

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 AIG Asia Pacific Insurance Pte. Ltd.

Motor Claim Department

AIG Building

78 Shenton Way

#07-16

Singapore 079120

Proforma Invoice : 115/PI00884/3762TP

Date : 20-Jul-2015

Attn : VIC ALPEH

Date of Accident : 24-Nov-2014
Our Client's Vehicle Number : SJP 8484G
Vehicle Make / Model : TOYOTA PREMIO
Our Client / Owner Name : LIM SIOK NOI

NO.	DESCRIPTION	AMOUNT (SGD)
1	Lump Sum Repair Cost	18,000.00 SR
2	Loss of Rental (11 days x \$ 120.00)	1,320.00 SR
3	LTA Fee	5.35 ES
	----- Last Item -----	
	SUB-TOTAL (at this time)	19,325.35
	Subject to 7% GST	1,352.40

SGD (Twenty Thousand Six Hundred Seventy-Seven And
Cents Seventy-Five only)

GRAND TOTAL (at this time)	SGD 20,677.75
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Authorised Signature and Company Stamp

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 Authorised 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 ability.
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 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 Report	25/11/2014 09:05
Date Of Accident	24/11/2014 07:05
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8484G
Insured/Policyholder	
Name Of Registered Owner	LIM SIOK NOI
NRIC No	S1585528B
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREMIO
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5055185099-02 (D CLASSIC)
Cover Note Number	-
Driver	
Name of Driver	KONG WEN BIN
NRIC No	S9139687D
Date Of Birth	22/10/1991
Occupation	Indoor
Date Of Driving Pass	26/10/2010
Driving Experience	4 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-94575810
Fax Number	
Contact Number	Others-90035259
Email Address	NOEMAIL
Address	BL K 634 YISHUN ST 61 #10-58 S(760634)
Postcode	
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Parent
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

DATE: 24/11/2014 TIME: 0705 HRS LOCATION: ALONG CTE TOWARDS CITY -REFER TO ATTACH SKETCH PLAN- *ATTN BY SHIKIN*

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU6500E
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGT5543D
Vehicle Make/Model/Colour	
Details Of Properties	VEH C
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Police for investigation.
6. The 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.
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.

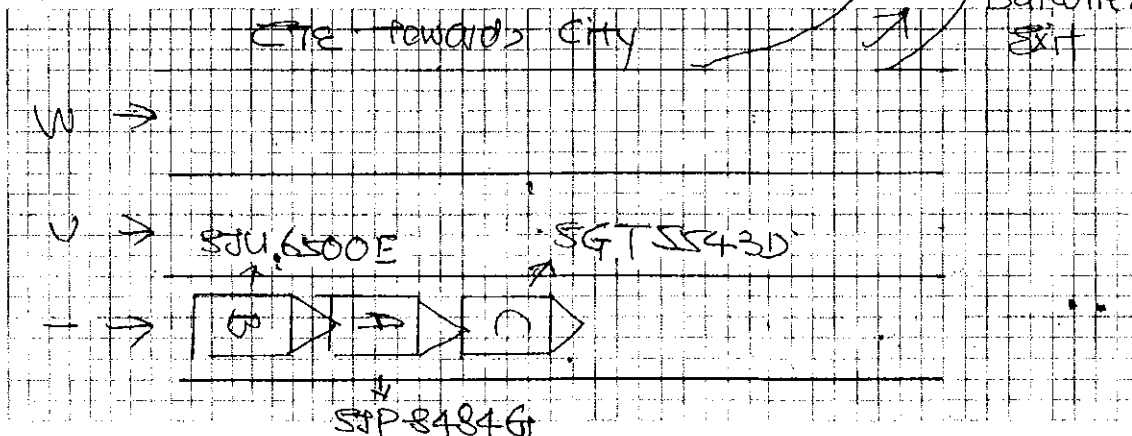
4 NOV 2014

25 NOV 2014
CENTRE
WITNESSED BY REPORTING PERSONNEL

Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstances of the Accident

I was travelling along CTE towards City before
 Balestier
 Exit on lane 1. Due to the heavy traffic,

I slow down to stop (stationary).

Suddenly, Vehicle B hit onto my rear portion.

and due to the strong impact my vehicle
 move forward and hit onto vehicle C.

Declaration

We declare the foregoing particulars are true in every respect.

24 NOV 2014

Policyholder's Signature / Date &
 Time

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

25 NOV 2014

Witnessed by
 Personnel



Text size + -



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

SIP 8484G

Print Date/Time : 24 Nov 2014 / 09:58:28

Receipt Date/Time : 24 Nov 2014 / 09:58:28

Tax Invoice/Receipt

Receipt No. : ITNET-00000-141124-000212

Previous Receipt No. :

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

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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As at 24 Nov 2014/07:05:00

INSURANCE CO: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SJU6500E
Enquiry Fee
20141124095646382155

5.00	0.35	5.35
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Sub-Total	5.00	0.35	5.35
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Total Before Rounding	5.00	0.35	5.35
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Rounding Difference			0.00
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Total Amount Payable			5.35
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Paid By

20141124095701556	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.

To : EM-1 Auto Pte Ltd
 Blk 8, #01-68 Sin Ming Rd
 Sin Ming Industrial Estate Sector C
 Singapore 575643

A/c : Lim Siok Noi
 SJP8484G
 S1585528B

Date : 12/12/2014
 Tax Invoice No : S1964/14
 Contract No : -
 Rental Agreement No : ST/18168
 Contract Period : 24/11/14 - 05/12/14
 Payment Terms : CASH
 Payment Period : 24/11/14 - 05/12/14
 Payment Due Date : 12/12/2014


Vehicle No.	Driver	Model	Item	Amount
SKB6570R	Kong Wen Bin	Mit.Lancer	Rental Charges 11 days @ \$120 per day	\$ 1,320.00

Total : \$ 1,320.00
 GST 7% : \$ 92.40
 Amount Payable : \$ **1,412.40**

Billing Enquires

Contact : Joleen Tan
 Tel. No. : 6743 6266
 Fax No. : 6746 8420

for Fulco Leasing Pte Ltd



Authorized Signature

Cheques should be crossed and made payable to "Fulco Leasing Pte Ltd"

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Please detach and return with
your remittance to :

Fulco Leasing Pte Ltd
 22 Ubi Road 4, Fulco Building
 Singapore 408617

Invoice No : S1964/14
 Vehicle No : SKB6570R
 Due date : 12/12/2014

Amount Payable : \$ 1,412.40

Cash/Cheque : _____

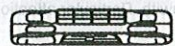



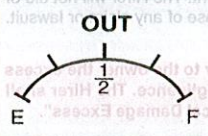
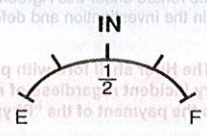
SJP 8484G.

Toyota Premio.

22 Ubi Road 4, Fulco Building Spore 408617
Tel: (65) 6743 6266 Fax: (65) 6746 8420

EMI

RENTAL AGREEMENT No. ST/18168

Hirer Particulars -		Veh. No. SKB 6570R		Replace Veh. No.	
Name	LIM SIOK NOI.	Make / Model	Mit. Lancer	Auto/Manual	
Address		Date/Time Out	24/11/2014	0920hrs.	KM Out
		Date/Time In	05/12/2014	1400hrs.	KM In
NRIC/Passport	S1585528B.	Estimated Date/Time Return			
Employer		Rental Charges -		S\$	S\$
Authorised Driver's Particulars -		Hours	@	Per Hour	
Name	KONG WEN BIN	Days	@	Per Day	1320
Address	BLK 634 YISHUN STREET 61 #10-58	Weeks	@	Per Week	
	(S1760634)	Months	@	Per Month	
NRIC/Passport	S9139687D.	Optional Charges -			
Date of Birth	22-10-1991	Delivery	@	Per Trip	
D/Licence No.	S9139687D.	Collection	@	Per Trip	
Expiry Date		M'sia Surcharge	@	Per Day	
Tel (Res)		PAI	@	Per Day	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Others			
FRONT		Sub-Total			
		Add 7% GST			
LEFT		(A) Estimated Total Rental			
		92.40			
RIGHT		1412.40			
		Extension -			
REAR		Extension Rental			
		M'sia Surcharge			
OUT		Others -			
		Sub-Total			
IN		Add 7% GST			
		(B) Extension/others Total			
ACCESSORIES CHECK		(A) + (B) Grand Total Rental Charges			
<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		Less Prepayment			
Physical Damage Excess		Balance Due			
Singapore - Own Damage	S\$2,000.00	Mode of Payment :			
Singapore - 3rd Party Damage	S\$2,000.00	Cash/Nets/Cheque/VISA/MC Card No:			
Malaysia (if applicable)	S\$8,000.00	Deposit			
For Driver aged below 24 or above 65 or Less than 2 yrs driving experience regardless of age.	S\$3,000.00 (Additional)	Amount			
		Remarks:			
IMPORTANT NOTE:		Received by			
1. Only drivers registered with FULCO Leasing Pte Ltd (the Owner) are authorised to drive the Vehicle. Should the Vehicle is damaged or stolen while being driven by unauthorised drivers, the Hirer is liable for the full cost of repair or the value of the Vehicle if the Vehicle is being stolen & other losses suffered by the Owner. 2. The Hirer shall not permit the Vehicle to be used for purposes which conflict with the Law in connection with theft, drug pedaling or trafficking, smuggling or any other criminal action. Should the Vehicle is confiscated by the Government under such circumstances, the Hirer shall indemnify the Owner the value of the Vehicle plus all cost and expenses incurred.		The hirer hereby read and understood all terms and conditions stated on this page and overleaf :			
		for Fulco Leasing Pte Ltd			
		Hirer Signature/Co's Stamp/Date			
		Authorised Signature/Date			

LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SJP8484G and SJU6500E /
ON 24-11-14 ALONG CTE towards City
I, Lim Siok Noi, NRIC No. / Company Reg. No.
S1585528B of (address) BLK 634 Yishun St 61 #10-58
Postal Code 760634, the registered owner (or authorised agent) of motor vehicle registration number
SJP8484G 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, further authorize that the monies to be made payable to EM-1 Auto Pte Ltd.

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:

Lim Siok Noi

S1585528B

90035259