#### BMW Deals

#### **BIS Automobiles**



China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attention: Motor Claims

"Without Prejudice"

Your Ref Our Rof:

Date:

BIS Automobiles Pte Ltd 30 Teben Gardens Grescent Singapore 608927

Main: (+65) 6896 3933 Fax: (+66) 6565 9098

Co. Rea. No: 201908617D

Date: 16 July 2022

Subject: ACCI

#### ACCIDENT INVOLVING VEHICLE SJN5189P & SMG1139L ON 04.05.2022

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses which are set out hereunder as follows:-

Cost of repair : S\$ 4,535.34

Car rental fee (inclusive of GST): S\$ 535.00 (S\$100.00 x 5 days) + 7% GST

GIA search fee : S\$ 2.00 Total : S\$ 5,072.34

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

- 1. Copy of Final Repair Bill
- 2. Copy of Accident Report & GIA Search Slip
- 3. Copy of Car Rental Bill & Agreement
- 4. Copy of Letter of Authorisation & Discharge Voucher

Please note that you or your insured should send us an acknowledgement of receipt of this letter within fourteen (14) days from the date of this letter, failing which our client will have no alternative but to commence legal proceedings against you without any further notice to you or your insured.

Should you have a counterclaim against our client arising out of the accident, you are also required to send a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

For any correspondence, please contact Ms Caroline Tan at **6308 8517** or email to caroline.tan@bisauto.com.sg

Yours sincerely

Caroline Tan

Claims Manager, Body & Repair Section

#### **BIS AUTOMOBILES**

30 Teban Gardens Crescent Singapore 608927 BIS Automobiles Pte Ltd

Co. Reg. No. 201908617D. GST Reg. No. 201908617D

#### **TAX INVOICE**

Invoice No.

: 35007142

Invoice Date

: 18/06/2022

WIP No.

: 28522

Issued By

: Gary Poh Chai Hoon

- CUSTOMER DETAILS -

Mr. Ng Shou Chuan

C/O BIS Automobiles Pte Ltd 30 Teban Gardens Crescent

Singapore 608927

- ACCOUNT -

China Taiping Insurance (S) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Total Labour & Parts:

Deduction for Excess:

GST @7%:

Grand Total:

Total Repair Costs less Excess:

4,238.64

4,238.64

4,535.34

296.70

Motor Claims Department

REGN. NO. SJN5189P

CHASSIS NO. W203001992

REGN.DATE

MODEL

19/2/2009

TOYOTA WISH

SJN5189P	W203001992	19/2/2009	T	OYOTA WI	ISH
	DESCRIPTION				NETT
	To replace rear bumper and attachments, tail end pand boot lid include knocking out dents caused by the acci				1,050.00
	To spray paint rear bumper, tail end panel and boot lid				1,050.00
	To transfer PDC assembly from old to new bumper in resetting and conducting checks for proper function	clude			50.00
	To remove and install Rear windscreen glass to facilitate repairs including water leak tests	ate			150.00
	To transfer lock mechanism from old to new boot lid i conducting checks on all doors sensor and central loc system for proper function				80.00
	To reconnect all electrical components and wirings at Rear section include conducting checks for proper fur				50.00
	Sundries				30.00
	DESCRIPTION	UNIT PRICE	QTY D	ISC. %	NETT
ZT52156-68021 ZT52155-68021 ZT67005-68010 ZT52159-68906 B83.19.2.289.285 B63.21.7.160.797	Bumper retainer, rear left Bumper retainer, rear right Trunk lid Rear bumper cover Repair Kit windscreen Bulb longlife 5W	70.00 70.00 1,239.35 570.00 131.55 10.85	1.00 1.00 1.00 1.00 2.00 1.00	20.00 20.00 20.00 20.00 20.00 20.00	56.00 56.00 991.48 456.00 210.48 8.68
		Total Labour : Total Parts :			2,460.00 1,778.64

SB0522540002 / BIS Automobiles Pte Ltd. ENTRY DATE & TIME: 04/05/2022 17:04 (SGT) SUBMITTED BY: Gary VERSION: 1 (04/05/2022 17:04 (SGT))



### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/05/2022 17:04 (SGT) 04/05/2022 07:37 (SGT) Eng Neo Ave, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJN5189P

INSURED/POLICYHOLDER

is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

Alternative Phone No

NG SHOU CHUAN SXXXX708G ngsc2008@yahoo.com (Phone) +65-97900778

+65-67282547

VEHICLE PARTICULARS

Manufacturer Model

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?

Vehicle Category Transmission

CC

Toyota Wish

Private use

No - Claiming third party

Private car Auto 1800

GA615106

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

AXA Insurance Pte Ltd Comprehensive No

DRIVER

Name of Driver NRIC No

NG SHOU CHUAN SXXXX708G



Date Of Birth05/03/1970OccupationIndoorDate Of Driving Pass03/05/1993Driving experience29 YEARSGenderMale

 Mobile Number
 (Phone) +65-97900778

 Alt. Phone Number
 +65-67282547

 Email Address
 ngsc2008@yahoo.com

Address 504 CHOA CHU KANG STREET 51 #09-175

Address complement - S680504

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

No

Does Driver Own Other Vehicles?

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 Raining Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name SHANNON NG Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMG1139LVehicle ManufacturerBMWVehicle Model-Vehicle Variant-Vehicle Colour-

Vehicle Category NA / Unknown

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)

AGNES KWEN (Phone) +65-93895608

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China Taiping Insurance (Singapore) Pte. Ltd.

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#### **INSURER ENQUIRY**

## Find insurer

Vehicle reg. no.

SMG1139L

**Date of Accident** 

04/05/2022 苗

Reset

#### % RESULT & RECEIPT

# TP Insurer Enquiry Insurance \_\_\_\_\_\_ China Taiping Insurance (Sing... Period of Insurance \_\_\_\_\_\_ 30/05/2021 - 29/05/2022 Requested By \_\_\_\_\_ Caroline (BIS Automobiles Pte... Requested Date \_\_\_\_\_\_ 04/05/2022 15:44

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13** 

Total Amount Due (GST Inclusive): \$\$2

**General Insurance Association** 

Records Management Centre
GST Registration No: M400017735

5]N S189 P Toyota wich

Tax Invoice

#### **CHAN'S & SONS ENTERPRISE**

Company Reg No:51936900M 363 Sembawang Road, Goodlink Park,

Singapore - 758379

Email: admin@chans.com.sg

Tax Invoice No: INV0601192022-06 Dated:

June 13, 2022

Rental Agreement No: RA 012077 2022-05

Terms of Payment: Due upon receipt

Customer Reference:

SJN5189P

Notes:

SJN5189P

**Customer Details** BIS AUTOMOBILES PTE. LTD.

NO. 30 TEBAN GARDENS CRESCENT Singapore 608927

**Executive Name: BIS GARY** 

S.No	Product	Description	From Date	To Date	No. of Periods	Price (SGD)	Amount (SGD)
1	SMG2372Y	Model: Kia Cerato 1.6 - Ng Shou Chuan	Date 2022- 05-23	2022- 05-27			500.00
	nt in words :				G	ST 7% (7%)	500.00 <b>35.0</b> 0

Five Hundred Thirty Five Singapore Dollar (SGD)

For CHAN'S & SONS ENTERPRISE

Declaration:

Please make your cheques payable to: CHAN'S &

SONS ENTERPRISE

This is a Computer generated document. No signature is required.

**Income Terms** 

Terms



**CHAN'S & SONS ENTERPRISE** 

363 Sembawang Road, Goodlink Park, Singapore 758379. Tel: 6753 2536 Fax: 6756 7565

ੂ Tel: 6753 2536 Fax: 6756 7565 ਮੂ Breakdown Recovery: 9742 9446

#### RENTAL AGREEMENT

65·

There's Name  SHOU CHUAN  Address  Son Ahor Chuanter's Name  Cocupation  Cocupation  Cocupation  Contact No.  Address  Cocupation  Companies  Cocupation  Companies  Cocupation  Companies  Cocupation  Companies  Cocupation  Cocupatio		Show have 191 Land S. S					RA	0120	77 2000 PF
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IMPORTANT NOTES:  Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.  No refund will be given for vehicle that returns early.  Own Damage Liability — First \$1500 for damage to vehicle plus loss of earlings while damaged vehicle is under repair.  Third Party Liability — First \$2000 for any Third Party Accident Claim.  Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.  Extension: One day's advance notice is required otherwise no extension will be allowed.  Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.  Vehicle returned after office hour will be charged to the next working day.  Hourity extension is charged at 1/5 of the daily rate.  As preventive maintenance, please check water & engine oil dally.  Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.  For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.  Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are		27-5.22	Spm	100		aW	1424	70	puns -
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	allowed.			A CONTRACTOR OF STREET	September -		9. 2 V		er i Walio e i W

IWe have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
IWe declare that all information given on this form is true and accurate. and the second 4 -- 2 3 1 2 2 2 for CHAN'S & SONS ENTERPRISE Hirer's Signature Joint Hirer's/ Guarantor's Signature

VEHICLE NO.	Amy 2522)	MODEL	kia cerato	1.6 (4)	
FROM	* £.	RETURN		*Estimate Date. For actual return see CHECK II अं	٧

#### LETTER OF AUTHORISATION

ACCIDENT INVOLVING STN 5/89P & SMG 1/39LON 4/5/20
I, Ng Shun Chuan owner of Vehicle Registration No. SJN 5186 hereby authorise BIS Automobiles Pte Ltd to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.
I further authorise <b>BIS Automobiles Pte Ltd</b> to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my claim above.
I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.
I further confirm that the acceptance by <b>BIS Automobiles Pte Ltd</b> of the settlement amount in respect of such claim shall constitute the full discharge of my claim in respect of such loss and damage.
Signed by:  Name: Ng Shon Chuar (Date)  NRIC No.: S7075708G  In the presence of:
Name: (Date)

NRIC No.:



#### **BIS Automobiles Pte Ltd**

30 Teban Garden Crescent Singapore 608927 Contact: +65 6566 7666 Fax: +65 6565 9098

#### SATISFACTION cum DISCHARGE VOUCHER

Claim No.:

Date of Loss: 04/05/2022

Policy No.: 64615106

14612100

Vehicle No.: 41 N 5,89 P

Insured: NG SHOU CHUAN

Repairers: BIS Automobiles Pte Ltd

Gross cost of repairs: \$ 4,238.64

Policy excess: \$ ()

Cost of repairs net of policy excess: \$4,238.64

GST, if applicable: \$296.70

Total amount payable: \$4,535.34

I/We hereby declare and confirm that I/we have received from the aforesaid Repairers my/our aforesaid vehicle which is repaired to my/our entire satisfaction and is now in good running order and in consideration **China Taiping Insurance Singapore Pte. Ltd** (hereinafter referred to as Insurers) settling the repair costs stated above with the said Repairers, I/we hereby release and discharge the Insurers from all further obligations in respect of damage to my/our aforesaid motor vehicle on the abovementioned date. Insurers will continue to be liable in respect of the third party injury and property damage claims, if any.

I/We confirm that there is no other insurance covering this loss or damage and no other person has any interest in the subject matter of this claim. In consideration of the above payment, I/we have no further claims whatsoever on the Insurers and I/we hereby undertake to indemnify and hold harmless the insurers against any claim which may be made against them in respect of damage to my/our aforesaid motor vehicle on the abovementioned date.

I/We hereby agree that by virtue of the aforesaid payment the Insurers are subrogated to all my/our rights and remedies in accordance with the laws governing the contract of insurance. I/We hereby authorize the Insurers to use my/our name to the extent necessary to exercise all or any of such rights and remedies. I/We further agree to co-operate with and render all assistance to the Insurers which they may reasonably require when exercising such rights and remedies.

I/We agree that if at any time subsequent to the settlement of the claim, the Insurers become aware of any material fact which if known earlier would have prejudiced my / our claim wholly or in part, I/we will refund the entire claim amount incurred by the Insurers within 7 (seven) days from the date on which Insurers make a demand in writing for such a refund.

Date:

27/5/202

Signature of

Insured

ii loal oa

Name NRIC Witness

Name

GARV

Designation & Company Stamp: