

ARK OTO

Blk 10 Ang Mo Kio Industrial Park 2A AMK Autopoint #04-01
Singapore 568047 HP 91004390/HP 91254449 Fax 64841482
UEN:53247222E Email:arkotoamk@gmail.com

07.09.2022

Our Ref : YQ 4802 R
Your Ref : SND 1072 Z

SAGE BUILDERS PTE LTD
C/O ARK OTO

Attn: Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street, #04, #05
IOB Building, Singapore 049711

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING YQ 4802 R & SND 1072 Z ON 12.03.2022.

We are repairer of vehicle no. YQ 4802 R which was involved in an accident with vehicle no. SND 1072 Z which is insured with you.

The accident was clearly caused by your insurer's negligence. We are therefore seeking compensation from you for our client's financial losses as itemized below:-

Cost of Repair				\$2,000.00
Loss of Use	5	Days	\$140.00	\$700.00
LTA Search Fee				\$7.45
Total				<u>\$2,707.45</u>

We enclose copies of the relevant documents to support our claim.

Your prompt settlement of our claim would be much appreciated.

You may contact Susan (HP:91004390) or Fion (HP:91254449) should you have any queries.

Thank you for your kind attention.

Yours faithfully,



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Invoice No : **ARK1013**

M/s India International Insurance Pte Ltd DATE 07.09.2022
64 Cecil Street #04 #05 IOB Building CAR NO YQ 4802 R
Singapore 049711 MAKE Toyota Dyna

FINAL COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE.
YOUR INSURED : SND 1072 Z

Pc	Pcs	JHHAGV46X0K001136	UNIT PRICE	AMOUNT
		<u>Recommended Parts</u>		
1	pcs	Front right side air cleaner box		
1	pcs	Front right side fender cowl		
1	pcs	Diesel tank		
1	pcs	Right side protector bar		
1	pcs	Right side protector bar corner garnish		
		<u>Recommended Labour</u>		
		To straighten, repair, realign on affected panels.		
		To respray painting on affected area.		
		To dismantle & replace diesel tank		
		Lump Sum Cost of Repair:		\$2,000.00
			Total	\$2,000.00

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ARK OTO

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

REC'D TO YQ4802R

Print Date/Time : 14 Mar 2022 / 11:58:02

Receipt Date/Time : 14 Mar 2022 / 11:58:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220314-001347

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 - SND1072Z As at 12 Mar 2022/12:00:00 Insurance Co: INDIA INTL INS PTE LTD				
1	Insurance Enquiry - SND1072Z Enquiry Fee 20220314115640652392	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				
	558860XXXXXX9082		eNETS Credit Card	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.

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14.03.2022

Our Ref : YQ 4802 R
Your Ref : SND 1072 Z

SAGE BUILDERS PTE LTD
C/o ARK OTO

Attn: Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street
#04, #05, IOB Building
Singapore 049711

Dear Sir/Mdm,

LETTER OF AUTHORITY

RE: ACCIDENT INVOLVING YQ 4802 R & SND 1072 Z ON 12.03.2022.

I/We, SAGE BUILDERS PTE LTD, owner of vehicle no. YQ 4802 R hereby authorize M/s ARK OTO as my/our authorized representative to write, negotiate and settle claim on my/our behalf in my/our claim against the owner and/or driver of vehicle no. SND 1072 Z in respect of the above mentioned accident.

I/We, SAGE BUILDERS PTE LTD, owner of vehicle no. YQ 4802 R give full authority to M/s ARK OTO to endorse on the Discharged Voucher on my/our behalf in settlement of the above mentioned claim.

Kindly make payment directly to ARK OTO.

Kindly contact Susan (HP:91004390) or Fion (HP:91254449) should you have any queries regarding the above.

Yours faithfully,



SAGE BUILDERS PTE LTD

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SATISFACTION & DISCHARGE VOUCHER

I/We, SAGE BUILDERS PTE LTD, owner of vehicle number YQ 4802 R declare that my/our vehicle have been completed to my/our satisfaction and was discharged from ARK OTO at Block 10 Ang Mo Kio Industrial Park 2A, AMK Autopoint #04-01 Singapore 568047 on the 23rd day of March 2022.

Signature of Assured,



SAGE BUILDERS PTE LTD

Accident Date : 12.03.2022.

Name : SAGE BUILDERS PTE LTD

Address : 83 North Bridge Rd, #09-01 Southbank, Singapore 198785



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	14/03/2022 15:15 (SGT)
Date of Accident	12/03/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	45 DUCHESS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4802R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SAGE BUILDERS PTE LTD
Company Reg No	201014389K
Email Address	info@sagebuilders.com.sg
Mobile Phone No	(Phone) +65-67351868
Alternative Phone No	+65-67351868

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124220725
Cover Note Number	08/11/2021 - 07/11/2022

DRIVER

Name of Driver	BRAR JASPREET SINGH
Passport No/FIN	G8189473L



Date Of Birth	18/07/1985
Occupation	Outdoor
Date Of Driving Pass	23/07/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83422161
Alt. Phone Number	-
Email Address	maryjassi@icloud.com
Address	C/O 883 'NORTH BRIDGE ROAD #09-01 SOUTHBANK
Address complement	-
Postcode	198785
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	Side Swipe
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

REFER TO STATEMENT

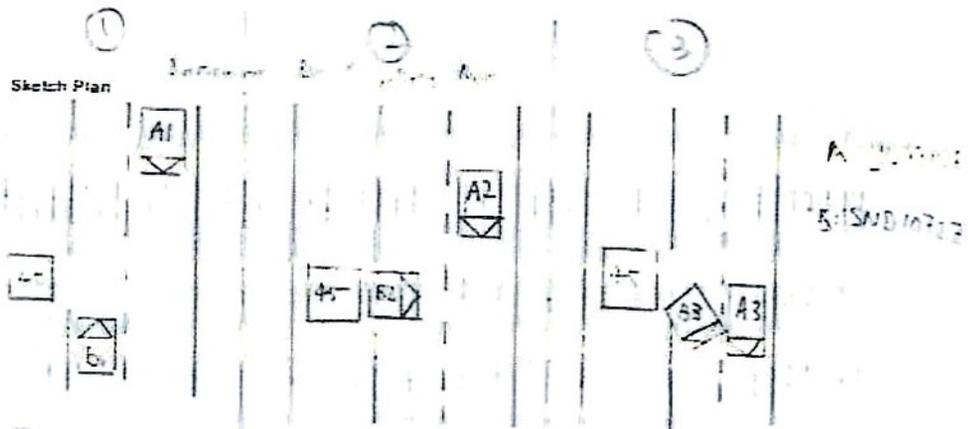
ATTACHMENT(S)

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	SND1072Z
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/5/12 about 1200hrs I was driving my vehicle (YC4322R) towards Stirling Ave.

When I was near to 45 Duckworth Ave, I saw vehicle B (SCND 10722) was doing a 2 point turn along with the driver say

I continue driving towards and at the point of the intersection, the driver of vehicle B was turning left as the oncoming traffic, vehicle B dash out from unit 45 and hit onto my vehicle's RH mirror.

Note - Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's Signature: [Signature] Date & Time: [Date & Time]

Driver's Signature: [Signature] (if driver is not the policyholder) Date & Time: [Date & Time]

Reporting Centre Personnel's Signature: [Signature] Name: [Name] NRIC/PIN No.: [NRIC/PIN No.]

Claim Own Policy Claim Third Party Reporting Only

Claim OD/TP at other workshop