



WITHOUT PREJUDICE

Our Ref: SJF 1610H

Your Ref: SLM 7392L

26th September 2019

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

Dear Vic,

Accident Involving: SJF 1610H and SLM 7392L

Date of Accident: 28 May 2019

Location of Accident: AYE towards City before Jurong Town Hall

We refer to the aforementioned accident and hereby submit our client's Total Loss claim as below:

Total Loss Nett Value As Agreed	\$	6,000.00	
Add Loss of Use	\$	2,560.00	32 Days From DOA till DeReg : 28th May to 24th Jun
Total	\$	8,560.00	
Add Tow Fee	\$	180.00	Accident Scene to Workshop
Add LTA Search Fee	\$	7.45	
Add Storage Fee	\$	500.00	
Add Administrative Fee	\$	1,000.00	
GRAND TOTAL	\$	10,247.45	

Kindly pay the Grand Total Amount of **\$10,247.45** 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 / teamautoprl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Poh Tian Gee

PI Number	P1909-0495
PI Date	26-Sep-2019
Vehicle No.	SJF 1610H
Accident Date	28-May-2019

S/No	Description	Unit Price	Quantity	Amount
1	TOTAL LOSS Nett Value for Vehicle Nos. SJF 1610H	COR Lump Sum		\$ 6,000.00

Notes:

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

Total Amount	\$ 6,000.00
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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	30/05/2019 16:26
Date Of Accident	28/05/2019 17:20
Exact Location Of Accident	AYE TOWARDS CITY BEFORE JURONG TOWN HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1610H
Insured/Policyholder	
Name Of Registered Owner	POH TIAN GEE
NRIC No	S6945446A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97791398
Alternative Phone No	OTHERS-97791398

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3065891800
Cover Note Number	

Driver

Name of Driver	SOE THIHA AUNG
Passport No/FIN	G5389502L
Date Of Birth	28/09/1976
Occupation	INDOOR
Date Of Driving Pass	11/09/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97791398
Fax Number	
Contact Number	OTHERS-97791398
Email Address	NOEMAIL

Address	BLK 825 YISHUN STREET 81 #10-574
Postcode	760825
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	7
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)	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

PLEASE REFER TO SKETCH PLAN

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	SLM7392L
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	SLA1767S
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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 3

Vehicle Registration Number SLM1674M

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 4

Vehicle Registration Number SJR3473T

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 5

Vehicle Registration Number SLM6122G

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 6

Vehicle Registration Number SHA1437S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SOE THIHA AUNG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJF1610H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

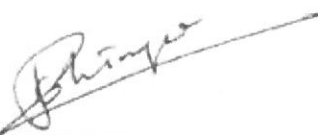
SKETCH PLAN

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 willful 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. 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:

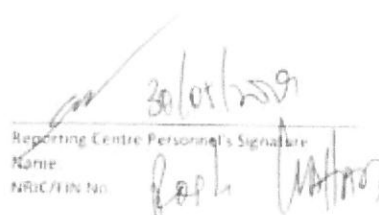
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



30/01/2019

Reporting Centre Personnel's Signature
Name
NRIC/IN No.

Sketch Plan #2

SKETCH PLAN



AYE City before Jurong Town Hall

Vehicle A: SJF1610H

B: SLM 7392L /

C: SLA 176751

D: 52m 1674m

E: SJR 2473 T/

F: SLM 6122 G✓

G: SHA 14375

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight

On my right hand lane. Vehicle in front of me stopped, I followed

6. Sudden Vehicle B hit onto my Vehicle rear portion.

The impact is so huge, my vehicle propelled forward and hit onto

Vehicle G voor portier.

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: Neil
NRIC/FIN No: 9201 1234 5678



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200205384E

MXLF
E SN
AND644A
Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No	DMPCSN3065891800	Engine No :HRIS176716A Chassis: JN1BAAC1120005840
1. Index Mark and Registration Number of Vehicle	SJF1610H	AUTOSAFE
2. Name of Policy Holder	POH TIAN GEE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09 October 2019	Named Drivers Ex Sect. I S\$500.00 Additional Ex other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	20 November 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 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*	Use for social, domestic and pleasure purposes and for the policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy year.	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia), are not to be included under these headings.

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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: LIM LEE CHOO
Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6945446A



Name

POH TIAN GEE



傅田義

Race

CHINESE

Date of Birth

25-12-1969

Sex

M

Country of Birth

SINGAPORE



0189724



NRIC No. S6945446A



Blood Group

AB+

Date of Issue

09-12-1991

APT BLK 825 YISHUN STREET 81 #10-574
SINGAPORE 760825

NRIC No: S6945446A

Date: 05/07/2008

No: 5981887

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

Letter of Authorization & Undertaking

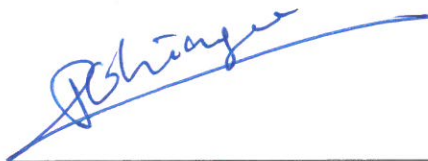
In Respect of Accident Involving my/our Vehicle No.: SJF 1610 H
and SLM 7392 L (B) and SLA 1767 S (C)
and
@ AYE City Before Jurong Town Hall
dated 28/5/2019

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:

03-07-2018


VISIT PASS

Immigration Regulations

Name

SOE THIHA AUNG

Download SGWorkPass App to check status



FIN

G5389502L

Date of Birth

28-09-1976

Sex


M


Nationality

MYANMAR

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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


Class 3C

Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver


EFFECTIVE DATE

11 Sep 2018

Licence No: G5389502L



NP 426A



S PASS

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer

VIGAHS MARINE TECHNOLOGIES PTE. LTD.

Name


SOE THIHA AUNG


S Pass No.


0 93069102

Sector:


MARINE







K0546477



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number

G 5389502L

Name

SOE THIHA AUNG

Birth Date:


28 Sep 1976


Issue Date:

11 Sep 2018


Valid Till

09/10/2023





002844373J





24 HOUR RECOVERY SERVICES
24 HRS HOTLINE: 8455 5669

Co.Reg No: 53333929D

No. **17220**

Date : **28-5-19**



M/S : **TEAM A4to**
Vehicle No : **SJF 1610H** Model : **LATiO**
From : **AYE** Time Start : **1805**
To : **160 Sinming #01-14** Time End : **1840**
Remarks : **(A) 1830**

- | | | | |
|--|---|---|---------------------------------|
| <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/-**

W-L

Received By

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.

> Back to OneMotoring



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

Print Date/Time : 04 Jun 2019 / 17:43:55

Receipt Date/Time : 04 Jun 2019 / 17:43:55

SJF1610H (u)

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190604-002805

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLM7392L				
As at 04 Jun 2019/17:20:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLM7392L			
	Enquiry Fee	7.00	0.49	7.49
	20190604174258912647			
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx5916	Credit Card:		7.45
		Visa/MasterCard		
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				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.