


Borneo Motors

Borneo Motors (Singapore) Pte Ltd
 Inchcape Bodycare Centre
 Level 4, Inchcape Centre
 2 Pandan Crescent
 Singapore 128462
 Tel: +65 6631 1855/1500
 Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2023/07/PD0689/DS (SM)

Your Ref: ALLIANZ-SJQ316G

03/07/2023

BY HAND (INS COPY)

M/S.ALLIANZ GLOBAL CORPORATE AND SPECIALTY AG-SINGAPORE BRANCH C/O LKK AUTO CONSULTANTS

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SLC8569R AND SJQ0316G ON 22/02/2023

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$3,013.31	B. LTA Search - \$2.00
C. Excess -	D. Loss of Use - \$180.00(\$60x3days)
E. Rental -	F. Others -
G. Medical Claims -	Total Claim - \$3,195.31
H. -Undertake By Claimant <input type="checkbox"/>	

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice	(X) Discharge Voucher
(X) Car Rental Invoice/Agreement	(X) Original Photograph X _____
(✓) GIAS/Police Report/s	(X) Original/Photocopy Survey
(✓) Certificate of Insurance	(✓) LTA Search Fees
(✓) Letter of Authority	(X) Medical Receipt

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Borneo Motors

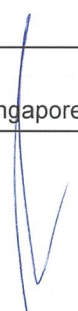
Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

Account Details				Account No.		Customer Details			
Allianz Insurance Singapore Pte Ltd 12 Marina View #14-01 Asia Square Tower 2 Singapore 018961				S1000040 / ALLIANZ		Mdm Koh Mang Hoe 258 Wolskel Road Singapore 358041 Mobile: 96617311			
				Document No. 39013466					
				Document Date 07/06/2023					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks		
2016	ZRE171R	GEXGKZ S3	27/05/2016	SLC8569R	100337	22378	67/DS/SLC8569R		
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On		
MR053REH104549071		1ZRY277039	60	Sam San Joi	23/02/2023	11.42	07/06/2023	8.29	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDRY SUNDRIES TP-DIRECT SETTLEMENT TP-SJQ316G ACC DATE:22/02/2023 DRIVE IN:23/02/2023 DATE-IN:15/05/2023 DATE SURVEY:15/05/2023 NO OF REPAIR DAYS:3 DAYS BY:MARCUS(LKK)						30.00	
2	S	BP-SUBLET DRILL HOLE & INSTALL REAR REVERSE SENSOR			0742			198.00	
3	S	BP-SUBLET CHECK LIGHTING & CONDUCT WATER LEAK TEST			0742			198.00	
4	S	BP-SUBLET TO RESET ECU AND REPROGRAMME			0742			198.00	
5	S	BP-SUBLET REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS			0742			792.00	
6	S	BP-SUBLET RESPRAY JOB ON REAR ACCIDENT AFFECTED AR EAS			0742			656.00	
7	1	S52159-0Z904 COVER, RR BUMPER			1.00	669.10		669.10	
8	2	S52161-0K040 PIECE, RR BUMPER			10.00	4.90		49.00	
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature		Charge Summary		Total 2,790.10			
		Please acknowledge receipt of vehicle		Parts 718.10		GST 8.00% 223.21			
				Labour 30.00					
				Sublet 2,042.00					
				Lubrication/Fluid 0.00		Less 0.00			
				Others 0.00		Amount Due 3,013.31			

Company Copy

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	23/02/2023 12:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/02/2023 18:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TOA PAYOH RIGHT BESIDE ST. ANDREW'S VILLAGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8569R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH MANG HOE
NRIC No	SXXXX643H
Email Address	SUSANKOHHM55@GMAIL.COM
Mobile Phone No	(Phone) +65-96617311
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100468556

DRIVER

Name of Driver	CHUA CHWEE KAY
NRIC No	SXXXX097F
Date Of Birth	01/07/1952
Occupation	Indoor

Date Of Driving Pass	26/02/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-96617311
Alt. Phone Number	-
Email Address	SUSANKOHMH55@GMAIL.COM
Address	258 WOLSKEL ROAD
Address complement	-
Postcode	358041
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	-
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)	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	ELIZEBETHCHNG PEI YONG
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ316G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO EAN LIN
NRIC No	SXXXX872G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 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 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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

On 22/02/23 @ 6=33pm.

MR. Chua chwee Kay was driving the car SLC 8569R, together with his pregnant (39 weeks) daughter in law MS. Elizabeth Ching Pei Tong they were traveling along Jalan Toa Payoh, right beside St. Andrew's Village, after coming from CTR, before turning into Upp. Serangoon Rd. on 22/02/23 @ about 18=33 hours in the evening.

There was heavy traffic at that time. Weather conditions were clear. Roads were dry. The car that MR. Chua was driving was stationary as there was a jam in front of him at that time. He was on the left side of the road. Suddenly, MR. Chua and MS. Ching heard a thud, and MS. Ching has ~~felt~~^{felt} small reaction on the lower tummy at that moment. Both of them felt an impact onto the car from the back, causing the car to jolt forward. On inspection of the vehicle, MR. Chua and MS. Ching found damages to the back bumper.

~~The~~ The other car SJ Q3166 (Silver Mercedes) owner, mdm. ~~Phoo~~ Phoo Gan Lin (S26228726) mobile no: 98585894 was apologetic; of which she admitted that it was her fault.

mdm Phoo was also agreeable to have the accident reported to have damages.

Claimed against her insurance.

Declaration

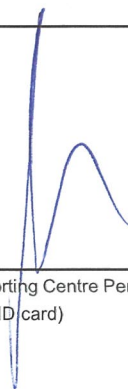
I/We declare the foregoing particulars are true in every respect.



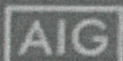
Policyholder's Signature / Date & Time



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



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



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Koh Mang Hoe
Period of Insurance : 27 May 2022 To 26 May 2023
Engine No. : 1ZKY277039
Chassis No. : MR053REH104549071

Vehicle No. : SLC8569R
Policy No. : 2100468556-06
Endorsement No. :
Issued Date : 18 May 2022 9:38

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2016
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$553,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Koh Mang Hoe - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0000210170

AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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LETTER OF AUTHORITY

ACCIDENT INVOLVING SLC8569R and STQ 3166 on 22-2-23
Own vehicle's number Other vehicle's number Date of accident

along Jalan Tg Payoh
Accident location

BY THE LETTER OF AUTHORITY, I/we, Koh Meng Hoe
Name of Policy Holder & (IC/Passport/Company Registration) number

of _____
Address of Policy Holder

owner of Vehicle Registration No. SLC8569R hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:

1. To submit, resolve and make any claims 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 number _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. 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 favour of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.


*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our 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 letter of authority hereby conferred shall remain irrevocable.**



*I/We further confirm that the acceptance by **BMS** 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 sign this 17 of the month May Year 20 23.

Signed & Delivered By:


(To be sign by the policy holder only)
**Please stamp the company chop for vehicle registered under a company's name

Witness By:

*delete as appropriate

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJQ316G

Date of Accident

22/02/2023 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore P...**Period of Insurance **24/01/2023 - 23/01/2024**Requested By **Ashlyn Chng (Borneo Motors P...**Requested Date **24/02/2023 09:53****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**