

25 OCT 2018



Our Ref. No. : VFIX-TP20180513

**MOTOR CLAIMS DEPT  
CHINA TAIPING INS (S'PORE) PTE LTD**

3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

**Vfix Auto Service Pte Ltd**  
60 Kaki Bukit Ave 6 Ark@KB  
Singapore 417892  
Email: [contact@vfixauto.com.sg](mailto:contact@vfixauto.com.sg)  
Tel: 64552957 Fax: 64452368  
UEN/GST Reg No. : 201602964H

**WITHOUT PREJUDICE**

Dear Sir / Madam

**PROPERTY CLAIM ONLY**

**ACCIDENT INVOLVING SKC3845M AND YN9474L ON 11 AUG 2018  
ALONG TOA PAYOH TOWARDS PIE (CHANGI)**

We refer to the above-mentioned accident.

We are writing on behalf of **M/S BRIGADE CLEANING & SUPPLIES SERVICES PTE LTD**  
the registered owner of motor vehicle number SKC3845M which was involved in the above accident.

We are instructed that the above accident was caused by the negligence and management of your insured's vehicle number **YN9474L**. As a result of the above accident, our client's vehicle was damaged and our client's has been put to loss and expense, particulars of which are as follows :-

1	Cost of Repair	:S\$	7,008.50
2	Rental Fees ( 5 days X \$ 150.00 )	:S\$	750.00
3	GIA Fees	:S\$	2.00
<b>TOTAL AMOUNTS</b>		<b>:S\$</b>	<b>7,760.50</b>

We enclosed a list of the supporting documents :-

- (a) Original Final Repair Bill
- (b) GIA Tax Invoice
- (c) GIA / Police Report lodged by Our Client
- (d) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

**Any settlement reached is strictly without prejudice to and shall not affect any other claims arising from this accident. Settlement is solely for the items claimed only.**

Yours Faithfully,  
VFIX AUTO SERVICE PTE LTD


Ken Tan



**Vfix Auto Service Pte Ltd**  
60 Kaki Bukit Ave 6 Ark@KB  
Singapore 417892  
Email: [contact@vfixauto.com.sg](mailto:contact@vfixauto.com.sg)  
Tel: 64552957 Fax: 64452368  
UEN/GST Reg No. : 201602964H

**CHINA TAIPING INS (S'PORE) PTE LTD**  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

**FINAL REPAIR BILL**

DATE : 25/10/2018  
VEHICLE NO : SKC3845M  
MAKE/MODEL : VOLVO XC60  
ACC DATE : 11/08/2018  
CLAIM NO : VFIX-TP20180513  
POLICY NO :

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AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	6,550.00
7% GST	458.50
Total	<u><u>7,008.50</u></u>

SINGAPORE DOLLARS : SEVEN THOUSAND EIGHT &  
CENTS FIFTY ONLY

VFIX AUTO SERVICE PTE LTD



Ken Tan

# VFIX LEASING PTE LTD

60 Kaki Bukit Ave 6 Ark @ KB.  
Singapore 417892  
CO. Registration No. : 201602295R  
Tel: +65 6455 2957 Fax: +65 6445 2368  
E-mail: contact@vfixauto.com.sg



## TAX INVOICE

Co. Name : VFIX AUTO SERVICE PTE LTD  
Address : 60 KAKI BUKIT AVE 6 ARK@KB  
SINGAPORE 417892

Account No. : 300-V001  
Invoice No. : **VFIX-20180045**  
Date : 28/08/2018  
Due Date : 27/09/2018  
Terms : Net 30 days  
Page : 1 of 1

Attn :  
Tel : FAX :

VEHICLE NO. : SGD9440A MODEL : FORD

Item	Description	Tax Code	Qty	U/ Price S\$	Total S\$
1.	RENTAL OF VEHICLE SGD9440A PERIOD : 20/08/2018 TO 25/08/2018 (5 DAYS) VEHICLE NO. : SGD9440A MAKE / MODEL : FORD / FOC1.6 COMWGN RENTAL AGREEMENT NO. : 00275		5	150.00	750.00

SUB TOTAL	750.00
GST TOTAL %	0.00
TOTAL WITH GST	750.00

- Payment can be made by Cash, Cheque, Credit Card, Nets, GIRO or bank Transfer.
- Cheque should make crossed "A/C PAYEE" to **VFIX LEASING PTE LTD** Bank Tranfer or GIRO, please make your payment to:  
Account Name : VFIX LEASING PTE LTD  
Bank Name : DBS  
Bank Account No : 003-940722-0
- Credit Card Instalment is available upon request. Only available for DBS Credit Card Holder.
- Please quote the invoice No. when making payment.
- Any errors or discrepancies on this invoice discovered should be made known to us within 7 days from the date of invoice.

MEI

Prepare By

Verified By

Approved By



# Vfix Leasing Pte Ltd

28 Sin Ming Lane  
#07-147 Midview City  
Singapore 573972  
vfixauto@gmail.com

## VEHICLE RENTAL AGREEMENT

No. 00275

<b>HIRER'S PARTICULAR</b>		Vehi No : <u>SKC2845M</u>		Replace Veh No : <u>SKD944DA</u>	
Name : (as in I/C) <u>Ho Keng Guan</u>		Mileage Out : _____		Mileage Out : _____	
NRIC / PASSPORT No : <u>S7810801M</u>		Make & Model		Make & Model	
Address (Res) : <u>B1K 647 PACT RT3 DRIVE 10</u>		Auto / Manual		Auto / Manual	
<u>#07-4215) 510647</u>		OUT : Date <u>20.8.18</u>		OUT : Date	
Name & Address of Employer : _____		OUT : Time <u>1930</u>		OUT : Time	
Occupation : _____ Driving Exp : _____		<b>RENTAL CHARGES</b>			
D/L No : _____ D/L Type : Local/International		Daily <u>5</u> @ \$ <u>150.00</u> <u>750</u> <u>00</u>			
Pass Date : _____ Date of Birth : _____		Weekly @ \$ _____			
Tel : (O) _____ (R) _____ HP/PG : <u>97578104</u>		Monthly @ \$ _____			
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Hours @ \$ _____			
Name : (as in I/C) _____		Others @ \$ _____			
NRIC / PASSPORT No : _____		CDW @ \$ _____			
D/L NO : _____ D/L Type : Local/International		PAI @ \$ _____			
Address (Res) : _____		Delivery Service			
Tel/Hp : _____		<b>SUB-TOTAL \$</b> <u>750</u> <u>00</u>			
Refundable Deposit : _____		<div style="display: flex; justify-content: space-around;"> <div> <p>OUT</p> </div> <div> <p>IN</p> </div> </div>			
Cash/Nets/Cheque/VISA/MC Cards No : _____		EXTENSION			
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Collection Service			
<div style="display: flex; justify-content: space-around;"> <div> <p>FRONT</p> </div> <div> <p>LEFT</p> </div> <div> <p>RIGHT</p> </div> </div>		Misc.			
<div style="display: flex; justify-content: space-around;"> <div> <p>REAR</p> </div> </div>		<b>ESTIMATED TOTAL RENTAL \$</b>			
<b>ACCESSORIES CHECK</b>		Sales Person Code : _____			
<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/Cartridges <input type="checkbox"/> S / RIM		Hirer is responsible for the first \$ <u>2000</u> excess for collision / damage to first party. (i.e.) VFIX LEASING PTE LTD Vehicle (including windscreed) and also first \$ <u>2000</u> excess for collision / damage to third party's vehicle for each and every accident / damage.			
		Hirer's Signature _____			
		Addition Driver's Signature _____			

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

### \* IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY VFIX LEASING PTE LTD
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER:
  - shall report all accidents involving the said vehicle to the Owner immediately;
  - shall take immediate steps to complete and sign Form MAR1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the owner);
  - shall report to the police within 24 hours from the occurrence, the following types of accidents:
    - injury case;
    - non-injury case involving a Government vehicle, or damage to Government property;
    - non-injury case involving a foreign vehicle (to obtain their motor insurance policy. (Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
    - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE -THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEMMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO VFIX LEASING 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	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
<u>2/8/18</u>	<u>10:15pm</u>					

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-123659

Date of Request: 13/08/2018

Your Ref No:

Online Purchase

Vfix Auto Service Pte Ltd  
60 Kaki Bukit Ave 6  
ARK@KB  
Singapore 417892

Dear Sir/Madam,

Enquiry Date 13/08/2018  
Enquiry By Kelvin Poh Leong Hock  
TP Vehicle No. YN9474L  
Accident Date 11/08/2018

TP 513

SKC 3845 M

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN9474L	China Taiping Insurance (Singapore) Pte. Ltd.	06/10/2017-05/10/2018	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-123659

Date of Request: 13/08/2018

Your Ref No:

Online Purchase

Vfix Auto Service Pte Ltd  
60 Kaki Bukit Ave 6  
ARK@KB  
Singapore 417892

TP 513

SKC 3845 M

Dear Sir/Madam,

Enquiry Date 13/08/2018  
Enquiry By Kelvin Poh Leong Hock  
TP Vehicle No. YN9474L  
Accident Date 11/08/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## 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 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	13/08/2018 16:29
Date Of Accident	11/08/2018 13:10
Exact Location Of Accident	TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3845M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KENG GUAN
NRIC No	S7310801B
Email Address	HOBAND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97578104
Alternative Phone No	OFFICE-97578104

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA056666
Cover Note Number	

### Driver

Name of Driver	HO KENG GUAN
NRIC No	S7310801B
Date Of Birth	28/03/1973
Occupation	INDOOR
Date Of Driving Pass	12/02/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97578104
Fax Number	
Contact Number	OFFICE-97578104
EEmail Address	HOBAND@GMAIL.COM

Address	BLK 647 PASIR RIS DR 10 #09-42
Postcode	510647
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE

#### 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

ON 11/08/2018 AT ABOUT 1.10PM, MY CAR STOPPED AT TOA PAYOH LOR 2 TO GIVE WAY TO THE VEHICLE ON MY RIGHT. SUDDENLY, VEHICLE B HIT ONTO MY REAR. DUE TO THE IMPACT, I GOT ONE DAY MC ON MY NECK AND BACK. MY WIFE INJURED HER NECK AND BACK. MY SON COMPLAINED HEAD, BACK AND THROAT PAIN.

#### 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	YN9474L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	



Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


**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 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.

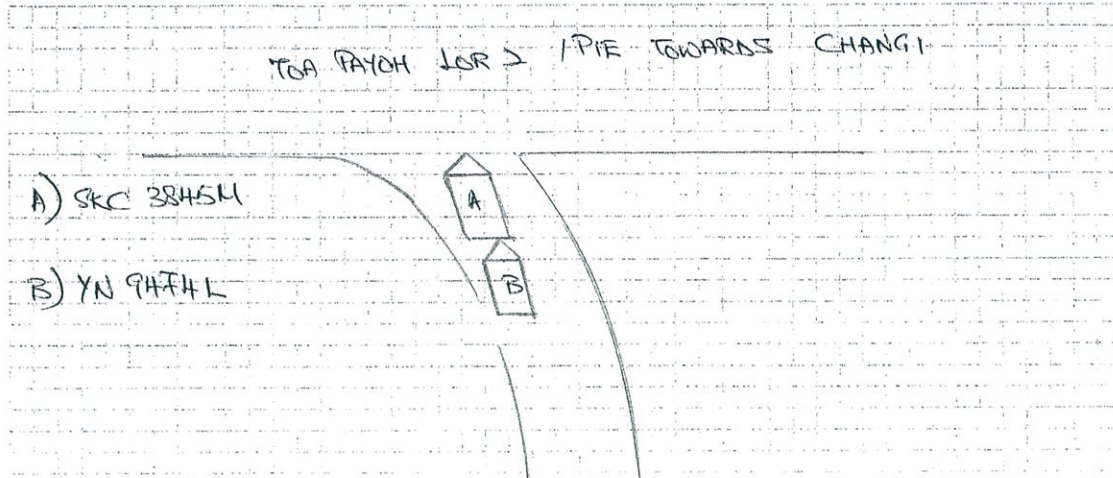
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/08/2018 at about 1:10pm, My car stopped at Toa Payoh Lor 2 to give way to the vehicle on my right. Suddenly vehicle B hit on my rear.

Due to the impact, I got one day MC on my neck and back. My wife injured her neck and <sup>back</sup> pain. My son complained head, back and throat pain.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 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.:



To: CHINA TAIPING INS (S'PORE) PTE LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Dear Sir / Madam,

Claimant:

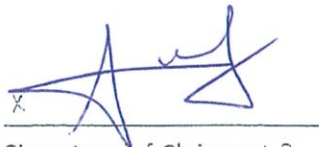
ACCIDENT INVOLVING SKC3845M AND YN9474L ON 11/08/2018 AT  
TOA PAYOH TOWARDS PIE (CHANGI)

I/We, BRIGADE CLEANING & SUPPLIES SERVICE PTE LTD, am/are the registered owner of  
motor car no. SKC3845M.

Please be informed that I have assigned all compensation monies due to me/us in the above  
accident to VFIX AUTO SERVICE PTE LTD.

I/We hereby authorized you to release all monies pertaining to the above mentioned accident  
to VFIX AUTO SERVICE PTE LTD and forward the settlement cheque to VFIX AUTO SERVICE PTE  
LTD whom I/we have authorized to collect the said compensation monies.

Thank you,



Signature of Claimant &

Company Stamp if applicable

IC no.: S7310801B

Date: 25/10/18



Signature of Witness

IC no.: S1527552I

Date: 25/10/18