

# 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 JOSEPH AARON BARNITUS

Proforma Invoice : 18/PI00301/4639TP

Date : 29-Aug-2018

AXA Insurance Singapore Pte Ltd

Motor Claim Department

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

**Without Prejudice**

Date of Accident : 24-Jun-2016  
Our Client's Vehicle Number : SJG 7191E  
Vehicle Make / Model : HONDA STREAM  
Your Insurer : SHF 665E

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Mr Ma)	7,050.00	493.50	7,543.50 SR
LTA Fee	5.00	0.35	5.35 SR
Loss of (Rental/Use) ( 8 days x \$ 120)	960.00		960.00 ES

SGD ( Eight Thousand Five Hundred Eight And Cents  
Eighty-Five only )

**GRAND TOTAL**

**8,508.85**

Subject to 7% GST

493.85



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	24/06/2016 09:38
Date Of Accident	24/06/2016 08:05
Exact Location Of Accident	YISHUN AVE 1 TOWARDS LENTOR AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7191E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPH AARON BARNITUS
NRIC No	S1730597B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98164521
Alternative Phone No	Office-98164521

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM

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	5030098906-07 (DRIVO CLASSIC)
Cover Note Number	

### Driver

Name of Driver	JOSEPH AARON BARNITUS
NRIC No	S1730597B
Date Of Birth	21/05/1965
Occupation	Indoor
Date Of Driving Pass	15/09/1984
Driving Experience	31 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-98164521
Fax Number	
Contact Number	Office-98164521
Email Address	NOEMAIL

Address	BLK 937 #04-137 TAMPINES AVENUE 5
Postcode	520937
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Raining
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
Number of Passengers (Including Driver)	1

#### 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

ACCIDENT HAPPENED ON 24TH JUNE 2016 AT ABOUT 08:05 HOURS. PLEASE REFER TO STATEMENT ATTACHED.  
(ATTENDED BY CHRISTINA)

Are accident photos available for attachment?	Yes
---	-----

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF665E
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Name of Driver	NAH HUCK LIAN @ MUHAMMAD LIAN
NRIC/Passport Number	S1588240I
Contact Number	81578628
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



**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 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 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. 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.

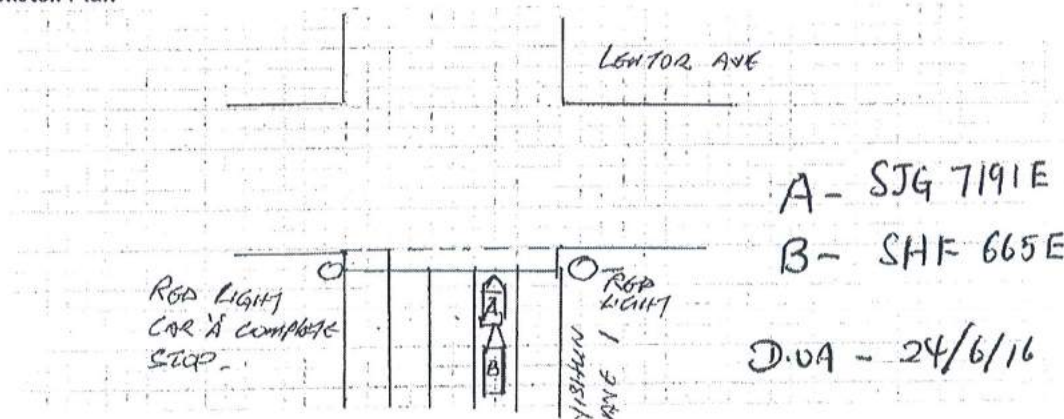
(collectively the "Purposes")

(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.

<p>24 JUN 2016</p> <p></p> <p>_____ Policyholder's Signature / Date &amp; Time</p>	<p>24 JUN 2016</p> <p></p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p></p> <p>_____ Witnessed by Reporting Centre Personnel</p>
---	---	---

**Sketch Plan**



## Describe Circumstances of the Accident

ON 24 JUNE 2016 AT 0805 AM I WAS AT THE TRAFFIC LIGHT BOX JUNCTION OF YISHAN AVE 1 AND LENTOR AVE. I WAS ON THE SECOND TURN LANE HEADING TOWARDS THE CTR ON LENTOR AVE 1

MY CAR WAS AT A COMPLETE STOP ON THE SECOND TURN LANE OF THE TRAFFIC LIGHTS <sup>AS THE LIGHT WAS RED</sup> I LOOKED AT MY REAR VIEW MIRROR AND SAW A RED TAXI APPROACHING MY CAR FROM BEHIND. MINUTES LATER THE TAXI STRUCK MY CAR FROM BEHIND VERY HARD AND IT PUSHED MY CAR BEYOND THE PEDESTRIAN CROSSING LINE.

WHEN I CAME OUT OF MY CAR STILL IN THE TAXI DRIVER TAXI NO. SHF665E MR NAY HUCK LAM NRIC N13R S15882401 ALSO CAME OUT AND STARTED APOLOGISING TO ME AND SAID HE WAS VERY SORRY BUT HE TRIED TO STOP. HE SAID THE ROAD WAS SLIPPERY AND HE COULD NOT STOP IN TIME. HE SAID HE WAS WOUND AND WOULD MAKE FULL PAYMENT FOR ALL MY CAR DAMAGE. AS HE HAD PASSENGERS IN HIS TAXI HE ASKED IF HE COULD GO AFTER WE EXCHANGED ALL OUR DETAILS. SO WE TOOK PICTURES OF THE CAR AND TAXI DAMAGE AND PERSONAL DETAILS. THEN WE DROVE OFF.

## Declaration

We declare the foregoing particulars are true in every respect.

24 JUN 2016

24 JUN 2016



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





WIN WIN RENT-A-CAR PTE LTD

SJG 7191E

## Invoice

SJG7191E  
JOSEPH AARON BARNITUS  
BLK 937 TAMPINES AVE 5  
#04-137  
S(520937)

Invoice No : WPLIN0000334  
Invoice Date : 2/7/2016  
Due Date : 2/7/2016  
VHA No : 0631  
Referral ID : E003

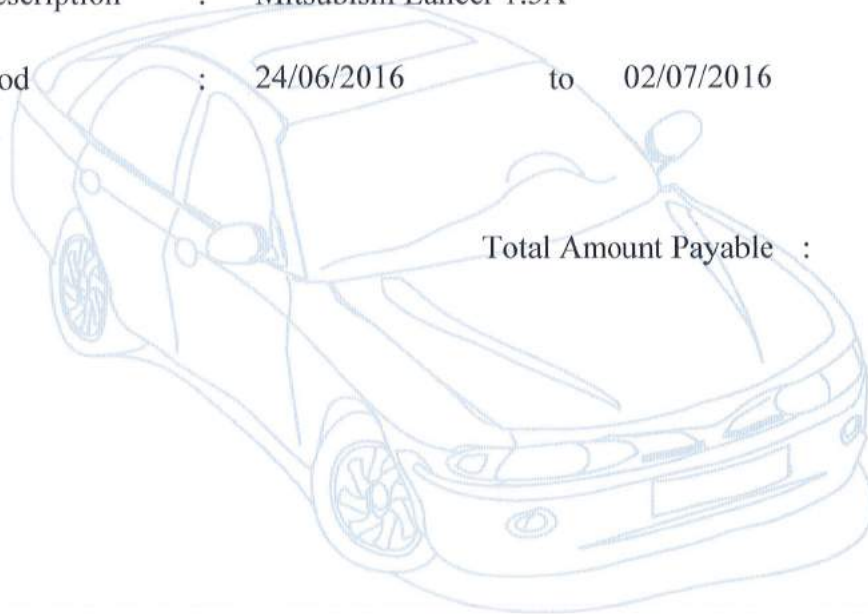
Description :	Amount
Rental for 8 Day/s @ \$120 per Day	\$960

Vehicle No : SJG2164S

Vehicle Description : Mitsubishi Lancer 1.5A

Rental Period : 24/06/2016 to 02/07/2016

Total Amount Payable : \$960





# WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875

Tel: 6315 8479 H/P: 9833 0807

SJG7191E

VHA No: 0631

WPLIN334

UEN: 201505115E

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULAR

Name: (as in I/C) Joseph Aaron Barnitus

NRIC/PASSPORT No: S1730597B

Address (Res) 81K 937 Tampines Ave 5

#04-137 Singapore 520937

Name & Address of Employer

Occupation: Driving Exp:

Driving Licence No: S1730597B D/L Type: Local / International

Issue Date: 15/9/84 Date of Birth: 21/5/65

Tel: (O) (R) HP/PG 98164521

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC/PASSPORT No:

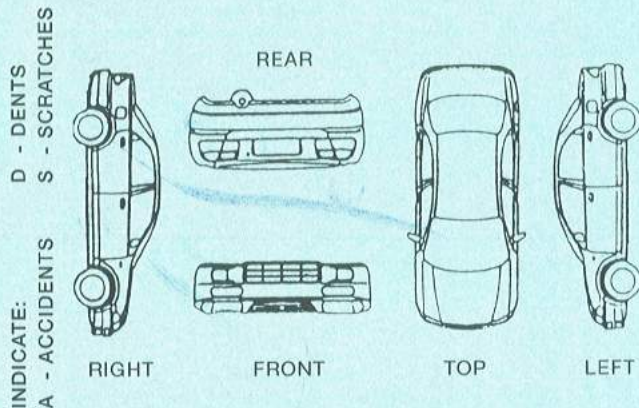
Address (Res):

Driving License No: D/L Type: Local / International

Issue Date: Date of Birth:

Occupation: Driving Exp:

### VEHICLE CHECK LIST



### ACCESSORIES CHECK

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ashtray    | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre     |
| <input type="checkbox"/> STD Tools  | <input type="checkbox"/> Jack        | <input type="checkbox"/> Hub Caps   |
| <input type="checkbox"/> Radio/Cass | <input type="checkbox"/> CD          | <input type="checkbox"/> Cartridges |

Vehicle No: SJG21645 Replace Veh No:

Mileage Out: 128188 Mileage Out:

Make & Model: MIT LANCOR EX Auto / Manual Group:

Out : Date 24/6/16 Time: 1055

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$2000/r

### CHARGES

Daily 8 @\$ 120 per day #960 -

Weekly @\$ per week

Monthly @\$ per month

Hours @\$ per hour

Others @\$

CDW @\$ per day/month

PAI @\$ per day/month

Delivery/Collection Service

SUB-TOTAL \$

### PETROL LEVEL

Out E 1/4 1/2 3/4 F

In E 1/4 1/2 3/4 F

EXTENSION

Misc.

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

### \*IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
2/7	1340				





SJ67191E

Text size + -



Land Transport Authority  
 10 Sin Ming Drive  
 Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jun 2016 / 11:03:34

Receipt Date/Time : 24 Jun 2016 / 11:03:34

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-160624-000546

Previous Receipt No. :

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

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
--------------------------------	-------------------------	-------------------------------

Result of Insurance Enquiry - SHF665E  
 As at 24 Jun 2016/08:05:00  
 Insurance Co: FIRST CAPITAL INS LTD

1 Insurance Enquiry - SHF665E  
 Enquiry Fee  
 20160624110017807592

5.00	0.35	5.35
------	------	------

<b>Sub-Total</b>	5.00	0.35	5.35
------------------	------	------	------

<b>Total Before Rounding</b>	5.00	0.35	5.35
------------------------------	------	------	------

<b>Rounding Difference</b>			0.00
----------------------------	--	--	------

<b>Total Amount Payable</b>			5.35
-----------------------------	--	--	------

Paid By

20160624110040935	Direct Debit: eNETS Debit (Internet Banking)	5.35
-------------------	---	------

<b>Total</b>			5.35
--------------	--	--	------

<b>Cash Change</b>			0.00
--------------------	--	--	------

<b>Tendered Amount</b>			5.35
------------------------	--	--	------

<b>Excess Refundable Amount</b>			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.



**LETTER OF AUTHORISATION**

ACCIDENT INVOLVING (any vehicle) SJ67191E and SJF665E,  
ON 24/6/16 ALONG Yishun Ave 1 twds Kentor Ave

I, Joseph Aaron Banitus, NRIC No. / Company Reg. No.  
S1730597B of (address) \_\_\_\_\_

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number  
SJ67191E 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: Joseph Aaron Banitus  
NRIC No: S1730597B  
Contact No: 9816 4521  
Date: 24/6/16