

**Asher Sng (LKKAUTO)**

---

**From:** Joy Irene (LKKAUTO)  
**Sent:** Wednesday, 16 January 2019 4:34 PM  
**To:** tsmlsggk@singnet.com.sg  
**Cc:** Admin A; Asher Sng (LKKAUTO)  
**Subject:** ACCIDENT INVOLVING SKX 3755D / SGM 2415H / OTHERS ON 12/01/19

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

OUR REF: CC3/AIG19000825/eb3

**TAN THIAM SOON (CHEN TIANSHUN)**

Policy Holder

Dear Sir,

**ACCIDENT INVOLVING SKX 3755D / SGM 2415H / OTHERS ON 12/01/19**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

You are aware that your No-Claim Discount (NCD – if applicable) will be withheld for the time being. Pending for final allocation of liability in settlement by our principal AIG Asia Pacific Insurance Pte Ltd.

Please call us if you have further queries.

Best Regards,

Joy Irene | In-behalf of Case Handler Ms. Asher Sng  
LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Your Ref: CC3/AIG19000825/eb3

**Authorization letter**

PA/TP/0061/2019/TF

24 January 2019

Mr. Goh Yeow Hua  
894 Upper Bukit Timah Road  
#05-25  
Singapore 678188

**AIG Asia Pacific Insurance Pte Ltd**  
78 Shenton Way  
#07-16 AIG Building  
Singapore 079120  
**Attn: Motor Claims Dept**

Dear Sir/ Mdm,

**ACCIDENT INVOLVING VEHICLES SMG2415H/ SKX3755D  
AT PIE BEFORE ADAM DR EXIT ON 12 JANUARY 2019.**

I am the owner of SMG2415H, Goh Yeow Hua.

I confirmed that I will be claiming for Medical Bill and hereby authorized your esteemed company to settle the Medical Bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,



Mr. Goh Yeow Hua

Copy to Norah Khai, Premium Automobiles Pte Ltd

Your Ref: CC3/AIG19000825/eb3

**Authorization letter**

PA/TP/0061/2019/TF

24 January 2019

Ms. Au Mei Shum  
894 Upper Bukit Timah Road  
#05-25  
Singapore 678188

**AIG Asia Pacific Insurance Pte Ltd**  
78 Shenton Way  
#07-16 AIG Building  
Singapore 079120  
**Attn: Motor Claims Dept**

Dear Sir/ Mdm,

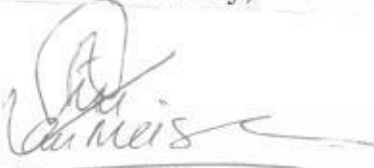
**ACCIDENT INVOLVING VEHICLES SMG2415H/ SKX3755D  
AT PIE BEFORE ADAM DR EXIT ON 12 JANUARY 2019.**

I am the passenger of SMG2415H, Au Mei Shum.

I confirmed that I will be claiming for Medical Bill and hereby authorized your esteemed company to settle the Medical Bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,



Ms. Au Mei Shum

Copy to Norah Khai, Premium Automobiles Pte Ltd

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, **PREMIUM AUTOMOBILES PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$3,348.24** (Repair Cost), **S\$300.00** (Loss of Use/Rental), **S\$81.50** (Disbursement/Medical) for vehicle no. **SMG 2415H** that was damaged pursuant to the accident which occurred on **12/01/2019** (date) along **PIE BEF ADAM ROAD EXIT** (location) involving vehicle no/s **SKX 3755D**.

This is pursuant to the inspection conducted on **17/01/2019** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **GOH YEOW HUA** ("the third party claimant") of vehicle no. **SMG 2415H** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SMG 2415H** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 01 (day) of July (month) 20 19 (year)



**LWP**

Signed by appointed surveyor



Signed by "the workshop" (with chop)

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, **PREMIUM AUTOMOBILES PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$541.05** (Medical) for vehicle no. **SMG 2415H** that was damaged pursuant to the accident which occurred on **12/01/2019** (date) along **PIE BEF ADAM ROAD EXIT** involving vehicle no/s **SKX 3755D**.

This is pursuant to the inspection conducted on **17/01/2019** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **AU MEI SHUM** ("the third party claimant") of vehicle no. **SMG 2415H** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SMG 2415H** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 01 (day) of July (month) 20 19 (year)



**LWP**

Signed by appointed surveyor



Signed by "the workshop" (with chop)



Page 1 18:04

Telefax 6275 1023

Toll-free 1-800-285-2807

LI Email [custo](mailto:custo)

9828 1233  
auto race

customer.care@premiumauto.com.sg

INS TAX INVOICE

Company Name: 388-3990022711

Company Reg. No. 155302  
GST Reg. No. 199902271W

SINGAPORE 079120

(11)



For & on behalf of  
Premium Automobiles Pte Ltd

Customer

# CHAN'S & SONS ENTERPRISE

363 Sembawang Road  
Singapore 758379  
Tel: 67532536 Fax: 67567565  
GST Reg No: 51-936900-M

**chan's**  
www.chans.com.sg

## TAX INVOICE

GOH YEOW HUA  
NO. 894 #05-25  
UPPER BUKIT TIMAH ROAD  
SINGAPORE 678188

ATTN : GOH YEOW HUA

INVOICE : AR1901-0312  
DATE : 25/01/2019  
TERMS : C.O.D  
STAFF ID : AMIRA  
AGREEMENT NO. : HA201901-0195

DESCRIPTION	AMOUNT (SGD)
-------------	--------------

Vehicle Reg No	: SKZ1942H	280.37
Make / Model	:	
Rental Dates	: Rental Billing From 22/01/2019 To 24/01/2019 (Inclusive)	
Period	: 3 days	
Rental Rate	: S\$ 100.00 Per Day (Including GST)	
Reference No	: SMG2415H	

AMOUNT : S\$  
THREE HUNDRED DOLLARS ONLY

NON-TAXABLE VALUE : 0.00  
TAXABLE VALUE : 280.37  
GST 7% : 19.63

TOTAL S\$ :	300.00
-------------	--------

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official Use Only

Payment Date :	F / Amt
CS / CC /CH :	
CS / CC /CH :	

## CHANS & SONS ENTERPRISE

363 Sembawang Road, Goodlink Park,  
Singapore 758379  
Tel: 67532536 Fax: 67567565  
GST Reg No: 51-936900-M

**chan's**  
www.chans.com.sg

Hirer:

GOH YEOW HUA

### OFFICIAL RECEIPT

DESCRIPTION	AMOUNT (SGD)
-------------	--------------

Official Receipt No : **201901-0173**

Account of : GOH YEOW HUA

Date Issued : 25/01/2019

Vehicle Reg No. : SKZ1942H

Rental Dates : 22/01/2019

Amount Received : S\$ 300.00

Payment Type: : VISA V101130 S\$ 300.00

Payment for Invoice : AR1901-0312

Comments :

TOTAL AMOUNT RECEIVED	S\$ 300.00
-----------------------	------------

\* This is a computer generated document. No signature is required.





# RENTAL AGREEMENT

201901-0195

Hirer's Name <b>Goh Yeow Hua</b>	Date of Birth <b>6/4/74</b>	Passport/ Nric No. <b>S7411062B</b>	Nationality
Address <b>894 Upper Bukit Timah Road</b>	Occupation	Driving Licence No. <b>As Above</b>	Date of Expiry <b>Life.</b>
<b>#05-25</b>	Postal Code <b>678188</b>	Contact No.	Mobile Phone No. <b>97483754</b>
Joint Hirer's / Guarantor's Name	Date of Birth	Passport/ Nric No.	Nationality
Address	Occupation	Driving Licence No.	Date of Expiry
	Postal Code	Contact No.	Mobile Phone No.

## CHECK OUT

Date <b>22.1.19</b>	Time <b>9.30am</b>	Mileage KM	E 1/4 1/2 3/4 F
Date <b>24.1.19</b>	Time <b>4.15pm</b>	Mileage KM	Remarks

## CHECK IN

### IMPORTANT NOTES:-

- Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- No refund will be given for vehicle that returns early.
- Own Damage Liability - First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability - First \$2000 for any Third Party Accident Claim.
- Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- Hirer is responsible for all parking fines & traffic summons.
- Extension:- One day's advance notice is required otherwise no extension will be allowed.
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hour will be charged to the next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT		RATE (\$)	TOTAL (\$)
RATE	3	@	100	300
DISCOUNT				
GST @ 7%				
TOTAL				300
EXTENSION				V101180
				201901-0173
				Audi Justin
				SMG245H
DEPOSIT (refundable) S\$.				
CHANGED OVER FROM VEH.				DATE

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.  
I/We declare that all information given on this form is true and accurate.

Hirer's Signature

Joint Hirer's/ Guarantor's Signature

for CHAN'S & SONS ENTERPRISE

VEHICLE NO.

**SKZ 1942H**

MODEL

FROM

RETURN

\*Estimate Date. For actual return see CHECK IN



RECORDS MANAGEMENT CENTRE

**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-19-006803  
Date of Request: 14/01/2019

Your Ref No: Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date 14/01/2019  
Enquiry By Mastura Binte Osman Basah  
TP Vehicle No. SKX3755D  
Accident Date 12/01/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKX3755D	AIG Asia Pacific Insurance Pte. Ltd.	09/12/2018-08/12/2019	65-6419-3000

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.



RECORDS MANAGEMENT CENTRE

**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-19-006803

Date of Request: 14/01/2019

Your Ref No:

Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date: 14/01/2019  
Enquiry By: Mastura Binte Osman Basah  
TP Vehicle No: SKX3755D  
Accident Date: 12/01/2019

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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

TAX INVOICE

GST REGN NO.	: M9-0000467-N	PAGE	: 1 of 1
VISIT NO.	: G15619000895	BILL TYPE	: PATIVNOUT
VISIT DATE/TIME	: 12-JAN-2019 04:01PM	BILL DATE	: 12-JAN-2019
INVOICE NO.	: PG15619000895-1	PATIENT NAME	: GOH YEOW HUA
PAY BY	: SELF	PATIENT ID NO.	: S7411062B
PAYER NAME	: GOH YEOW HUA	POLICY NO.	:
ADDRESS	: 894 UPPER BUKIT TIMAH ROAD THE LINEAR #05-25 SINGAPORE 678188		

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			28.00
PHARMACEUTICAL			
DICLOFENAC 1% GEL, 20G	1.0	8.57	
ETORICOXIB (ARCOXIA) 120MG TAB	5.0	15.98	
FAMOTIDINE 20MG TAB	5.0	1.76	
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	20.0	8.00	
			34.31
PRACTICE COST			
PRACTICE COST	1.0	12.00	
			12.00
SUB-TOTAL			74.31
TOTAL CHARGES BEFORE GST			74.31
GST @ 7%			5.20
TOTAL CHARGES AFTER GST			79.51
LESS ROUNDING ADJUSTMENT			(0.01)
TOTAL AMOUNT PAID			(79.50)
REG1900059420 - 12/01/2019 - NETS		79.50	
TOTAL BALANCE DUE			0.00

**RafflesMedical**  
17 Petir Road  
#02-07/08 Hillion Mall

17 PETIR ROAD #02-07/08 HILLION MALL SINGAPORE 678278 T:67690571 89 0625

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

**MEDICAL CERTIFICATE**

NRIC : S7411062B  
NAME : GOH YEOW HUA

VISIT DATE : 12 Jan 2019 (16:12)  
VISIT NO : G15619000895

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 12 Jan 2019 to 13 Jan 2019

DOCTOR : Su Wei Cheng (M17982E)  
CLINIC : Hillion Mall  
ADDRESS : 17 PETIR ROAD LEVEL -02-07/08 HILLION MALL 678278

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 12 Jan 2019, 04:23PM

This certificate is electronically generated. No signature is required.

**RafflesMedical**

17 Petir Road

#02-07/08 Hillion Mall

Singapore 678278

Tel: (65) 6769 0571 Fax: (65) 6769 0829

**TAX INVOICE**

GST REGN NO. : M9-0000467-N  
VISIT NO. : G15619000919  
VISIT DATE/TIME : 13-JAN-2019 10:21AM  
INVOICE NO. : PG15619000919-1  
PAY BY : SELF  
PAYER NAME : AU MEI SHUM  
ADDRESS : 894 UPPER BUKIT TIMAH ROAD LINEAR THE #05-25 SINGAPORE 678188

PAGE : 1 of 1  
BILL TYPE : PATIVNOUT  
BILL DATE : 13-JAN-2019  
PATIENT NAME : AU MEI SHUM  
PATIENT ID NO. : S7801066E  
POLICY NO. :

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			37.00
PHARMACEUTICAL			
KETOPROFEN 30MG PLASTER	18.0	16.20	
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	20.0	8.00	
VITAMIN B1,B6,B12 TAB	10.0	2.55	
			26.75
PRACTICE COST			
PRACTICE COST	1.0	12.00	
			12.00
SUB-TOTAL			75.75
TOTAL CHARGES BEFORE GST			75.75
GST @ 7%			5.30
TOTAL CHARGES AFTER GST			81.05
TOTAL AMOUNT PAID			(81.05)
REG1900060655 - 13/01/2019 - MASTER		81.05	
TOTAL BALANCE DUE			0.00

**RafflesMedical**  
17 Petir Road  
#02-07/08 Hillion Mall  
Singapore 678278  
Tel: (65) 6769 0571 Fax: (65) 6769 0829

17 PETIR ROAD #02-07/08 HILLION MALL SINGAPORE 678278 T:67690571

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



**MEDICAL CERTIFICATE**

NRIC : S7801066E  
NAME : AU MEI SHUM

VISIT DATE : 13 Jan 2019 (11.34)  
VISIT NO : G15619000919

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 13 Jan 2019 to 14 Jan 2019

DOCTOR : Hee Li Heng (M18592B)  
CLINIC : Hillion Mall  
ADDRESS : 17 PETIR ROAD LEVEL -02-07/08 HILLION MALL 678278

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.  
\*This certificate is electronically generated. No signature is required.

Printed: 13 Jan 2019, 11:50AM

**RafflesMedical**

17 Petir Road  
#02-07/08 Hillion Mall  
Singapore 678278  
Tel: (65) 6769 0571 Fax: (65) 6769 0629

名扬针灸中医诊所  
MINGYANG CHINESE MEDICAL CENTRE  
Block 316B #01-06 Ang Mo Kio Street 31  
Singapore 560316.  
Tel/Fax: 6458 6045

OFFICIAL RECEIPT

No. 024/19


Date: 13/11/2019

Received from AU MEI SHUM (S7801066E)

The sum of dollars ONE HUNDRED AND TWENTY ONE ONLY.

Being payment of MEDICAL FEE.

\$ 121/00  
Cash/Cheque No:





名揚針灸中醫診所  
MINGYANG CHINESE MEDICAL CENTRE  
Block 316B #01-06 Ang Mo Kio Street 31  
Singapore 560316  
Tel/Fax: 6458 6045

OFFICIAL RECEIPT

No. 029/19

Date: 17/1/2019

茲收到

Received from AU MEI SHUM (S7801066E)

還來大銀

The sum of dollars ONE HUNDRED AND TWENTY ONE ONLY.

係

Being payment of MEDICAL FEE.

\$121/00

Cash/Cheque No:



名扬针灸中医诊所  
MINGYANG CHINESE MEDICAL CENTRE  
Block 316B #01-06 Ang Mo Kio Street 31  
Singapore 560316.  
Tel/Fax: 6458 6045

OFFICIAL RECEIPT

No. 036/19  
Date: 20/1/2019

茲收到

Received from

AU MEI SHUM (S7801066E)

滙來大銀

The sum of dollars

ONE HUNDRED AND THIRTY THREE ONLY.

係

Being payment of

MEDICAL FEE.

\$ 133/00  
Cash/Cheque No:



名扬针灸中医诊所  
MINGYANG CHINESE MEDICAL CENTRE  
Block 316B #01-06 Ang Mo Kio Street 31  
Singapore 560316.  
Tel/Fax: 6458 6045

OFFICIAL RECEIPT

No. 047/19

Date: 27/11/2019

茲收到  
Received from AU MEI SHUM (S7801066E)

還來大銀  
The sum of dollars EIGHTY FIVE ONLY.

係  
Being payment of MEDICAL FEE.

\$ 85/00  
Cash/Cheque No:





SINGAPORE  
POLICE FORCE

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/04247/2019  
Date : 7 MAY 2019

TAN THIAM SOON  
361 CHOA CHU KANG AVENUE 3  
#05-23  
SINGAPORE 689884

Dear Sir/Madam

**ROAD TRAFFIC ACCIDENT INVOLVING SLP 6186 G, SJP 6500 G, SHC 4405 D, SJW 1263 L  
SKX 3755 D AND SMG 2415 H ALONG PAN ISLAND EXPRESSWAY ON 12/01/2019 AT ABOUT  
12.45PM**

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of **SJW 1263 L** had committed an offence of **Careless Driving under Rule 29 of the Road Traffic Rules**. Action has been initiated against the driver for the said offence.

Yours faithfully

HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.