



陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

Address: 51 Defu Lane 10 Singapore 539216

Tel: 6858 5151 Fax: 6858 0877

Our Ref : TP013112018

Date : 18.12.2018

Your Ref : CC4/ASM18020420/Uhb3

WITHOUT PREJUDICE

Claims Department – **AXA Insurance Pte Ltd**
c/o LKK Consultants [Mr Vic Alpeh]

Dear Sir/Madam,

ACCIDENT INVOLVING SLQ8507X & SHD9476K ON 08.11.2018

We refer to the above accident.

It appears that the accident was caused by your insured. Enclosed documents to substantiate our client's property damaged claim as our client had authorized us to quantify, to act and to reach settlement within 6 weeks on their behalf: -

☐ Original survey report/ _____ copies of photographs

☒ Original Tax-invoice number

☒ Original rental invoice number

☒ SAS / AS & IS / police report

☐ police result

☐ Certificate Of Insurance

☐ Vehicle search result

☒ Authorisation To Act

☐ _____

*Survey under insurance instruction –

a)	Cost of repair (inclusive GST)	\$ 12,947.00
b)	Survey fees / Photographs as per request	\$
c)	Vehicle Search fees / GIA fees / Police Report fees / Reporting fees	\$
d)	Loss of hire / use / rental / earnings / rental fees	\$ 2,182.80
e)	Scene photographs	\$
f)	Administrative charges to negotiate settlement (Waive if 100% offer made within acknowledge timeframe)	\$
g)	Loss of use on 20.11.2018	\$ 100.00
Total		\$ <u>15,229.80</u>

*** Driver's injury and other losses exclude in this claim.**

Please acknowledge receipt of this letter within 14 days.

If you are agreeable to the above, please forward discharge voucher for our client's signature and payment issued directly to "Tan Lim Motor Pte Ltd" within 28 days.

Yours faithfully,

Johnson Chua

Email: johnson.chua@tlmotor.com.sg



TAX-INVOICE
NUMBER: TP1118/021

陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

(Please quote our reference number TP013112018 for payment)

AXA Insurance (S) Pte Ltd

Date: 24/11/2018

Vehicle No: SLQ8507X
Model: AUDI A3

Description	Amount
To lump sum repair as recommended by surveyor.	\$12,100.00

Sub Total	\$12,100.00
Add 7% GST	\$847.00
Total	\$12,947.00

Tan Lim Motor Pte Ltd



Global Advance Leasing

GLOBAL ADVANCE LEASING

51 Defu Lane 10, Singapore 539216

T: +65 6100 0425 | enquiry@gal.com.sg | GST Reg No.: 200409785W

Bill To

TAX INVOICE

Tan Yee Siang
C/O: Tan Lim Motor Pte Ltd
Apt Blk 169 Hougang Ave 1 #14-1415
Singapore 530169

Invoice No INV-18190200
Invoice Date 20 Nov 2018
Reference SKD1621A

Description	Qty	Unit Price	GST	Amount
SKD1621A, REF: TP013112018-SLQ8507X (ST7159)				
Rental from 08/11/2018 to 20/11/2018	1.00	2,040.00	7%	2,040.00
06 days @ \$170.00 per day 01 week @ \$1020.00 per week				
Subtotal				2,040.00
Total GST				142.80
Amount Due				2,182.80

PAID
30 NOV 2018
BY: UOB 187889

No Official Receipts will be issued. This is a computer generated document. No signature required.

PAYMENT METHOD

VISA



CREDIT CARD:

Credit Card Convenience Fees applicable

CHEQUE: All cheques should be crossed and made payable to : **GLOBAL ADVANCE LEASING**. Please indicate invoice number and payer's name on reverse of cheque

BANK TRANSFER: UOB Bank Account Number 208-315-273-9

Payment is due on or before the first day of rental. Kindly make payment promptly to avoid incurring admin charges and late payment interest.

[View and pay online now](#)

E. & O. E.



GLOBAL ADVANCE LEASING

Biz Reg: B52935825E
GST Reg No: 200409785W
C/o 51 Defu Lane 10 S(539216)
Tel: 61000GAL

Agreement: **7159**

Vehicle No <u>SKD 1621A</u>		Make & Model <u>YW Passat</u>		Date <u>08.11.2018</u>	
Hirer Name <u>Tan Yee Siang (Chen Yichang)</u> Address <u>169 Hougang Avenue 1 #14-1415</u> <u>SS520169</u> Contact Person _____ Tel <u>96978008</u>				Check Out / Check In Date Out <u>08.11.2018</u> Time Out <u>1315 hrs</u> KM Out <u>92383</u> PETROL E <u>1/4</u> <u>1/2</u> <u>3/4</u> F Date In <u>20.11.2018</u> Time In <u>2230 hrs</u> KM In <u>93021</u> PETROL E <u>1/4</u> <u>1/2</u> <u>3/4</u> F	
1st Driver Class 2 / 2A / 2B / 3 / 4 / 5 Name _____ Address _____ (H/P) _____ (O) _____ (H) _____ Passport/NRIC No <u>S8109918 I</u> Nationality <u>S'porean</u> Driving Licence No _____ Driving Exp <u>05</u> yrs Country of Issue <u>S'pore</u> Expiry Date <u>Unlimited</u>				Mode of Payment Cash / Cheque / Company Billing / Credit Card / Others Cheque / Card Details: _____ Expiry Date: _____	
Additional Driver Class 2 / 2A / 2B / 3 / 4 / 5 Name _____ Address _____ (H/P) _____ (O) _____ (H) _____ Passport/NRIC No _____ Nationality _____ Driving Licence No _____ Driving Exp _____ yrs Country of Issue _____ Expiry Date _____				Rental Charges <u>06</u> Day/s @ \$ <u>170.00</u> /day S\$ <u>1020.00</u> <u>01</u> Week/s @ \$ <u>1020.00</u> /week S\$ <u>1020.00</u> _____ Month/s @ \$ _____ /month S\$ _____ SUBTOTAL S\$ _____ CDW @ \$ _____ S\$ _____ PAI @ \$ _____ S\$ _____ Petrol Top Up _____ S\$ _____ Delivery / Collection fee _____ S\$ _____ Misc _____ S\$ <u>142.80</u> Misc _____ S\$ _____ Less _____ Pre-Payment / Deposit (S\$ _____) Misc (S\$ _____) Total Due S\$ <u>2182.80</u>	
Non Waiverable Excess The Hirer acknowledges a \$ <u>2000</u> collision damage excess per accident applies. X _____				Charges Subject to Final Audit Refundable Deposit Deposit \$ _____ Date of Refund _____ Refund Acknowledgement X _____	
Collision Damage Waiver (CDW) The Hirer may limit his liability for any damage arising from collision to \$ _____ by purchasing CDW and paying the specified sum. X _____				For Official Use Invoice No: <u>18190200</u> Date <u>20.11.2018</u> Receipt No _____ Date _____	
Personal Accident Insurance (PAI) PAI may be purchased at a premium specified herein. The Hirer acknowledges that the insurance is written by an independent insurance company and acknowledges that he has received, read and understood the policy conditions relating to the same. X _____					
Special Instructions _____ _____ _____					

Important Notes

- Rental Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the owner.
- Only persons authorised by Global Advance Leasing 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.
- In the event of accident, the Hirer shall report to the rental office immediately.

I/We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I/we opt to pay by credit / charge card, I agree that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable credit card charge slip.

X _____
(Hirer's signature)

X _____
(Additional Driver's signature)

X _____
(Global Advance Leasing)

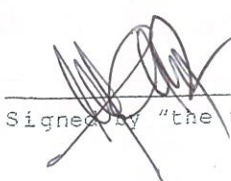
AUTHORIZATION TO ACT
(AXA Third Party Claim)

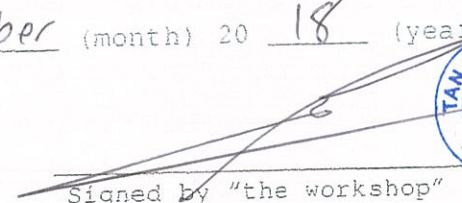
I, Tan Yee Sung ("the third party claimant")
of Block 169 Hougang Avenue 1 #14-1415 (S) 530169 (address),
owner of SLQ 8507X (vehicle no.) hereby authorize
Tan Lim Motor Pte Ltd
("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SLQ 8507X that was damaged pursuant to the
accident which occurred on 08/11/2018 (date) along
AYE Towards Jurong direction (location)
involving vehicle no/s 51AD9476 K
("the accident").

I further authorize the workshop to settle my above mentioned
claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 08 day of November (month) 20 18 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



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 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. 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	08/11/2018 13:35
Date Of Accident	08/11/2018 08:20
Exact Location Of Accident	AYE TOWARDS JURONG DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8507X
Insured/Policyholder	
Name Of Registered Owner	TAN YEE SIANG (CHEN YICHANG)
NRIC No	S8109918I
Email Address	FIONTANYSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96978008
Alternative Phone No	OTHERS-96978008

Vehicle Particulars

Manufacturer	AUDI
Model	A3-1.4 TFSI (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093269754-01
Cover Note Number	21/09/2018 TO 20/09/2019

Driver

Name of Driver	TAN YEE SIANG (CHEN YICHANG)
NRIC No	S8109918I
Date Of Birth	13/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96978008
Fax Number	
Contact Number	OTHERS-96978008
EMail Address	FIONTANYSG@GMAIL.COM

Address	BLOCK 169 HOUGANG AVENUE 1 #14-1415
Postcode	530169
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	8
Was any body injured in the Accident?	YES
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)	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 sketch plan

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	SHD9476K
Vehicle Make/Model/Colour	
Details Of Properties	TRANSCAB
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC37L
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Vehicle Make/Model/Colour	BMW
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN YEE SIANG
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	SLQ8507X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 169 HOUGANG AVENUE 1 #14-1415
Postcode	530169

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:

21/11/2018

1.30 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

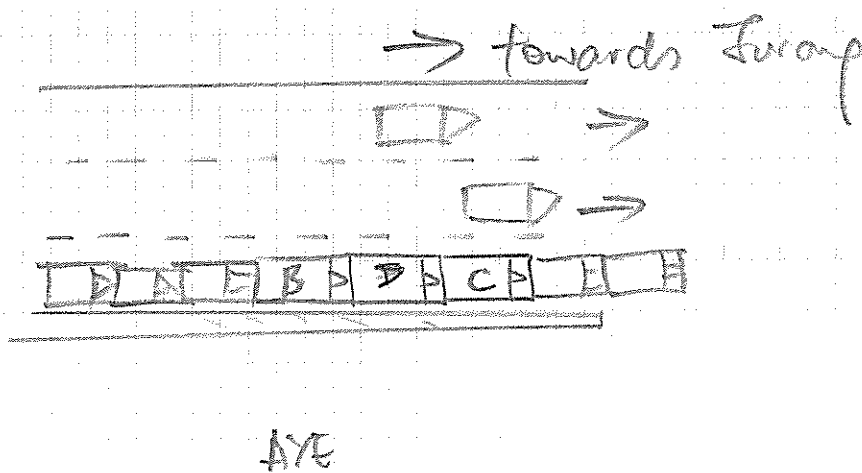
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Tan A Tan
S7236742A

SKETCH PLAN



Pax
A: SLO8507X - No
B: 8HD9476K - Unknown
C: SLC37L - 1
D: }
E: } Unknown
F: }

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/11/2018 @ 8.30 am, I was travelling along AYE towards Jurong direction. Traffic was quite heavy. Front vehicles slowed down & stopped and I followed suit. Suddenly, an impact from behind, my vehicle (A: SLO8507X) was pushed forward to hit onto the front vehicle (C: SLC37L).
I alighted and realised that it was a chain collision of more than 8 vehicles. I do not have a chance to copy the rest of the vehicles number. No police & ambulance came to the scene.

DECLARATION

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

Policyholder's Signature
Date & Time: 8/11/2018 1.30pm.

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

Reporting Centre Personnel's Signature
Name: Tan Ai Lam
NRIC/FIN No.: S7220728

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093269754-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLQ8507X**
Chassis Number : **WAUZZZ8P5DA033673**
2. Name of Policyholder : **TAN YEE SIANG (CHEN YICHANG)**
3. Effective Date of Insurance : **21 Sep 2018**
4. Expiry Date of Insurance : **20 Sep 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN YEE SIANG (CHEN YICHANG)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **TECK WEI CREDIT PTE. LTD. (00000572499)**

Date of Issue : **20 Sep 2018 16:24 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive