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

Proforma Invoice

Date

M/S AIG Asia Pacific Insurance Pte. Ltd.

Motor Claim Department

AIG Building 78 Shenton Way

#07-16

Singapore 079120

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

(at this time)

GRAND TOTAL

SGD

20,677.75

: 115/PI00884/3762TP

: 20-Jul-2015

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

Authorised Signature and Company Stamp

MVA214137485 / VAC - Sin Ming ENTRY DATE & TIME: 25/11/2014 09:05

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	ТОҮОТА	

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?

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

NRIC No

S9139687D

Date Of Birth

Occupation

Date Of Driving Pass

KONG WEN BIN

S9139687D

101991

102/10/1991

104007

105/10/2010

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

Vehicle Registration Number of Driver's Own

Vehicle

Parent -

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

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

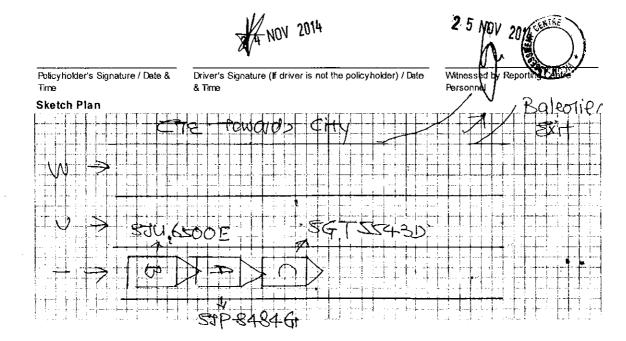
SKETCH PLAN

IMPORTANT NOTICE

- 1. Flease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 GA 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
I was travelling along CTE towards City before
Parlacetra
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- I slow down to stop (stationary).
2 3 10 3 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10
Sulda la Mala la
Suddenly, Vehide B hit onto my rear portion.
and due to the strong impact my vehicle
move forward and hit into wehide C.
move forward and not prife continue C.
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Declaration

We declare the foregoing particulars are true in every respect, 2014

Policyholder's Signature / Date &

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

Page 5 of 14

Text size + -

Land Transport Authority

SIP 8484G

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

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 (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at 24 Nov 2014/07:05:00 INSURANCE CO: AIG ASIA PACIFIC INSURANCE	E PTE. LTD.			
1 Insurance Enquiry - SJU6500E Enquiry Fee 20141124095646382155		5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	20141124095701556	Direct Debit: el Debit (Internet		5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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 12/12/2014

Tax Invoice No S1964/14

Blk 8, #01-68 Sin Ming Rd Contract No Sin Ming Industrial Estate Sector C Rental Agreement No ST/18168

Singapore 575643 Contract Period : 24/11/14 - 05/12/14 Payment Terms

CASH Payment Period : 24/11/14 - 05/12/14

A/c: Lim Siok Noi Payment Due Date 12/12/2014

SJP8484G S1585528B

EM-1 Auto Pte Ltd

Vehicle No.	Driver	Model	Item	Amount
SKB6570R	Kong Wen Bin	Mit.Lancer	Rental Charges	\$ 1,320.00

Total: \$ 1,320.00 GST 7%: \$ 92.40

Amount Payable: \$ 1,412.40

Billing Enquires

Fax No.

To:

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

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

for Fulco Leasing Pte Ltd

Authorized Signature

>>>>> <<<<<

Please detach and return with Invoice No S1964/14 your remittance to: Vehicle No **SKB6570R**

Due date 12/12/2014 Fulco Leasing Pte Ltd

22 Ubi Road 4, Fulco Building Amount Payable 1,412.40 Singapore 408617

Cash/Cheque

Office: 22 Ubi Road 4, Fulco Building S'pore 408617. Tel: (65) 6743 6266 Fax: (65) 6746 0033

Website: www.fulcoleasing.com.sg Email: admin@fulcoleasing.com.sg Co. Reg. No: 201021308G GST Reg. No: 201021308G



SJP 8484G.

Toyota Premio.

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

ns hereinstler the Motor Vehicle described in the Schedule here to (here LM3 illed "the

RENTAL AGREEMENT No.ST/18168

Hirer Particulars Unidence palance to the Vehicle is without any visible delects and in perfect particulars.					Veh. No. SKB 6570R Replace Veh. No.						
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LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) \$78484	6 and SJV65	500 E ,				
ACCIDENT INVOLVING (any vehicle) SJP84846 and SJV6500 E, ON 34-11-14 ALONG CTE towards City						
I, Lim Stok Noi S1585528B of (address) BLK 634	Yîshun S	, NRIC No. / Company 計 61 却10-58				
Postal Code 760634, the registered owner (or SJP8484G hereby authorise your workshop EM-1	authorised agent) of Auto Pte Ltd (Cor	f motor vehicle registration	number 316380R)			
Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore						
 Begin or commence repairs to my/our motor vehicle; Start or initiate third party claims for damages incurred by a syou deem fit. To instruct EM-1 Auto Pte Ltd on my/our behalf to ne as you deem fit. To appoint vehicle surveyor on my/our behalf to determine To act on my/our behalf for any documents mailed to EM-claim of my vehicle, if I am not contactable. 	gotiate a settlement v	vith the third party and/ or his epair and period of repair.	s insurers			
I am prepared to attend at my/our solicitors' office or to attend of give my full co-operation and support for the claim for cost of correspondences and/or summons that I may receive due to the due to this claim.	repair and loss of us	e and shall keep you informe	ed of any			
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:						
 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. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair. 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:	Name:	Lim Siok N S1585528B	Joî			
Company Stamp: (if applicable)	NRIC No:	0 17 877 78 8	12 = - 			
	Contact No: Date:	90035259				