



BODYFIX

NO. 10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT
SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 64837432
REG. NO: 53010635C

Our ref: SCE 1690 P

22 NOV 2022

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street #04 #05
IOB Building
Singapore 049711

Attn: Motor Claims Dept.

Dear Sir / Madam

Accident involving SCE 1690 P & SLS 7217 D ON 14/10/2022

Our client, **KOH BOON HOR RONNIE**, whose motor vehicle **SCE 1690 P** was involved in the above-mentioned accident. He authorized us to act on his behalf in claiming for his cost of repairs, loss of income, car rental and other consequential losses.

Our client also informed us that the above accident was caused by the negligence of your insured driver of motor vehicle **SLS 7217 D**

Our client is claiming:

1. Cost of repairs	S\$4173.00 (inclusive GST)
2. Car Rental (S\$130 x 10 days)	S\$1300.00
3. Loss of Income (S\$60 x 10 days)	S\$600.00
4. Search Fee	S\$7.45

We enclosed the following documents for your necessary action:

1. Letter Of Authorisation;
2. Discharge voucher;
3. Performa Invoice;
4. Rental Agreement;
5. Income Statement;
6. LTA Search Fee;
7. GIA Report

We appreciated that you can do a direct settlement as soon as possible.

Yours faithfully


Ryan Tang



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

18.10.2022

Our Ref : SCE 1690 P

Your Ref : SLS 7217 D

KOH BOON HOR RONNIE
C/o BODYFIX

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 SCE 1690 P & SLS 7217 D On 14.10.2022.

I, KOH BOON HOR RONNIE owner of vehicle no. SCE 1690 P hereby authorize M/s BODYFIX as my authorized representative to write, negotiate and settle claim on my behalf in my claim against the owner and / or driver of vehicle Reg no. SLS 7217 D in respect of the above mentioned accident.

Kindly make payment directly to BODYFIX.

Kindly contact us at 62571289 should you have any queries regarding the above.

Yours faithfully,

KOH BOON HOR RONNIE



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

SATISFACTION & DISCHARGE VOUCHER

I, KOH BOON HOR RONNIE owner of vehicle number SCE 1690 P declare
that my vehicle have been completed to my satisfaction and was discharged
from BODYFIX, at Block 10 Ang Mo Kio Industrial Park 2A, AMK
Autopoint#04-06 Singapore 568047 on the 26 day of Oct 2022.

Signature of Assured,

KOH BOON HOR RONNIE.

Accident Date : 14.10.2022

Name : KOH BOON HOR RONNIE

Address : 207L JALAN LOYANG BESAR (S)509479

BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04/05

IOB BUILDING SINGAPORE 049711

Attention : Motor Claim Department

Contact : 63476100 Fax No. : 62244174

Proforma Invoice : PF22033

Date : 22/11/2022

Vehicle Num. : SCE 1690 P

Make/Model : TOYOTA COROLLA ALTIS-2018

Chassis/Eng# : MR053REH604578000/1ZR0A79712

Accident Date : 14/10/2022

Claim No. :

Reference :

Policy No. :

Amount S\$

TO REPAIR VEHICLE AT LUMP SUM

3,900.00

SingDollars : Four Thousand One Hundred Seventy-Three Only

E. & O.E.

Total S\$: 3,900.00

GST 7% S\$: 273.00

Amount Due S\$: 4,173.00

=====



for BODYFIX

B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)

Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000

Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 17/10/2022

Owner: **B & O VEHICLE RENTAL ("the owner")**

Hirer: KOH BOON HOR RONNIE

NRIC / Co. Reg. No: S0124206G

Tel: _____ Fax: _____ H/P: _____

Address: _____

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: <u>SMX8134P</u>		Agreement No.: 21315	
Driver's Particulars		Odometer: _____	
Name: <u>KOH BOON HOR RONNIE</u>		Date & Time Out: <u>17/10/2022</u> <u>940A</u>	
Address: <u>207L JALAN LOYANG BESAR (S) 509479</u>		Date & Time In: <u>26/10/2022</u> <u>5:30PM</u>	
I/C No: <u>S0124206G</u>	Dr/Licence No: _____	Hour @\$ _____	
Date of Issue: <u>23/09/1980</u>	Occupation: _____	10 Days @\$ <u>130</u> ✓	
Date of Birth: <u>15/03/1954</u>	Tools: <u>060</u> Spare Tyre: <u>one set</u>	Wks @\$ _____	
		Mths @\$ _____	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 2000 ✓ comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3500 ✓ excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable): _____

Sub-Total: _____

Balance To Pay: \$1300 ✓

**PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY**

B & O VEHICLE RENTAL

Authorised Signature

Hirer's Signature

Driver Statement

29 August, 2022 - 4 September, 2022

Goib
1

Paid to

Koh Boon Hor Ronnie

SG | OVERSEA-CHINESE
BANKING CORPORATION LTD
*****6001

Summary

Total Earnings 552.00

Total Deductions -110.00

Weekly Total

S\$442.00

Earnings details

Description	Amount
Transport net earnings	440.00
Fares	391.00
Other earnings	159.00
Commission	-110.00
Incentives	2.00
Total Earnings	552.00
Total Deductions	-110.00
Weekly Total	S\$442.00

Incentives

Qualified

Description	Cash Wallet	Credit Wallet	Subtotal
20% Fare Revision Rebate - 03-Sep - Incentive ID 1222464			
You've earned S\$0.20 incentive as you're eligible for a S\$0.10 per trip incentive after completing 2 unique trips (minimum requirement: 1 trips).	0.20	0.00	0.20

Driver Statement

5 September 2022 - 11 September 2022

1

Paid to

Koh Boon Hor Ronnie
SG | OVERSEA-CHINESE
BANKING CORPORATION LTD
*****6001

Summary

Total Earnings	782.60
Total Deductions	-154.70
Weekly Total	S\$627.90

Earnings details

Description	Amount
Transport net earnings	622.80
Fares	489.64
Other earnings	287.86
Commission	154.70
Incentives	3.10
Tips	2.00
Total Earnings	782.60
Total Deductions	-154.70
Weekly Total	S\$627.90

Tips

Date / Time	Booking ID	Cash Wallet	Credit Wallet	Subtotal
11 September, 7:50PM	A-3UNT9GIWWHLV	2.00	-	2.00
				S\$2.00

Incentives

Driver Statement

12 September, 2022 - 18 September, 2022

1

Paid to

Koh Boon Hor Ronnie

SG | OVERSEA-CHINESE
BANKING CORPORATION LTD
*****6001

Summary

Total Earnings 413.10

Total Deductions -82.00

Weekly Total S\$331.10

Earnings details

Description	Amount
Transport net earnings	328.00
Fares	292.00
Other earnings	118.00
Commission	-82.00
Incentives	3.10
Total Earnings	413.10
Total Deductions	-82.00
Weekly Total	S\$331.10

Incentives

Qualified

Description	Cash Wallet	Credit Wallet	Subtotal
20% Fare Revision Rebate - 17-Sep - Incentive ID 1222478			
You've earned S\$0.70 incentive as you're eligible for a S\$0.10 per trip incentive after completing 7 unique trips (minimum requirement: 1 trips).	0.70	0.00	0.70

Driver Statement

19 September, 2022 - 25 September, 2022

1

Paid to

Koh Boon Hor Ronnie
SG | OVERSEA-CHINESE
BANKING CORPORATION LTD
*****6001

Summary

Total Earnings	585.80
Total Deductions	-116.50
Weekly Total	S\$469.30

Earnings details

Description	Amount
Transport net earnings	466.00
Fares	369.00
Other earnings	213.50
Commission	-116.50
Incentives	3.30
Total Earnings	585.80
Total Deductions	-116.50
Weekly Total	S\$469.30

Incentives

Qualified

Description	Cash Wallet	Credit Wallet	Subtotal
20% Fare Revision Rebate - 24-Sep - Incentive ID 1222485			
You've earned S\$0.80 incentive as you're eligible for a S\$0.10 per trip incentive after completing 8 unique trips (minimum requirement: 1 trips).	0.80	0.00	0.80

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Oct 2022 / 11:30:15

Receipt Date/Time : 18 Oct 2022 / 11:30:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221018-001344

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 - SLS7217D As at 14 Oct 2022/10:55:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLS7217D			
	Enquiry Fee	7.00	0.49	7.49
	20221018112912568281			
	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			
	f0h5e9df--			
	49X67736SW1647302		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.

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 Actual 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	17/10/2022 20:27 (SGT)
Reported by	Both
Date of Accident	14/10/2022 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY BESIDE ALEXANDRA FIRE STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE1690P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH BOON HOR RONNIE
NRIC No	S0124206G
Email Address	ronniekbs@ymail.com
Mobile Phone No	(Phone) +65-91890001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118101611-02

DRIVER

Name of Driver	KOH BOON HOR RONNIE
NRIC No	S0124206G
Date Of Birth	15/03/1954
Occupation	Outdoor

Date Of Driving Pass	23/09/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91890001
Alt. Phone Number	-
Email Address	ronniekbs@ymail.com
Address	207L JALAN LOYANG BESAR
Address complement	-
Postcode	509479
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ELAINE CHUA
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 STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7217D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

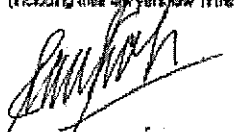
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SAHLAN BIN DOLMAD
NRIC No	S1471138D
Contact Number	(Phone) +65-92323414
Address	BLK 289 YISHUN AVE 6 #09-40
Address complement	-
Postcode	760289
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

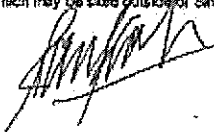
1. VEHICLE NO.: SCE1640P
 2. INSURER CO: IAKONG INSURANCE
 3. ACCIDENT
 DATE & TIME: 14/10/22 1055AM

IMPORTANT NOTICE

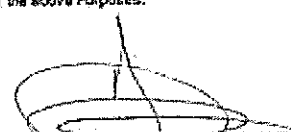
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 lodging 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 based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time: 17/10/22



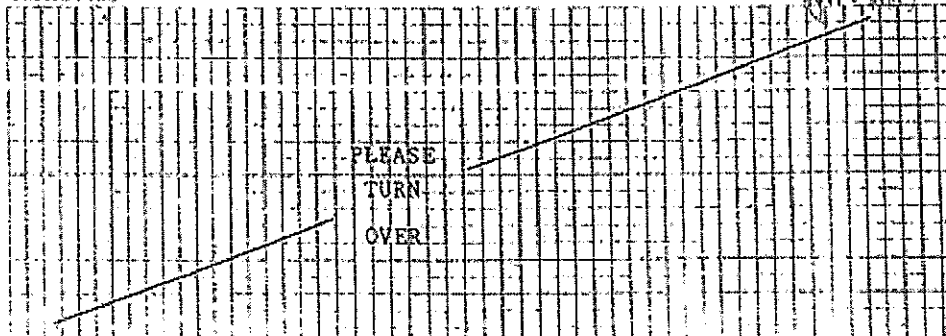
Driver's Signature (If driver is not the policyholder) / Date & Time: 17/10/22



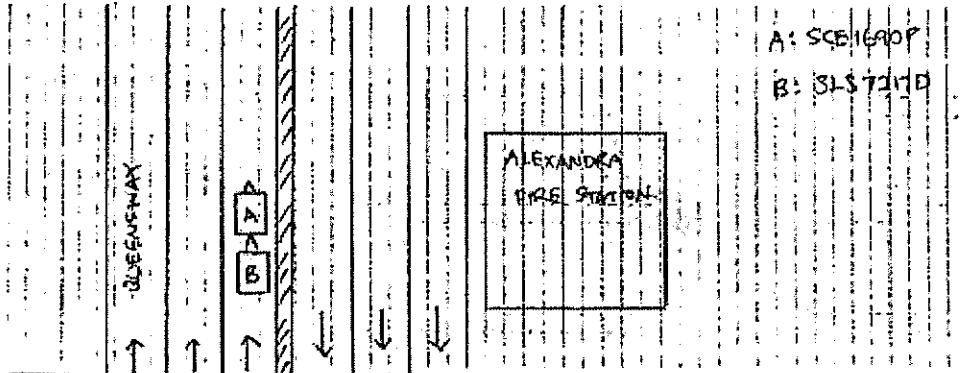
Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/10/2022 AT AROUND 1055AM, I WAS TRAVELLING ON
 QUEENWAY. I SAW THE VEHICLE IN FRONT OF ME CAME TO A STOP BECAUSE I
 ALSO PROCEEDED TO STOP. SUDDENLY VEHICLE 'B' COLLIDED TO MY REAR.
 WE BOTH CAME DOWN AND TOOK PHOTO AND EXCHANGE PARTICULARS.

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

DECLARATION

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

Policyholder's Signature
 Date & Time: 17/10/22

Driver's Signature 17/10/22
 (if driver is not the policyholder)
 Date & Time:

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

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop (Party A)