CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Date: 08.01.2025

India International Insurance Pte Ltd 64 Cecil Street #04-05 IOB Building Singapore 049711

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SJR 4382H / SLF 7719R AND OTHER ON 05.12.2024

We are the authorized repair workshop for the owner of motor vehicle no: SJR 4382H , which was involved in the captioned accident with your insured vehicle no: SLF 7719R . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

		\$ 11,307.25
3)	LTA Search Fee	\$ 27.25
2)	Loss of Use (7 days + 1 Sunday x S\$ 60)	\$ 480.00
1)	Cost of Repair	\$ 10,800.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) LTA Search Result

c) Letter of Authorisation, etc...

d) GIA Report

e) Police Report

f) I/C & Driving License

g) Insurance Certificate

h) Vehicle Registration Log Card

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you. Yours faithfully,

TANG JUN ZHONG For Choo Motor Spray Painter

TAX INVOICE

CHOO MOTOR SPRAY PAINTER

1 Kaki Bukit Ave 6 #01-39 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 22736900M

Tax Invoice: 24162

India International Insurance Pte Ltd

64 Cecil Street #04-05 IOB Building Singapore 049711

Singapore o 15711

Attn: Motor Claim Department

Date : 02.01.2025 Vehicle No : SJR 4382H

Make/Model :TOYOTA ALTIS 1.5

Chassis/Eng# :

Accident Date #05.12.2024

Claim No

Reference 1224 -24162

Policy No ;

Amount

To proceed on lump sum repair S\$ 10800.00

E. & O. E. Total: S\$ 10800.00

for CHOO MOTOR SPRAY PAINTER

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

06 Dec 2024 / 16:26:20

Receipt Date/Time : 06 Dec 2024 / 16:26:20

Tax Invoice/Receipt

Receipt No.: ITNET-00000-241206-003351

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura	t of Insurance Enquiry - SLF7719R 05 Dec 2024/22:10:00 ance Co: INDIA INT'L INS PTE LTD				
	Insurance Enquiry - SLF7719R Enquiry Fee 20241206162528046463		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			
		20241206162535275	Direct Debit: el (Intern	NETS Debit et 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.

DATE	: 06. 12. 2027	
то	: India International Insurance Pte Ltd	
RE	: ACCIDENT INVOLVING VEHICLE NO. SJR 4382H / SLF 7719R and other ALONG PIE towards TPE/SLE	
	ON 05.12-2024	
J/We,	REES LEE	
of (NRIC of	No./ROC No.) S 1526 7670 FT Hindhede Walk #07-01 (S) 587977 whicle no. STR 4382H in consideration of M/s CHOO MOTOR SPRAY repairing my/our vehicle STR 4382H at my/our instruction and hereby M/s CHOO MOTOR SPRAY PAINTER to demand claim settlement whatever titled/payable by the Insurance Company and/or third party or to commence legal gs, if necessary, under my name, for the cost of repairs, car rental and/or loss of use their appointing solicitor to act for me/us in respect of the said accident/claim and d and/or settled shall belong to them absolutely. er agree and undertake to indemnify them against the above-mentioned claim cost	
	y arisen therewith.	
Signature		
Name of	Owner: REES LEE	

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 <u>completed by the Policyholder and/or the Actual Driver</u>
 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.

- 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 06/12/2024 18:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/12/2024 22:10 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TPE/SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR4382H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner REES LEE NRIC No S1526767D Email Address GLENJAY833LEE@GMAIL.COM Mobile Phone No (Phone) +65-97621300 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **COROLLA ALTIS 1.6 AUTO** Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1598 Vehicle Fuel Petrol First Regisration Date 24/06/2009 Chassis no MR053ZEE106147511 Effective Date/Time of Ownership 11/03/2019 11:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5107910015-05

DRIVER

Name of Driver REES LEE NRIC No S1526767D Date Of Birth 02/03/1962 Occupation Outdoor Driving Pass Date 14/07/1988 Driving License Pass Class Driving License Validity Valid Driving experience 36 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-97621300 Alt. Phone Number Email Address GLENJAY833LEE@GMAIL.COM Address BLK 47 HINDHEDE WALK 07-01 SINGAPORE 587977 Address complement Postcode 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

REFER TO PR

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	SLF7719R
Vehicle Manufacturer	ĕ
Vehicle Model	<u> </u>
Vehicle Variant	=
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	=
Contact Number	5
Address	8
Address complement	=
Postcode	<u>u</u>
Insurance Company Name	<u>-</u>
Nature Of Damage	:=
Details of property damaged in accident	·
No. Of Passenger (Including Driver)	3 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE4066R
Vehicle Manufacturer	5 = 0
Vehicle Model	
Vehicle Variant	(<u>*</u>)
Vehicle Colour	1 5 8
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	(a)
Address complement	
Postcode	3.50
Insurance Company Name	: €:
Nature Of Damage	#
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

NJURED 1

Name of injured person Gender	REES LEE Male
Phone No	a
Address	
Address Complement	8
Post Code	<u> </u>
Approximate Age Years Old	¥
Injuries Sustained	MC 7 DAYS
Injured person in which vehicle?	SJR4382H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

. Dec -2

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the acoden/ 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 wiful misrepresentation or withfolding of material facts may allow insurance companies to reputiate policy liability
- 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 Insurence 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 loggement of this report to the insurers, you hereby consent to the archyving 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 of possessed by my shouler (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 fame, 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 sestiment of the claims and any necessary investigations relating to the claims:
- (e) investigating the accident and/or my clams;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (iv) administrang 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 tinng about delivery of the same as well as on the external cover of envelopes/mail peckages); 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' lewyers/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- w firms), which may be sitted outside of Singapore, for one or more of the above Purposes (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents

Driver's Sig driver is not the policyholder) / Date Witnessed by Recording Centre Personnel

Sketch Plan vehicle A: SJR +382H Vehicle B: SZF-7719R vehicle c: SLE 4066R

Refer to traffic police Pepora no: T/2024 1206/7091
Pepor 110: T/20241206/7091

Declaration

IAWe declare the foregoing particulars are true in every respect

1000

Dever's Signature (it dover is not the policynomer-) Date.

Watersed by Reporting Centre Personner (Name as in NATECAD card)

2



T/20241206/7091

ambulance:

No

1 of 3 Report No. T/20241206/7091

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

REPORT OF A TRAFFIC ACCIDENT

Between Moving Vehicles - Head To Rear

Date/Time Report Made: 06/12/2024 15:26			Vide Re	eport No.:	¥	S	Station Diary No.:		
Informant's	Particula	ars	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Name of Informant: REES LEE					Address: 47 HINDHEDE WALK #07-01 SINGAPORE 587977				
ID Type / ID No.: NRIC NO / S1526767D				Contact No.: Home/Office: Mobile: 97621300					
Nationality: SINGAPORE CITIZEN				Email: GLENJ	AY833LEE@G	MAIL.COM			
Sex: Male	Age: 62		Date of Birth: 02/03/1962	Type of Informant: Driver					
Race: Chinese					Language: English				
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:						
General Info	rmation	of the	e Accident			沙川,四百里 泉岭			
Type of Acc	ident:	Inju Oth			Drink Drive: No	Date/Time of Accide 05/12/2024 22:10	ent:	Type of Location: Straight Road	
Location:									
PAN ISLAN	D EXPR	RESS	SWAY						
Weather: Clear				Road S Dry	Surface:				
Traffic Flow One Way	;			Traffic	Control:		Traff	īc Volume:	
Type of Col	lision:			Anyone conveyed			one conveyed by		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR4382H	Motor car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige		1
SLE4066R	Motor car					0
SLF7719R	Motor car					1

Details of Vehicle Insurance		发现自然是对加密的关键。
Vehicle No. Insurance Company	Insurance No	Effective Date Expiry Date



T/20241206/7091

2 of 3

Report No. T/20241206/7091

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

CONTINUATION OF REPORT

Delatis of Aei	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJR4382H	NTUC Income Insurance Co-Operative	5107910015-05	24/06/2024	23/06/2025

Details of Person	Involved			WRIETP?	1.320	
Any Pedestrian Inv	volved: No					
No. of Pedestrians	Injured: NIL	lestrian Crossing: NA				
Driver			THE PROPERTY OF		5	
Name	REES LEE			ID No.		S1526767D
Related Vehicle	SJR4382H (Motor car)				t No.	97621300
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY			Class of Driving Licence Expiry) e &	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2024		Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC)	07	Degree of	Injury	Serio	us

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING (OWN CAR) PH VEHICLE SJR4382H WITH 1 PASSENGER TRAVELLING AT CHANGI AIRPORT TOWARDS FERNVALE STREET. WHEN MY VEHICLE REACHED PIE, I WAS TRAVELLING AT LANE 2, THE ROAD HAVE 4 LANE. FRONT CAR STOPPED SUDDENLY, I FOLLOWED STOPPED, SUDDENLY A VEHICLE PLATE NO. SLF7719R DIDN'T STOP AND COLLIDED ONTO MY VEHICLE FROM THE REAR, AND MY PUSH FORWARD AND COLLIDED ONTO FRONT THE VEHICLE PLATE NO. SLE4066R REAR BUMPER. AFTER ACCIDENT, I FELT UNWELL. I WENT TO SUNSHINE CLINIC CONSULT AND WAS GIVEN 07 DAYS MC.

VEHICLE A: SJR4382H VEHICLE B: SLF7719R VEHICLE C: SLE4066R



Police Station Of Origin: Traffic Police

Report No. T/20241206/7091

3 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2024 15:26
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:
NP168	







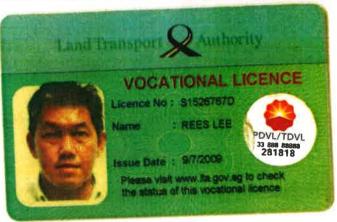




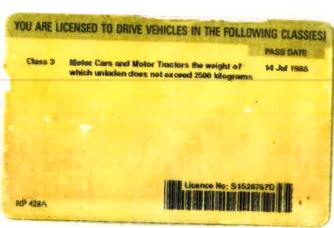
02-03-1962 Country/Place of pirth SINGAPORE















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: 5107910015-05

1. Index mark and Registration Number of Vehicle

: SJR4382H

Chassis Number

: MR053ZEE106147511

Cover : drivo CLASSIC

2. Name of Policyholder

: REES LEE

3... Effective Date of Insurance

: 24 Jun 2024

4. Expiry Date of Insurance

: 23 Jun 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)	£ \$\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	2 YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	r YES
TRANSPORT ALLOWANCE	; NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	REES LEE
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)

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 31 May 2024 14:57 hrs

For INCOME INSURANCE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Dwner ID Type:	Singapore NRIC
Owner ID:	767D
Vehicle Details	7075
√ehicle No.:	SJR4382H
Vehicle to be Exported:	No
ntended Deregistration Date:	07 Dec 2024
√ehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Beige
Manufacturing Year:	2009
Engine No.:	3ZZ4901465
Chassis No.:	MR053ZEE106147511
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,500.00
Original Registration Date:	24 Jun 2009
First Registration Date:	24 Jun 2009
Fransfer Count:	2
Actual ARF Paid:	\$17,500.00
ntended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	*
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	31 May 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$27,886.00
COE Rebate Amount:	\$12,496.00
Total Rebate Amount: Message	\$12,496.00

The information contained herein is correct as at 07 Dec 2024