

Our ref: SK2 63395

Your ref: _____

Direct Settlement

Date: 16 AUG 2022

To: India International Insurance Pte Ltd

Singapore 049711

Attn: Motor Claims Department

Re: **Accident Involving Motor Vehicle Nos.** SK2 63395 & SMW8236J
At/Along BK/11 Clementi Street 14 Car park **On** 14/05/22 **@** 17:15

I am the owner of vehicle no. SK2 63395 that was involved in an accident with your insured vehicle no. SMW8236J of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ <u>9,960.39</u>
2. Loss of Use/ Rental (<u>06</u> days @ \$ <u>170</u> per day)	\$ <u>1,091.40</u>
3. LTA/GIA Search Fee	\$ <u>2.00</u>
4. GIA Report Fee	\$ _____
5. Others	\$ _____
Total: \$ <u>11,053.79</u>	

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: **67714377 (Mr Alan Quek) / 67714304 (Ms Amanda Ang)**.

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully



Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378

Cc: Mr Alan Quek/ Ms Amanda Ang

E-mail: alan.quek@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg

Fax No. 67795383

FLEXI-DRIVE ENTERPRISE

SKZ 63395

INVOICE




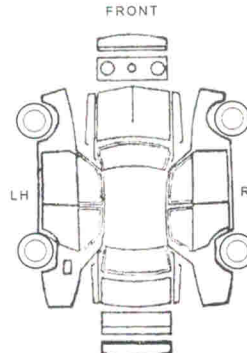
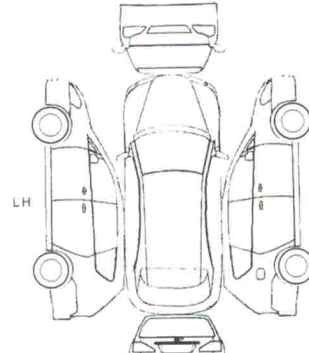
RA : 09697

Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875

Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone : 9667 5455 (24 Hrs)

ALAN.

V. A. No.	Vehicle Regn. No. SKM 8101R	Model Type CAMRY	Renting Location 188 Pandan Loop CCL
Reference		Agreed Return Date	5 Hours = 1 Day Rental (1 Day Rental ÷ 5 = 1 Hour Extension)
\$ 181.90/day X 6 Day. per Day \$ per \$ per Week \$ per \$ per Month Cts per Kilometre		KM In KM Out KM Drvn	Time / Date In 25 May 22 1100hrs Time / Date Out 19 May 22 1000hrs Total / Time Chargeable
Hirer's Name LOH LAY CHEN.		Rental Charges	
Address BLK 113 CLEMENT ST 13 #03-27 (120113). S8028758		Dollars Cents Total _____ Days Rental \$181.90/day X 6 Day	
Reference Contact		Tel. No.	
Driver's Name LOH LAY CHEN.		Passport / IC No. / Country	
Address BLK 113 CLEMENT ST 13 #03-27 (120113).		Petrol Out E 1/4 1/2 3/4 F Petrol In E 1/4 1/2 3/4 F Outstanding Petrol will charge in every 1/4, 1/2, 3/4, F @\$ _____ per 1/4	
Driving Licence No.		Expiry	
Additional Driver LOH LAY ICHEN		Tel. No. (Home)	
Address AS ABOVE		Passport / IC No. / Country S8535280F	
Driving Licence No.		Expiry	
Method of Payment BILL TO: CYCLE R CARRIAGE. IND PTH LTD.		Sub-Total Others Grand Total \$ 1,091.40.	
- RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. - THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OR SURCHARGES DURING PERIOD OF HIRE. Hirer's signature signifies acceptance of agreement X  Hirer's Signature / Company Stamp		Prepayment Received \$ By: (Name in Block Letters) CASH CHEQUE Amount Due / Refundable Refund Received \$ _____ by receiver X _____ Out by  In by 	
Remarks		FRONT  REAR CAR	
		FRONT  REAR MPV	

NB: Please notify our office should there be any accident involving this hired vehicle as soon as possible.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SMW8236J

Date of Accident

14/05/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **14/12/2021 - 13/12/2022**

Requested By **Jasmine Chua (CYCLE & CARRI...**

Requested Date **17/05/2022 10:10**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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	17/05/2022 13:43 (SGT)
Date of Accident	14/05/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 101 CLEMENTI STREET 14 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6339S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH LAY CHEN
Passport No/FIN	SXXXX280F
Email Address	LOH.HAZEL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-92233772
Alternative Phone No	+65-92233772

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00201692102
Cover Note Number	-

DRIVER

Name of Driver	LOH LAY KHENG
NRIC No	SXXXX280F

Date Of Birth	22/10/1985
Occupation	Indoor
Date Of Driving Pass	22/10/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93221688
Alt. Phone Number	-
Email Address	LOH.HAZEL@YAHOO.COM.SG
Address	BLK 113 CLEMENTI STREET 13 #03-27
Address complement	-
Postcode	120113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	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?	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	SMW8236J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MANSEKI
Contact Number	(Phone) +65-98425200
Address	-
Address complement	-

SKETCH PLAN

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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

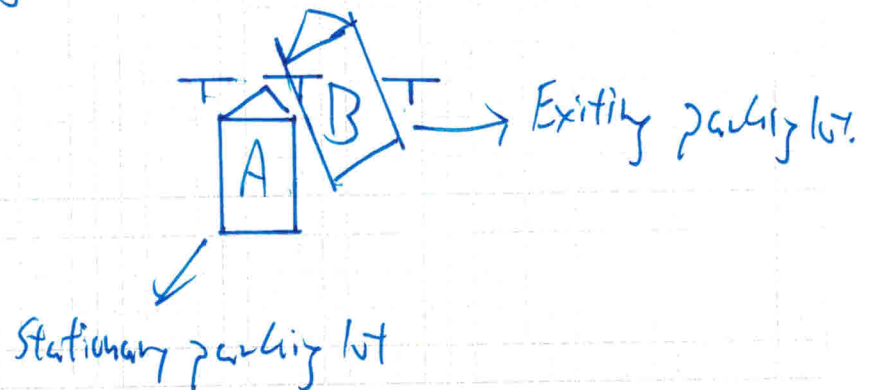
Name: Alan Goh

17/05/22

SKETCH PLAN

(A) SKZ 6339S

(B) SMW 8236J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① 'A' vehicle park stationary in parking lot.
- ② 'B' vehicle exiting parking lot and collided 'A' vehicle front right side.
- ③ 'B' vehicle left a note on my windshield that she hit my car. She left her contact number too.
- ④ I call 'B' driver and agree to claim through insurance.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's
Name: Alan Quah

17/05/21

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 5 3 5 2 8 0 F**

Name:

LOH LAY KHENG

Birth Date: **22 Oct 1985**

Issue Date: **04 Nov 2019**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	22 Oct 2007
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NP 423A

