



YSK AUTO WORKSHOP

No. 1 Kaki Bukit Avenue 6 @Autobay, #01-71 Singapore 417883
UEN 53311047E

TO: AIG INSURANCE
AIG BUILDING
78 SHENTON WAY, LEVEL 1
SINGAPORE 079120

C/O: LKK AUTO CONSULTANTS PTE LTD
BLK 51 PAYA UBI INDUSTRIAL PARK,
UBI AVENUE 1 #02-25 SINGAPORE 408933

REPAIR BILL

Invoice : 202502-009
Date : 04/02/2025
Vehicle : SMN4281B
Make Model : TOYOTA LAND CRUISER, 4608cc
Accident Date : 23/08/2024 08:40 (SGT)
Location : CHURCH STREET

| Particular | Amount |
|---|-------------------|
| COST OF REPAIR, LUMP SUM | \$6,500.00 |
| LOSS OF USE, 05 DAYS X \$280.00 PER DAY | \$1,120.00 |
| PRE-REPAIR INSPECTION, 02 DAYS X \$280.00 PER DAY | \$ 560.00 |
| PURCHASED 3 RD PARTY INSURANCE RESULTS | \$ 27.25 |
| 3 RD PARTY REPORT | \$ 31.00 |
| Total | \$8,238.25 |

SAY TOTAL SINGAPORE DOLLARS: EIGHT THOUSAND TWO HUNDRED THIRTY-EIGHT AND CENTS
TWENTY-FIVE ONLY.



YSK Auto Workshop

LETTER OF AUTHORISATION

To: **YSK AUTO WORKSHOP**

Re: ACCIDENT ON 23/08/2024 0840 INVOLVING

VEHICLE NO. SMN 4281B & SLA 2947H ALONG

CHURCH STREET

1. I/WE the registered owner of vehicle no. SMN 4281B hereby appoint **YSK AUTO WORKSHOP** to commence repairs of the said vehicle forthwith. I/WE agreed to assign the whole proceeds of my/our third party claim to **YSK AUTO WORKSHOP** including any claim for Loss of Use if a vehicle had been provided by **YSK AUTO WORKSHOP** during the period of repairs to my/our vehicle if applicable, my/our solicitor (To be appointed by **YSK AUTO WORKSHOP** on my/our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to **YSK AUTO WORKSHOP** after deduction of their cost on a solicitor & client basis. I/WE undertake to co-operate fully with **YSK AUTO WORKSHOP** and/or my/our solicitor and also with a true Motor Accident Report/Police Report until the claim to a successful conclusion including court proceedings, failing which, I/WE undertake to bear repair costs, rental, legal costs and any other indicentials incurred.
2. If the 3rd party claim is unsuccessful or partly successful as the case maybe I/we hereby instruct and authorize **YSK AUTO WORKSHOP** to claim direct from my/our insurance company on my/our vehicle immediately without any delay.
3. If for any reason my/our insurers are not willing to settle the repair costs either in part of in whole then I/WE undertake to pay **YSK AUTO WORKSHOP** the repair costs.
4. In alternative to serial number 2 and 3 above if the 3rd party claim fails or is only partly successful then I/WE undertake to pay **YSK AUTO WORKSHOP** the difference in amount of the repair costs.
5. I/WE authorize **YSK AUTO WORKSHOP** to sign all discharge voucher/indemnity forms all necessary documents on my/our behalf in connection with the abovementioned claim.
6. I/WE also authorize **YSK AUTO WORKSHOP** to appoint such a firm of solicitor on my/our behalf as **YSK AUTO WORKSHOP** deem fit for the purpose of thrid party/own insurance claim.
7. I/WE also undertake not to accept any offer, settlement or monies from third insurer without first communicating with **YSK AUTO WORKSHOP** in writing. And also to inform **YSK AUTO WORKSHOP** and/or the solicitor appointed by **YSK AUTO WORKSHOP** on my/our behalf in the event the 3rd party insurer communicate with me/us directly by telephone or in writing.
8. In the event that third party insurer issued the **Agreed Settlement Cheque** to me/us, I/WE undertake to either give the said cheque to **YSK AUTO WORKSHOP** or bank into my/our account and re-issue the cheque amount to **YSK AUTO WORKSHOP**.

DATE THIS 23 DAY OF 08, 2024

✓ M Jean
Signature of Owner

Janet Tan
Signature of Witness

(Company's stamp – if any)

Name of Witness: JANET TAN



YSK AUTO WORKSHOP

No. 1 Kaki Bukit Avenue 6 @Autobay, #01-71 Singapore 417883
UEN 53311047E

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78 SHENTON WAY, LEVEL 1
SINGAPORE 079120

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BLK 51 PAYA UBI INDUSTRIAL PARK,
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| Particular | Amount |
|--------------------------|-------------------------|
| COST OF REPAIR, LUMP SUM | \$6,500.00 |
| | Total \$6,500.00 |
| | ===== |

SAY TOTAL SINGAPORE DOLLARS: SIX THOUSAND FIVE HUNDRED ONLY.



YSK Auto Workshop

SMN 4281B



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 23 Aug 2024 / 15:08:17

Receipt Date/Time : 23 Aug 2024 / 15:08:16

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240823-002889

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 - SLA2947H As at 23 Aug 2024/00:08:40 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - SLA2947H Enquiry Fee 20240823150724251554 | 25.00 | 2.25 | 27.25 |
| Sub-Total | | 25.00 | 2.25 | 27.25 |
| Total Before Rounding | | 25.00 | 2.25 | 27.25 |
| Rounding Difference | | | | 0.00 |
| Total Amount Payable | | | | 27.25 |
| Paid By | | | | |
| | 542550XXXXXX2423 | eNETS Credit Card | | 27.25 |
| Total | | | | 27.25 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 27.25 |
| 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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 23/08/2024

Your Ref No: YSK08-02

YSK AUTO WORKSHOP

Dear Sir/Madam,

Date of Accident: 23/08/2024 08:30 (SGT)

Vehicle No: SMN4281B

Place of Accident: Church St, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|----------------------|---------------|-----|--------------|
| SLA2947H | Church St, Singapore | (31.00) | 1 | (28.44) |
| GST Amount | | | | (2.56) |
| Total Amount Due (GST Inclusive) | | | | (31.00) |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no 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 First Submission | 23/08/2024 16:28 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 23/08/2024 08:30 (SGT) |
| Exact Location of Accident | Church St, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLA2947H |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ASIA CAR LEASING PTE. LTD. |

VEHICLE PARTICULARS

| | |
|------------------------|--------------|
| Manufacturer | Toyota |
| Model | Vellfire |
| Variant | - |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 2494 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 1210001238-02 |

DRIVER

| | |
|---------------------------------------|---|
| Name of Driver | MUHAMMAD FARHAN BIN ABDUL RAHMAN |
| NRIC No | SXXXX908J |
| Address | BLK 711 YISHUN AVENUE 5 01-132 SINGAPORE 760711 |
| Address complement | - |
| Postcode | - |
| Does Driver Own Other Vehicles? | No |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|------------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
|------------------------|--------------------------|

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND STATEMENT.

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 SMN4281B
Vehicle Manufacturer Toyota
Vehicle Model Land cruiser
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver DEAN ALAN ROBERT
Insurance Company Name -

Describe Circumstance of the Accident

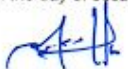
I accidentally hit the rear of front vehicle as I could not stop in time.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 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

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

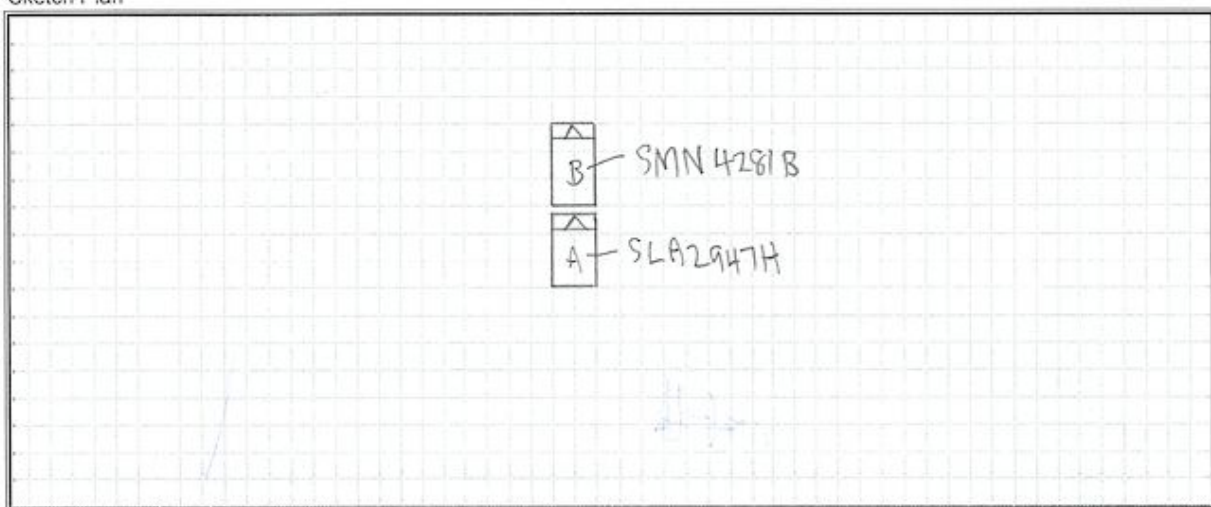
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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



























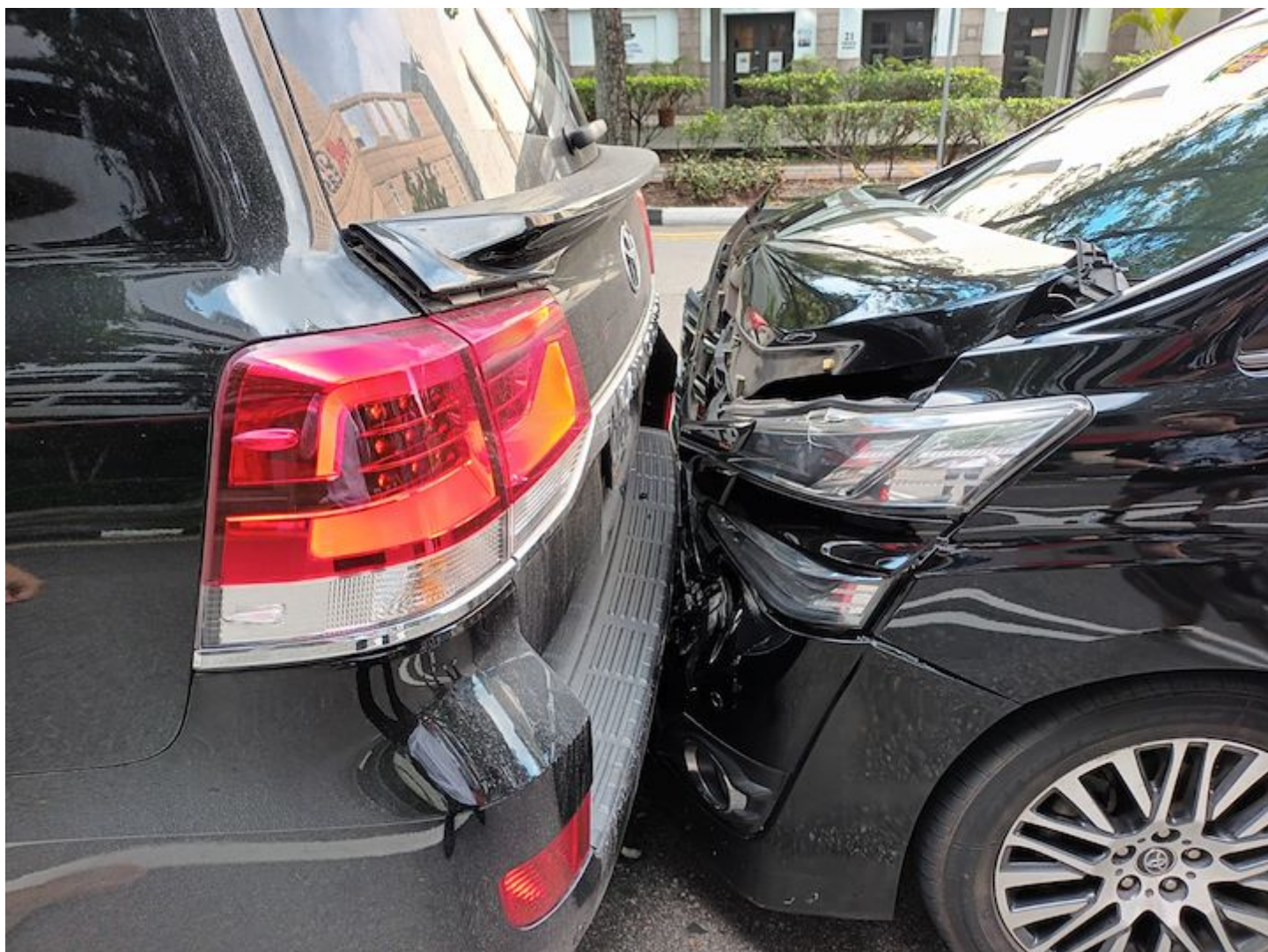


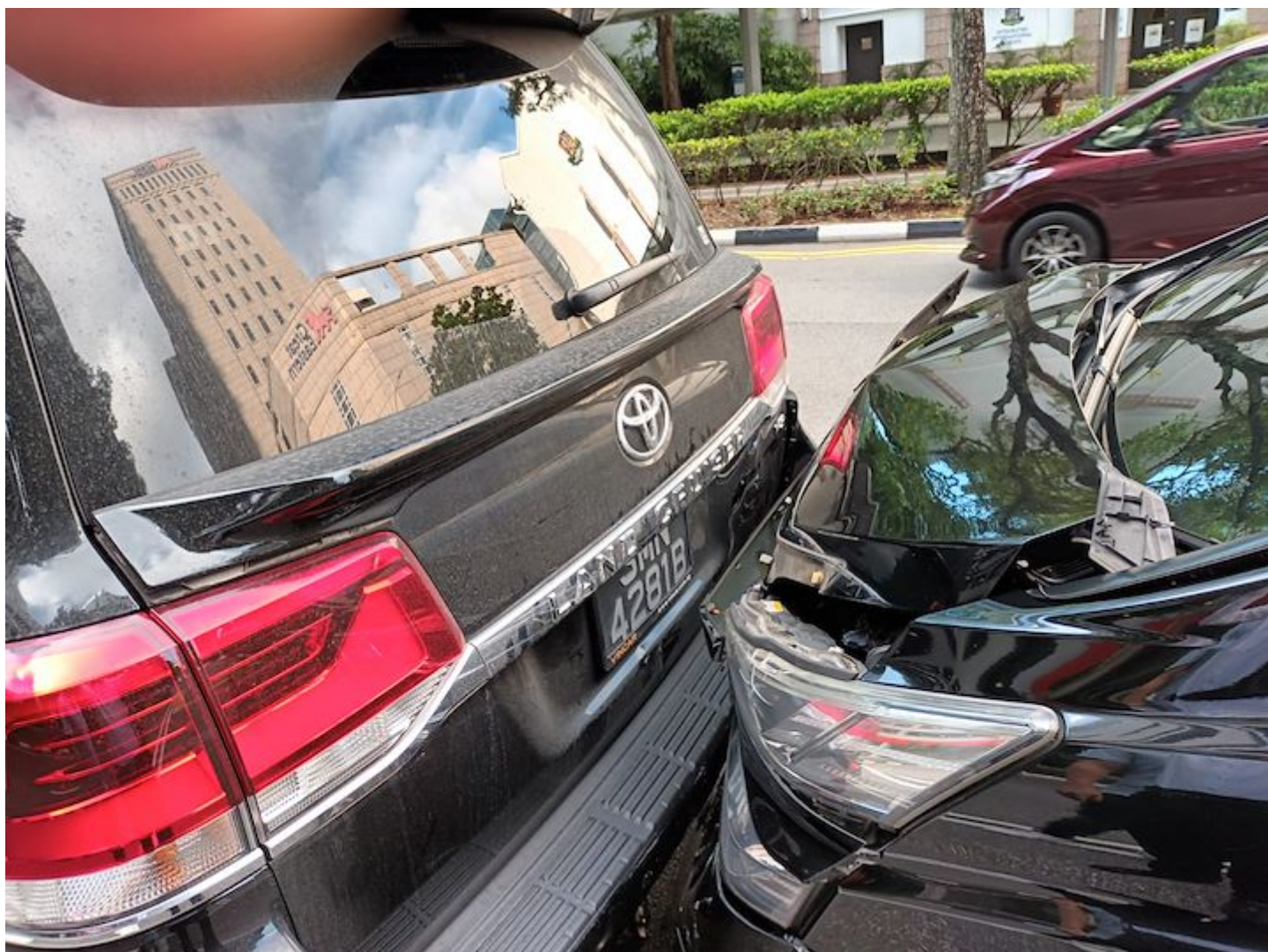




















CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder : ASIA CAR LEASING PTE LTD
 Master Policy No./Policy No. : 7990000047-02 / 1210001238-02
 Period of Insurance : 18 Oct 2023 To 17 Oct 2024
 Engine/Motor No. : 2ARH674269
 Chassis No. : JTNGF3DH508003858

Vehicle No. : SLA2947H
 Endorsement No. :
 Issued Date : 17 Oct 2023 09:01

ABOUT THE COVER

Make/Model : TOYOTA VELLFIRE 2.5
 Engine Capacity/Tonnage : 2494 CC
 Driver Restriction : NA
 Sum Insured : NA
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.

Age Condition : Driver Restriction applies-Refer to T&C
 Mileage Condition :
 Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders.
 Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
 This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
 2) use whilst drawing a trailer;
 3) use for the towing of any one disabled mechanically propelled vehicle; and
 4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

1. The Geographical Area is amended to Republic of Singapore only when vehicle is used for the carriage of passengers for hire or reward.
2. Endt 140, apply
3. We will only cover any Authorised Driver age of 23 to 65 with at least 2 years driving experience unless stated otherwise

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502806000
 LIEW OOI LIN MAY
 AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
 SINGAPORE 079120
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
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SSCAN