



Date : 21/06/2023

Your Ref : CC6/AIG23003445/ya3 (SJR958Z)

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMR930S & SJR958Z ON 30/03/2023 AT ALONG HOUGANG STREET 12 TOWARDS UPPER SERANGOON ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238005 @ S\$1,458.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$800.00 (4 Days x S\$200)
- 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'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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Invoice No. : 238005

Date : 21-June-2023

Vehicle Number : **SMR 930S**

ATTN : MOTOR CLAIMS DEPARTMENT

NO	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,350.00
SUB-TOTAL		1,350.00
8% GST		108.00
TOTAL		\$ 1,458.00

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: SIMON ADI PUTERA

CAR / LORRY / CYCLE: REG NO: SMR 9305 POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMR 9305 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 30 day of 03 2023 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 : _____

03/04/2023 - PRI

Vehicle In - 03/04/2023

Vehicle Out - 06/04/2023

Loan - 4 days x \$ 200

- \$ 800

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Mar 2023 / 16:25:29

Receipt Date/Time : 30 Mar 2023 / 16:25:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230330-002918

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJR958Z

As at 30 Mar 2023/12:15:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SJR958Z

Enquiry Fee

20230330162435603891

24.77 1.98 26.75

Sub-Total

24.77 1.98 26.75

Total Before Rounding

24.77 1.98 26.75

Rounding Difference

0.00

Total Amount Payable

26.75

Paid By

20230330162445286

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 : SIMON ADI PUTERA
Address : BLK 475C UPPER SERANGOON
CRESCENT #15-543 S(533475)
Contact No : _____
TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMR 930S AND SJR 958Z
ON 30/03/2023 AT/ALONG HOUGANG STREET 12 TOWARDS
UPPER SERANGOON ROAD

I/We, SIMON ADI PUTERA, am/are the registered
owner of motor car no. SMR 930S

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
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, SIMON ADI PUTERA ("the third party claimant")
of BLK 475C UPPER SERANGOON CRESCENT #15-543 S(533475) (address),
owner of SMR 930S (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. SMR 930S that was
damaged pursuant to the accident which occurred on 30/03/2023 (date) along
HONGANH STREET 12 TOWARDS UPPER SERANGOON ROAD (location)
involving vehicle no/s SJR 958Z ("the accident").

I further authorize the workshop to settle the 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.

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

Signed by "the third party claimant"



Co. Reg No. 201538764H

Signed by "the workshop"



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.

RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

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

Signed by AIG appointed surveyor


Co. Reg No. 201538764H

Chopped & 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	31/03/2023 10:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/03/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG STREET 12 TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR930S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIMON ADI PUTERA
Passport No/FIN	MXXXX993L
Email Address	ADI.SIMON@OUTLOOK.COM
Mobile Phone No	(Phone) +65-97697780
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003441228-01

DRIVER

Name of Driver	SIMON ADI PUTERA
Passport No/FIN	MXXXX993L
Date Of Birth	24/08/1984
Occupation	Indoor

Date Of Driving Pass	08/12/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97697780
Alt. Phone Number	-
Email Address	ADI.SIMON@OUTLOOK.COM
Address	BLK 475C UPPER SERANGOON CRESCENT #15-543
Address complement	-
Postcode	SINGAPORE 533475
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 - Major/Minor Rd
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)	1
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	-

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

ATTACHMENT(S)

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	SJR958Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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 willful 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

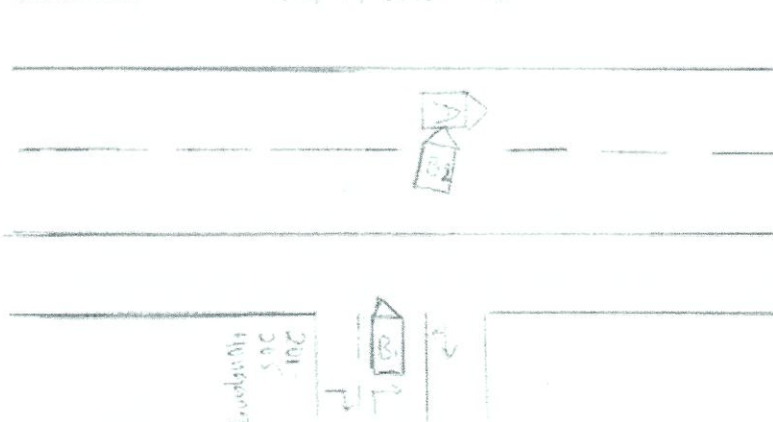
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Hougang Street 12



(A) Smx19302
(B) SJR4582

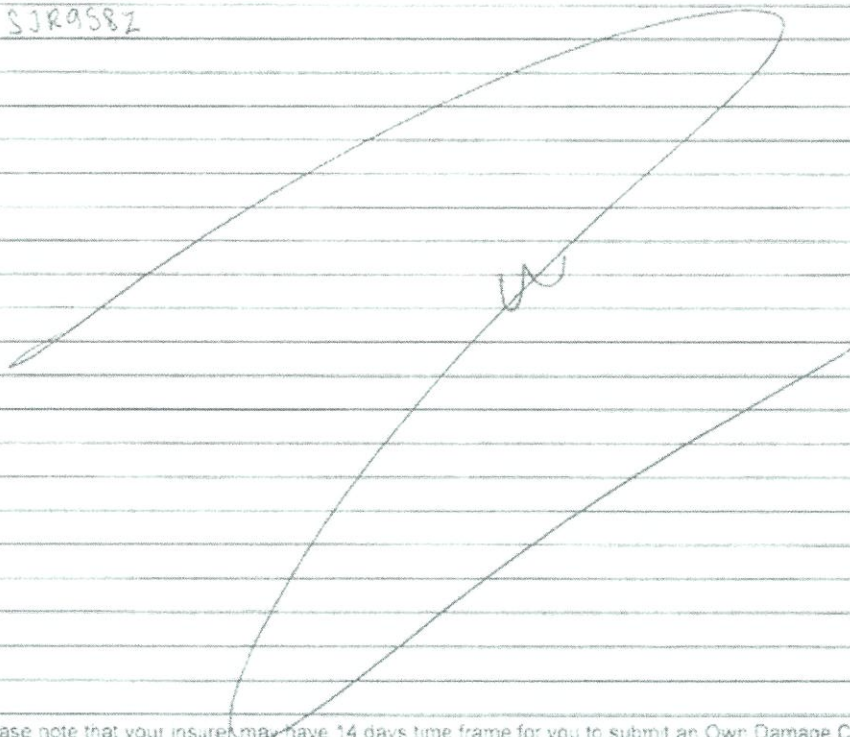
Upper Selegie Road

Describe Circumstances of the Accident

On 30/03/2023 at about 1215hrs at along Hungang Street 12 towards Upper Serangoon Road. I was driving straight on the above mentioned road and suddenly, a vehicle (B) exited out from the carpark exit of blk 201-205 without caution and checking on the main traffic and hence collided onto the right portion of my vehicle (A) causing damages to my vehicle.

(A) SMR930S

(B) SJR958Z



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

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel