

# CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date : 03.04.2023

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : SMA 3194U / SMM 2463L ON 13.03.2023

We are the authorized repair workshop for the owner of motor vehicle no: **SMA 3194U** , which was involved in the captioned accident with your insured vehicle no: **SMM 2463L** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

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

1) Cost of Repair	\$	2,900.00
2) Loss of Use (2 days X S100)	\$	200.00
3) LTA Search Fee	\$	26.75
	<b>\$</b>	<b>3,126.75</b>

We enclosed herewith the following documents to support the claims:

- |                                    |                          |
|------------------------------------|--------------------------|
| a) Final Repair Invoice            | b) LTA Search Result     |
| c) Letter of Authorisation, etc... | d) GIA Report            |
| e) I/C & Driving Licence           | f) Insurance Certificate |
| g) Vehicle Registration Log Card   |                          |

Kindly look into the matter and let us hear from you on the settlement of our customer's 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/claimant.**

Thank you.

Yours faithfully,

TANG JUN ZHONG  
For Choo Motor Spray Painter

## TAX INVOICE

### **CHOO MOTOR SPRAY PAINTER**

**1 Kaki Bukit Ave 6 #01-39 Autobay**

**Singapore 417883**

**Tel No: 67465405 / 67465376 Fax No: 67458520**

**Tax Reg No: 22736900M**

Tax Invoice : 23414

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Attn : Motor Claim Department

Date : 31.03.2023

Vehicle No : SMA 3194U

Make/Model : TOYOTA C-HR HYBRID 1.8

Chassis/Eng# :

Accident Date : 13.03.2023

Claim No :

Reference : 0323 -23414

Policy No :

To proceed on lump sum repair

S\$

Amount

2900.00

E. & O. E.

Total : S\$

2900.00

  
for CHOO MOTOR SPRAY PAINTER

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Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Mar 2023 / 14:14:32

Receipt Date/Time : 13 Mar 2023 / 14:14:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230313-002123

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 - SMM2463L As at 13 Mar 2023/00:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMM2463L Enquiry Fee 20230313141341331900	24.77	1.98	26.75
<b>Sub-Total</b>		24.77	1.98	26.75
<b>Total Before Rounding</b>		24.77	1.98	26.75
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				26.75
Paid By				
	20230313141347135	Direct Debit: eNETS Debit (Internet Banking)		26.75
<b>Total</b>				26.75
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				26.75
<b>Excess Refundable Amount</b>				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.

DATE : 13.03.2023

TO : India International Insurance Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SMA 3194U / SMM 2463L

ALONG Junction of Jln euros

ON 13.03.2023

I/We, Sharifah Khadijah Binte Syed Edrus AL-Edrus

of (NRIC No./ROC No.) S1851534B

of Apt B1k 334 Ubi Avenue 1 #08-791 Singapore 400334

owner of vehicle no. SMA 3194U in consideration of M/s CHOO MOTOR SPRAY PAINTER repairing my/our vehicle SMA 3194U at my/our instruction and hereby authorise M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.

Signature of Owner :



Name of Owner :

Sharifah Khadijah Binte Syed Edrus AL-Edrus

## 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	13/03/2023 17:46 (SGT)
Reported by	Driver
Date of Accident	13/03/2023 00:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF JALAN EUNOS (AFTER SIMS AVE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3194U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARIFAH KHADIJAH BTE S E AL-EDRUS
NRIC No	S1851534B
Email Address	NASSERBASHARAHIL@GMAIL.COM
Mobile Phone No	(Phone) +65-96863475
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	0

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117558536-02

#### DRIVER

Name of Driver	SHEIKH NASSER BASHARAHIL BIN SALIM
NRIC No	T0215267Z
Date Of Birth	19/05/2002
Occupation	Indoor

Date Of Driving Pass	17/03/2022
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-88147026
Alt. Phone Number	
Email Address	NASSERBASHARAHIL@GMAIL.COM
Address	334 UBI AVENUE 1 #08-791
Address complement	
Postcode	400334
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	4
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	NASSIR
Gender	Male

#### PASSENGER 2

Name	SHERRY
Gender	Female

#### PASSENGER 3

Name	ZAIN
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 ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? ☐ YES ☒ NO  
Reasons for not uploading a video of the accident ☐ NO VIDEO ☒ VIDEO WITH OWNER

Yes  
VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM2463L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

SKETCH PLAN

**Describe Circumstances of the Accident**

On 13<sup>th</sup> 2023 about 0050hrs. I was travelling straight along Jln Eunus. After junction of Jln Eunus and Sims Ave, the vehicle SMM 2463L collided right portion of my vehicle SMA 3194U.

**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



## 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 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 Singapore, for one or more of the above Purposes.



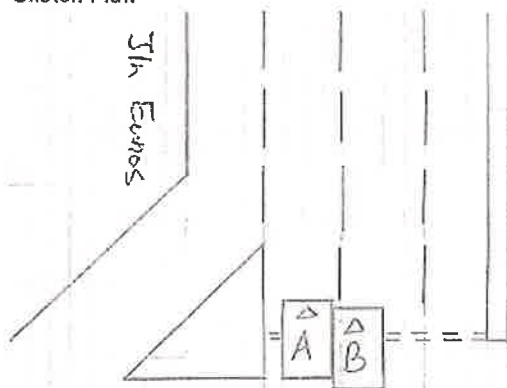
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SMA 3194U  
B = SMM 2463L

For Insurance Reporting And  
Claim Purposes Only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1851534B



Name

SHARIFAH KHADIJAH BINTE  
SYED EDRUS AL-EDRUS



Race

ARAB

Date of birth

28-06-1964

Country/Place of birth

SINGAPORE

Sex  
F

S1851534B

For Insurance Reporting And  
Claim Purposes Only



NRIC No. S1851534B



Expiry of validity

14-10-2022

Address

APT BLK 334 UBI AVENUE 1  
#08-791  
SINGAPORE 400334

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Sheikh Nasser Basharahil Bin Salim

Licence Number: T0215267Z

Name: SHEIKH NASSER BASHARAHIL BIN SALIM

Birth Date: 19 May 2002

Issue Date: 17 Mar 2022

Barcode: 003242146C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. T0215267Z

Portrait photo of Sheikh Nasser Basharahil Bin Salim

Name: SHEIKH NASSER BASHARAHIL BIN SALIM

Race: ARAB

Date of birth: 19-05-2002

Sex: M

Country/Place of birth: SINGAPORE

Barcode: T0215267Z

For Insurance Reporting And  
Claim Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Ambulances / Medical transport vehicles / Motor cars  
≤ 3000kg with ≤ 7 passengers, exclusive of the driver  
/ Motor tractors or vehicles ≤ 2500kg

EFFECTIVE DATE 17 Mar 2022

Barcode: Licence No: T0215267Z

NP 428A

5691936

Barcode

Portrait photo of Sheikh Nasser Basharahil Bin Salim

MRIC No. T0215267Z

Fingerprint

Date of issue 18-01-2017

Address  
APT BLK 334 UBI AVENUE 1  
#08-791  
SINGAPORE 400334

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### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	534B
<b>Vehicle Details</b>	
Vehicle No.:	SMA3194U
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	2ZR8448402
Chassis No.:	ZYX102122410
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,023.00
Original Registration Date:	01 Jun 2018
First Registration Date:	01 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$9,833.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 May 2028
PARF Rebate Amount:	\$7,374.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 May 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,989.00
COE Rebate Amount:	\$19,811.00
<b>Total Rebate Amount:</b>	<b>\$27,185.00</b>

The information contained herein is correct as at 13 Mar 2023

OK