



**WITHOUT PREJUDICE**

Our Ref: SGV 7160B

Your Ref: SKZ 6501P

14<sup>th</sup> July 2020

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

Dear Khanchna,

**Accident Involving:** SGV 7160B and SKZ 6501P  
**Date of Accident:** 3 April 2019  
**Location of Accident:** SLE Exit 9 Slip Road into Woodlands Ave 12

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

Cost of Repair as agreed	\$ 4,600.00
Add Loss of Use	\$ 1,200.00 10 Days
**2+1 Days PRS (5/6/9 Apr) + 2 Days PRS Weekend (7/8 Sep) + 4 Repair Days Agreed + 1 Sunday	
Total	\$ 5,800.00
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
<b>GRAND TOTAL</b>	<b>\$ 5,836.45</b>

Kindly pay the Grand Total Amount of **\$5,836.45** to:

**Team AutoPro Pte Ltd**  
160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautooffice@gmail.com

Thank you.



Regards,  
Adel (Ms)

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

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

# PROFORMA INVOICE

**ATTENTION:**

Leong Wei Cheong

PI Number	P2007-0948
PI Date	14-Jul-2020
Vehicle No.	SGV 7160B
Accident Date	3-Apr-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SGV 7160B	COR Lump Sum		\$ 4,600.00

**Notes:**

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

Total Amount	\$ 4,600.00
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Authorized Signature



## TAX INVOICE

Our Ref No: GR-19-059801

Date of Request: 16/04/2019

Your Ref No:

WALK IN TAN JY

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SGV7160B

Date of Accident: 03/04/2019

Place of Accident: SLE

Involving Vehicle No: SKZ6501P

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-19-059803

Date of Request: 16/04/2019

Your Ref No:

WALK IN TAN JY

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 03/04/2019

Vehicle No: SGV7160B

Place of Accident: SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12

Involving Vehicle No: SKZ6501P

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\$)
SKZ6501P	SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12	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

[> Back to OneMotoring](#)

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Apr 2019 / 15:17:05

Receipt Date/Time : 05 Apr 2019 / 15:17:05

SGV 7160 B (m)

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190405-002067

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKZ6501P				
As at 03 Apr 2019/14:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKZ6501P			
	Enquiry Fee	7.00	0.49	7.49
	20190405151625860172			
	<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				
	xxxxxxxxxxxx5916	Credit Card:		
		Visa/MasterCard		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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](#)



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.: SGV 7160 B  
and SKZ 6501 P and .....  
and ..... and .....  
@ SLE Exit 9 Slip Road into Woodlands Ave 12  
dated 03/04/2019.

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: .....

## 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	04/04/2019 16:21
Date Of Accident	03/04/2019 14:00
Exact Location Of Accident	SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7160B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG WEI CHEONG
NRIC No	S7605322G
Email Address	LWEICHEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94781141
Alternative Phone No	OTHERS-94781141

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01010879
Cover Note Number	N.A

### Driver

Name of Driver	LEONG WEI CHEONG
NRIC No	S7605322G
Date Of Birth	19/02/1976
Occupation	INDOOR
Date Of Driving Pass	10/01/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94781141
Fax Number	
Contact Number	OTHERS-94781141
Email Address	LWEICHEO@GMAIL.COM

Address	NIL
Postcode	
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 (including own vehicle) involved in the accident	2
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)	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

I was travelling along SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12. The traffic was moderate. I was on the right lane waiting for the traffic to turn green. My vehicle was stationary when vehicle SKZ6501P from the back didn't stopped on time and hit my rear bumper of my vehicle. Damages to my vehicle on the rear portion. No injuries were involved.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ6501P
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER 2.4 CVT AWD S/R FACELIFT / DARK GREY
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	NEO BEE BEE
NRIC/Passport Number	S7327432Z
Contact Number	90609922
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan

### 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 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 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.
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 my 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.
  - (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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

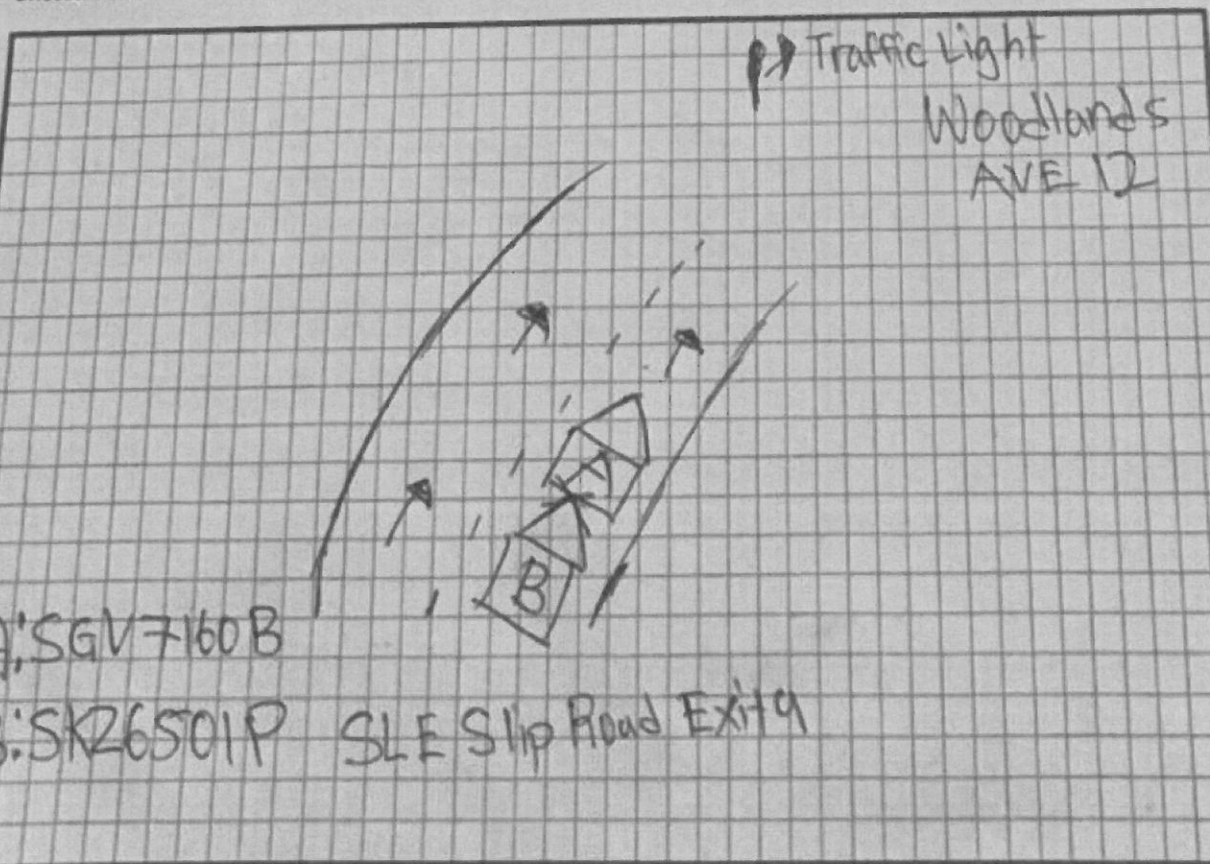
Muhammad Firza Bin Ideris

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling along SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12. The traffic was moderate. I was on the right lane waiting for the traffic to turn green. My vehicle was stationary when vehicle SKZ6501P from the back didn't stopped on time and hit my rear bumper of my vehicle. Damages to my vehicle on the rear portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 April 2019 at 8:11 PM

Date/Time:

3 April 2019 at 8:11 PM


**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S7605322G**  
 Name: **LEONG WEI CHEONG**  
 Birth Date: **19 Feb 1976**  
 Issue Date: **18 Dec 2002**

000049291D

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7605322G**



Name: **LEONG WEI CHEONG**  
 梁伟昌  
 Race: **CHINESE**  
 Date of birth: **19-02-1976** Sex: **M**  
 Country of birth: **SINGAPORE**

S7605322G

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jan 1995

NP 428A

Licence No: S7605322G

3847158



NRIC No: **S7605322G**



Date of issue: **27-02-2006**

APT BLK 103 HOUGANG AVENUE 1 #04-1129  
 SINGAPORE 530103  
 NRIC No: **S7605322G** Date: **26/09/2011** No: **6927425**