

Our Ref: CMS2022/<sup>03</sup>~~01~~/CM0003/DS(TP)  
Your Ref: CC2/MIDF22000015/r

18 Mar 2022

**BY HAND (INS COPY)**

**M/S. GOVERNMENT VEHICLE**

Attn : Jaslin Kok  
Dept : Motor Claims

**RE : ACCIDENT INVOLVING SNC7425E AND MID46346 ON 29 Dec 2021**

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$3,640.43	B. LTA Search -
C. Excess -	D. Loss of Use - \$150.00(\$50x3days)
E. Loss of Rental -	F. Others -
G. Medical Claims - -Undertake By Claimant <input type="checkbox"/>	<b>Total Claim - \$3,790.43</b>

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice	(X) Vehicle Registration Card
(X) Car Rental Invoice/Agreement/Medical Receipt	(X) Driver's driving license / Identity card
(✓) GIAS/Police Report/s	(X) Original Photograph X _____
(✓) Certificate of Insurance	(X) Original/Photocopy Survey
(✓) Letter of Authority	(✓) LTA Search Fees

\*Cheque is to be made payable to **CHAMPION MOTORS (1975) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department\*

Yours faithfully,  
TPR Team  
Claims Service Department  
F:68727260 E: [claimstatusenquiry@borneomotors.com.sg](mailto:claimstatusenquiry@borneomotors.com.sg)

(As this is a computer generated letter, no signature is required.)



## ACCOUNT INVOICE

Account Details			Account No.		Customer Details			
THIRD PARTY CLAIM			S8000025 / TPCL		Service Retail Cash Sales Body & Paint Service Retail Cash Sales Body & Paint			
			Document No. 82002019					
			Document Date 24/02/2022					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2019	SWIFT	2LM1CXF35	25/03/2020	SNC7425E	15125	12127	72/DS/SNC7425E	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JSAAZC13S00303724		K10C1263759	60	Thomas Pang W T	11/01/2022	16.10	23/02/2022 9.10	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
1	S	S-BMS TP INS: TP VEH:MID46346 DATE OF ACC:29.12.2021 BY:LKK-STEVE @ 12.01.2021 03 WORKING DAYS				50.00		50.00
2	S	S-BMS REPLACE AND REFOCUS HEADLAMP				99.62		99.62
3	S	S-BMS TO RESET ECU AND REPROGRAMME				146.50		146.50
4	S	S-BMS R/I FRONT BUMPER SPOILER TO FAC REPAIR.				146.50		146.50
5	S	S-BMS TO CONDUCT ADJUSTMENT ON FRONT RADAR SENSORS				146.50		146.50
6	S	S-BMS REPLACE ACC DAMAGED PARTS AND STRAIGHTEN/REALIGN ACC AFFECTED AREAS				586.00		586.00
7	S	S-BMS RESPRAY ACC AFFECTED AREAS				484.00		484.00
8	1	S35320-52RF0-000	UNIT,HEADLAMP,L		1.00	1727.40		1727.40
9	2	S71732-53R00-000	HOLDER,FR BUMPER SIDE,L		1.00	7.35		7.35
10	3	S71734-52R00-000	HOLDER,FR BUMPER FR,L		1.00	8.40		8.40
For & on behalf of Champion Motors (1975) Pte Ltd			Customer's Signature		Charge Summary		Total	3,402.27
			Please acknowledge receipt of vehicle		Parts	1,743.15	GST 7.00%	238.16
					Labour	0.00	Less	0.00
					Sublet	1,659.12		
					Lubrication/Fluid	0.00		
					Others	0.00	Amount Due	3,640.43

# 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	30/12/2021 21:19 (SGT)
Date of Accident	29/12/2021 14:23 (SGT)
Exact Location of Accident	Lim Chu Kang Rd, Singapore
Additional Location Information	Tengah airbase
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7425E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OW KHENG FONG
NRIC No	SXXXX597B
Email Address	kfow66@singnet.com.sg
Mobile Phone No	(Phone) +65-81817938
Alternative Phone No	+65-81817938

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	1.0T GLX AT
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	998

### INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11109991
Cover Note Number	NA

### DRIVER

Name of Driver	Ow Jon Kit
NRIC No	TXXXX272H

Date Of Birth	17/01/2000
Occupation	Outdoor
Date Of Driving Pass	19/12/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-81817938
Alt. Phone Number	-
Email Address	kfow66@singnet.com.sg
Address	490 Jurong west ave 1
Address complement	#09-17
Postcode	640490
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

My vehicle SNC7425E was parked(stationary) at the open carpark of Tengah airbase. 3rd party vehicle MID46346 is trying to reverse into the directly opp lot of my vehicle . He then moved head in to the handicapped lot next to my vehicle. Then realised that his vehicle is too near to the curb ( note that the handicapped lot is the last lot at the end of the carpark. Then he tried to moved nearer to the left . While reversing out he scratched my vehicle front left. Causing my bumper to protrude out , scratches to my paint work & my headlight damaged. No injuries was involved at the scene.

#### 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

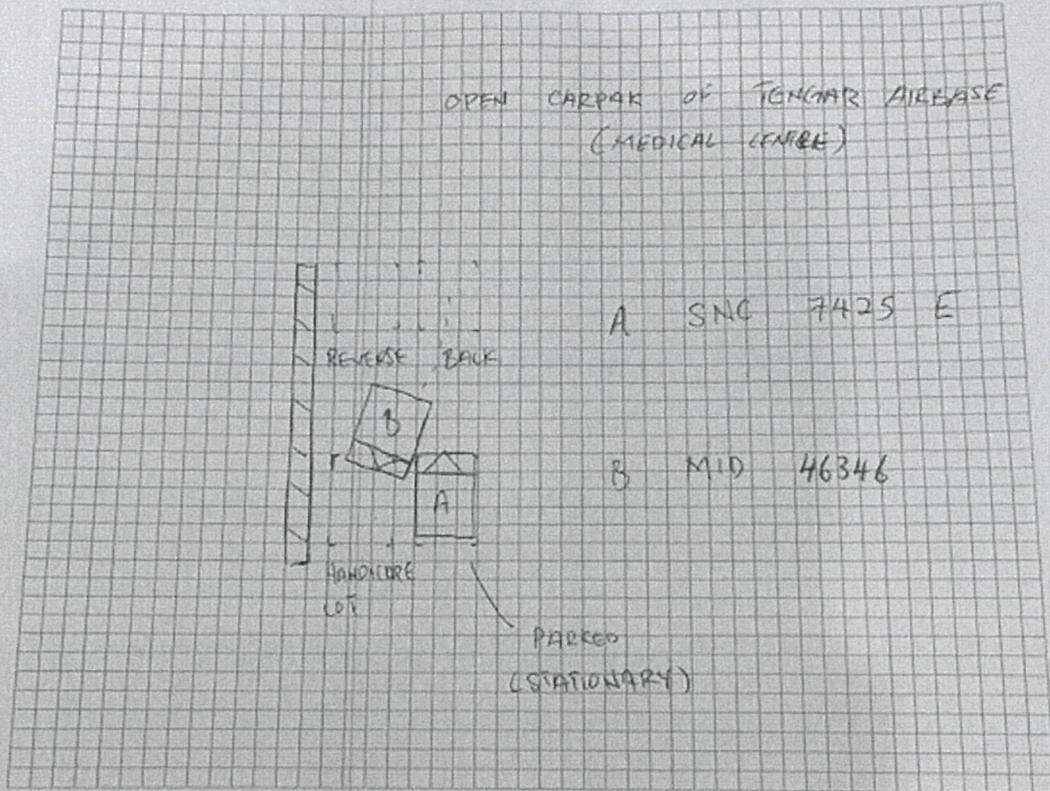
Vehicle Registration Number	MID46346
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	LOW DEL JIA
NRIC No .....	TXXXX304D
Contact Number .....	(Phone) +65-89384595
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

ACCIDENT DIAGRAM

Ver. 30042021

OPEN CARPAK OF TENGAH AIRBASE  
(MEDICAL CENTRE)



VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My vehicle SNC7425E was parked(stationary) at the open carpark of Tengah airbase. 3rd party vehicle MID46346 is trying to reverse into the directly opp lot of my vehicle . He then moved head in to the handicapped lot next to my

**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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN 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 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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

LETTER OF AUTHORITY

ACCIDENT INVOLVING SNC 7425R and M10 46346 on 29/12/2021.  
Own vehicle's number                      Other vehicle's number                      Date of accident

along Tengah Airbase  
Accident location

BY THE LETTER OF AUTHORITY, I/we, Ow Kheng Pong & Sxxxxx197B,  
Name of Policy Holder & (IC/Passport/Company Registration) number

of 490 Jurong West Ave 1 #09-17 S(640490)  
Address of Policy Holder                      490

owner of Vehicle Registration No. SNC 7425R hereby appoint **CHAMPION MOTORS (1975) PTE LTD** (hereinafter refers to **CMS**), a company incorporated in Singapore and having its registered office at 2 Pandan Crescent, Singapore 128462, to do all or any of the following:

1. To submit, resolve and make any claims which \*I/we may have against the other \*party/parties to the Accident and under the insurance \*policy/policies taken up by such \*party/parties or **alternatively** under Insurance Policy number \_\_\_\_\_ taken up by \*me/us and pay the compulsory excess in respect of the cost of repairs suffered by \*me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **CHAMPION MOTORS (1975) PTE LTD** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

\*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on \*my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by \*me/us in \*my/our own proper person(s) and \*I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

\*I/We hereby further declare that **the letter of authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by **CMS** of the settlement amount in respect of such constitute the full discharge of \*my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, \*I/we have hereunto to set \*my/our hand and sign this 14 JAN 22 of the month Jan Year 20 22.

Signed & Delivered By:

Witness By:

[Signature] 14 JAN 22  
(To be sign by the policy holder only)

[Signature]

\*\*Please stamp the company chop for vehicle registered under a company's name