

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. : SLQ3491P
Our Ref. : LB0724-3686
Date: : 06.08.2024

Accident involving SLA2744B and SLQ3491P on 28.07.2024 at 1200HRS along RIVERVALE CRESCENT

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\$ 5,232.00
2. Loss of Rental (5 Days X \$180 Per Day)	S\$ 900.00
3. Towing	S\$ -
5. LTA Search fee	S\$ 27.25
4. E-File Serach fee	S\$ 31.00
Claim Amount	S\$ <u><u>6,190.25</u></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 [SLA2744B]	<input checked="" type="checkbox"/> E-File Search Fee/ <u>LTA Receipt</u>
<input checked="" type="checkbox"/> GIAS Reports of [SLA2744B]	<input checked="" type="checkbox"/> Vehicle Registration Card
<input checked="" type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Driver's Driving License / Identity Card
<input 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

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	29/07/2024 15:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/07/2024 12:00 (SGT)
Exact Location of Accident	Rivervale Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2744B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FENDY ENTAN
NRIC No	S7774802D
Email Address	FENDYENTAN@YAHOO.COM
Mobile Phone No	(Phone) +65-90185007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es300h
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133752641-01

DRIVER

Name of Driver	FENDY ENTAN
NRIC No	S7774802D
Date Of Birth	23/06/1977
Occupation	Indoor

Driving Pass Date	21/08/2004
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90185007
Alt. Phone Number	-
Email Address	FENDYENTAN@YAHOO.COM
Address	BLK 162B RIVERVALE CRESCENT #17-220
Address complement	-
Postcode	542162
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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)	1
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	-

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 RIVERVALE CRESCENT ON 28/07/2024 AT ABOUT 12PM. I WAS TRAVELLING STRAIGHT WHEN SUDDENLY, VEHICLE B CAME OUT FROM MINOR ROAD AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE. WE ALIGHTED, EXCHANGE PARTICULARS AND LEFT THE SCENE.

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	SLQ3491P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 willful 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:

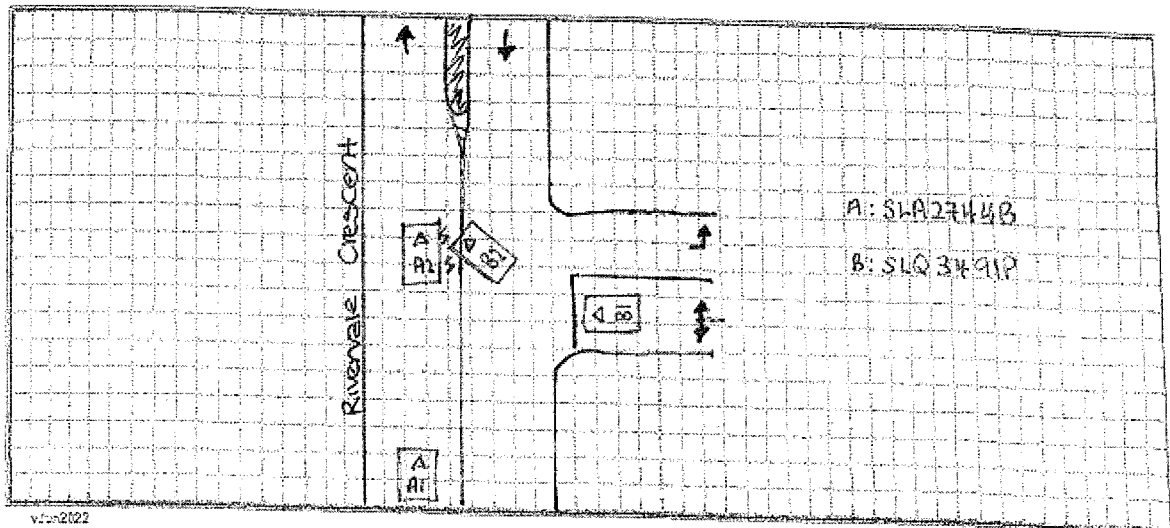
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 envelope/postal 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



Describe Circumstance of the Accident

I was travelling along Rivervale crescent on 28/07/2024
 at about 12.00pm. I was travelling straight when suddenly
 Vehicle B came out from the minor road and 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/CD 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: 5133752641-01

Cover : drivo CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLA2744B |
| Chassis Number | : JTHBW1GG202116822 |
| 2. Name of Policyholder | : FENDY ENTAN |
| 3. Effective Date of Insurance | : 26 Feb 2024 |
| 4. Expiry Date of Insurance | : 25 Feb 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: FENDY ENTAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : KCB AGENCY (00000614904)

Date of Issue : 24 Jan 2024 13:13 hrs

For INCOME INSURANCE LIMITED



Chief Executive

Authorisation Third Party Claim Demand

Date:

To: India International Insurance Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE No.: SLA27H4B And SLQ34917

AT / ALONG Rivervale crescent

ON 28.07.2024

I/We, Fandy Entan of (NRIC No. / ROC No.)

ST774805D of Blk 162B Rivervale crescent #17-220, S' (ST42162)

owner of vehicle no. SLA27H4B in consideration of M/S Lee Brothers Automotive Pte Ltd repairing my/our vehicle SLA27H4B at my/our instruction and hereby authorise M/S Lee Brothers Automotive Pte Ltd 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: NS

Date:

CARZ RENTAL PTE. LTD.

1 Kaki Bukit Avenue 6, #02-47 Autobay,
Singapore 417883
Tel: (65) 6509 5521 Fax: (65) 6509 5523

SLASH HB
Joe brothers.

VEHICLE RENTAL AGREEMENT

ROC NO: 201312119K

RA NO: **4429**

Hirer Particulars -				Veh. No. <u>SHP4830E</u> Replace veh. No.	
Name <u>Fandy Ertan</u>		Make / Model <u>Marc C180</u>		Auto/Manual	
Address <u>Blls 163B Riverdale crescent</u>		Date/Time Out <u>29/7/2004 (12:45hrs)</u>		KM Out	
<u>#17-220, S'K 542162</u>		Date/Time In <u>31/8/2004 (1:30 hrs)</u>		KM In	
NRIC/Passport <u>S7774802D</u>	Mobile	Estimated Date/Time Return			
Tel (O)	Fax	Rental charges -		S\$	S\$
Authorised Driver's Particulars -				Hours	@
Name <u>Fandy Ertan</u>		<u>5</u>	Days	@ <u>\$180/-</u>	Per Hour
Address <u>Blls 163B Riverdale crescent</u>			Weeks	@	Per Week
<u>#17-220, S'K 542162</u>			Months	@	Per Month
NRIC/Passport <u>S7774802D</u>	Nationality	Sub-Total			
Date of Birth <u>22-06-1977</u>	Occupation	Less Discount			
D/Licence No. <u>S7774802D</u>	Mobile	Sub-Total			
Expiry Date <u>31-08-2004</u>	Tel (O)	Optional Charges -			
Country of Issue	Tel (H)	Delivery	@	Per Trip	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Collection	@	Per Trip	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT</p> </div> <div style="text-align: center;"> <p>LEFT</p> </div> <div style="text-align: center;"> <p>RIGHT</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>REAR</p> </div>		Others			
		Sub-Total			
		Add 7% GST			
		(A) Estimated Total Rental			
		Extension -			
Extension Rental		X			
Surcharge (Malaysia)		X			
P.A.I.		X			
		X			
Others -					
Misc :					
Cash/Nets/Cheque/VISA/MC Card No:					
OUT		IN		ACCESSORIES CHECK	
				<input type="checkbox"/> Jack <input type="checkbox"/> STD Tools <input type="checkbox"/> S / Tyre <input type="checkbox"/> Hub Caps <input type="checkbox"/> S / RIM <input type="checkbox"/> Radio / CD	
Physical Damage Excess		Hirer's Acknowledgement		(A) + (B) Grand Total Rental Charges	
Singapore	S\$			Less Prepayment	
Malaysia	S\$			Balance Due	
Young, Elderly & Inexperience driver	S\$				
(Additional)				Deposit	
				Amount	
				Deposit Refunded	
				Remarks:	
				Received by	
IMPORTANT NOTE: 1. Only persons aged 24 and above or below 65 with 2 years or more driving experience, authorized, licensed and signing this agreement may drive the vehicle. 2. In case of accident, the Hirer shall report to rental office immediately. If there is any bodily injury, a police report must be made within 24 hours. 3. Vehicle is strictly for SINGAPORE USE ONLY, and may not be driven out of Singapore without prior consent of Carz Rental Pte. Ltd. 4. Unauthorised drivers, drivers who did not fulfill the above requirement are liable for the full cost & other losses suffered by Carz Rental Pte. Ltd. should the vehicle is damaged or stolen.				The hirer hereby read and understood all terms and conditions stated on this page and overleaf : <div style="display: flex; justify-content: space-between;"> <div> Hirer Signature/Co's Stamp/Date </div> <div> for Carz Rental Pte. Ltd. Authorised Signature/Date </div> </div>	

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 Jul 2024 / 13:26:49

Receipt Date/Time : 29 Jul 2024 / 13:26:49

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240729-001899

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 - SLQ3491P As at 28 Jul 2024/12:00:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLQ3491P Enquiry Fee 20240729132525212279	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				
	20240729132628134	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.



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 - FENDY ENTAN

Invoice Number
GR-2024-005162

Invoice Issue Date
03 Aug 2024

Invoice Due Date
10 Aug 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	30/07/2024,28/07/2024,SLA2744B,SLQ3491P	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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

802D

Vehicle Details

Vehicle No.:

SLA2744B

Vehicle to be Exported:

Yes

Intended Deregistration Date:

21 Jun 2024

Vehicle Make:

TOYOTA

Vehicle Model:

LEXUS ES300H CVT S/R

Primary Colour:

Silver

Manufacturing Year:

2015

Engine No.:

2AR1433193

Chassis No.:

JTHBW1GG202116822

Maximum Power Output:

151.0 kW (202 bhp)

Open Market Value:

\$42,517.00

Original Registration Date:

26 Feb 2016

First Registration Date:

26 Feb 2016

Transfer Count:

1

Actual ARF Paid:

\$46,524.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 Feb 2026

PARF Rebate Amount:

\$25,588.00

Intended COE Rebate Details

COE Expiry Date:

25 Feb 2026

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$46,970.00

COE Rebate Amount:

\$7,884.00

Total Rebate Amount:

\$33,472.00

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 21 Jun 2024

OK