



**WITHOUT PREJUDICE**

Our Ref: SBU 9S

Your Ref: SMF 3677S

6<sup>th</sup> August 2019

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AIG Asia Pacific Insurance Pte Ltd

Dear Vic,

**Accident Involving:** SBU 9S and SMF 3677S

**Date of Accident:** 25 January 2019

**Location of Accident:** Bedok N. Rd Before Before N. Ave 3 Junction

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$	900.00
Add Loss of Use	\$	840.00 7 Days @ \$120/Day 2+2 Days PRS (16/17/18/19 Feb) + 3 Repair Days Agreed (20/21/22 Feb)
Total	\$	1,740.00
Add GIA Search Fee	\$	29.00
<b>GRAND TOTAL</b>	<b>\$</b>	<b>1,769.00</b>

Kindly pay the Grand Total Amount of **\$1,769.00** to:

**Team AutoPro Pte Ltd**  
160 Sin Ming Drive #01-14  
Sin Ming AutoCity  
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: [teamautoffice@gmail.com](mailto:teamautoffice@gmail.com)

Thank you.

Regards  
Adel (Ms)



**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #01-14 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: [teamautoffice@gmail.com](mailto:teamautoffice@gmail.com) / [teamautop1@gmail.com](mailto:teamautop1@gmail.com)

# PROFORMA INVOICE

**ATTENTION:**

Koh Boon Hwee (Xu Wenhui)

PI Number	P1907-0417
PI Date	6-Aug-2019
Vehicle No.	SBU 9S
Accident Date	25-Jan-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SBU 9S	COR Lump Sum		\$ 900.00

**Notes:**

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$	900.00
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Authorized Signature



## 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	28/01/2019 16:47
Date Of Accident	25/01/2019 09:20
Exact Location Of Accident	BEDOK N. RD BEFORE BEDOK N. AVE 3 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU9S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH BOON HWEE (XU WENHUI)
NRIC No	S7527782B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90927279
Alternative Phone No	OTHERS-90927279

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	5105499773
Cover Note Number	

### Driver

Name of Driver	KOH BOON HWEE (XU WENHUI)
NRIC No	S7527782B
Date Of Birth	23/09/1975
Occupation	INDOOR
Date Of Driving Pass	15/08/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90927279
Fax Number	
Contact Number	OTHERS-90927279
Email Address	NOEMAIL

Address	BLK 121 BEDOK NORTH ROAD #12-177
Postcode	460121
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : KOH POH CHON 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

REFER ATTACHED

#### 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	SMF3677S
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC3039P

Vehicle Make/Model/Colour

Details Of Properties

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**

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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:

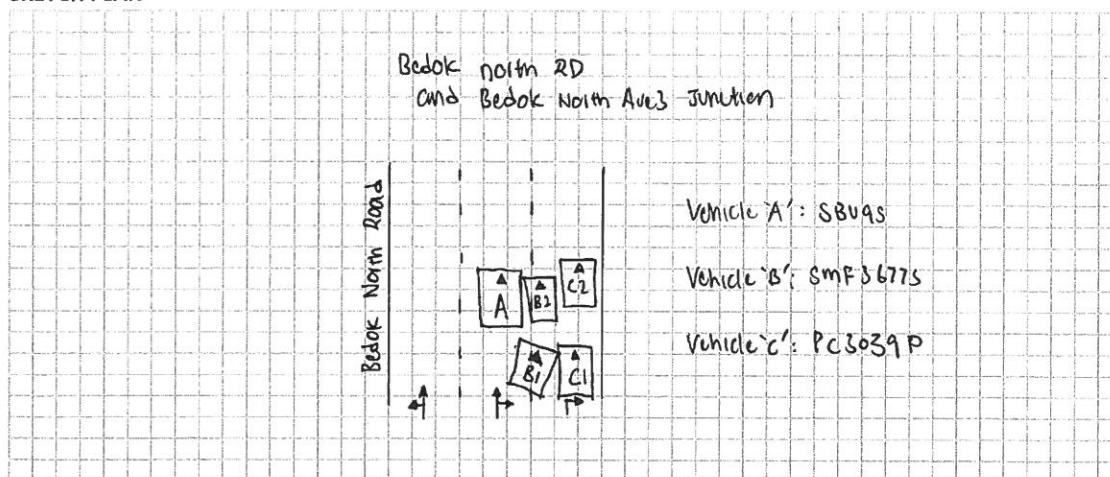
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated day and time, i vehicle 'A' was travelling on my designated lane along bedok north rd. The traffic light was red and hence i was stationary in my lane waiting for my turn to turn green. As i was waiting i suddenly heard a loud bang and shortly after i felt an impact on my front right portion. I got down from my vehicle to realize that vehicle 'B' has cut my lane hit onto vehicle 'C' and then turned back and hit onto me. I noticed scratches on my front right fender and also my right side mirror was bent. That's all.

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 : Team AutoPro Pte Ltd  
CRN : 201811621K  
located at : 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

**Letter of Authorization & Undertaking**

In Respect of Accident Involving my/our Vehicle No.: SBU 9S  
and SMP 3677S and PL 3039P  
and .....  
@ Bedok N. Rd before Bedok N. Ave 3 Junction  
dated 25-01-2019.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date: .....



## 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:** 5105499773

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SBU9S**  
Chassis Number : JTDZS3EU60J034985
2. Name of Policyholder : KOH BOON HWEE (XU WENHUI)
3. Effective Date of Insurance : 26 Nov 2018
4. Expiry Date of Insurance : 25 Nov 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 or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH BOON HWEE
NAMED DRIVER (1)	: KOH POH CHOH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 21 Nov 2018 11:34 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7527782B



Name

KOH BOON HWEE  
(XU WENHUI)

许文辉

Race

CHINESE

Date of birth

23-09-1975

Sex

M

Country of birth

SINGAPORE

S7527782B

3499783



NRIC No. S7527782B



Date of issue

18-11-2003

Address

APT BLK 121 BEDOK NORTH ROAD  
#12-177  
SINGAPORE 460121

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7527782B**

Name:

**KOH BOON HWEE  
(XU WENHUI)**

Birth Date: **23 Sep 1975**

Issue Date: **09 Sep 2004**



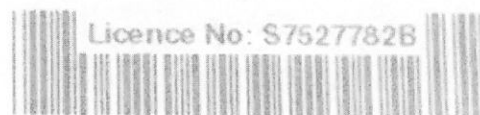
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

**15 Aug 2000**

NP 428A



## TAX INVOICE

Our Ref No: GR-19-021219

Date of Request: 11/02/2019

Your Ref No:

WALK IN NEE SP

TEAM AUTOPRO PTE LTD  
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE  
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SBU9S  
Date of Accident: 25/01/2019  
Place of Accident: BEDOK NORTH RD  
Involving Vehicle No: PC3039P, SMF3677S

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-19-021221

Date of Request: 11/02/2019

Your Ref No: WALK IN NEE SP

TEAM AUTOPRO PTE LTD  
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE  
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 25/01/2019

Vehicle No: SBU9S

Place of Accident: BEDOK N. RD BEFORE BEDOK N. AVE 3 JUNCTION

Involving Vehicle No: SMF3677S

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\$)
SMF3677S	BEDOK N. RD BEFORE BEDOK N. AVE 3 JUNCTION	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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque