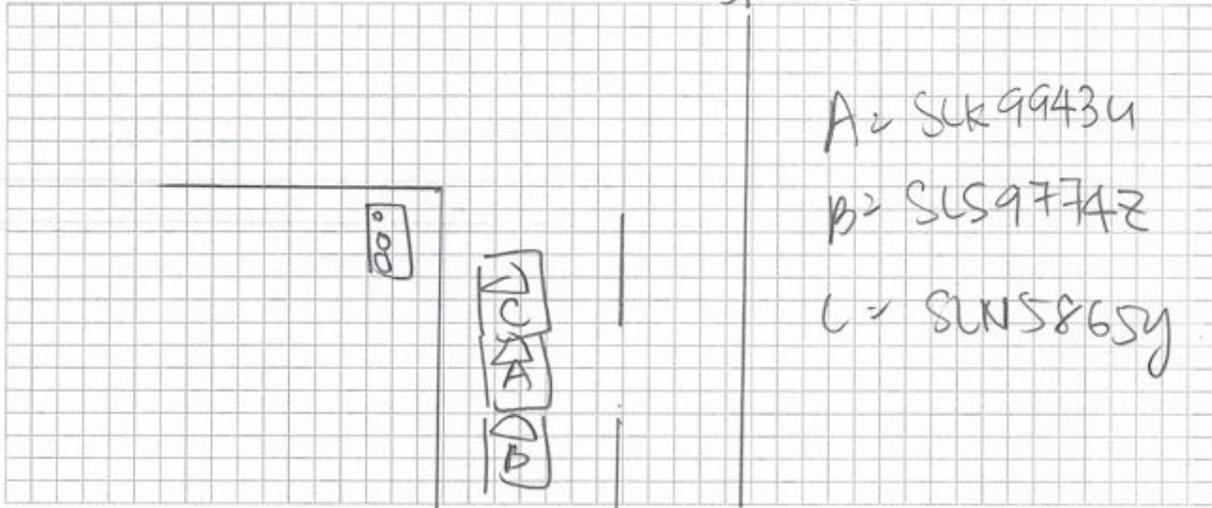
Policyholder's Signature  
Date & Time:

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

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

BT BATOK WEST AVE 6

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 05/09/2021 at 1000 hrs, I was at the traffic junction of BT Batok west Ave 6. When the lights turned green. Vehicles in front of me were stationary as pedestrian were crossing on the left, when I felt an impact from my rear and realized vehicle B had collided into my vehicle. The impact caused my vehicle to surge forward and hit vehicle C.

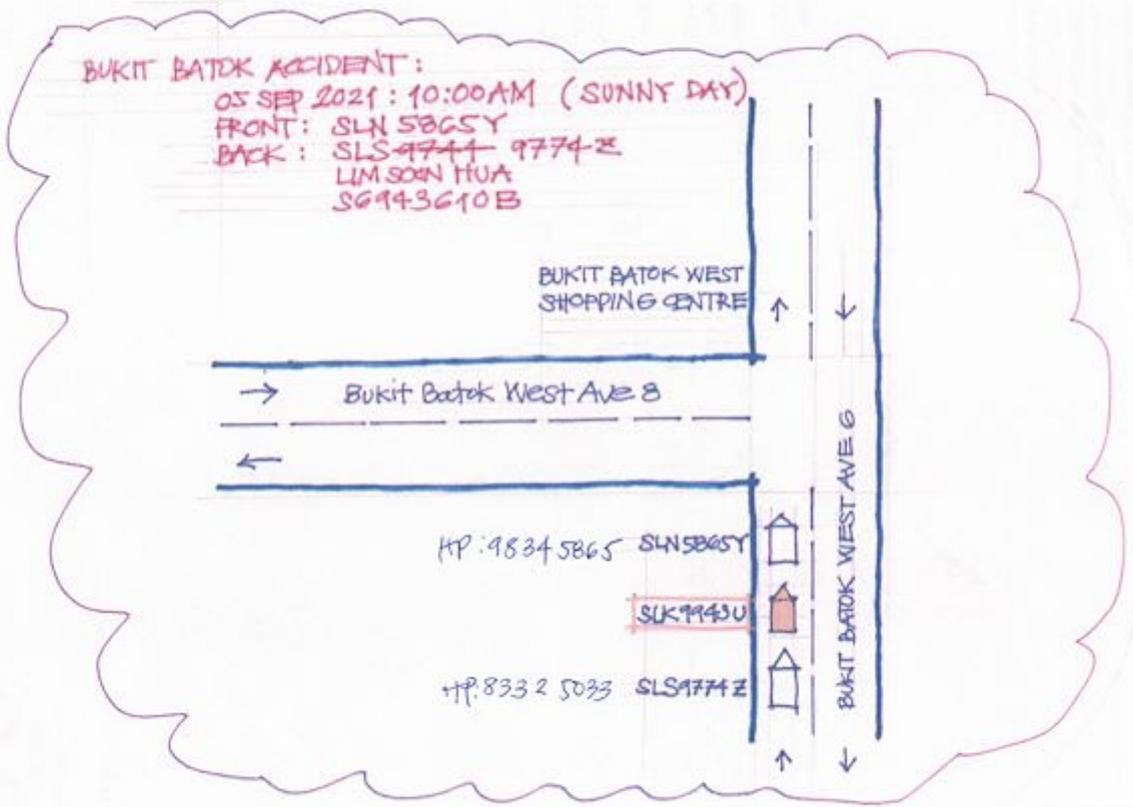
DECLARATION

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:

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

















TOYOTA MOTOR CORPORATION  
MODEL 4R-GE XGK 1598 mL  
ENGINE 1ZR-FE 150  
FRAME No. MRO53REH104556 GVM(kg)  
COLOR TRIM PLANT  
3R3 LA21 Z35  
3R3 LA21 Z35 JUL 16  
K313 -09A  
MADE IN THAILAND  
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD.















