

# 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: em1autoteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

M/S SENG KONG PRODUCTION PTE LTD

Proforma Invoice : 19/PI00140/5380TP

Date : 03-Oct-2019

Lonpac Insurance Bhd  
Motor Claim Department  
300, Beach Road  
#17-04/07 The Concourse  
Singapore 199555

Tel : 62507388  
Attn : Mr. Vic Alpeh

Fax No : 62963767

Date of Accident : 10-Jan-2019  
Our Client's Vehicle Number : GBJ 341P  
Vehicle Make / Model : SUZUKI EVERY  
Your Insurer : SJN 216C

**Without Prejudice**

| DESCRIPTION                                    | SUB-AMOUNT | GST 7% | AMOUNT (SGD) |
|--|------------|--------|--------------|
| Lump Sum Repair Cost(Recommend by LKK Taufikh) | 4,750.00   | 332.50 | 5,082.50 SR  |
| Towing Fee                                     | 60.00      |        | 60.00 ES     |
| LTA Fee  | 6.97       | 0.49   | 7.46 SR      |
| GIA Fee  | 27.10      | 1.90   | 29.00 SR     |
| Loss of Use (8 days X \$100)                   | 800.00     |        | 800.00 ES    |

SGD ( Five Thousand Nine Hundred Seventy-Eight And Cents  
Ninety-Five only )

**GRAND TOTAL**

**5,978.95**

Subject to 7% GST

334.88



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 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             | 11/01/2019 15:31        |
| Date Of Accident           | 10/01/2019 07:45        |
| Exact Location Of Accident | PIE (TUAS) BEFORE EUNOS |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBJ341P                      |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | SENG KONG PRODUCTION PTE LTD |
| Co Reg No                   | 198502524K                   |
| Email Address               | NOEMAIL                      |
| Mobile Phone No             | (LOCAL) +65-98229025         |
| Alternative Phone No        | OFFICE-98229025              |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | SUZUKI             |
| Model  | EVERY              |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE       |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5106074636 (COMP)                      |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | KRISHNAN MANIKANDAN  |
| NRIC No              | G5473561N            |
| Date Of Birth        | 06/06/1990           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 31/05/2016           |
| Driving Experience   | 2 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-84081410 |
| Fax Number           |                      |
| Contact Number       | OTHERS-84081410      |
| EMail Address        | NOEMAIL              |

|   |                             |
|---|-----------------------------|
| Address   | BLK 1010 #01-28 EUNOS AVE 6 |
| Postcode  | 409622                      |
| Was driver an employee of the Insured's Company     | YES                         |
| If No, Relationship of the Driver with the Insured  |                             |
| 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 (including own vehicle) involved in the accident                         | 2  |
| 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)   | 2  |
| Passenger 1   | NAME: : LAU SIEW HUANG<br>GENDER: : FEMALE |

#### 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         | SJN216C     |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| 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  | LAU SIEW HUANG              |
| Approximate Age                                     |                             |
| Injuries Sustain                                    | REFER TO STATEMENT ATTACHED |
| Injured person in which vehicle?                    | GBJ341P                     |
| Were seat belts worn?                               |                             |
| Was this injured conveyed to hospital by ambulance? | NO                          |
| Address   |                             |
| Postcode  |                             |

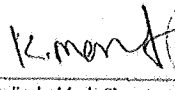
**SKETCH PLAN**

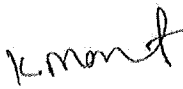
**IMPORTANT NOTICE**


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:

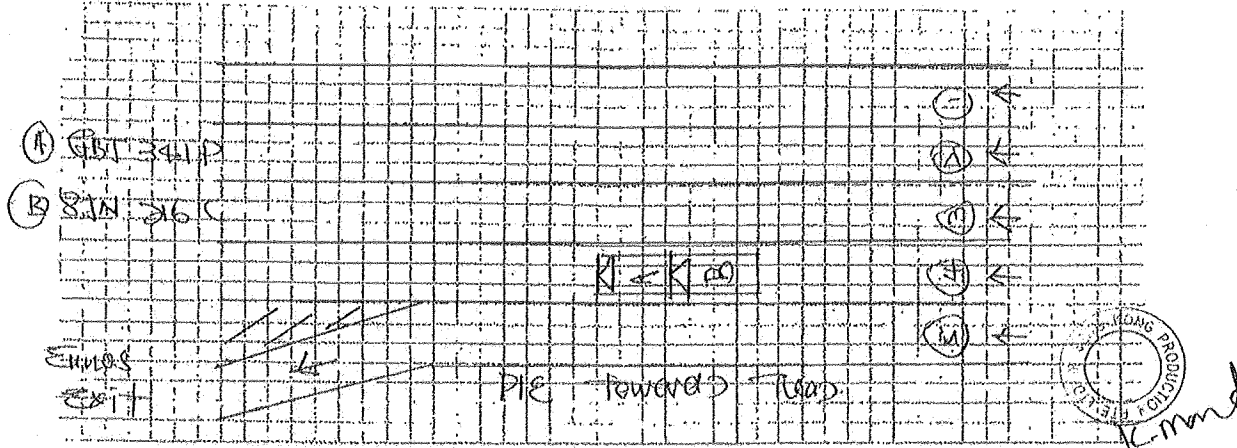
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 11 JAN 2013  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tamp. before Ennos Exit on lane 4, due to the heavy traffic, I slowed down to stop. Suddenly vehicle B hit into my rear portion. my passenger Tan Siew Huang S6820083J felt injury.

*K.mond*

DECLARATION

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

*K.mond*  
Policyholder's Signature  
Date & time:

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

11 JAN 2013

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

[> Back to OneMotoring](#)

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Jan 2019 / 10:59:59

Receipt Date/Time : 10 Jan 2019 / 10:59:59

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190110-001008

Previous Receipt No. :

| S/N                                   | Item Description/<br>Business Transaction Reference<br>No.         | Amount<br>Before<br>GST (\$\$)                  | GST<br>Amount<br>(\$\$) | Amount<br>After GST<br>(\$\$) |
|---------------------------------------|--|---|-------------------------|-------------------------------|
| Result of Insurance Enquiry - SJN216C |  |   |                         |                               |
| As at 10 Jan 2019/07:45:00            |  |   |                         |                               |
| Insurance Co: LONPAC INSURANCE BHD    |  |   |                         |                               |
| 1                                     | Insurance Enquiry - SJN216C<br>Enquiry Fee<br>20190110105910727901 | 7.00  | 0.49                    | 7.49                          |
| <b>Sub-Total</b>                      |  | 7.00  | 0.49                    | 7.49                          |
| <b>Total Before Rounding</b>          |  | 7.00  | 0.49                    | 7.49                          |
| <b>Rounding Difference</b>            |  |   |                         | 0.04                          |
| <b>Total Amount Payable</b>           |  |   |                         | 7.45                          |
| Paid By                               |  |   |                         |                               |
|                                       | 20190110105918753  | Direct Debit: eNETS Debit<br>(Internet Banking) |                         | 7.45                          |
| Total                                 |  |   |                         | 7.45                          |
| Cash Change                           |  |   |                         | 0.00                          |
| Tendered Amount                       |  |   |                         | 7.45                          |
| 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.

Print Receipt

OK

Save as PDF

## TAX INVOICE

Our Ref No: GR-19-006878

Date of Request: 14/01/2019

Your Ref No: WALK IN KOA

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Your Vehicle No: GBJ341P

Date of Accident: 10/01/2019

Place of Accident: PIE

Involving Vehicle No: SJN216C

| DESCRIPTION                      | AMOUNT (S\$) |
|----------------------------------|--------------|
| E-File Search Fee (Public)       | 14.02        |
| GST Amount                       | 0.98         |
| Total Amount Due (GST Inclusive) | 15.00        |

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



## TAX INVOICE

Our Ref No: GR-19-006879

Date of Request: 14/01/2019

Your Ref No: WALK IN KOA

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Date of Accident: 10/01/2019

Vehicle No: GBJ341P

Place of Accident: PIE (TUAS) BEFORE EUNOS

Involving Vehicle No: SJN216C

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS                        | ACCIDENT LOCATION       | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------------|---------------|-----|--------------|
| SJN216C                          | PIE (TUAS) BEFORE EUNOS | 14.00         | 1   | 13.08        |
| GST Amount                       |                         |               |     | 0.92         |
| Total Amount Due (GST Inclusive) |                         |               |     | 14.00        |

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.

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

### LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) GBJ341P and SJN216C,  
ON 10/01/2019 ALONG PIE (TUAS) Before Eunos

I, Seng Kong Production Pte Ltd, NRIC No. / Company Reg. No.  
198502524K of (address) \_\_\_\_\_

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number

GBJ341P 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: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Contact No: \_\_\_\_\_

Date: \_\_\_\_\_

Seng Kong Production Pte Ltd

198502524K

98229025

10/01/2019