



WITHOUT PREJUDICE

Our Ref: SJP 2594L

Your Ref: SKZ 7296A

23rd July 2019

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

Dear Asher,

Accident Involving: SJP 2594L and SKZ 7296A

Date of Accident: 4 June 2019

Location of Accident: CTE / SLE After Slip Road

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

Cost of Repair as agreed	\$ 9,900.00
Add Loss of Use	\$ 2,400.00 20 Days@ \$120/Day 2+3 Days PRS (7/8 Sat/9 Sun/10/11 Jun) + 2 Days Resurvey (12/13 Jun) + 11 Repair Days Agreed (14/15/17/18/19/20/21/22/24/25/26 Jun) + 2 Sunday (16/23 Jun)
Total	\$ 12,300.00
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
GRAND TOTAL	\$ 12,336.45

Kindly pay the Grand Total Amount of **\$12,336.45** 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: teamautooffice@gmail.com

Thank you



Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #01-14 Sin Ming AutoCity Singapore 575722

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

PROFORMA INVOICE

**ATTENTION:**

Kiraly Private Limited

PI Number	P1907-0396
PI Date	23-Jul-2019
Vehicle No.	SJP 2594L
Accident Date	4-Jun-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJP 2594L	COR Lump Sum		\$ 9,900.00

Notes:

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

Total Amount	\$	9,900.00
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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	06/06/2019 17:59
Date Of Accident	04/06/2019 19:45
Exact Location Of Accident	CTE / SLE AFTER SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2594L
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Insured/Policyholder

Name Of Registered Owner	KIRALY PRIVATE LIMITED
Co Reg No	201412081C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88092146

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8T FSI MU CVT ABS D/AB 2WD
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	5108243915
Cover Note Number	

Driver

Name of Driver	TOBY TNG JIA HAO
NRIC No	S9217005E
Date Of Birth	15/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88092146
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 629 YISHUN STREET 61 #05-11
Postcode	760629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : TEDDY TNG 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	SKZ7296A
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 INJURED PERSON 1

Name TOBY TNG JIA HAO

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP2594L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TEDDY TNG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP2594L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



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.

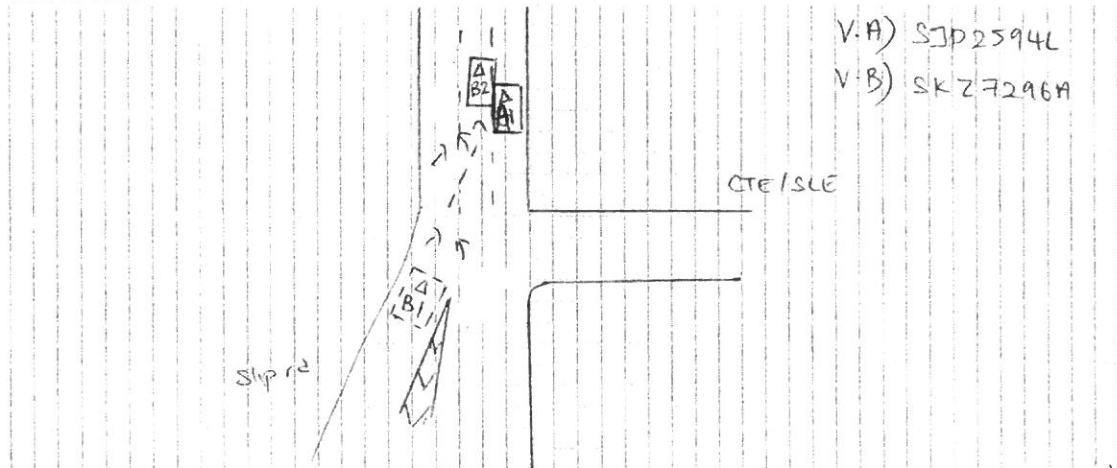
X  
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date and time, I vehicle 'A' was travelling on the
stated venue. I was travelling straight in my lane at the designated
speed. While driving, I notice on my vehicle left side mirror that
vehicle 'B' were swerving closely into my lane, I could not avoid
vehicle 'B' as my right side were concrete pathway.
Vehicle 'B' collided against my front vehicle portion, while vehicle 'B' damage
on the rear right portion. Shortly we got down and the driver advise
that she misjudge the lane as it was coming close to a merging lane.
I wish to state that my lane is not a merging lane. vehicle 'B' has
video camera in the vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X  

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.:

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.: SJP 2594 L
and SKZ 7296 A and
and and
@
dated 04/06/2019.

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,

X  
Claimant Signature & Co's Stamp (if applicable)

Date:

Certificate of Insurance

VEN: 201412081C

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108243915

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP2594L**
Chassis Number : **WAUZZZ8K29A041970**
2. Name of Policyholder : **KIRALY PRIVATE LIMITED**
3. Effective Date of Insurance : **15 Mar 2019**
4. Expiry Date of Insurance : **15 Mar 2020**
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/her 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#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A6 Singapore 287895
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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, 1987 (Malaysia)

Agency : **TECK WEI CREDIT PTE. LTD. (00000572499)**

Date of Issue : **15 Mar 2019 16:22 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9217005E**

Name: **TOBY TNG JIA HAO**

Birth Date: **15 May 1992**

Issue Date: **08 Oct 2014**

0023529248

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9217005E**

Name: **TOBY TNG JIA HAO**

湯佳豪

Race: **CHINESE**

Date of birth: **15-05-1992** Sex: **M**

Country of birth: **SINGAPORE**

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 08 Oct 2014

Licence No: **S9217005E**

NP 428A

4047076

S9217005E

Date of issue: **23-05-2007**

APT ELK 020 YISHUN STREET 01 #05-11
SINGAPORE 760629

NRIC No: **S9217005E** Date: **17/07/2018**

TAX INVOICE

Our Ref No: GR-19-090678
Date of Request: 07/06/2019

Your Ref No: WALK IN KO

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SJP2594L
Date of Accident: 04/06/2019
Place of Accident: CTE
Involving Vehicle No: SKZ7296A

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.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-090679

Date of Request: 07/06/2019

Your Ref No: WALK IN KO

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 04/06/2019

Vehicle No: SJP2594L

Place of Accident: CTE / SLE AFTER SLIP ROAD

Involving Vehicle No: SKZ7296A

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\$)
SKZ7296A	CTE / SLE AFTER SLIP ROAD	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.

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

SIP2594C

Print Date/Time : 04 Jun 2019 / 20:43:25

Receipt Date/Time : 04 Jun 2019 / 20:43:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190604-003302

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SKZ7296A				
As at 04 Jun 2019/19:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKZ7296A			
	Enquiry Fee	7.00	0.49	7.49
	20190604204232145978			
	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				
	xxxxxxxxxxxx6527	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.