

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 LEE CHAI HONG

Proforma Invoice : 18/PI00210/5149TP

Date : 12-Jul-2018

China Taiping Insurance (Singapore) Pte Ltd

Motor Claim Department

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Without Prejudice

Tel : 6389 6111

Fax No : 6222 1033

Date of Accident : 30-Nov-2017
Our Client's Vehicle Number : SJE 8498A
Vehicle Make/ Model : TOYOTA AXIO
Your Insurer : SJJ 9407E

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Mr Ma)	5,400.00	378.00	5,778.00 SR
LTA Fee	5.00	0.35	5.35 SR
Loss of (Rental/Use) (6 days x \$ 120)	720.00		720.00 ES

SGD (Six Thousand Five Hundred Three And Cents
Thirty-Five only)

GRAND TOTAL

6,503.35

Subject to 7% GST

378.35



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	01/12/2017 15:44
Date Of Accident	30/11/2017 07:40
Exact Location Of Accident	AMK AVE 5 SLIP ROAD TO (CTE CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8498A
Insured/Policyholder	
Name Of Registered Owner	LEE CHAI HONG
NRIC No	S7677936H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93392667
Alternative Phone No	OTHERS-93392667

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28732753QMX (COMP)
Cover Note Number	

Driver

Name of Driver	LEE CHAI HONG
NRIC No	S7677936H
Date Of Birth	10/10/1976
Occupation	INDOOR
Date Of Driving Pass	19/10/2009
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93392667
Fax Number	
Contact Number	OTHERS-93392667
Email Address	NOEMAIL

Address	BLK 320C ANCHORVALE DRIVE #13-126
Postcode	543320
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
Weather Conditions	CLEAR
Road Surface	DRY

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ9407E
Vehicle Make/Model/Colour	
Details Of Properties	
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	


SKETCH PLAN


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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: _____

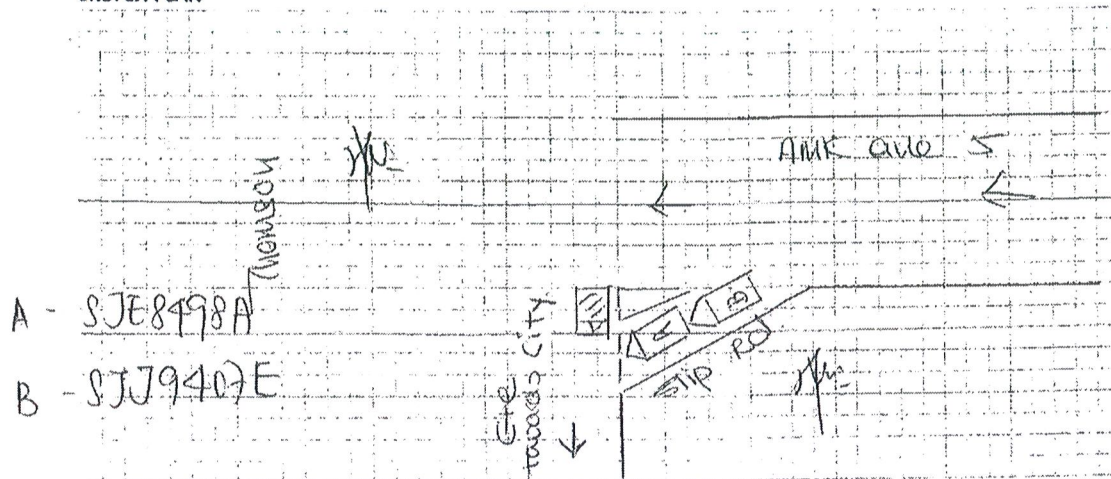

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____

01 DEC 2017

IDAC SIN MING (VAC)
 385 Sin Ming Drive
 Singapore 575718
 Tel: 64553588 (ARC), 64526621
 Fax: 64526621

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Amk Ave S towards Thomson
 Slip Road into CTE (City) on single lane. My
 vehicle stopped (stationary) give way to oncoming
 vehicle. Suddenly vehicle B hit my vehicle rear
 portion. Jhu

DECLARATION

I/We declare the foregoing particulars are true in every respect. 01 DEC 2017 Jhu

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

IDAC SIN MING (VAC)
 385 Sin Ming Drive
 Singapore 575718
 Tel: 64555358(ARC), 66975243
 Fax: 64526621



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Nov 2017 / 14:03:48

Receipt Date/Time : 30 Nov 2017 / 14:03:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171130-001399

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJJ9407E

As at 30 Nov 2017/07:40:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SJJ9407E

Enquiry Fee

20171130140227075856

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

20171130140253799	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.

Print Receipt	OK	Save as PDF
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LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SJE8498A and SJJ9407E /
ON 30/11/17 ALONG AMK Ave 5 Slip Rd to TE (City)

I, Lee Chai Hong, NRIC No. / Company Reg. No.
S7677936H of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
201316380K hereby authorise your workshop EM-1 Auto P/L (Company/GST REG.No. :
SJE8498A) 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 P/L 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 P/L 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 P/L, and should I get approval from EM-1 Auto P/L to bank in the said cheques, I agree to pay EM-1 Auto P/L 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 P/L 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 P/L or the Repairer.

Signature: [Signature]

Company Stamp:
(if applicable)

Name:

NRIC No:

Contact No:

Date:

Lee Chai Hong

S7677936H