

LEE BROTHERS AUTOMOTIVE PTE.LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

SINGAPORE 417883

TEL: 6509 5521 FAX: 6509 5523 GST Reg. No. : 201101880C

ATTN:THE MOTOR CLAIMS DEPARTMENT
INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET#05-00

IOB BUILDING

SINGAPORE 049711

Yrs Ref. : GBD1403U

Our Ref. : LB1124-3770

Date: : 11.12.2024

Accident involving SMJ3427B and GBD1403U on 26.11.2024 at 1815HRS along NORTH BRIDGE ROAD NEAR RAFFLES CITY

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have suffered loss and expenses.

We are instructed by our client to make a property damages claims as:-

	<u>Amount</u>
1. Cost of repair (Inc GST)	S\$ 8,175.00
2. Loss of Use (7 days X \$150)	S\$ 1,050.00
3. Towing	S\$ -
5. LTA Search fee	S\$ 27.25
4. E-File Serach fee	S\$ -
Claim Amount	S\$ <u>9,252.25</u>

Enclosed are the following documents for your perusal.

<input checked="" type="checkbox"/>	Original Final repair Bill	<input checked="" type="checkbox"/>	Letter of Authority
<input type="checkbox"/>	Original Survey Report & Invoice	<input type="checkbox"/>	Rental Agreement /Receipt
<input type="checkbox"/>	Original Photographs of [SMJ3427B]	<input checked="" type="checkbox"/>	E-File Search Fee/LTA Receipt
<input checked="" type="checkbox"/>	GIAS Reports of [SMJ3427B]	<input checked="" type="checkbox"/>	Vehicle Registration Card
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Driver's Driving License / Identity Card
<input checked="" type="checkbox"/>	Report Of A Traffic Accident		

Your prompt action will be greatly appreciated.

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours faithfully,

Lee Brothers Automotive Pte.Ltd



sales@leebrothers.com.sg

LEE BROTHERS AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883

Tel : (65) 6509 5521 Fax : (65) 6509 5523

Email : sales@leebrothers.com.sg

Co. Reg. : 201101880C

GST Reg. No. : 201101880C

TAX INVOICE

10387

Messrs : **INDIA INTERNATIONAL INSURANCE PTE LTD**
64 CECIL STREET
#05-00 IOB BUILDING
SINGAPORE 049711

Claim No. : LB1124-3770

Acc. Date : 26.11.2024

Veh. No./Model : SMJ3427B HONDA FIT

Date : 11.12.2024

QTY	DESCRIPTIONS	AMOUNT
	Repair Cost : Inclusive of supply parts, panel beating, spray painting and labour.	\$ 7,500.00
	Sub-total	\$ 7,500.00
	Add GST 9%	\$ 675.00
	Total Amount	\$ 8,175.00

E. & O.E.

* Please make all payments to " Lee Brothers Automotive Pte Ltd "

* All service and repairing are in good order & conditions.



Lee Brothers Automotive Pte Ltd

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	27/11/2024 13:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/11/2024 18:15 (SGT)
Exact Location of Accident	North Bridge Rd, Singapore
Additional Location Information	NEAR RAFFLES CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3427B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HOU KEAT ALBERT
NRIC No	S7701333D
Email Address	ALBERTLHK77@GMAIL.COM
Mobile Phone No	(Phone) +65-87536092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1317
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148792951

DRIVER

Name of Driver	LIM HOU KEAT ALBERT
NRIC No	S7701333D
Date Of Birth	20/01/1977
Occupation	Outdoor
Driving Pass Date	20/09/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87536092
Alt. Phone Number	-
Email Address	ALBERTLHK77@GMAIL.COM
Address	224 WESTOOD AVE #01-16
Address complement	-
Postcode	648356
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 - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 TRAVELLING ALONG NORTH BRIDGE ROAD NEAR RAFFLES CITY ON 26/11/24 AT ABOUT 6.15PM. I WAS TRAVELLING STRAIGHT WHEN SUDDENLY VEHICLE B CUT INTO MY LANE. I TRIED TO AVOID VEHICLE B FROM HITTING ONTO MY VEHICLE, HOWEVER TO NO AVAIL. VEHICLE B STILL COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE. WE ALIGHTED, EXCHANGED PARTICULARS AND LEFT THE SCENE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1403U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PHANG CHIN SIANG
Contact Number	(Phone) +65-89368687
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 reassess 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.

6. 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 making 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/small 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

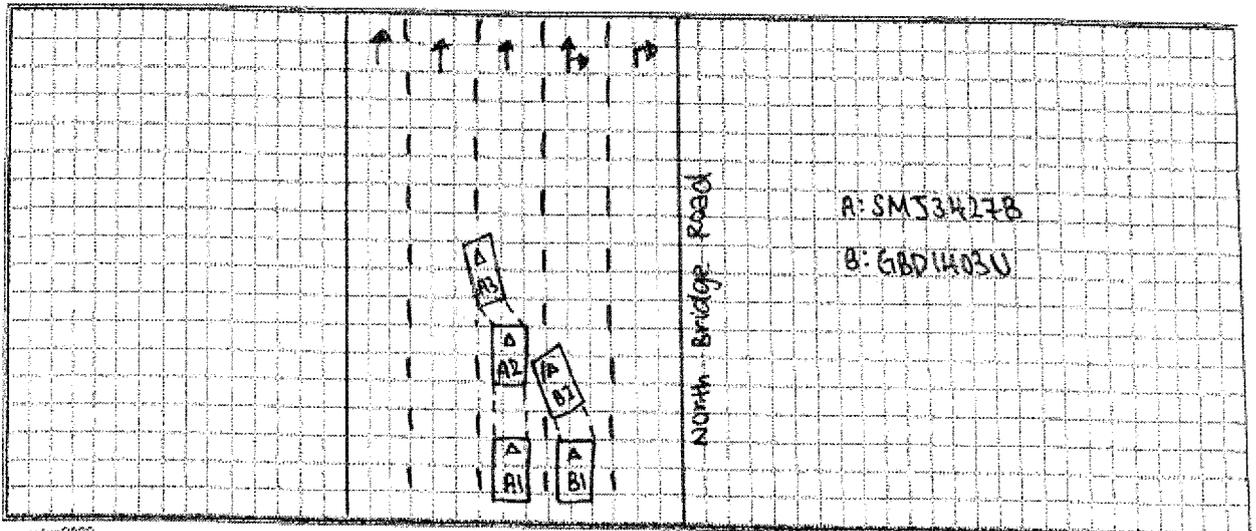
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



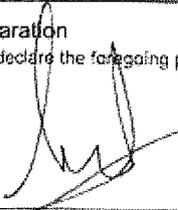
v Jun 2022

Describe Circumstance of the Accident

I was travelling along North Bridge Road near Raffles city on 26/11/24 at about 6.15pm. I was travelling straight when suddenly vehicle B cut into my lane. I tried to avoid vehicle B from hitting onto my vehicle, however to no avail. Vehicle B still collided onto the right portion of my vehicle. we alighted, exchange particulars and left the scene.

Declaration

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



Policyholder's Signature / Date & Time



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

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5148792951

Cover : drivo CLASSIC

- | | |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMJ3427B |
| Chassis Number | : GP51329353 |
| 2. Name of Policyholder | : LIM HOU KEAT ALBERT (LIN HAOJIE) |
| 3. Effective Date of Insurance | : 28 Aug 2024 |
| 4. Expiry Date of Insurance | : 27 Aug 2025 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM HOU KEAT ALBERT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LIM YEN YEN AGNES (LIN YANYAN, AGNES) (00000641163)
 Date of Issue : 28 Aug 2024 15:23 hrs

For **INCOME INSURANCE LIMITED**



Chief Executive



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HOU KEAT ALBERT	ID No.	S7701333D
Related Vehicle	SMJ3427B (Motor car)	Contact No.	87536092
Hospital/Clinic	LEE FAMILY CLINIC PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I was travelling along North Bridge Road near Raffles City on 26/11/2024 at about 6.15pm with my vehicle bearing car plate number SMJ3427B. I was travelling straight when Suddenly Vehicle bearing car plate number GBD1403U cut into my lane. I tried to avoid Vehicle GBD1403U from hitting onto my vehicle, However to no avail. Vehicle GBD1403U still collided onto the right portion of my vehicle. We alighted, exchange particulars and left the scene.

After the accident I felt pain on my neck and shoulder. I went home to rest but still felt pain on 27/11/2024, I proceeded to consult a doctor and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20241203/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20241203/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 03/12/2024 13:24
Classification Of Case:

NP168

Authorisation Third Party Claim Demand

Date:

To: India International Insurance Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE No.: SMS 3H57B And GBD1H03U

AT / ALONG North Bridge Road Near Raffles City

ON 26.11.2024

I/We, Kim Hoy Keat Albert of (NRIC No. / ROC No.)

S7701333 of Blk 247, Westwood Ave #01-16, C648356

owner of vehicle no. SMS 3H57B in consideration of M/S Lee Brothers Automotive Pte Ltd repairing my/our vehicle SMS 3H57B at my/our instruction and hereby authorise M/S Lee Brothers Automotive Pte Ltd to demand claim settle receive whatever amount settled / payable by the insurance company and / or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and / or less of use, etc. and to their appointing solicitor to act for me / us in respect of the said accident / claim and all claimed and / or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above mentioned claim costs which may arisen therewith.



Signature of Owner:

Date:



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

LEE BROTHERS AUTOMOTIVE PTE
LTD - LIM HOU KEAT ALBERT

Invoice Number
GR-2024-008493

Invoice Issue Date
12 Dec 2024

Invoice Due Date
19 Dec 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	09/12/2024,26/11/2024,SMJ3427B,GBD1403U	28.44	2.56	31.00
		Total Amount (S\$)		28.44
		Total GST 9.00% (S\$)		2.56
		Total Amount Incl. of GST (S\$)		31.00

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

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Nov 2024 / 12:05:45

Receipt Date/Time : 27 Nov 2024 / 12:05:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241127-001829

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 - GBD1403U As at 26 Nov 2024/18:15:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBD1403U Enquiry Fee 20241127120459198956	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				
	20241127120508113		Direct Debit: eNETS Debit (Internet Banking)	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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 333D

Vehicle Details

Vehicle No.: SMJ3427B
Vehicle to be Exported: Yes
Intended Deregistration Date: 11 Dec 2024
Vehicle Make: HONDA
Vehicle Model: FIT HYBRID 1.5 AUTO
Primary Colour: White
Manufacturing Year: 2018
Engine No.: LEB1435309
Chassis No.: GP51329353
Maximum Power Output: 101.0 kW (135 bhp)
Open Market Value: \$19,409.00
Original Registration Date: 28 Feb 2019
First Registration Date: 28 Feb 2019
Transfer Count: 2
Actual ARF Paid: \$9,409.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Feb 2029
PARF Rebate Amount: \$6,586.00

Intended COE Rebate Details

COE Expiry Date: 27 Feb 2029
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$35,403.00
COE Rebate Amount: \$14,919.00
Total Rebate Amount: \$21,505.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 11 Dec 2024

OK