

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SMX8651M/2211163

05th December 2022

WITHOUT PREJUDICE

The Manager
Motor Claim Dept.
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

**RE: ACCIDENT INVOLVING VEHICLES SMX 8651 M AND SGC 8818 G ON 14TH
NOVEMBER 2022 AT 1628 HRS AT BUKIT TIMAH ROAD**

Dear Sirs,

We refer to the above matter.

Our Client Sim Hui Keong Jesse the registered owner of SMX 8651 M.

You are the insurer of motor vehicle no. SGC 8818 G, which was involved in the above accident. Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no. SGC 8818 G, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) Repair bill
- b) GIA report & LTA search
- c) An authorisation letter from the owner (SMX 8651 M)

We are claiming as follows: -

LTA search	S\$ 2.00
Repair costs	S\$ 1,701.30
Loss of use (3 days x \$100.00)	S\$ 300.00

	S\$ 2,003.30
	=====

Dollar: Two Thousand Three And Cents Thirty Only.

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days from the date herewith .

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully,


Karen Ong

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TAX INVOICE

The Manager
Motor Claim Department
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

Date of Accident : 14th November 2022
Location : Bukit Timah Road
Third Party Claim Vehicle No : SGC 8818 G
Repair Cost For Vehicle No : SMX 8651M Hyundai Avante

Supply of Parts & Labours

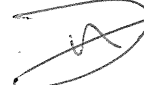
<u>No.</u>	<u>Particulars</u>	<u>Qty</u>	<u>Price</u>	<u>Amounts</u>
1	Rear boot cover emblem (Avante)	1	41.20	\$ 41.20
2	Rear boot cover emblem (S)	1	58.00	\$ 58.00
3	Rear bumper fascia	1	470.80	\$ 470.80
4	Rear bumper clips	1 set	30.00	\$ 30.00
				\$ 600.00
		Less	20%	\$ 120.00
				\$ 480.00
5	Rear number plate (s/nett)	1	40.00	\$ 40.00
				\$ 520.00

Labour Charges :-

	<u>Amounts</u>
Cut out, renew, knocking & welding rear boot cover, rear end panel, remove & install all damage parts & re-align body	\$ 500.00
Spray painting on damage parts	\$ 500.00
Remove & refix rear bumper sensor	\$ 50.00
Check all lighting after repairs	\$ 20.00
	\$ 1,590.00
Add 7% GST	\$ 111.30
Total Amount	\$ 1,701.30

S/ Dollars:- One Thousand Seven Hundred One And Cents Thirty Only.

SPECIALISTS MOTOR PTE LTD



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ACCIDENT INVOLVING VEHICLE

Smx 8651 m And SBC 8818 G on 16th November 2022
at 16th hq at Bukit Timah Road

Letter Of Authority And Undertaking

I/We Sim Hui Keong Jesse (NRIC NO) 2xxxx 692 G of
B1K 258 Jurong East ST 24 # 03 - 363 S 600 258

the owner / driver of Vehicle No. Smx 8651 m hereby authorise your
esteem company specialists motor pte ltd

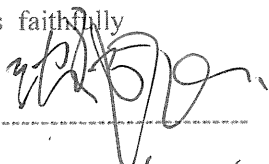
as my repairer for my Damaged Vehicle involved in the above accident and to
claim against the negligent party and/or insurance company.

I/We hereby agreed to be bound by the following:-

1. You are authorised to use my /our name to claim against the negligent party and /or insurance company pertaining to the above accident including any other incidental losses. All payments / settlement monies shall be made in favour of your company M/S specialists motor pte ltd
2. All documents receive by me from third party or insurance company will be sent to your office for follow-up action.
3. Any offer of settlements by the insurer and /or negligent party will be accepted only with your concurrence and approval.
4. I/We agree to sign/execute the Discharge Receipt within 7 working days of issue of notice, by post, electronic mail, social media or text messaging, by your company.
5. If I/We fail to sign/execute the Discharge Notice after 7 working days from the Issue of notice, I/We hereby authorise your company's authorised representative to sign and execute the said Discharge Receipt on my/our behalf.
6. Throughout the process of claim, I / We will be obligated to assist and to provide your company with accurate and correct information.
7. I / We agree that I / We shall pay to your company all cost /expenses / damages incurred or suffered by you as a result of the unsuccessful recovery of the claims for the full repair cost and any other incidental cost /expenses by you on my /our behalf.
8. I / We warrant and undertake that all information and statement provided by me /us to you are true and accurate.

Thanking you in anticipation.

Yours faithfully



Date :

16/11/22


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SGC8818G

Date of Accident

14/11/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **24/07/2022 - 23/07/2023**Requested By **Irene Ting (SPECIALISTS MOT...**Requested Date **21/11/2022 10:42**

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 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	15/11/2022 13:33 (SGT)
Reported by	Both
Date of Accident	14/11/2022 16:28 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BUKIT TIMAH RAOD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8651M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM HUI KEONG JESSE
NRIC No	SXXXX692G
Email Address	jessehksim@gmail.com
Mobile Phone No	(Phone) +65-93898148
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
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	1598

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA017945

DRIVER

Name of Driver	SIM HUI KEONG JESSE
NRIC No	SXXXX692G
Date Of Birth	19/01/1979
Occupation	Indoor

Date Of Driving Pass	10/02/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93898148
Alt. Phone Number	-
Email Address	jessehksim@gmail.com
Address	BLK 258 JURONG EAST STREET 24 #03-363
Address complement	-
Postcode	600258
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

MY VEHICLE WAS COME TO A STOP DUE TO SLOW TRAFFIC ALONG BUKIT TIMAH ROAD. VEHICLE B (SGC8818G) CAME FROM BEHIND AND HIT THE REAR OF MY CAR SMX8651M. DRIVER ADMITTED THAT IT IS HIS FAULT FOR NOT STOPPING.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC8818G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
15/11/22

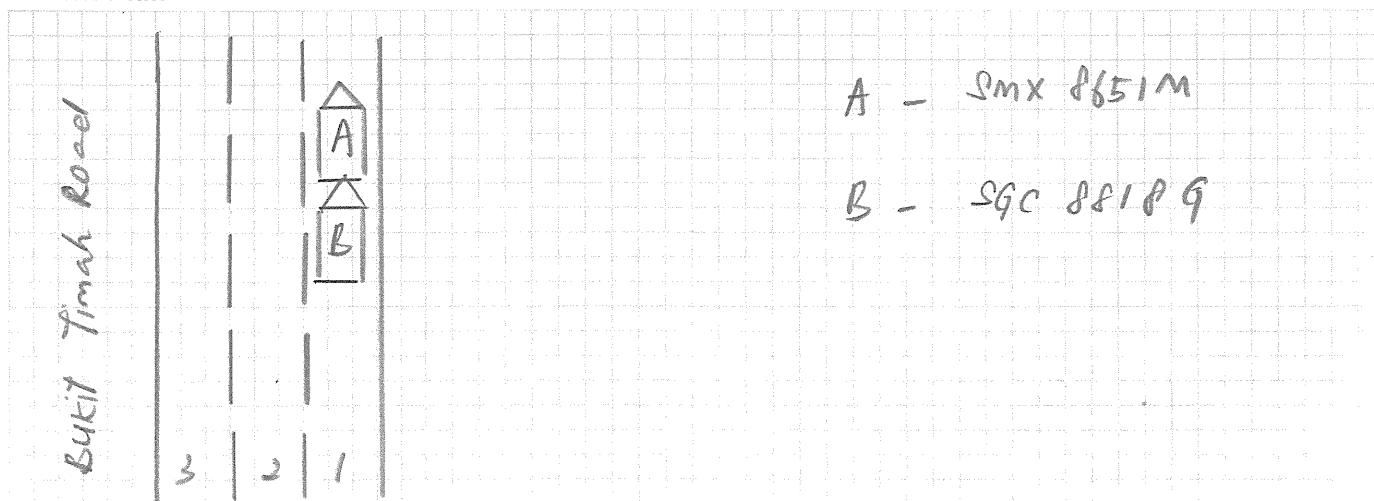
Policyholder's Signature / Date &
Time
1320 hrs

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



Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

My vehicle was w/o to a stop due to slow traffic along Bukit Timah Road. Vehicle B (SGC 88/56) came from behind and hit the rear of my car. SMC 88/56 - Driver admitted that it is his fault for not stopping.

Declaration

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

15/11/22 13:20hrs

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel