

Tropical Tech Automobile Services

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **LKK Auto Consultants Pte Ltd**
51, Ubi Avenue 1, #01-25,
Paya Ubi Industrial Park,
Singapore 408933

Attn : Surveyor : Mr Kenneth (Lonpac Insurance)
Tel : 62563561
Fax : 62564315

Mileage : _____

LETTER OF AUTHORITY

Our reference : TT 37 / 19 / TP / WT

Your reference: **SGW4212A**

06 June 2019

Lonpac Insurance Bhd

101 Thomson Road,
#18-01 United Square,
S'pore 307591

Attention : Motor Claims Third Party Department

Tel : 62507388

Fax : 62532058

Your Insured Registration No : **SGW4212A**

Dear Sir / madam,

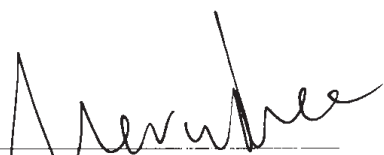
**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SGW4212A AND SDP5255S
ALONG AMK AVENUE 3 (ESSO STATION) ON 02 JUNE 2019 AT ABOUT 1955 HRS.**

I / We, M / s **LEE YONG HUAT**, holding of NRIC / Company Registration No : **S 7121003 J**, of C / o Blk 5030 Ang Mo Kio Avenue 3 #01-201 Industrial Park 2 Singapore 569535, Owner of the Motor Vehicle Registration No : **SDP5255S** do hereby authorise "M / s **TROPICAL TECH AUTOMOBILE SERVICES**" as my / our authorised representative to write, negotiate, signed any correspondence / voucher and settle claims on my / our behalf in my / our claims against the party / parties involved in the above mentioned accident.

I / We also agree settlement sum \$ 1,840.00 in favour of my / our representative, "M / s **TROPICAL TECH AUTOMOBILE SERVICES**" and that the said payment be forwarded to them as full and final discharge of my / our claim.

* I / We request all correspondence to be forwarded to "**TROPICAL TECH AUTOMOBILE SERVICES**".

Yours sincerely,



M / s : **LEE YONG HUAT**
NRIC / Company Registration No : **S 7121003 J**
Blk 5030 Ang Mo Kio Avenue 3 #01-201
Industrial Park 2 Singapore 569535

Tropical Tech Automobile Services

Blk 5030 Ang Mo Kio Avenue 3 #01-201 Industrial Park 2 Singapore 569535
Tel : 6481 7773 / 6481 1403 Fax : 6484 4978
E-mail : tsac303@singnet.com.sg

Claim No : TT 37 / 19 / TP / WT

SATISFACTION VOUCHER

I / We, Lee Yang Huat, holding of NRIC / Company Registration No : S71210033, hereby agree to accept the sum of Singapore Dollars One thousand eight hundred & forty dollars only. (\$ 1,840.00), from Lompac Insurance Bhd in full and final settlement of all my / our claims arising from a **TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SGW4212A AND SDP5255S ALONG AMK AVENUE 3 (ESSO STATION) ON 02 JUNE 2019 AT ABOUT 1955 HRS.**

In consideration of the above payment made to me / us by **Lompac Insurance Bhd**, I / We the undersigned hereby declare that I / We have no further claim or claims of whatsoever nature present or future against either owner / driver of vehicle no. : **SGW4212A** and their said Insurance Company for compensation, demands, damages, or costs incurred in connection with this accident.

It is further understood and agreed that this settlement is made without admission of liability on the part of the said Insurance Company and / or their Insured / driver of the said motor vehicle **SGW4212A**.

* I / We request all correspondence to be forwarded to **"TROPICAL TECH AUTOMOBILE SERVICES"**.

* I / We authorise you to issue the above amount to **"TROPICAL TECH AUTOMOBILE SERVICES"**.

Witnessed by Repairers

Name : William Tan Ban Leng

Tropical Tech Automobile Services

Address: Blk 5032 Ang Mo Kio Ave 3

#01-303 Industrial Park 2

Singapore 569535

Tel: 6481 7773 / 6481 1403 Fax: 6484 4978

Email: tsac303@singnet.com.sg

Date : 06/06/2019



(Company chop if applicable)

Signature of Claimant

Name : Lee Yang Huat

Tropical Tech Automobile Services

Address: Blk 5032 Ang Mo Kio Ave 3

#01-303 Industrial Park 2

Singapore 569535

Tel: 6481 7773 / 6481 1403 Fax: 6484 4978

Email: tsac303@singnet.com.sg

Date : 06/06/2019

(Company chop if applicable)

Tropical Tech Automobile Services

Blk 5030, Ang Mo Kio Avenue 3, #01-201, Industrial Park 2, Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : tasc303@singnet.com.sg

M / s : **Lonpac Insurance Bhd**
300, Beach Road, 07 The Concourse,
#17-04, Singapore 199555

Final bill : TT 37 / 19 / TP / WT

Registration No : SDP5255S

Attn : Motor Claims Third Party Department
Tel : 62507388
Fax : 62532058

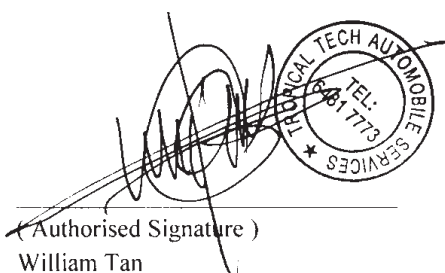
Make model : BMW

Mileage : Date : 17 / 06 / 2019

**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SGW4212A AND SDP5255S
ALONG AMK AVENUE 3 (ESSO STATION) ON 02 JUNE 2019 AT ABOUT 1955HRS.**

Lump sum cost of repair at \$1,600.00 as per confirmation by Surveyor Mr Kenneth from LKK Auto Consultants Pte Ltd appointed by Lonpac Insurance :	\$	1,600.00
Loss of use for 3 day : (Each \$80.00)	\$	240.00
Grand final amount :	\$	1,840.00

Tropical Tech Automobile Services


(Authorised Signature)
William Tan

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 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:



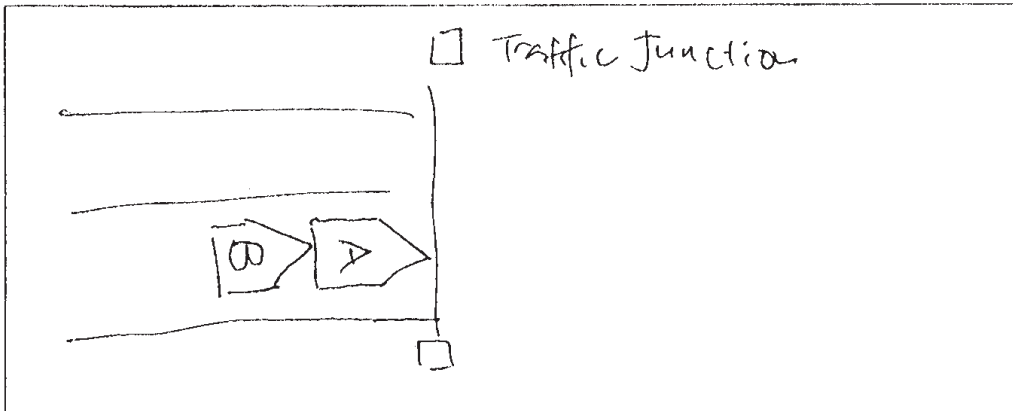
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 2/6/2019 Time: 7:55 pm Location: Amk Ave 3 (Esso Station)
 My Vehicle A: SDP 52555 Vehicle B: SGW 4212 A Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was stopping at the traffic light junction of Amk Ave 3 (outside Esso station) A car hit me from behind, SGW 4212 A. The owner agreed to let me claim his insurance.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: JIN AUTO

Email address: JOUIS@jinauto.com.sg

& myself:

Email address: mervynkenwood@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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 Officer's Signature
Name:
NRIC/FIN No.:

For use by the reporting officer

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	03/06/2019 13:31
Date Of Accident	02/06/2019 19:55
Exact Location Of Accident	AMK AVE 3 (ESSO STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP5255S
Insured/Policyholder	
Name Of Registered Owner	LEE YONG HUAT
NRIC No	S7121003J
Email Address	MERVYNKENWOOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86065525
Alternative Phone No	OTHERS-86065525

Vehicle Particulars

Manufacturer	BMW
Model	320I-2.0 (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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009986
Cover Note Number	04/08/2018 - 04/08/2019

Driver

Name of Driver	LEE YONG HUAT
NRIC No	S7121003J
Date Of Birth	17/06/1971
Occupation	INDOOR
Date Of Driving Pass	21/10/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86065525
Fax Number	
Contact Number	OTHERS-86065525
E-Mail Address	MERVYNKENWOOD@GMAIL.COM

Address	3 CHUAN HOE AVENUE
Postcode	549816
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

REFER TO THE SKETCH PLAN BY DRIVER

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	SGW4212A
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)	



YOUR EXECUTIVE CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00009986

About this policy

Premium paid : S\$1,035.23 Coverage start date : 04/08/2018
(Inclusive of GST) Coverage end date : 04/08/2019
Who is insured to drive: : You and any Authorised Driver
Plan Type : EXECUTIVE

About you (As the policyholder)

Your name : LEE YONG HUAT
Address : 3 Chuan Hoe Avenue Nanyang Park Singapore 549816
Email : mervynkenwood@gmail.com
NRIC/FIN : S7121003J Date of birth : 17/06/1971
Marital status : Married Gender : Male
Current no claims discount : 50% Mobile Number : 86065525
Years of driving experience : Three or more Certificate of merit : No

About your car

Car make and model : BMW 320i CONVERTIBLE
Year of first registration : 2009
Car plate number : SDP52555
Issued on: : 30/01/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7121003J



Name



LEE YONG HUAT
(LI RONGFA)

李 荣 发

Race
CHINESE

Date of Birth Sex
17-06-1971 M

Country of Birth
SINGAPORE

A0253915



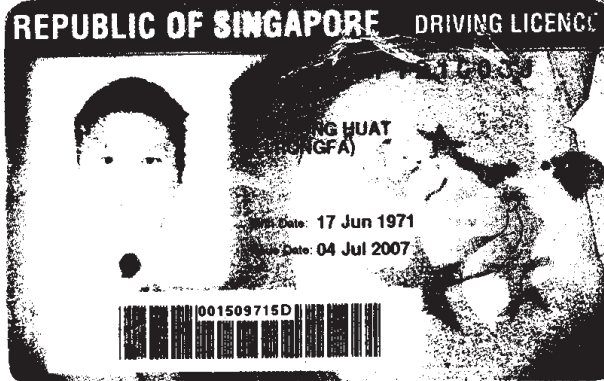
NRIC No S7121003J

ATM-2

F3908

Blood Group Date of issue
- 05-11-2002

Address
3 CHUAN HOE AVENUE
SINGAPORE 549816



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

PASS DATE

Class 3 Motor Car <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Oct 1993



Licence No: S7121003J