



**WITHOUT PREJUDICE**

Our Ref: SLT 10Z

Your Ref: SKG 1963Y

23<sup>rd</sup> July 2019

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

Dear Vic,

**Accident Involving:** SLT 10Z and SKG 1963Y  
**Date of Accident:** 12 April 2019  
**Location of Accident:** Woodlands Ave 3 Turning Towards BKE

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

Cost of Repair as agreed	\$ 40,000.00	
Add Loss of Use	\$ 5,200.00	26 Days @ \$200/day 2+1 Days PRS (13 Sat/14 Sun/15 Apr) + 18 Repair Days Agreed (16/17/18/20/22/23/24/25/26/27/29/30 Apr, 2/3/4/6/7/8 May) + 3 Sunday (21/28 Apr, 5 May) + 2 PH (19 Apr- Good Friday, 1 May- Labour Day)
Total	\$ 45,200.00	
Add Towing Fee	\$ 180.00	
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
<b>GRAND TOTAL</b>	<b>\$ 45,416.45</b>	

Kindly pay the Grand Total Amount of **\$45,416.45** 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

Thank you

Regards  
Adel (MS)



# PROFORMA INVOICE

**ATTENTION:**

Chen Yen Yeo

PI Number	P1907-0393
PI Date	23-Jul-2019
Vehicle No.	SLT 10Z
Accident Date	12-Apr-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLT 10Z	COR Lump Sum		\$ 40,000.00

**Notes:**

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

Total Amount	\$ 40,000.00
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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	15/04/2019 15:23
Date Of Accident	12/04/2019 17:30
Exact Location Of Accident	WOODLANDS AVE 3 TURNING TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT10Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN YEN YEO
NRIC No	S7718068J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97975864
Alternative Phone No	OFFICE-97975864

### Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE
Exact Purpose for which vehicle was being used at time of accident	
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008649
Cover Note Number	

### Driver

Name of Driver	CHEN TSANG KU
NRIC No	S2183413J
Date Of Birth	30/10/1942
Occupation	INDOOR
Date Of Driving Pass	25/07/1974
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97975864
Fax Number	
Contact Number	OFFICE-97975864
EMail Address	NOEMAIL

Address	24 WOODGROVE AVE
Postcode	738065
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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 TO 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	SKG1963Y
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)

## Sketch Plan

### 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.

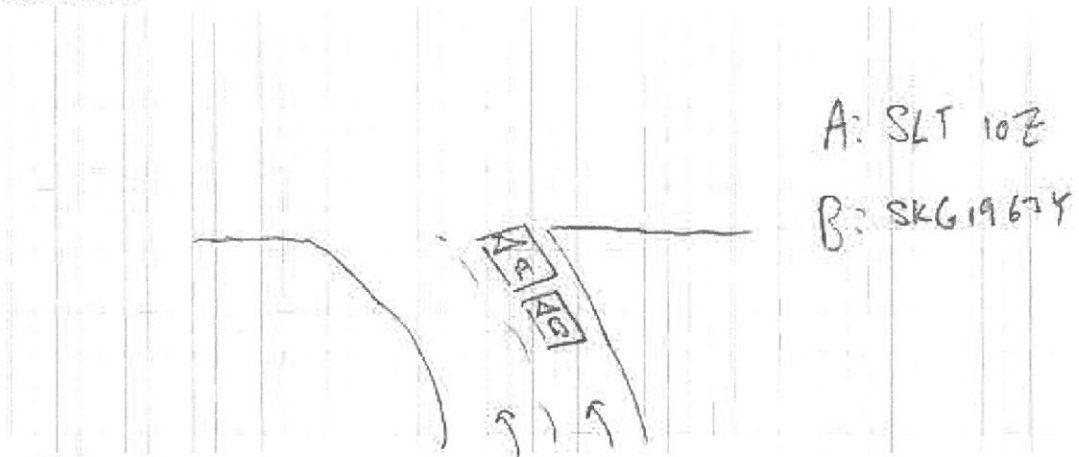
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time, I was stationary waiting at the stop line when suddenly I felt and impact from the rear. I like to state that I kept within my lane.

### DECLARATION

(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/ID No.:





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00008649 (Comprehensive - Prestige Plan)**

Car plate number: SLT10Z

Your name (As the policyholder): Chen Yen Yeo

Coverage start date: 01/07/2018

Coverage end date: 30/06/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Maybank

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 25/06/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.



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.: **SLT 10 Z**  
and **SKG 1963 Y** and .....  
and ..... and .....  
@ **Woodland Ave 3 turning towards BKE**  
dated **12/04/2019**.

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: .....

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7718068J



Name  
CHEN YEN YEO  
(CHEN YANYOU)  
陈 衍 佑

Race  
CHINESE

Date of birth  
25-06-1977

Sex  
M

Country/Place of birth  
SINGAPORE

S7718068J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7718068J  
Name:  
CHEN YEN YEO  
(CHEN YANYOU)

Birth Date: 25 Jun 1977  
Issue Date: 05 Sep 2003

000305902F

5542994



NRIC No. S7718068J



Date of issue  
22-12-2015

24 WOODGROVE AVENUE  
SINGAPORE 738065  
NRIC No: S7718068J Date: 03/10/2017

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jan 1997

NP 428A

Licence No: S7718068J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2183413J

Name  
CHEN TSANG KU

陳藏圀

Race  
CHINESE

Date of Birth  
30-10-1942

Sex  
M

Country of Birth  
TAIWAN

S2183413J

2843435

Barcode

NRIC No. S2183413J

Fingerprint

Blood Group  
O+


Date of issue  
09-06-1995


Address  
10 SECOND AVENUE  
SINGAPORE 1025

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S2183413**  
Name: **CHEN TSANG KU**

Birth Date: **30 Oct 1942**  
Issue Date: **26 Aug 2003**




 000768929C

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

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>25 Jul 1974</b>

NP 428A

Licence No: S2183413J





# 24 HOUR RECOVERY SERVICES

## 24 HRS HOTLINE: 8455 5669

Co.Reg No: 53333929D

No. 16408

Date : 12/04/2019



M/S : Team Auto (Toby)  
Vehicle No : SLT 10Z Model : Porsche Cayenne GTS  
From : Woodland Ave 3 towards BKE Time Start : 1740  
To : Vicom Sin Ming Time End : 1800  
Remarks : 28092146 (A)

- |  |   |   |                                 |
|--|---|---|---------------------------------|
| <input type="checkbox"/> Change Tyres / Jump Start   | <input checked="" type="checkbox"/> Accident        | <input type="checkbox"/> Use Car Carrier      | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark    | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door            |                                 |
| <input checked="" type="checkbox"/> Using King Dolly | <input type="checkbox"/> Dismantle Brake / Shaft    | <input type="checkbox"/> Crane Up / Winch Out |                                 |

AMOUNT S\$ \$180 f

Received By

Xiao  
for 24 hour Recovery Services

Vehicle is transported at owner's risk, The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

## TAX INVOICE

Our Ref No: GR-19-059809

Date of Request: 16/04/2019

Your Ref No: WALK IN TAN

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

Dear Sir/Madam,

Your Vehicle No: SLT10Z  
Date of Accident: 12/04/2019  
Place of Accident: WOODLANDS AVE 3  
Involving Vehicle No: SKG1963Y

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-19-059810

Date of Request: 16/04/2019

Your Ref No: WALK IN TAN

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

Dear Sir/Madam,

Date of Accident: 12/04/2019

Vehicle No: SLT10Z

Place of Accident: WOODLANDS AVE 3 TURNING TOWARDS BKE

Involving Vehicle No: SKG1963Y

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\$)
SKG1963Y	WOODLANDS AVE 3 TURNING TOWARDS BKE	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



&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Apr 2019 / 10:32:58

Receipt Date/Time : 13 Apr 2019 / 10:32:58

SLT 10Z (m)

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190413-000433

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKG1963Y

As at 12 Apr 2019/17:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SKG1963Y  
Enquiry Fee  
20190413103133863109

<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
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<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.