

# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

M/S AXA Insurance Singapore Pte Ltd  
Motor Claim Department  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

Proforma Invoice : 15/PI00657/3711TP  
Date : 29-Apr-2015

Tel No : 6841 2928  
Attn : Kathy Lai

Fax No : 6741 4108

Date of Accident : 24-Oct-2014  
Our Client's Vehicle Number : JLX 8681  
Vehicle Make / Model : Proton Exora  
Our Client / Owner Name : Ku Ai Choo

NO.	DESCRIPTION	AMOUNT ( SGD )
1	Lump Sum Repair Cost	19,000.00 SR
2	LTA Fee	5.00 SR
3	Loss of Use (8 Days @ \$60/day)	480.00 ES
4	Vehicle Entrance Pass	210.00 ES
	----- Last Item -----	
<b>SUB-TOTAL (at this time)</b>		19,695.00
Subject to 7% GST		1,330.35

SGD ( Twenty-One Thousand Twenty-Five And Cents  
Thirty-Five only )

**GRAND TOTAL**  
(at this time)

**SGD 21,025.35**



Authorised Signature and Company Stamp

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20141024/4155

1 of 3

Report No. T/20141024/4155

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2014 20:42			Vide Report No.:		Station Diary No.: 76
<b>Informant's Particulars</b>					
Name of Informant: Thong Teik Choy			Address: 10 Jln Permas 12 Bandar Baru Permas Jaya, JB		
ID Type / ID No.: NEW MALAYSIAN IC / 770717086325			Contact No.: Home/Office: Mobile: 85151188		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 17/07/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Self-Employed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/10/2014 17:00	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Towards Changi Before Adam Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JLX8681	Car				Seriously Damaged	1
SGF3222S	Car				Seriously Damaged	0
SJV6468K	Car				Seriously Damaged	0
SJX5269P	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20141024/4155

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Report No. T/20141024/4155

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	Thong Teik Choy		ID No.	770717086325
Related Vehicle	JLX8681 (Car)		Contact No.	85151188
Hospital/Clinic	NEIGHBOURHOOD CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/10/2014		Date Discharge	24/10/2014
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Slight
<b>Passenger</b>				
Name	Mohd Nuraizuddin		ID No.	840515015087
Related Vehicle	JLX8681 (Car)		Contact No.	91046874
Hospital/Clinic	NEIGHBOURHOOD CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2014		Date Discharge	24/10/2014
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Slight

**Brief Details.**

On the a/m date, time, I Was travelling along the said location on the extreme right lane. While I was driving, vehicle ahead of me (SGF3222S) had slowed down and stop followed by vehicle (SJX5269P) slowing down and stop. I then slowed down and stop my vehicle. After I had stopped my vehicle. I suddenly felt an impact on the rear of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear of SJX5269P. I noticed that vehicle SJV6468K had collided onto the rear of my vehicle

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20141024/4155

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Report No. T/20141024/4155

# CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Nur Ayn Binte Sazali

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SUBALI BIN YAN

Contact No.: 65476219

Signature Of Informant:

THONG TOIK CHOY

Date/Time:

24/10/2014 20:42

Classification Of Case:

Authentication Stamp

NP168

Signature: \_\_\_\_\_

Singapore Police Force

SN 070



**LETTER OF AUTHORISATION**

ACCIDENT INVOLVING (any vehicle) JLx 8681 and SSV 6468K /  
ON 24.10.2014 ALONG Toward Changi Before Adam Road

I, Ku Ai Choo, NRIC No. / Company Reg. No.  
A30111985 of (address) 10 Jln Permas 12 Bandar Baru Permas Jaya, JB

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number  
JLx 8681 hereby authorise your workshop **EM-1 Auto Pte Ltd** (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct **EM-1 Auto Pte Ltd** on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: \_\_\_\_\_

Company Stamp:  
(if applicable)

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Contact No: \_\_\_\_\_

Date: \_\_\_\_\_

Ku Ai Choo

A30111985

85151188

25.10.14

Text size + -



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

JLX 8681

Print Date/Time : 27 Oct 2014 / 16:08:11

Receipt Date/Time : 27 Oct 2014 / 16:08:11

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-141027-000738

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

<b>Amount Before GST (\$\$)</b>	<b>GST Amount (\$\$)</b>	<b>Amount After GST (\$\$)</b>
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As at 24 Oct 2014/17:00:00

INSURANCE CO: AXA INSURANCE SINGAPORE PTE LTD

1 Insurance Enquiry - SJV6468K  
Enquiry Fee  
20141027160655734235

5.00	0.35	5.35
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<b>Sub-Total</b>	5.00	0.35	5.35
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<b>Total Before Rounding</b>	5.00	0.35	5.35
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<b>Rounding Difference</b>			0.00
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<b>Total Amount Payable</b>			5.35
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Paid By

20141027160708598	Direct Debit: eNETS Debit (Internet Banking)	5.35
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Total		5.35
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Cash Change		0.00
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Tendered Amount		5.35
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Excess Refundable Amount		0.00
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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.

LAND TRANSPORT AUTHORITY  
LTA VTL  
PAYMENT RECEIPT  
JLX8681 CAR  
31 Oct 2014, 12:07 PM

Counter No: 1  
Receipt No : NGJENNIGHA014103100034

VEP payable period:  
Fri 24 Oct 2014  
To Fri 31 Oct 2014

VEP fee	S\$ 210.00
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Total paid	S\$ 210.00
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<u>Payment Details</u>	
Cash	S\$ 210.00

Remaining Card Balance  
1111250112442420 S\$ 25.05

Year : 2014  
Remaining Free VEP Days : 0 Days  
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The no. of free VEP days allocated per  
calendar year is tied to the vehicle.  
For more details, please seek  
assistance at our VEP/Toll LTA office.

THANK YOU

VEP: 25/10/14  
31/10/14  
REGISTRATION  
OF  
VEHICLES  
173 1 OCT 2014  
1559  
160053