SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711 Tel: 67472112 (5 lines) Fax: 67438032 Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SLB4524B/2304050

WITHOUT PREJUDICE

18th July 2023

The Manager
Motor Claim Department
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

RE: ACCIDENT INVOLVING VEHICLES SLB 4524 B AND GBJ 4084 E ON $02^{\rm TH}$ APRIL 2023 AT 0500 HRS AT MANDAI CREMATORIUM

Dear Sirs,

We refer to the above matter.

Our Client Teo Peng Kiat the registered owner of SLB 4524 B.

You are the insurer of motor vehicle no. GBJ 4084 E, which was involved in the above accident. Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no. GBJ 4084 E, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) A Lump-sum repair & LTA search bill
- b) GIA report & Police Report
- c) An authorisation letter from the owner (SLB 4524 B)

We are claiming as follows: -

Dollar: Three Thousand Two Hundred And Ninety Six Only.

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days from the date herewith.

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully.

Karen Ong

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18th July 2023

TAX INVOICE

The Manager Motor Claim Department AIG Asia Pacific Insurance Pte Ltd CHARTIS Building 78 Shenton Way #07-16 Singapore 079120

Date of Accident

02th April 2023

Location

Mandai Crematorium

Third Party Claim Vehicle No :

GBJ 4084 E

Repair Cost For Vehicle No

SLB 4524 B Mercedes Benz S320L

A Lump-sum repair

S\$ 2,300.00

S\$ 2,300.00

Add 8% GST

S\$ 184.00

S\$ 2,484.00

S/Dollars :- Two Thousand Four Hundred And Eighty Four Only.

P/s: Attached the Discharge Voucher signed by the owner.

SPECIALISTS MOTOR PTE LTD

ACCIDENT INVOLVING VEHICLE SLB 4524B AND GBJ 4084 E ON 027H APPIL 2023 AT OSDOHRS AT MANDAJ (REMATORIUM Letter Of Authority And Undertaking Heng Klat (NRIC NO) Singapore 489797 Ria Place 46 Bedak the owner/driver of Vehicle No. hereby authorise your esteem company Specialists Motor Pte Ltd as my repairer for my Damaged Vehicle involved in the above accident and to claim against the negligent party and /or insurance company. I/We hereby agreed to be bound by the following:-You are authorised to use my /our name to claim against the negligent party and /or insurance company pertaining to the above accident including any other incidental losses. All payments / settlement monies shall be made in favour of your company M/S Specialists Motor Pte Ltd All documents receive by me from third party or insurance company will be sent to your office for follow-up action. Any offer of settlements by the insurer and / or negligent party will be accepted only with your concurrence and approval. I/We agree to sign/execute the Discharge Receipt within 7 working days of issue of notice, by post, electronic mail, social media or text messaging, by your company. If I/We fail to sign/execute the Discharge Notice after 7 working days from the Issue of notice, I/We hereby authorise your company's authorised representative to sign and execute the said Discharge Receipt on my/our behalf. Throughout the process of claim, I/We will be obligated to assist and to provide your company with accurate and correct information. I/We agree that I/We shall pay to your company all cost/expenses/ damages incurred or suffered by you as a result of the unsuccessful recovery of the claims for the full repair cost and any other incidental cost/expenses by you on my/our behalf. I/We warrant and undertake that all information and statement provided by me /us to you are true and accurate. Thanking you in anticipation. Yours faithfully

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBJ4084E

Date of Accident

02/04/2023

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	12/04/2022 - 11/04/2023
Requested By	Tham HL (SPECIALISTS MOTO
Requested Date	05/04/2023 15:48

Payment details

Request Amount: **\$\$1.85** GST Amount: **\$\$0.15**

Total Amount Due (GST Inclusive): **\$\$2**

General Insurance Association

Records Management Centre GST Registration No: **M400017735** SS3123450006 / SPECIALISTS MOTOR PTE LTD ENTRY DATE & TIME: 05/04/2023 15:47 (SGT) SUBMITTED BY: Tham HL VERSION: 1 (05/04/2023 15:47 (SGT))

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 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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

05/04/2023 15:47 (SGT) Both Policyholder and Actual Driver 02/04/2023 05:00 (SGT) 300 Mandai Rd, Singapore 779393 MANDAI CREMATORIUM Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB4524B

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

TEO PENG KIAT SXXXX613J calvynteo@gmail.com (Phone) +65-96722731

-

VEHICLE PARTICULARS

Manufacturer
Model
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?
Vehicle Category
Transmission
CC

S320I -

Mercedes

Private use

No - Claiming third party Private car Manual 2996

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Etiqa Insurance Pte Ltd MA027567

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TEO PENG KIAT SXXXX613J 27/01/1966 Indoor Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

Police Station Name

Police Station Phone No

Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHED THE POLICE REPORT NO:L/20230404/7066.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

06/10/1983

39 YEARS AND 6 MONTHS

(Phone) +65-96722731

calvynteo@gmail.com 46 BEDOK RIA PLACE

489797

Yes

Nο

Hit and run / Vandalism / Damaged whilst parked

Dry

No

2

Nο

Yes 0

No

Woodlands Division Headquarters

(Phone) +65-18004660000

1 Woodlands St 12 Singapore 738622

No

GBJ4084E

Accident report SS3123450006

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

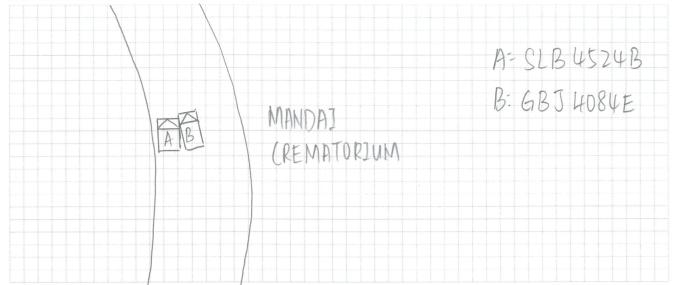
Policyholder's Signature

Date & Time: 54 2

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUITATIONS OF THE ACCIDENT					
	Attached	the	Police	Report	NO: L/20230404/7066.

	$\overline{}$				

DECLARATION

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

Policyholder's Signature Date & Time: 5/4/2 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

3.30 pm.





1 of

POLICE REPORT (NP299) Report No. L/20230404/7066

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Rep	ort No.	Station Diary No.		
04/04/2023 18:45	·				
Name Of Informant	Address				
TEO PENG KIAT	46 BEDC	46 BEDOK RIA PLACE SINGAPORE 489797			
ID Type / ID No.	Contact N	No.			
NRIC NO / S1747613J	Home/Of	Home/Office: Mobile:			
			96722731		
Nationality	Email Address				
SINGAPORE CITIZEN	CALVYN	CALVYNTEO@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race	
Management executive	Male	57	27/01/1966	Chinese	
Institution/School Name	Language	Language			
	English				
Date/Time Of Incident	Location	Location Of Incident			
02/04/2023 05:00 - 02/04/2023 05:20	300 MAN	300 MANDAI ROAD MANDAI CREMATORIUM AND			
	COLUME	BARIUM SI	NGAPORE 77939	93	

Brief details.

Driver of Vehicle No GBJ4084E, a light coloured Toyota Hiace Van, while trying to give way to some vehicles exiting the said location, squeezed the front left of his vehicle towards the front right of my parked Vehicle No SLB4524B, a selenite grey Mercedes Benz S320 saloon, causing some dents and paint drops to the front right hand side of my vehicle. After the path was cleared, the driver of GBJ4084E proceeded to drive forward, without leaving any note behind to inform me of the accident.

I'm therefore reporting this case as a Hit-And-Run case.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2023 18:45
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230404/7066

Subjects Involved			
Suspect			
Person Name	Unknown		
Habits & Oddities	Driver of GBJ4084E		
Victim		1000	
Person Name	TEO PENG KIAT		
ID Type	NRIC NO	ID No	S1747613J
Gender	Male	Age	57
Race	Chinese	Language	English
Occupation	Management executive	Address	46 BEDOK RIA PLACE
			SINGAPORE 489797
Mobile No	96722731	Is Informant A	Yes
		Victim?	
Person Name	TEO PENG KIAT (Informant)	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2023 18:45
Officer In-Charge Of Case:	Classification Of Case: