

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/SNC2205G/2305065

12th June 2023

WITHOUT PREJUDICE

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

**RE: ACCIDENT INVOLVING VEHICLES SNC 2205 G AND GBF 1362 T
ON 24TH MAY 2023 AT 1656 HRS AT YISHUN AVE 1**

Dear Sirs,

We refer to the above matter.

Our Client Ong Kian Aik the registered owner of SNC 2205 G.

You are the insurer of motor vehicle no. GBF 1362 T, 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. GBF 1362 T, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) Repair bill & LTA search bill
- b) GIA report & Car rental bill
- c) An authorisation letter from the owner (SNC 2205 G)

We are claiming as follows: -

Repair bill	S\$ 12,406.39
LTA search fee	S\$ 2.00
Loss of use (6 Days)	S\$ 900.00

S\$ 13,308.39
=====

Dollar: Thirteen Thousand Three Hundred Eight And Cents Thirty Nine 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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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 : 24th May 2023

Location : Yishun Ave 1

Third Party Claim Vehicle No : GBF 1362 T

Repair Cost For Vehicle No : SNC 2205 G Lexus RX200t

Supply of Parts & Labours

<u>No.</u>	<u>Particulars</u>	<u>Qty</u>	<u>Price</u>	<u>Amounts</u>
1	Rear boot cover	1	3,886.20	\$ 3,886.20
2	Rear boot cover emblem (logo)	1	950.00	\$ 950.00
3	Rear boot cover reflector L	1	1,580.20	\$ 1,580.20
4	Rear number plate chrome moulding	1	2,346.70	\$ 2,346.70
5	Rear boot cover emblem(Lexus)	1	73.70	\$ 73.70
6	Rear boot cover emblem(RX 200 t)	1	95.40	\$ 95.40
7	Rear bumper fascia	1	1,233.30	\$ 1,233.30
8	Rear bumper clips	1set	55.00	\$ 55.00
9	Rear bumper sponge	1	134.40	\$ 134.40
10	Rear bumper diffuser	1	685.90	\$ 685.90
11	Rear boot cover stopper RH	1	33.80	\$ 33.80
12	Rear boot lamp inner clip L&R	2	5.50	\$ 11.00
13	Rear bumper sensor bracket	4	50.10	\$ 200.40
				\$ 11,286.00
Less			10%	\$ 1,128.60
				\$ 10,157.40
14	Rear windscreen sealant (s/nett)	1	40.00	\$ 40.00
				\$ 10,197.40

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Balance b/f	\$ 10,197.40
<u>Labour Charges :-</u>	<u>Amounts</u>
Cut out, renew, knocking & welding rear boot cover, rear end panel, remove & install all damage parts, straighten & re-align body	\$ 500.00
Remove & install rear windscreen glass	\$ 120.00
Remove & install rear bumper sensor	\$ 50.00
Spray painting on damage parts	\$ 600.00
Check all lighting after repairs	\$ 20.00
	\$ 11,487.40
Add 8% GST	\$ 918.99
Total Amount	\$ 12,406.39

S/Dollars :- Twelve Thousand Four Hundred Six And Cents Thirty Nine Only.

SPECIALISTS MOTOR PTE LTD



ACCIDENT INVOLVING VEHICLE
SNC 2205 G AND EBF 1362T ON 24TH MAY 2023 AT 1656 HRS
AT YISHUN AVE 1

Letter Of Authority And Undertaking

I / We Ong Kian Aik (NRIC NO) S7571806C of
BLK 104C Canberra Street #13-533 Singapore 751304.

the owner / driver of Vehicle No. SNC 2205 G 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:-

1. 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
2. All documents receive by me from third party or insurance company will be sent to your office for follow-up action.
3. Any offer of settlements by the insurer and /or negligent party will be accepted only with your concurrence and approval.
4. 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.
5. 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.
6. Throughout the process of claim, I / We will be obligated to assist and to provide your company with accurate and correct information.
7. 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.
8. 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



Date : 25/05/23


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBF1362T

Date of Accident

24/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**

Period of Insurance **28/06/2022 - 27/06/2023**

Requested By **Tham HL (SPECIALISTS MOTO...**

Requested Date **25/05/2023 13:54**

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**

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	25/05/2023 13:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/05/2023 16:56 (SGT)
Exact Location of Accident	Near Yishun Ave 1, Singapore
Additional Location Information	YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC2205G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KIAN AIK
NRIC No	SXXXX806C
Email Address	kennyoka@yahoo.com
Mobile Phone No	(Phone) +65-93413255
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx200t
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	1998

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA017255

DRIVER

Name of Driver	ONG KIAN AIK
NRIC No	SXXXX806C
Date Of Birth	28/02/1975
Occupation	Outdoor

Date Of Driving Pass	09/09/1999
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93413255
Alt. Phone Number	-
Email Address	kennyoka@yahoo.com
Address	BLK 104C CANBERRA STREET #13-533
Address complement	-
Postcode	753104
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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG YISHUN AVE 1 . INFRONT CAR STOP, I FOLLOW SUIT. OUT OF SUDDEN, VEHICLE B (GBF 1362 T) BEHIND OF ME COLLIDED REAR OF MY CAR.

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	GBE1362T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LYE WEI HAU

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

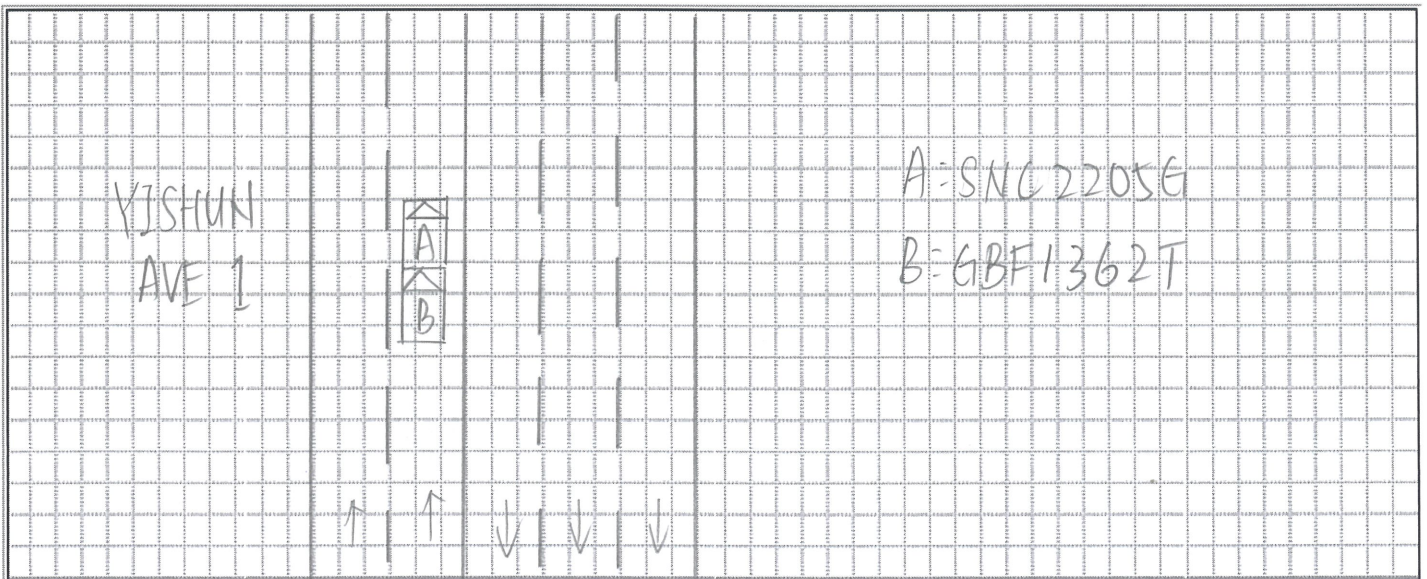
25/05/23
1300

Actual 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

I was driving along Kishun Ave 1. Infront car stop, i follow suit. Out of sudden, vehicle B (GBF 1362 T) behind of me collided rear of my car.

Declaration

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



25/05

Policyholder's Signature / Date & Time

1320

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



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

SPECIALISTS AUTO SERVICE

Block 3018A, Ubi Road 1, #01-24/25/26, Singapore 408711. Tel: 6747 2112 Fax: 6743 8032

SNC 22056

RENTAL AGREEMENT

NO. **4788**

HIRER'S PARTICULARS

Name : Ong Kian Aik
 Address (Res) : Blk 104C Canberra Street
#13-533 (S) 753104
 (Off) : _____
 Tel : 9341 3255 Res : _____
 Occupation : _____
 Driving Licence No : _____
 Expiry Date : _____
 Passport / I/C No : S7571806C

ADDITIONAL DRIVER'S PARTICULARS

Name : ~ Same as above ~
 Occupation : _____
 Driving Licence No : _____
 Place Issued : _____ Passport / I/C No : _____
 Date of Birth : _____

ADDITIONAL INFORMATION

Vehicle No. SLP 9375 H

Make / Model Kia K3

OUT	Date	<u>06/06/23</u>	Time	<u>11:00am</u>
IN	Date	<u>12/06/23</u>	Time	<u>9:45am</u>

Replacement Vehicle No: _____

Initial: _____

Date / Time

Petrol Level Out

E $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ F

Petrol Level In

E $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ F

RATES

Amount Due

Days	<u>6</u> @ \$ <u>150</u>	per day	<u>900.00</u>
Weeks	@ \$	per week	
Month	@ \$	per month	
Add Hours	@ \$	per hour	
TOTAL			

Loss Damage Waiver : With/Without

I accept [Signature]

\$ per day

Excess \$ 4000

Amount paid

900.00

Balance Due

**VEHICLE TO BE DRIVEN IN SINGAPORE ONLY
 PROHIBITED TO ENTER MALAYSIA BY LAW**

THE RENTER IS SOLELY RESPONSIBLE FOR BREACH
 OF TRAFFIC LAWS, ANY PARKING FINES OR
 SURCHARGE DURING PERIOD OF HIRE.

RENTER DECLARATION : I accept the terms and conditions
 above and overleaf. I declare that all information in this form are
 true and accurate. If I opt to pay by credit card, my signature here is
 to be deemed to have been made on applicable credit card voucher.

[Signature]
 RENTER'S SIGNATURE/COMPANY STAMP

Deposit amount (refundable)

\$

Refund Signature

PAYMENT

Cheque : _____

Cash : _____

Credit Card / Nets : _____

Remarks

NB: (1) ANY ACCIDENTS INVOLVING THIS HIRE VEHICLE, NOTIFY OUR OFFICE AS SOON AS POSSIBLE.
 (2) VEHICLE TO BE DRIVEN IN SINGAPORE ONLY, PROHIBITED TO ENTER MALAYSIA BY LAW

SPECIALISTS AUTO SERVICE

Block 3018A, Ubi Road 1, #01-26/24 Singapore 408711

Tel: 67472112 (5 Lines) Fax: 67438032

No.3537

Date: 12/06/2023

OFFICIAL RECEIPT

Received from Ong Kian Aik

the sum of Dollars Nine Hundred Only

being payment of 4788

\$ 900⁰⁰/_{xx}

Cash/ Cheque No:



SPECIALISTS AUTO SERVICE