



Date : 08/02/2023
Your Ref : SHC7112D
To : AXA INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SML6911P & SHC7112D ON 23/12/2022 AT BEFORE T-JUNCTION OF HOLLAND AVE AND TAMAN WARNA.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238002 @ S\$2,970.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,250.00 (5 Days x S\$250)
- 3) LTA Search @ S\$26.75
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

*The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8%** from 1st January 2023.*

Thank You.

Yours faithfully,



Co. Reg No. 201538764H

Co's Stamp & Authorised Signature

HP: 8121 1373
E-mail: ca3services@gmail.com

CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Avenue 4, AAS Kaki Bukit Centre, #04-01 Singapore 415933

Tel: (65) 6243 1373 Fax: (65) 6243 1376

GST Reg. No. 201538764H

PROFORMA BILL

Bill To:

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O. BOX 1094

SINGAPORE 902144

Invoice No. : 238002

Date : 08-February-2023

Vehicle Number : **SML 6911P**

ATTN : MOTOR CLAIMS DEPARTMENT

NO	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,750.00
SUB-TOTAL		2,750.00
8% GST		220.00
TOTAL		\$ 2,970.00

Tax Invoice will be issue upon amount finalised.

*The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8% from 1st January 2023**.*

Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.


Co. Reg No. 201538764H

Co's stamp & Authorised Signature



MOTOR CLAIM DISCHARGE

INSURED: TOK SOON ANN, WENDY

CAR / LORRY / CYCLE: REG NO: SML6911P POLICY NO: _____

ACCIDENT CLAIM NO: _____

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SML6911P from the
repairers, Messrs CHIA AUTO SERVICES PTE LTD

And that all repairs necessary as a result of an accident in which the said vehicle was
involved on or about the 23 day of 12 2022 have been completed
to my / our satisfaction, and that I / we have no further claim on the above company in
Respect thereof.

Date : _____

Signature :  _____

Co's Stamp : _____

NRIC No : _____

vehicle In - 03/01/2023

vehicle Out - 07/01/2023

LOU = 5 days x \$ 250
= \$ 1,250

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Dec 2022 / 13:45:05

Receipt Date/Time : 27 Dec 2022 / 13:45:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221227-002514

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 - SHC7112D				
As at 23 Dec 2022/20:50:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC7112D			
	Enquiry Fee	25.00	1.75	26.75
	20221227134403945714			
	Sub-Total	25.00	1.75	26.75
	Total Before Rounding	25.00	1.75	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
Paid By				
	20221227134412105	Direct Debit: eNETS Debit (Internet Banking)		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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.

LETTER OF AUTHORITY

Name : TOK SOON ANN, WENDY

Address : 9 LEEDON HEIGHTS
#26-26 S(267954)

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

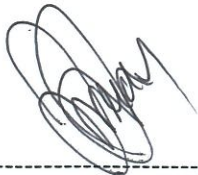
ACCIDENT INVOLVING SML 6911P AND SHC 7112D
ON 23/12/2022 AT/ALONG BEFORE T-JUNCTION OF
HOLLAND AVE AND TAMAN WARNA

I/We, TOK SOON ANN, WENDY, am/are the registered
owner of motor car no. SML 6911P

Please note that I have assigned all compensations monies due to me/us in the above said
accident to **M/S CHIA AUTO SERVICES PTE LTD**.

I/We, hereby authorize you to release all compensation monies pertaining to the above-
mentioned accident to **M/S CHIA AUTO SERVICES PTE LTD** and forward your settlement
cheque to **M/S CHIA AUTO SERVICES PTE LTD** whom I had authorized to collect the said
compensation monies.

Thank you.



Signature of Claimant



Witness By

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT

I, TOK SOON ANN, WENDY ("the third party claimant")

of 9 LEEDON HEIGHTS #26-26 S(267954) (address),

owner of SML 6911P (vehicle no.) hereby authorize

CHIA AUTO SERVICES PTE LTD

("The workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my

Vehicle No. SML 6911P that was damaged pursuant to the

accident which occurred on 23/12/2012 (date) along BEFORE T-JUNCTION

OF HOLLAND AVE AND TAMAN WARNA (location)

involving Vehicle No/s SHC 7112P

("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Co. Reg No. 201538754H

Signed by "the workshop"

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	27/12/2022 12:52 (SGT)
Reported by	Both
Date of Accident	23/12/2022 20:50 (SGT)
Exact Location of Accident	Near Holland V Stn/Blk12, Singapore
Additional Location Information	T JUNCTION OF HOLLAND AVENUE AND TAMAN WARNA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6911P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOON ANN WENDY TOK
NRIC No	SXXXX012B
Email Address	wendy_tok@hotmail.com
Mobile Phone No	(Phone) +65-81232435
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Sharan
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	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001706163-01

DRIVER

Name of Driver	SOON ANN WENDY TOK
NRIC No	SXXXX012B
Date Of Birth	27/01/1983
Occupation	Indoor

Date Of Driving Pass	06/04/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81232435
Alt. Phone Number	-
Email Address	wendy_tok@hotmail.com
Address	9 LEEDON HEIGHTS #26-26
Address complement	-
Postcode	267954
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	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	TAN AH AI
Gender	Female

PASSENGER 2

Name	CANDY TOK HUAT NEO
Gender	Female

PASSENGER 3

Name	AVELYN NG ZHI XUAN
Gender	Female

PASSENGER 4

Name	ANDRE NG KAI JUN
Gender	Male

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

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 SHC7112D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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.

Policyholder's Signature / Date & Time

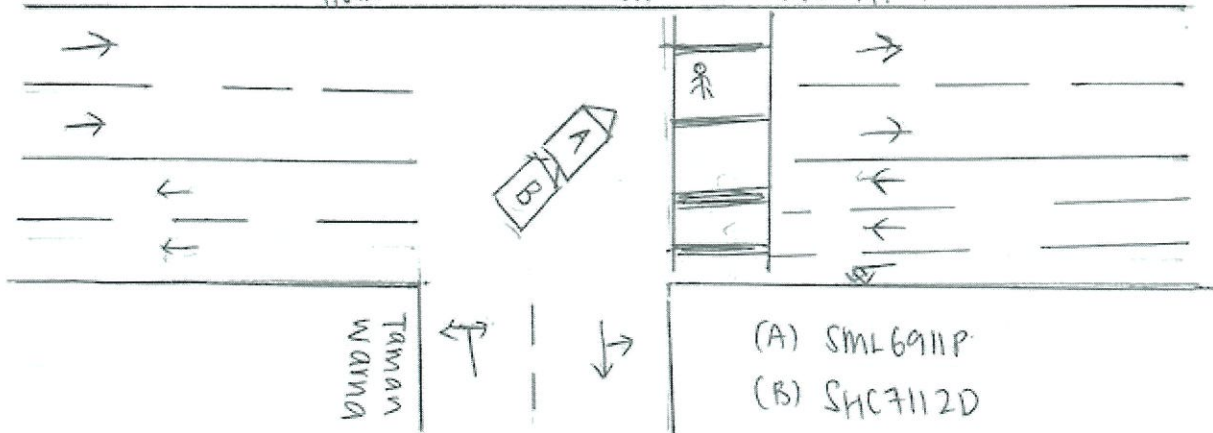
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Holland Ave

(Holland Road Shopping Centre)



Describe Circumstances of the Accident

On 23/12/2022 at about 2050 hrs at before T-junction of Holland Ave and Taman Warna. I was travelling at along Taman warna and came to a complete stop due to waiting for pedestrian to cross. Suddenly, I heard a loud bang from behind and when I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 4 passengers onboard my vehicle. After the accident, I felt discomfort and will consult doctor later.

(A) SML6911P

(B) SHC7112D

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 your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel