



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**
Date : 4TH 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

Particular	Amount
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. <u>3rd Party Report</u>	<u>\$ 31.00</u>
	<u>Total \$10,091.00</u>

SAY TOTAL SINGAPORE DOLLARS: TEN THOUSAND NINETY-ONE ONLY

YSK Auto Workshop

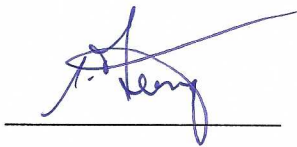
LETTER OF AUTHORISATION

To: **YSK AUTO WORKSHOP**

Re: ACCIDENT 29/10/24 1830 INVOLVING SLK7602S & GBK7843G
ALONG WOODLANDS AVE 3 JUNCTION WITH WOODLANDS IND ST 1

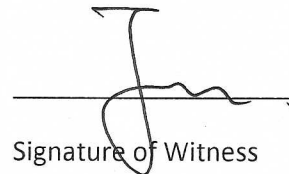
1. I/WE the registered owner of vehicle SLK7602S hereby appoint **YSK AUTO WORKSHOP** to commence repairs of the said vehicle forthwith. I/WE agreed to assign the whole proceeds of my/our third party claim to **YSK AUTO WORKSHOP** including any claim for Loss of Use if a vehicle had been provided by **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 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 3rd 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**.

DATE THIS 20 DAY OF 10 2024



Signature of Owner

(Company's stamp – if any)



Signature of Witness

Name of Witness:



YSK AUTO WORKSHOP

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FINAL BILL

Tax Invoice : **202502-010**
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ST. 1

<u>Particular</u>	<u>Amount</u>
COST OF REPAIR	\$8,000.00
<u>Total</u>	<u>\$8,000.00</u>

SAY SINGAPORE DOLLARS: EIGHT THOUSAND ONLY

YSK Auto Workshop



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: 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.



CASH SALE/WORK ORDER

東方拖車服務
ORIENTAL AUTOMOTIVE CENTRE

NO. 45094

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. 30/10/24

Messrs

车号

Vehicle No. 51K 7602 5

车型

Model No. A810

由

From: FA MARSHING DR

到

To: 2/5

时间(日/夜)

Time (day / night) 0900

其他

Other

PAID 29/11/24

CASH \$

500

CHEQUE

注意：本公司对所拖之车辆，在进行中如有任何损失或破坏，一概由车主自行负责。
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanor to your vehicle whilst being towed.

经手人

Authorised by

收货人

Received by

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	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
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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
CC	0

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	GXXXXX218W
Address	205 KRANJI ROAD
Address complement	-
Postcode	739482
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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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

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

Describe Circumstance of the Accident

DOA: 29 OCT - 2024

TIME: 6.30

LOCATION: Woodland Ave 3

CAR B SUDDENLY HARD BREAK DUE TO
THE TRAFFIC LIGHT AND I COULDN'T BREAK
IN THE AND COLLIDED WITH CAR B.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

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

SKETCH PLAN

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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

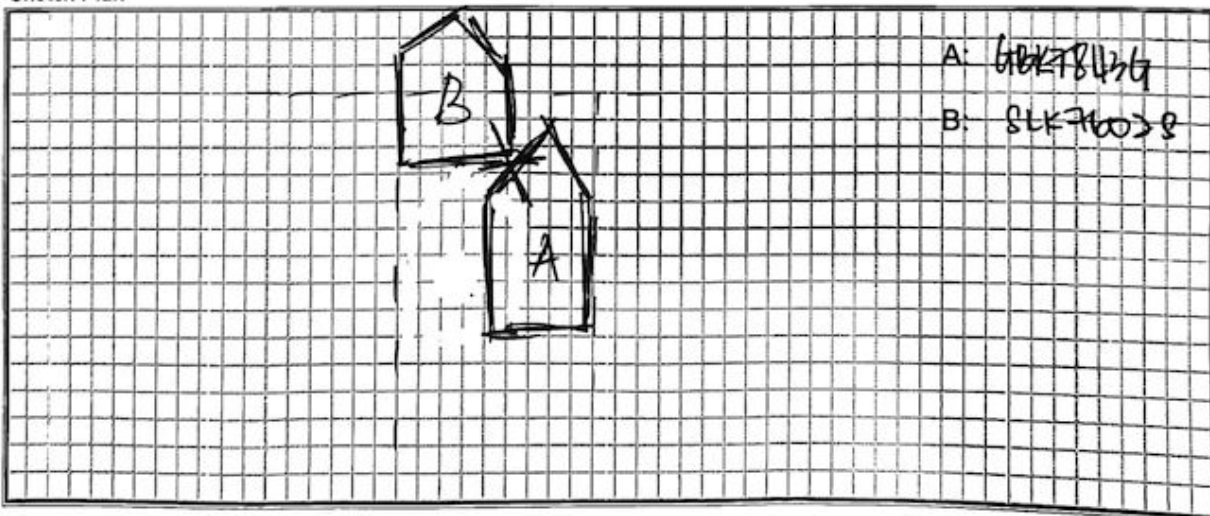
Zuhir

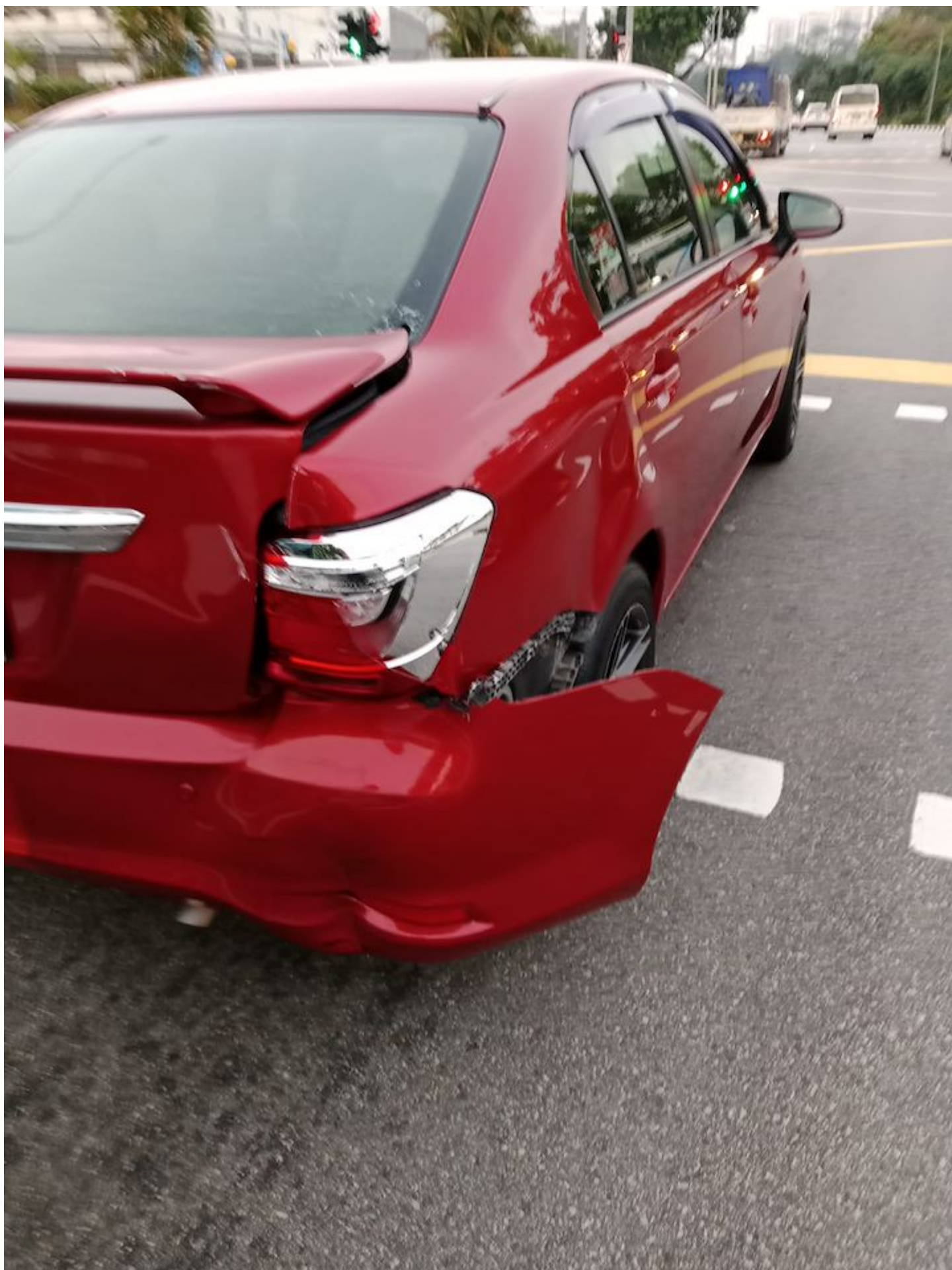
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

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

Sketch Plan













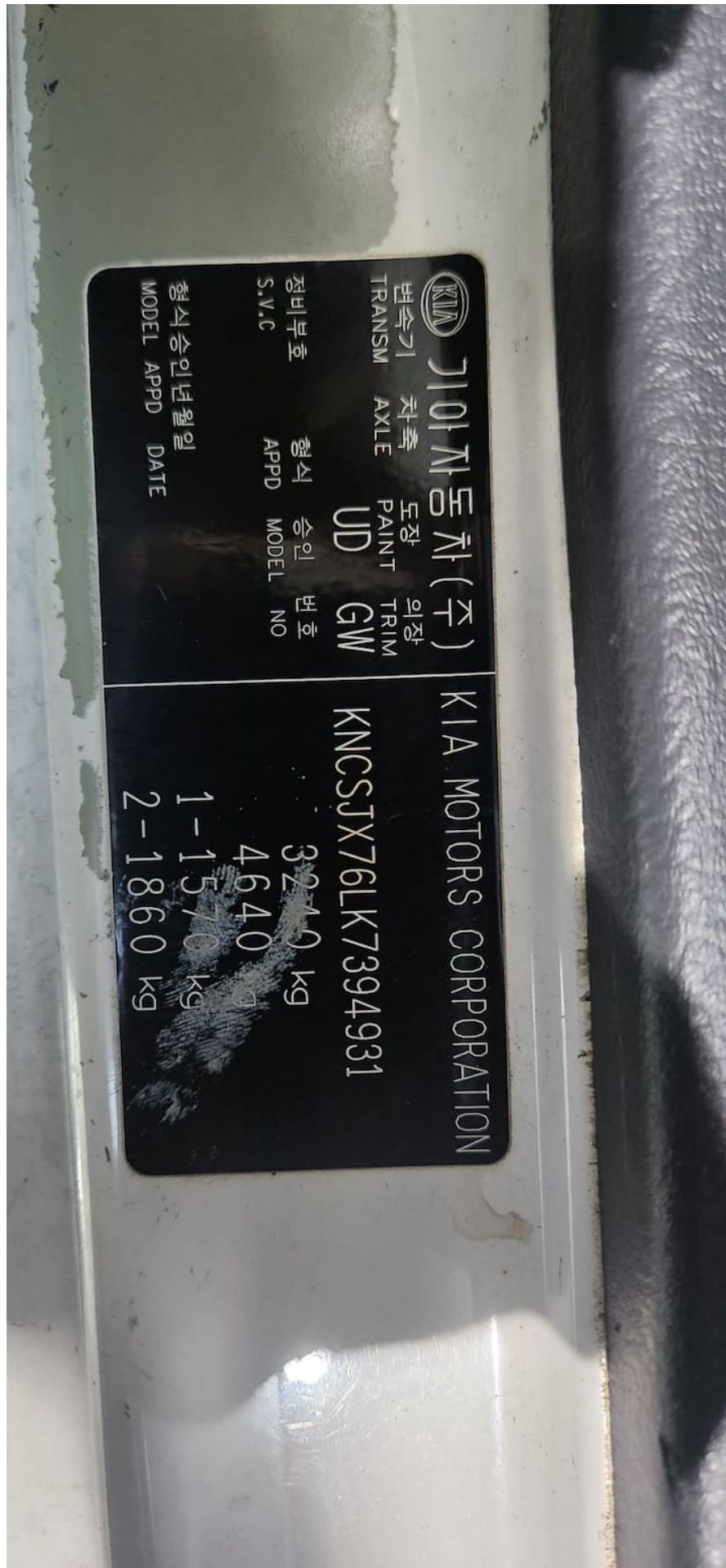


























30 October 2024

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 Wha



S2505362A

Managing Director

Indeco (S) Pte Ltd

205 Kranji Road

Singapore 739482

6364 3833



EPUFUR 10 REGD BY BCA

Email : furnishing25@yahoo.com