Our ref: $SNB f157 \subset CC4/Als 22012361$ Your ref: SNB ff13SDate: Direct Settlement

To: Allianz Ins

Attn: Motor Claims Department

Singapore

Re: Accident Involving Motor Vehicle Nos. SNB88135 & SXIB \$157C At/Along 1PE (INE) Before Brougholon 16/11/2022@ 15:30pm

I am the owner of vehicle no. SNB ffiz Sthat was involved in an accident with your insured vehicle no SNB fizz 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
2. Loss of Use / Rental (7 days @ \$ 181.90 per day)
3. LTA/GIA Search Fee
4. GIA Report Fee
5. Others

Total: \$ 2.30

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: 67714401 (Mr Vincent Seah) / 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 Vincent Seah/ Ms Amanda Ang

E-mail:

vincent.seah@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg

Fax No.

67795383



Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

TAX INVOICE

	Invo	ice Name & Address	8-24-3			me & Vehicle II	nto	
L M 7 # S C	LLIANZ INS TD. OTOR CLAIM 9 ROBINSON 09-01 INGAPORE 0	URANCE SINGAPORE PTE. DEPARTMENT ROAD 68897 67143369		Cust No/Name Reg No/Reg Date Date In/Mileage Chassis No Engine No Make/Model Colour/Trim	/Wah SNB8813S*RA 15/12/2022/ W1N2539802F8 264920302838 MB/GLC 200 028 890 Cava	52779 8065526 820	1 101 ARTI	ICO Blac
Account No	Terms	Date/Time Printed	CSE VS	Operator 356 / Vincent Se	eah	61036	28187271	
WA000001	Credit	16/03/2023/ 10:17 Description of Good		330 / Vilicent 30	Qty	Unit Price S\$	Mac yarden ber	Amount S\$
DRIVE IN	O/ACC DATE	:5128583072 // 16 :17.11.2022 // TP Y:15.12.2022 //15.12	11.2022 CAR NO.:SN	B8157C=ALLIANZ INS -1kk 15:00pm				F.O.C.
DIRECT S M BPNSUN	ETTLEMENT	MEI KWAN- LKK						15.00
SUNDRIES A BPILAB USING XE	NTRY DIAGN	IOSTIC TO CHECK ON COI	NTROL UNIT	RESET MEMORY TO			0.10	380.00
A RPTI AR		NDARD. NETT	REMOVE AND	REPLACE WITH NEW				960.00
A BPIRES RESPRAY X REAR BUM X REAR LOW X REAR BU X COVER, T X SPACER F X COVER, F X LHR EXHA	MPER WER BUMPER JMPER CHRON FOWING EYE RING REAR LOWER AUST CHROME BUMPER BOT	MPER AND ACCIDENT AFT BUMPER E TRIM R, BUMPER AREA TTOM HOLDER TTOM HOLDER		tain with Cycle & Co	1.00 1.00 1.00 6.00 1.00 1.00 6.00 1.00	1002.77 535.33 780.48 61.79 7.10 340.78 97.41 109.79 7.45 45.30 66.53	0.05	800.00 1002.77 535.33 780.48 61.79 42.60 340.78 97.41 109.79 44.70 45.30 66.53
Parts Labour		3,127 2,140	.48	edin with tytle & tt	8% GST on	Nett 5282.48		5,282.48 422.60

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you. Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

0.00

0.00

0.00

15.00

5,282.48

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6298 1818 Fax: 6779 5383 www.mercedes-benz.com.sg

Paid

Total Due

Total Payable



Standard Menu

Specialist Job

Sundry/Others

Total(w/o GST)

Diagnostics Job

5,705.08

5,705.08

0.00

CHAN'S & SONS ENTERPRISE

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

Singapore - 758379

Email: admin@chans.com.sg

Tax Invoice No: INV1201912022-12

Dated:

Rental Agreement No: RA 013276 2022-12

December 22, 2022

Terms of Payment: Due upon receipt

Customer Reference:

SNB8813S

Notes: SNB8813S

Tax Invoice

Executive Name:C&C VINCENT

Customer Details WA YAW KUAN

NO. 11 SELETAR ROAD #03-53 Singapore 807016

S.No	Product	Description	From Date	To Date	No. of Periods	Price (SGD)	Amount (SGD)
1	SMD8127R	Model : Subaru Forester 2.0 (A)	2022-12- 15	2022-12- 21 (Incl)	7 Days	170.00	1,190.00
		- Wa Yaw Kuan					
							1,190.00
					(ST 7% (7%)	83.30
Amo	unt in words :	ndred Seventy Three and Thir	tv cents S	ingapore		Total (SGD)	1,273.30

One Thousand Two Hundred Seventy Three and Thirty cents 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 Breakdown Recovery: 9742 9446

RENTAL AGREEMENT

Hijes Name IV				FA 0137=	16 202°	2-12
MB. WHU MEN WEE (MIE)	Date of Birth	Passon	Nrig No	20 T	nality\	>ORE
Address	Occupation	Driving L	icence N	o Date	of Expiry	
Postal Code	Contact No	Mobile Pi	hone No.	88		
Joint Hirer's / Guarantor's Name MR WA TAW KUAN	Date of Birth	Passport	Nric No.	Nation	nality \	308
Address SELETAR ROAD	Occupation	Driving Li	cence No	Date of	of Expiry	
#03-53 Postal Code 807016	Contact No	Mobile Ph	none No.	158		12
CHECK OUT Date Time CHECK IN Date Time 3 : 4 5 pm	Mileage KM Mileage	E Remarks	1/4) 1/2	3/4	F
3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	КМ					
IMPORTANT NOTES -		UNIT		RATE (\$)	TOTA	AL (\$)
Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance. 8 No refund will be given for vepicle that returns early.	RATE	7	@	170 +gst	119	0
Own Damage Liability - First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.	DISCOUNT					
☐ Third Party Liability – First \$2000 for any Third Party Accident Claim. ☐ Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs	GST @ 7%				83.	30
and/or less than 2yrs driving experience. Hirer is responsible for all parking fines & traffic summons.	TOTAL				127	3.30
Extension: One day's advance notice is required otherwise no extension will be allowed.	EXTENSION			JUAIS	0191	2022
Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.	VINCONT! CC	PA	nDt	I - lat	P/	
Vehicle returned after office hour will be charged to the next working day.		1		/	w/	_
Hourly extension is charged at 1/5 of the daily rate. As preventive maintenance, please charge water 8, and a sile of the daily rate.		-		170	MACE	ELN
As preventive maintenance, please check water & engine oil daily. 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.	SNB88	2810				
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.	DEPOSIT (refundable)	S\$				
Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.	CHANGED OVER FRO			DATE	X	

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.

I/We declare that all information given on this form is true and accurate.

Hirer's Signature

Joint Hirer's/ Guarantor's Signature

for CHAN'S & SONS ENTERPRISE

VEHICLE NO. SMD8127R

MODEL

Subaru Forester D.O (A).

FROM

RETURN

*Estimate Date. For actual return see CHECK IN

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNB8157C

Date of Accident

16/11/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance _____ Allianz Insurance Singapore P... Period of Insurance 15/09/2022 - 14/09/2023 Requested By AMANDA ANG (CYCLE & CARRI...

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 SN0722BH000B / Income Insurance Limited ENTRY DATE & TIME: 17/11/2022 12:57 (SGT) SUBMITTED BY: Lim Puay Kiat, Ignatius VERSION: 1 (17/11/2022 12:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 3. 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.

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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 17/11/2022 12:57 (SGT) Reported by Driver Date of Accident 16/11/2022 15:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information TPE (KPE) BEFORE BUANGKOK EAST DR EXIST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SNB8813S

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner WAH MEN MEE NRIC No S8466207J Email Address MAGGIE_MEE1984@HOTMAIL.COM Mobile Phone No (Phone) +65-81144488 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Mercedes Model Glc200 Variant Exact purpose for which vehicle was being used at time of 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 2000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5128583072

DRIVER

Name of Driver WA YAW KUAN NRIC No S8576415B Date Of Birth 15/02/1985 Occupation Indoor

Date Of Driving Pass	20/06/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93289158
Alt, Phone Number	(Filedity) - 66 GGEGG (GG
Email Address	MARCUS8528@GMAIL.COM
	11 SELETAR ROAD
Address	
Address complement	#03-53
Postcode	807016
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Other Vehicle Owned by Driver	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
	NEW TON BE WAS ASSESSED BY THE PARTY OF THE
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
	Wet
Road Surface	Wet
OTHER INFORMATION	
TO THE THE PERSON THE PROPERTY WHEN THE PERSON THE PERS	
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	± 6
Translator's phone number	
Translator's email	
Original language used in the statement	
	The second secon
THE RESERVE OF POLICE ACTION	
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	
SINGUINITATOES OF AGOSETT	
THE TO SELECT AND THE TO SEE O MACHENIA (WAS DRIVING STRAIGHT AT AROUND 40KPH WHEN THE
IT WAS RAINING HEAVILY AND THE TRAFFIC WAS HEAVY. I	DUE TO WATER PONDING. I RESPONDED BUT SHAKING AND
SLOWED TO A COMPLETE STOP. SUBSEQUENTLY, I EXPER	IENCED A COLLISION FROM THE REAR OF MY VEHICLE
SLOWED TO A COMPLETE STOP. SODSEQUERTER, TEXT EN	entranta de la manta de la companya
	and the second of the second discovery factors and the second of the second sec

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB8157C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	¥
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	ZENDEN
NRIC No	S8839881E
Contact Number	(Phone) +65-90403403
Address	-
Address complement	
Postcode	2
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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		A STATE OF THE STA
claration declare the foregoing particular	rs are true in every respect.	
	9	Ignatius Lim
ryholder's Signature / Date & Time	Oriver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided most be as truthful and accurate as possible. Any wiful 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for arctiving 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

- (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 making 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 Bingapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time 17/11/2022, 1300

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Ignatius Lim

Sketch Plan A: SNB8813S B: SNB8157C

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