

Our Ref: PTE/GBD6960U/220620/TP-AL
Date: 27.10.2022

Allianz Insurance Singapore Pte Ltd



ComfortDelGro Engineering Pte Ltd

Attn : Motor Claims Department

Without Prejudice

Corporate Office
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755

Dear Sir/Madam

ACCIDENT ON 20.06.2022 INVOLVING GBD6960U & SMS5677K ALONG 157A TAMARIND ROAD (SLE)

Company Registration No: 199503048W

Car Care Centres

Braddell
205 Braddell Road
Singapore 579701
Tel 6383 8110

Loyang
59 Loyang Drive
Singapore 508969
Tel 6214 8300

Pandan
45 Pandan Road
Singapore 609286
Tel 6338 8778

Senoko
24 Senoko Loop
Singapore 758156
Tel 6757 8760

Sin Ming
383 Sin Ming Drive
Singapore 575717
Tel 6553 0400

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791
Tel 6369 7369

Ubi
320 Ubi Road 3
Singapore 408649
Tel 6848 5721

www.SPARKCarCare.com

We are the authorised repair workshop for the owner of vehicle No, GBD6960U, which was involved in the captioned accident with your insured vehicle No, SMS5677K.

The vehicle owner has requested and authorised us to assist in presenting his/her claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the vehicle was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the the owner/driver/claimant.

| | | | |
|--|----------------------|-----|----------|
| 1. Cost of Repairs / Excess | | S\$ | 8,720.50 |
| 2. Car Rental | days x S\$ 0.00 | S\$ | 0.00 |
| 3. Loss of Use | 18 days x S\$ 100.00 | S\$ | 1,800.00 |
| 4. Survey Report Fee | | S\$ | 0.00 |
| 5. LTA Search Fee | | S\$ | 0.00 |
| 6. GIA / Police Report Fee | | S\$ | 2.00 |
| 7. Medical Expenses | | S\$ | 0.00 |
| 8. Others [1] | | S\$ | 0.00 |
| 9. Others [2] | | S\$ | 0.00 |

[E&OE] **Total Claims** S\$ **10,522.50**

A copy each of the following supporting documents is enclosed:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Original Repair/ Excess Bill | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Survey Report / Bill | <input checked="" type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input type="checkbox"/> Car Rental Bill |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill |
| <input checked="" type="checkbox"/> GIA/TP Search | <input type="checkbox"/> Witness Statement |
| <input type="checkbox"/> Others: _____ | |

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours sincerely,
Alice Lau
CDGE Claims Department
DID:62148307 FAX: - Email:alicelau@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

COMFORTDELGRO

From: Chan, Kian Chuan (Allianz Insurance Singapore) <kianchuan.chan@allianz.sg>
Sent: Tuesday, 5 July 2022 12:31 pm
To: Patrick Tia Jee Kiang <PatrickTia@sparkcarcare.com>
Subject: OUR REF: 2022 22005352KC : **GBD6960U**/TP CLAIM AGAINST SMS5677K/DOA20/06/2022 / LIABILITY CLEARANCE /ARRANGE FOR SURVEY

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Internal

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Dear Sirs,

Without admission of liability, we agree to do a direct settlement.

Please note that this e-mail is on without prejudice basis which does not amount to an authorization of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal. As for quantum on the LOU/LOR we follow the NIMA Protocol Benchmark.

Please quantify your client's claim with all supporting documents to us.

Thank you.

Warmest Regards,

KC Chan
Claims & Performance Management Department

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
79 Robinson Road #09-01 Singapore 068897
www.allianz.sg



Worldwide Olympic and Paralympic Partner

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Please consider the environment before printing this e-mail

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
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59 Loyang Drive Singapore 508969
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Tel:6553 0400
Tel:6369 7369
Tel:6848 5721



COMPANY REG. NO. : 199506048W
ComfortDelGro Engineering Page: 1

GST REG. NO. M2-8921817-3

TAX INVOICE

8010002
Company ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD #09-01
SINGAPORE 068897

CONTACT NO: 63953857

VEHICLE NO
GBD6960U

NO/DATE
92560312 25.10.2022

MAKE
NISSAN

JOB NO.
305521461

MODEL
NV200

ODOMETER READING

DATE OF REG

CHASSIS CODE

JOB TYPE

Description : TP - GEGI - ALLIANZ

Invoice for Lump Sum Repair

| | | |
|-----------------------------|---------|-----------------|
| Total Lump Sum Repair Amt | | 8,150.00 |
| Add GST @ | 7.000 % | 570.50 |
| Total Invoice amount | | 8,720.50 |

Issued by : SIEWHWA 25.10.2022 17:01:09
Repair Type : CESO/52/5T
Payment Type/Term : /Credit 30 days

WHILE DOING THE NECESSARY PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CLAIMS OF DAMAGE TO PERSONS AND VEHICLES AND PERSONS AND VEHICLES ARE KEPT AT OWNERS RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINT. OTHERWISE, THE VEHICLE(S) WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| | | | |
| | | | |
| | | | |

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

sms5677k

Date of Accident

20/06/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore**

Period of Insurance **23/01/2022 - 22/01/2023**

Requested By **Kristy Tay (ComfortDelGro)**

Requested Date **21/06/2022 10:38**

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**



AUTHORIZATION LETTER

Date: 10/06/2022

To Whom It May Concern:

I Nadrah bte Ramat, Company Reg No 199603123G

hereby like to authorized Ng Buck Soon, IC SXXXX221 B

to make accident report behalf of company.

Your Sincerely

A handwritten signature is written over a dotted line. To the right of the signature is a circular stamp with the text "Communications Engineering" around the top edge and "MCA" at the bottom. There are also some smaller characters inside the stamp.

Signature / Company Stamp

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' 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.



MA

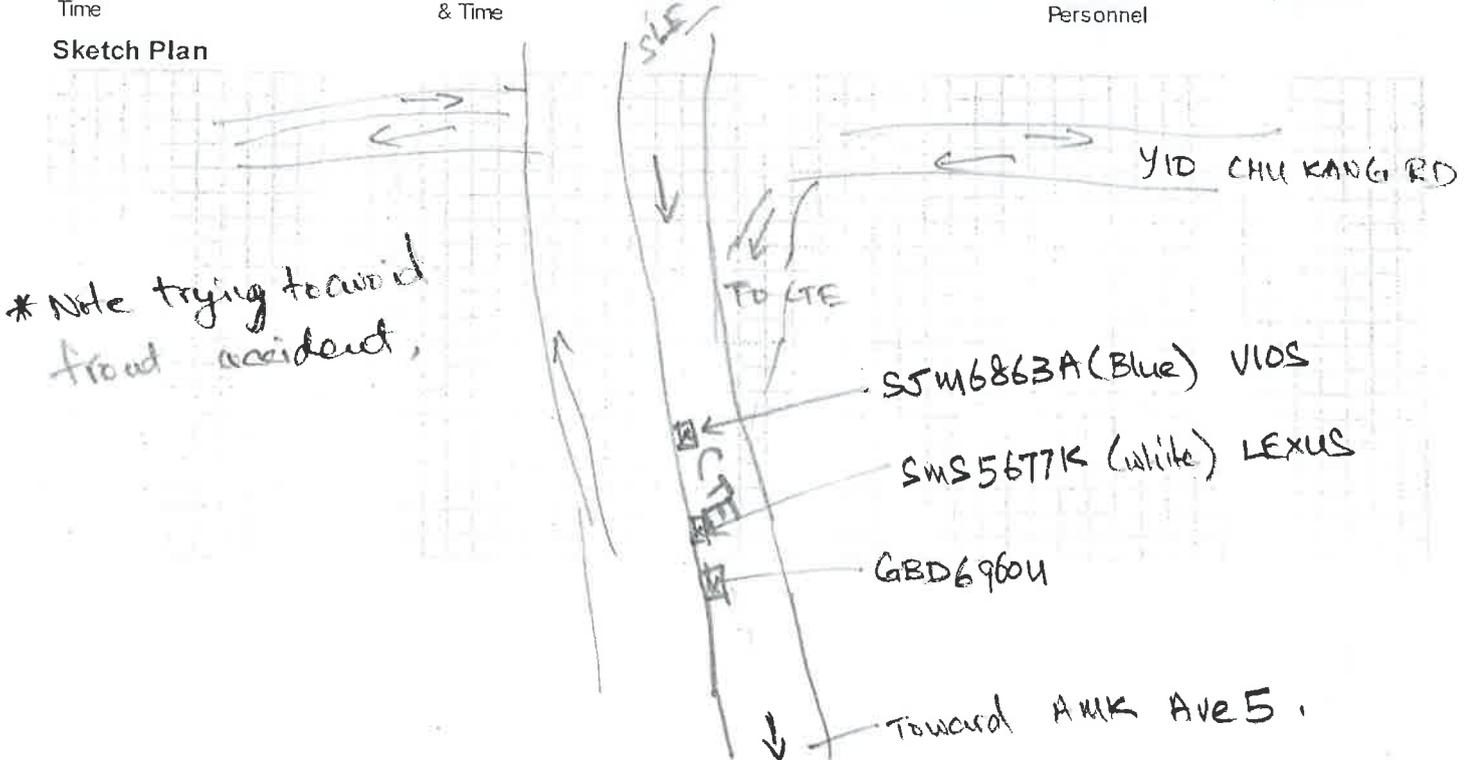
Behm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be "MS".

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

A handwritten signature in blue ink, appearing to be "Kelan".

Witnessed by Reporting Centre Personnel

Brief Details.

On 20/06/2022 around 1330hrs, I was driving my NCS company van, vehicle number GBD6960U along SLE towards CTE before Yio Chu Kang Road exit. I was heading towards town area. I had a passenger, Felix Tay (HP: 98626862) who was seated in the front passenger seat.

I was travelling on the right most lane of the expressway when I saw a motorcyclist who had fallen and was on the ground on the road. I tried to change and filter into the left lane, however there was another vehicle ahead that had stopped.

To avoid colliding into the motorcyclist and the vehicle ahead, I braked immediately. Shortly after, I felt an impact coming from the rear of my van.

I alighted and saw that my van was involved in a chain collision of 3 vehicles. First was my van, followed by one white Lexus (SMS5677K), followed by one Blue Toyota (SJM6863A).

The car that hit my van from the rear is one White Lexus, vehicle number SMS5677K. I exchanged particulars with the driver, Saju John (IC: S6880163Z, HP: 98488075).

Due to the collision, my passenger Felix sustained a bleeding nose. Subsequently ambulance came down and he was conveyed to the hospital. Traffic police also attended to us and advised us to lodge a traffic accident report.

Due to the collision, my company van's rear bumper was badly dented.

I am lodging this report for my own record and action.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|---|
| Owner ID Type: | Company |
| Owner ID: | 123G |
| Vehicle Details | |
| Vehicle No.: | GBD6960U |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Jun 2022 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5 |
| Primary Colour: | White |
| Manufacturing Year: | 2014 |
| Engine No.: | K9KC400D054222 |
| Chassis No.: | VSKYBAM20Z0092730 |
| Maximum Power Output: | - |
| Open Market Value: | \$20,544.00 |
| Original Registration Date: | 18 Mar 2015 |
| First Registration Date: | 18 Mar 2015 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$1,028.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 17 Mar 2025 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$30,496.00 |
| COE Rebate Amount: | \$8,335.00 |
| Total Rebate Amount: | \$8,335.00 |

The information contained herein is correct as at 21 Jun 2022

OK

29000
8000

21000

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) G1B0 69604 and (Third Party's Vehicle No.)
SMS 5677 K on 20/6/22 along _____

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, NCS COMMUNICATION ENGINEERING PTE LTD *NRIC/Passport
No. 113 G (Address)* _____

_____ / _____ a company

incorporate in Singapore and having its registered office at (Address)* 205 BRADDELL RD

_____ owner of Vehicle Registered No. G1B0 69604

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
company incorporated in Singapore and having its registered office at 205 BRADDELL RD

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as * my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd , CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day _____ of the month of _____, Year Two Thousand - _____ (20____)

Signed, Sealed & Delivered By


Customers Name: NG BUCKOON
NRIC No.: S1121221B
Co's rubber Stamp

