

## YSK AUTO WORKSHOP

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

TO: China Taiping Insurance (S) Pte Ltd

3 Anson Rd, #16-00 Springleaf Tower, Singapore

Attn: 6389 6111 Fax: 6222 1033

C/O: LKK Auto Consultants Pte Ltd

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

#### LETTER OF DEMAND

Tax Invoice 202502-010

4<sup>TH</sup> February, 2025 Date

Vehicle SLK7602S

Make Model **TOYOTA AXIO, 1496cc** Accident Date : Accident Location : 29/10/2024 18:30 (SGT)

WOODLANDS AVE 3 JUNCTION WITH WOODLANDS IND

ST. 1

Pa	rticular	Ar	<u>nount</u>
1.	COST OF REPAIR	\$8	,000.00
2.	LOSS OF USE , 09 x \$180.00 per day	\$1	,620.00
3.	Pre-Repair Inspection, 02 days x @\$180.00 per day	\$	360.00
4.	Towing Fee	\$	80.00
5.	3 <sup>rd</sup> Party Report	\$	31.00

Total \$10,091.00

SAY TOTAL SINGAPORE DOLLARS: TEN THOUSAND NINETY-ONE ONLY

YSK Auto Workshop

#### LETTER OF AUTHORISATION

To:	YSK AUTO WORKSHOP
Re:	ACCIDENT 39/10/24 1830 INVOLVING SLK76025& GBK7843G
	ALONG WOODLANDS BUE 3 JUNCTION WITH WOODLANDS IND ST 1

- 1. I/WE the registered owner of vehicle SLK T bo 2S 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 appionted 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 indicentals incurred.
- 2. If the 3<sup>rd</sup> party claim is unsuccessful or partly successful as the case may be 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. 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.
- 4. 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.
- 5. 1/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 3<sup>rd</sup> party insurer communicate with me/us directly by telephone or in writing.
- 6. 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**.

Fleny

Signature of Owner

(Company's stamp – if any)

DATE THIS DAY OF 10 20 14

Signature of Witness

Name of Witness:



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#### **FINAL BILL**

Tax Invoice : 202502-010

Date : 4<sup>TH</sup> February, 2025

Vehicle : SLK7602S

Make Model : **TOYOTA AXIO, 1496cc**Accident Date : 29/10/2024 18:30 (SGT)

Accident Location : WOODLANDS AVE 3 JUNCTION WITH WOODLANDS IND

ST. 1

ParticularAmountCOST OF REPAIR\$8,000.00

Total \$8,000.00

SAY SINGAPORE DOLLARS: EIGHT THOUSAND ONLY

\_\_\_\_\_

YSK Auto Workshop



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

 $\hbox{E-mail: gears-support@shift-technology.com}$ 

GST Registration: M400017735

#### TAX INVOICE

Date of Request: 06/11/2024 Your Ref No: YSK7602

YSK AUTO WORKSHOP

Dear Sir/Madam,

Date of Accident: 29/10/2024 06:30 (SGT)

Vehicle No: SLK7602S Place of Accident: 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\$)
GBK7843G	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 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.

- 4. The issue and acceptance of this is form by instrained 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 30/10/2024 16:15 (SGT) Reported by **Actual Driver** Date of Accident 29/10/2024 06:30 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS AVE 3 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBK7843G** 

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner INDECO (S) PTE LTD

VEHICLE PARTICULARS

Manufacturer Kia Model K2500

Variant

Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number DMCVSNW00097622302

DRIVER

Name of Driver **HOSSAIN NADIR** Passport No/FIN GXXXX218W Address 205 KRANJI ROAD

Address complement

Postcode 739482 Does Driver Own Other Vehicles?

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

#### REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7602S
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Insurance Company Name	_

OA .	20	OCT	_ 2024				
ME.	29	(,)	- 2027				
DOA: 29 OCF - 2024  TIME: 6.30  LOCATION: WOODLAND AVE 3							
CATIO	N: WC	vala	rd Ave	3	7		
						-	
	CAR	B	SUPPENL	y there.	) Bra	9K DUE	70
	THE	Ten	PFIC LI	GHT AN	0 1	COULDNT	BROWN
	IN	THE	MNO C	OLLIDED	WITH	CAR B.	
							_
	-						

Declaration

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

Policyholder's Syguellare-Poate & Time

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

Witressed b Reporting Sentre Personnel (Name as in NRIC/ID card)

2

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as Inuthful 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.
- 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)

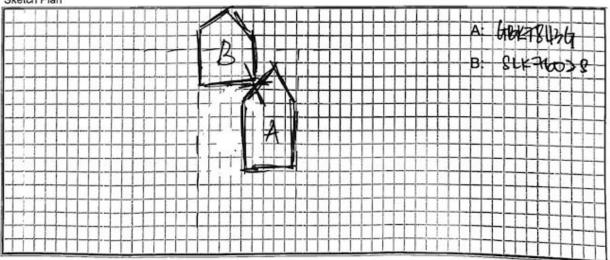
I understand, acknowledge, agree and consent that:

- (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 Purpos,

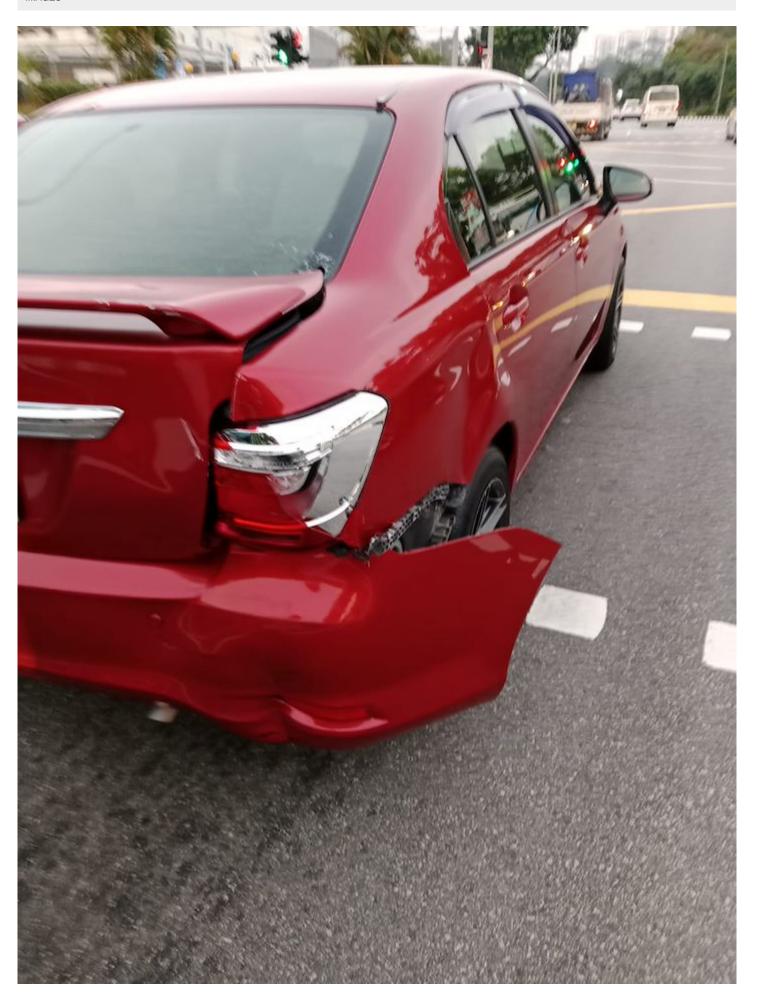
Driver's Signature (if driver is not the policyholder) / Date & Time

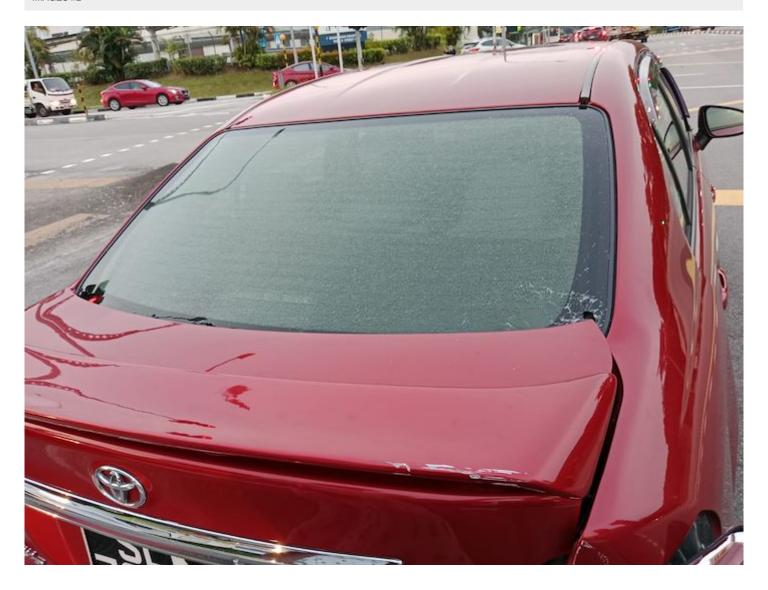
(Name as in NSIC/ID card)

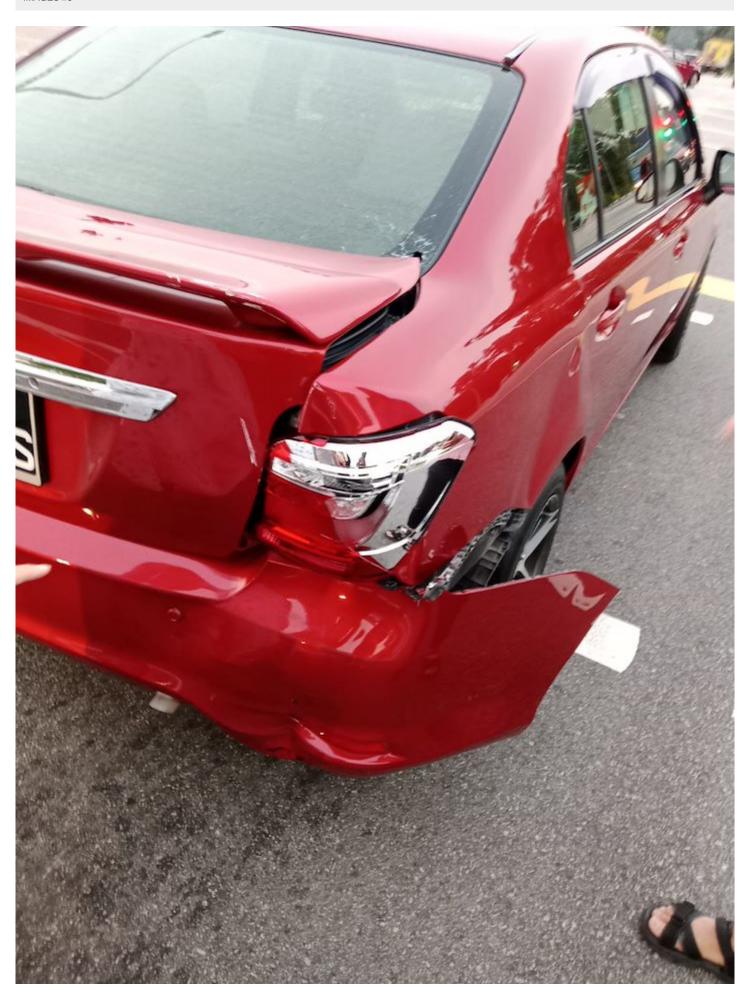
#### Sketch Plan



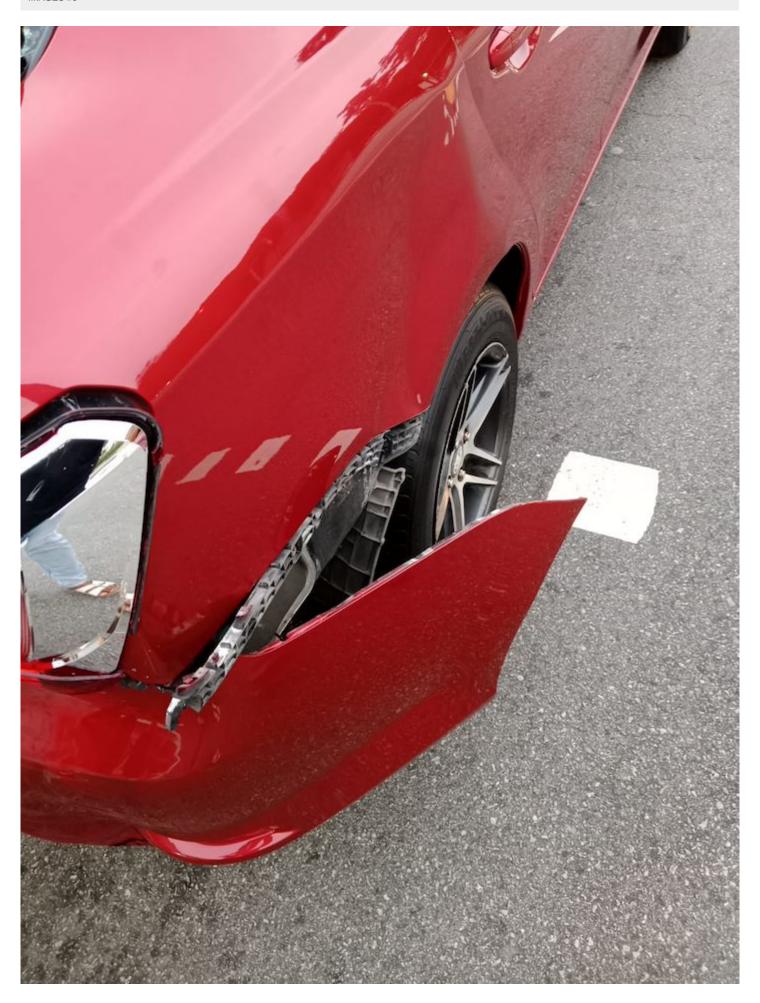
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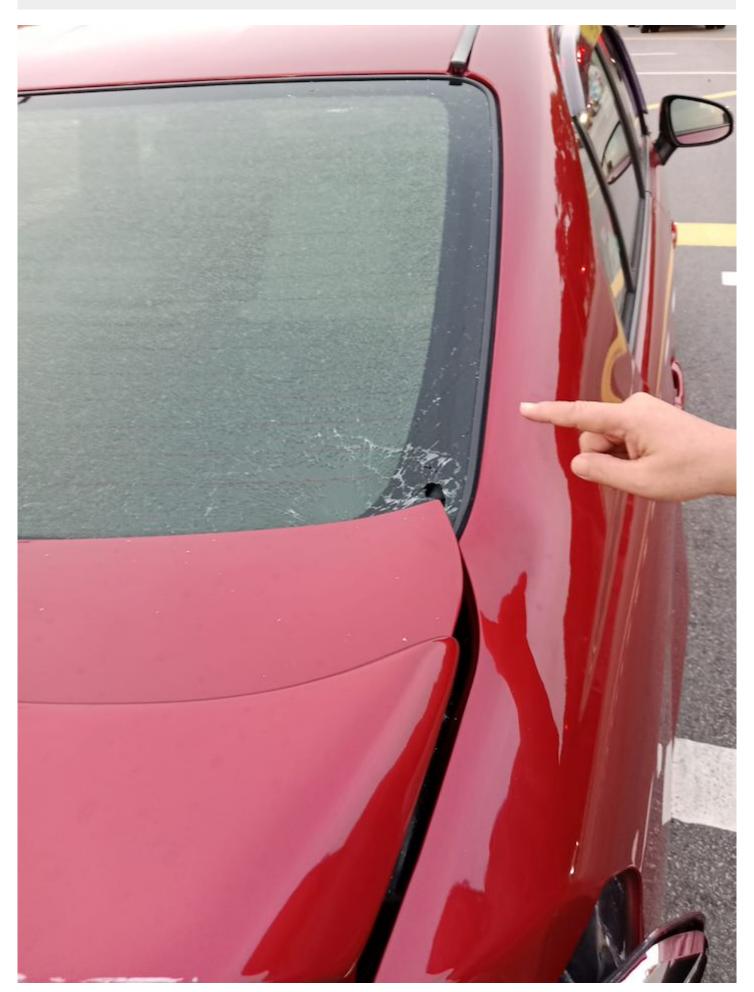


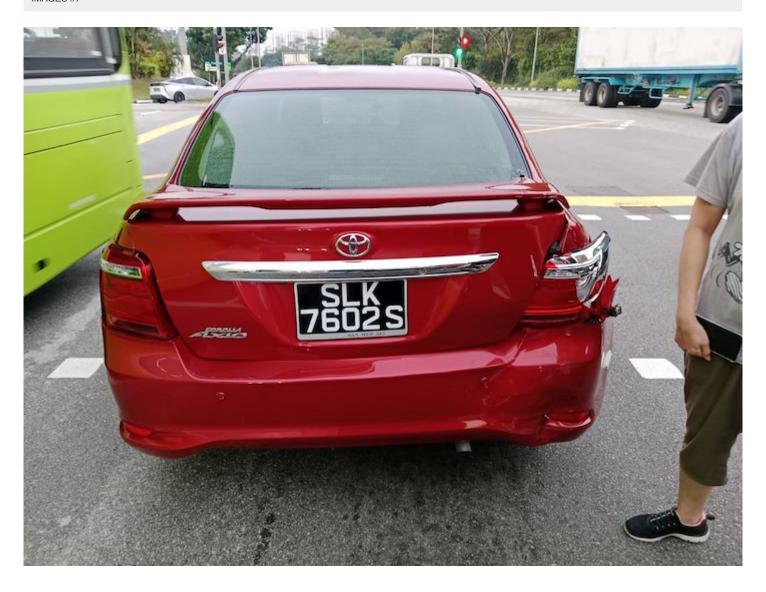






















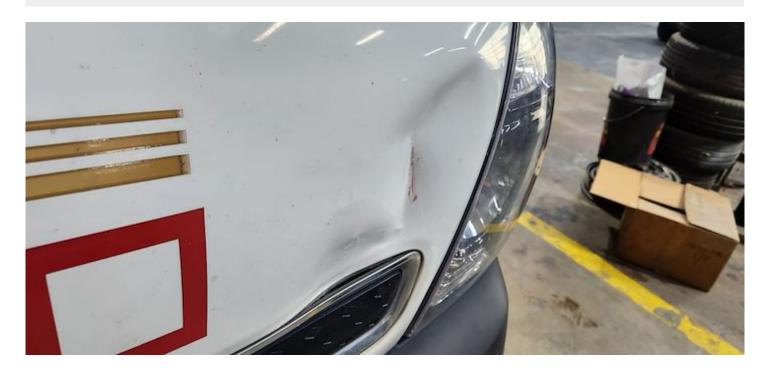
























30 October 2024

To whom it may concern:

I hereby grant Hossain Nadir (Driver) to authorize process the all the report regarding the event yesterday, as he also the driver that is been using the lorry while on the accident.

Thank you.

Yours sincerely,

Mr. Ong Kim Wh

S2505362A

Managing Director

Indeco (S) Pte Ltd

205 Kranji Road

Singapore 739482

6364 3833









EPUFUR 10 REGD BY BCA

Email: furnishing25@yahoo.com

## CASH SALE/WORK ORDER

NO. 45094



# **ORIENTAL AUTOMOTIVE CENTRE**

Regn. No: 50727900W Blk 405 Ang Mo Kio Ave 10 #03-683 Singapore 560405

H/P: 9833 6132

24 HOURS TOWING SERVICES

宝号	Date SO /O 2/c
Messrs CA 82/	
t D	
Vehicle No. 5/1x 7602 5	车型
# -	_ Model No AXIB
From: FA Read SKING DR	到
时间(日/夜)	_ To:
Time (day / night) 3/56	/.
其他	
Other_	
1	- Anti-land
CASH \$ Sex	
CASH \$	CHEQUE
注意:本公司对所描之左短 左出仁上,	「任何损失或破坏,一概由车主自行负责。
NOTE: Vehicle is toward at 一种,在进行中如有	「任何损失或破坏,一概由在主自行品丰
NOTE: Vehicle is towed at owner's risk. The company acception your vehicle whilst being towed.	ts no responsibility for damage or other mindom
Spirig towed.	y or other misdemeanor to
经手人	
Authorised by	收 货 人
- Indiana by	Received by