

**FORZA AUTOHAUS PTE LTD**

39 WOODLANDS CLOSE, #01-34/35, MEGA@WOODLANDS
SINGAPORE 737856
TEL: 62781889 EMAIL: ENQUIRY@FORZAAUTO.SG
CO./GST REG: 201833292C

Our Ref : C23040022
Your Ref : SMY4631S

01/06/2023

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04/06-00, IOU BUILDING
Singapore 049711

WITHOUT PREJUDICE
BY EMAIL @ motorclaim@iii.com.sg

Attn: INDIA INTERNATIONAL INS

Dear Sir/Madam

CLAIMANT: EDDIE SIAK KOK FAI

RE: ACCIDENT INVOLVING VEHICLES SGZ6396Z AND SMY4631S AT AT SLIP ROAD FROM UPPER EAST COAST ROAD TOWARDS LAGUNA FLYOVER ON 26/04/2023 AT ABOUT 17:15.

We refer to the above matter.

Please find our claims as follows:-

1. COST OF REPAIR (\$2770 BEFORE GST)	\$	2991.60
2. LOSS OF USE FOR 4 DAYS @\$120 PER DAY	\$	480.00
3. LTA SEARCH	\$	26.75
Total	\$	3,498.35

Pre-repair inspection arranged on 08/05/2023 and was surveyed on 08/05/2023.

A copy each of the following supporting documents is enclosed:

1. GIA Report
2. Final Repair Bill
3. LTA search
4. Vehicle Registration Card
5. Insurance Certificate
6. Letter of Authority & Payment Authorisation

Yours faithfully

FORZA AUTOHAUS PTE LTD



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Invoice**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET #04/06-00, IOU BUILDING
Singapore 049711
Tel: 63476100 Fax: 62244174

Inv No. : DI23060001**Date : 01 Jun 2023****Ref :****Currency : SGD****Terms : COD****Veh No. : SGZ6396Z**

#	Description	Qty	UOM	U/P	Disc	Amt
1	GLOBAL SUM	1.00		2,770.00	0.00	2,770.00

Remarks:

3RD PARTY CLAIM

Payment Instruction:

All cheques payable to: FORZA AUTOHAUS PTE LTD
Bank Account: UOB 374-320-954-9
PayNow UEN: 201833292C



Subtotal : S\$ 2,770.00
GST 8.0% : S\$ 221.60
Total : S\$ 2,991.60

This is a computer-generated document. No signature is required.

For Forza AutoHaus Pte Ltd

(Authorised Signature)

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	28/04/2023 08:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT SLIP ROAD FROM UPPER EAST COAST ROAD TOWARDS LAGUNA FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ6396Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIAM KOK FAI EDDIE
NRIC No	S7731190D
Email Address	Mr_eddie_siak@hotmail.com
Mobile Phone No	(Phone) +65-97950024
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121221935-02

DRIVER

Name of Driver	SIAM KOK FAI EDDIE
NRIC No	S7731190D
Date Of Birth	24/10/1977

Occupation	Indoor
Date Of Driving Pass	08/04/2003
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-97950024
Alt. Phone Number	-
Email Address	Mr_eddie_siak@hotmail.com
Address	28 BUKIT BATOK EAST AVENUE 2 #18-13 HILLVIEW REGENCY
Address complement	-
Postcode	659921
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	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
.. 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	SMY4631S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	RAVI

Contact Number	(Phone) +65-90678367
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

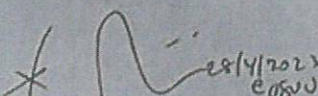
Describe Circumstance of the Accident

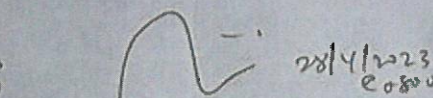
On 26/4/2023 at about 5.15pm, I was driving my car SG263962 on upper East coast road towards Laguna Flyover. ~~while~~ ^{when} I was on the slip road when the accident happened. The car SMY46315 had rear ended my car SG263962. The front of car SMY46315 hit the rear of my car SG263962.

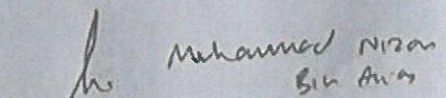
There were no injuries. That is all.

Declaration

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

 28/4/2023
20800
Policyholder's Signature / Date & Time

 28/4/2023
20800
Driver's Signature (if driver is not the policyholder) / Date & Time

 Muhammed Nizar
Bin Anas
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) SA9305

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:

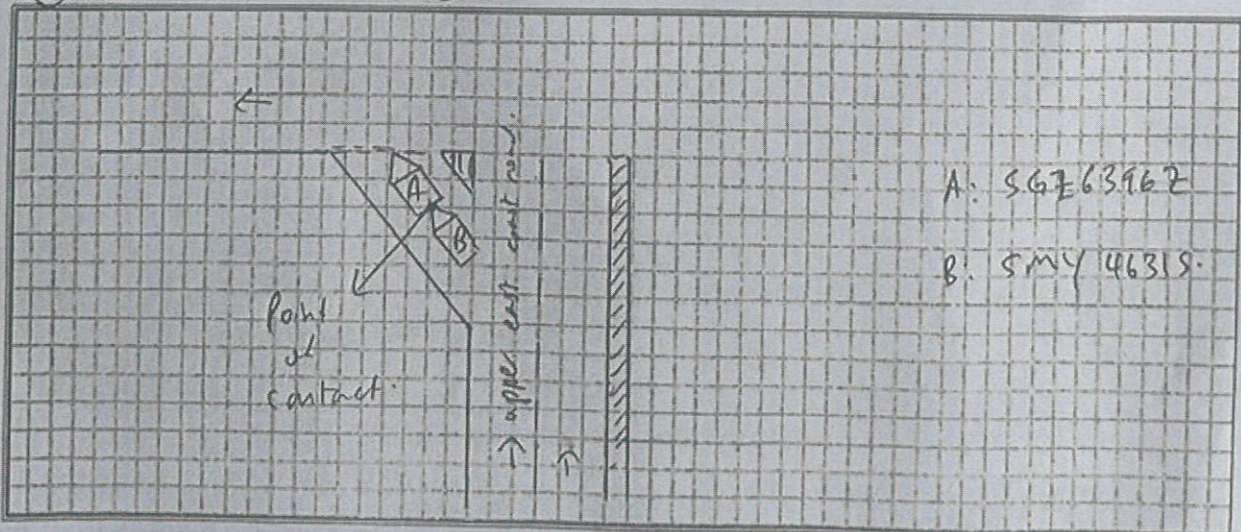
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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





Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 May 2023 / 16:31:25

Receipt Date/Time : 02 May 2023 / 16:31:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230502-003216

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMY4631S As at 26 Apr 2023/17:15:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMY4631S Enquiry Fee 20230502162913679071	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				
559221XXXXXX0113		eNETS Credit Card		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
Excess Refundable Amount				0.00

SGZ6396Z .

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

ACCIDENT INVOLVING VEHICLE NO. SGZ6396Z And SMY46315
Along slip road from Upper East Coast Rd towards Laguna Flyover
On 26/4/2023 at about 1715 HRS.

1. I/ We, hereby appoint **FORZA AUTOHAUS PTE LTD.** to be my agent and I/We authorize my said agent to give you all instructions pertaining to the conduct of my **Third-Party Claim** including instructions to commence legal proceedings in court in my name against the third-party driver/or his employers, if applicable.
2. **** My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the respective insurer/owner/driver or company.**
3. I understand and agree that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.
4. **** Upon settlement of the Third-Party Claim and in case the settlement monies were sent to me/us by the insurers/owner/company, I/We undertake to make payment to FORZA AUTOHAUS PTE LTD for the costs of repairs settled and related expenses and disbursement incurred.**
5. The above-mentioned vehicle is to be repair at **FORZA AUTOHAUS PTE LTD.** on my own will Without any inducement, threat or promise.
6. In an event should my Third-Party claim being rejected by Insurance. I am liable to pay for the Repair Costs arise from the Accident Repair works done by **FORZA AUTOHAUS PTE LTD**



Signature of Owner/Company
(Company's stamp if applicable)

Name:

NRIC No:

Address

**FORZA AUTOHAUS PTE LTD**39 WOODLANDS CLOSE, #01-34/35, WOODLANDS CLOSE
SINGAPORE 737856

TEL: 62781889

EMAIL: ENQUIRY@FORZAAUTO.SG

CO./GST REG: 201833292C

Payment Authorisation Form

Date: 15/5/2023

Attention: Motor Claims Department

INCOME INSURANCE LIMITED

Dear Sir/Madam,

Accident involving no. SG26396Z and SMY4631S along
slip road from Upper East Coast Road towards Laguna Flyover on
26/4/2023 at about 1715HRS.

I/We, (Name) SIAM KOK FAI EDDIE, of (RCB/NRIC/Passport No.)
S7731190D is the owner of vehicle no. SG26396Z which was involved in the
above mentioned accident with your insured vehicle no. SMY4631S.

I/We hereby authorised any settlement payment due to me arising from the above-mentioned accident to be made payable to my appointed repairer M/s Forza AutoHaus Pte Ltd.

I/We hereby agreed to indemnify M/s Forza AutoHaus Pte Ltd against all claims and/or damages which may arise from all actions taken for and on my/our behalf.

I/We hereby affirmed that the above-mentioned statement to be true and correct.

Yours faithfully,

Signature of Owner/Company
(Company's stamp if applicable)

Name:

RCB/NRIC/Passport No.:

Address: