Address: 1 Defu Lane 6 Singapore 539365 Tel: 6858 5151 Fax: 6858 0877

Our Ref: TP013052019 Date: 13.06.2019

Your Ref: YN235U (CC6/LPC19008579/HA3)

WITHOUT PREJUDICE

Claims Department - Executive in charge

Lonpac Insurance Bhd

Dear Sir/Madam,

ACCIDENT INVOLVING SKX5816Z / YN235U ON 10.05.2019

Refer to the above accident and please acknowledge receipt of this letter within 14 days.

It appears that the accident was caused by your insured. Enclosed documents to substantiate our client's property damaged claim as our client had authorized us to quantify, to act and to reach settlement within 6 weeks on their behalf: -

O Original Tax-invoice number TP0619/010 O Vehicle search result

O SAS O Rental bill - Inv-18190932

O Authorization to act O Police report

*Survey under insurance instruction (LKK)

a) Cost of repair (inclusive GST) \$1,819.00

b) Vehicle Search fees \$2.00

c) Rental fees \$417.30

d) Administrative charges to negotiate settlement \$100.00 (Waive if 100% offer made within acknowledge timeframe)

Total \$2,338,30

If you are agreeable to the above, please forward discharge voucher for our client's signature and payment issued directly to "Tan Lim Motor Pte Ltd" within 28 days.

Yours faithfully,

Patricia Tan / Johnson Chua

Email: pt@tlmotor.com.sq / johnson.chua@tlmotor.com.sq

^{*} Driver's injury and other losses exclude in this claim.

TAX-INVOICE NUMBER: TP0619/010



(Please quote our reference number TP013052019 for payment)

Sia Chee Peng

Date: 03/06/2019

Vehicle No:

SKX5816Z

Model:

HONDA VEZEL 1.5 X

Description

Amount

To lump sum repair as recommended by surveyor.

\$1,700.00

 Sub Total
 \$1,700.00

 Add 7% GST
 \$119.00

 Total
 \$1,819.00

Tan Lim Motor Pte Ltd

Co. Reg. No.: 199503965M GST Reg. No.: M2-8922054-2



GLOBAL ADVANCE LEASING

No. 1 Defu Lane 6, Singapore 539365

T: +65 6100 0425 | enquiry@gal.com.sg | GST Reg No.: 200409785W

Bill To

TAX INVOICE

Sia Chee Peng C/O: Tan Lim Motor Pte Ltd Blk 376A Hougang St 32 #10-08 Singapore 531376 531376

Invoice No

INV-18190932

Invoice Date

30 May 2019

Reference

SKC1322T

Description

Amount

SKC1322T, REF: TP013052019-SKX5816Z(ST7351)

Rental from 27/05/2019 to 30/05/2019

390.00

03 days @ \$130.00 per day

Subtotal

390.00

Total GST

27.30

Amount Due

417.30



No Official Receipts will be issued. This is a computer generated document. No signature required.

PAYMENT METHOD













View and pay online now

CREDIT CARD:

Credit Card Convenience Fees applicable

CHEQUE: All cheques should be crossed and made payable to : GLOBAL ADVANCE LEASING. Please indicate invoice number and payer's name on reverse of cheque

BANK TRANSFER: UOB Bank Account Number 208-315-273-9

Payment is due on or before the first day of rental. Kindly make payment promptly to avoid incurring admin charges and late payment interest.



Global Advance Leasing

GLOBAL ADVANCE LEASING

the neth disputati

Biz Reg: 852935825E GST Reg No: 200409785W

THE GOODGAL S(539,365)

Agreement: 7351

To you Alto Make & Model Vehicle No SKZ 1322 Class 2 / 2A / 2B / 3 / 4 / 5 Check Out / Check In Hirer chee Pano SIA Date Out 27/05/2019 Name BIE 376A Hougang Street 32 # 10-08 Time Out |810hrs км он 132403 Address. 531376 8 innapore ET 1/4 3/4 F PETROL 1/2 30-05-2019 Contact Person KM In 132635 174ohrs Time In Class 2 / 2A / 2B / 3 / 4 / 5 1st Driver ET 1/4 3/4 About Name Address **Mode of Payment** Cash / Cheque / Company Billing / Credit Card / Others 9368 4351 (0) (H/P) Cheque / Card Details: S 6932616A Siponego Nationality Passport/NRIC No ___ Expiry Date: Driving Licence No. Driving Exp. SIPPIE Rental Charges Country of Issue Expiry Date G\$ 130-00 OO Day/s Class 2 / 2A / 2B / 3 / 4 / 5 Additional Driver Week/s @\$ **Aveek** 53 Name Month/s @\$ /month Address SUBTOTAL (H/P) Passport/NRIC No. Nationality COW SS 05 **Driving Licence No.** Driving Exp PAI G\$ Expiry Date Country of Issue Petrol Top Up SS \$\$ Delivery / Collection fee Non Waiverable Excess The Hirer acknowledges a \$ 1500-00 collision damage excess per accident \$\$ 24.30 651 Misc applies 53 Misc Less Pre-Payment / Deposit (5\$ Collision Damage Waiver (CDW) The Hirer may limit his liability for any damage arising from collision to \$, Misc (8\$ purchasing CDW and paying the specified sum. 411-30 Total Due S\$ Charges Subject to Final Audit Personal Accident Insurance (PAI) Refundable Deposit PAI may be purchased at a premium specified herein. The Hirer acknowledges that the Deposit insurance is written by an independent insurance company and acknowledges that he has received, read and understood the policy conditions relating to the same. Date of Refund Refund Acknowledgement Special Instructions For Official Use Invaice No: 18190932 Date 30/05/2019 Receipt No

Important Notes

- Rental Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the owner.
- 2. Only persons authorised by Global Advance Leasing may drive the vehicle.
- 3. All parking and traffic violations are the responsibility of the Hirer. An Administrative charge will be levied on any traffic violations redirected.
- 4. The Hirer shall be liable for excess charges for any late return at the rate shown per hour or per day.
- 5. In the event of accident, the Hirer shall report to the rental office introductely.

I/We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I/We out its pay by credit / charge card, I agree that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable credit card charge slip.

(Hirer's signature)

(Additional Driver's signature)

X (Global Advance Leasing)



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-19-074725

Date of Request:

11/05/2019

Your Ref No:

Online Purchase

Tan Lim Motor Pte Ltd 1 Defu Lane 6 Singapore 539365

Dear Sir/Madam,

Enquiry Date

11/05/2019

Enquiry By

Lam Wei Shong

TP V de No.

YN235U

Accid___ Date

10/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN235U	Lonpac Insurance Bhd	20/03/2019-23/03/2020	+65 62507388

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.



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-19-074725

Date of Request:

11/05/2019

Your Ref No:

Online Purchase

Tan Lim Motor Pte Ltd 1 Defu Lane 6 Singapore 539365

Dear Sir/Madam,

Enquiry Date

11/05/2019

Enquiry By

Lam Wei Shong

TP Vehicle No.

YN235U

Acci. .t Date

10/05/2019

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

MTLM19961107 / Tarl Lim Motor Ple LM - Defu ENTRY DATE & TIME: 11/05/2919 09:29 SUBMITTED BY: Lam Wei Shong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

ACCIE	NEW PROPERTY.		2.5	 HE N	
ACCIE	ER	0	ы	 IEN	u

Date Of Report 11/05/2019 09:20
Date Of Accident 10/05/2019 16:00

Exact Location Of Accident BOURNEMOUTH ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5816Z

Insured/Policyholder

Name Of Registered Owner SIA CHEE PENG

NRIC No S6932616A

Email Address CPSIA89PT@YAHOO.COM.SG

 Mobile Phone No
 (LOCAL) +65-93684351

 Alternative Phone No
 OTHERS-93684351

Vehicle Particulars

Manufacturer HONDA

Model VEZEL-1.5 1.5X CVT (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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5076550167-03

Cover Note Number 18/12/2018 TO 17/12/2019

Driver

 Name of Driver
 SIA CHEE PENG

 NRIC No
 \$6932616A

 Date Of Birth
 23/09/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/11/1993

Driving Experience 25 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93684351

Fax Number

Contact Number OTHERS-93684351

EMail Address CPSIAB9PT@YAHOO.COM.SG

BLOCK 376A HOUGANG STREET 32 Address

#10-08

Postcode 531376

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

YES

NO

YES

0

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

Refer to Police Report - T/201920510/2184

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

YN235U

Details Of Properties

LORRY

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 ladgment 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)

Lunderstand, 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) at:
 - (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.

Date & Time: 1//05/14 @ OFFU W

Driver's Signiture

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date & Time:

	celor 1	Police	report: - T/2019051012184
	15. 111 [0	101100	170170710 12109
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	. /		
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- 1	1		
-			
	/		
CLARATION			
e declare the foregoing part	iculars are true in every respect.		
cyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature

(If driver is not the policyholder)

11/05/19 C1/50 hs Date & Time:

Lam Wei Thron

NRIC/FIN NO. CA686 4052 K

Name:





1 of 3

Report No. T/20190510/2184

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF	· A	TRAFFIC	ACCIDENT

	me Report N 019 19:03	Made:	Vide Report No.:	Station Diary No.: 114
Informa	int's Partic	ulars		
	f Informant EE PENG		Address: APT BLK 376A HOUGANG 531376	STREET 32 #10-08 SINGAPORE
	/ ID No.: O / S69326	16A	Contact No.: Home/Office:	Mobile: 93684351
National SINGAF	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 23/09/1969	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupat SAFETY	tion: OFFICER		Driving Licence Information: Class:	Date of Expiry:

General Inform	mation of the Accider	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/05/2019 16:	00	Type of Location Straight Road
Location: Along Road 1 BOURNEMOI OUTSIDE 30	JTH ROAD BOURNEMOUTH RO	AD.			
Weather: Clear		Road Surface: Dry		Road	d Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traff Light	fic Volume: t
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear			one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX5816Z	Car					0
YN235U	Lorry					0





Police Station Of Origin: Hougang N.P.C.

2 of 3

60 Hougang Avenue 9 SINGAPORE 538775

Report No. T/20190510/2184

Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On 10/05/2019 at about 0810hrs, I parked my vehicle (SKX5816Z) at the incident location and everything was normal. Nothing amiss.

On the same day at about 1600hrs when I went back to retrieve my vehicle, I discovered there was damaged on the front of my vehicle. I retrieved my in-car camera and it revealed that there was a vehicle (YN235U) with 'HANAKO' printed on the vehicle's body, had reversed and collided onto the front of my vehicle and left without placing any notes.

There isn't any government properties damaged and no one injured.





3 of 3

Report No. T/20190510/2184

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report F / Sgt 3 JANSEN KWOK SHU HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2019 19:03
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

AUTHORIZATION TO ACT

FROM : OWNER OF VEHICLE N	40.0	8/6 7	
ACCIDENT INVOLVING	No. of the last of		
ALONG/AT BUUrnemout	h Royd	on_10/	105/2019
/We hereby authorize you to ac rising out of the above accident.	t on my/our behalf in pi	ursuance of my/our cla	im for losses
This letter serves as the 'AUTHO	RITY TO ACT		
I/We also hereby authorize all a MOTOR PTE LTD.	greed settlement payme	nt be made in favour t	TAN LIM
lame_fon Chee	Pang		
stc 5 69 32 616			
.1			
ddress Block 376A	Houseng street	32 #10-08	Siegapie
ntact 93 68 4351			5 1
ite1/05/2019			
gnature			

Owner's / Hirer's signature / RTP

(Company's stamp if applicable)

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."