



**WITHOUT PREJUDICE**

Our Ref: SKD 6572A

Your Ref: SMF 7878C

26<sup>th</sup> November 2019

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

Dear Vic,

**Accident Involving:** SKD 6572A and SMF 7878C  
**Date of Accident:** 25 June 2019  
**Location of Accident:** Marymount Road Near Salvation Army

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

Cost of Repair as agreed	\$	4,700.00	
Add Loss of Use	\$	1,200.00	10 Days @ \$120/Day 2+1 Days PRS (26/27/28 Jun) + 6 Repair Days Agreed + 1 Sunday
Total	\$	5,900.00	
Add 3rd Party Report Fee	\$	29.00	
Add LTA Search Fee	\$	7.45	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>5,936.45</b>	

Kindly pay the Grand Total Amount of **\$5,936.45** 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)

# PROFORMA INVOICE

**ATTENTION:**

Global Carz Pte Ltd

PI Number	P1911-0595
PI Date	26-Nov-2019
Vehicle No.	SKD 6572A
Accident Date	25-Jun-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKD 6572A	COR Lump Sum		\$ 4,700.00

**Notes:**

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

Total Amount	\$ 4,700.00
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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	26/06/2019 08:20
Date Of Accident	25/06/2019 10:00
Exact Location Of Accident	MARYMOUNT RD NEAR SALVATION ARMY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD6572A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLOBAL CARZ PTE LTD
Co Reg No	201430717D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63851484

### Vehicle Particulars

Manufacturer	AUDI
Model	TT COUPE 2.0 TFSI
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V07711/VTN/R00
Cover Note Number	

### Driver

Name of Driver	GOH YAN JUN(WU YANJUN)
NRIC No	S8725370H
Date Of Birth	19/08/1987
Occupation	INDOOR
Date Of Driving Pass	27/09/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88148428
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 44 OWEN ROAD #03-327
Postcode	210044
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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 BELOW STATEMENT/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	SMF7878C
Vehicle Make/Model/Colour	MERCEDES BENZ / E250 EXCLUSIVE (R18 LED)
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 Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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:

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature

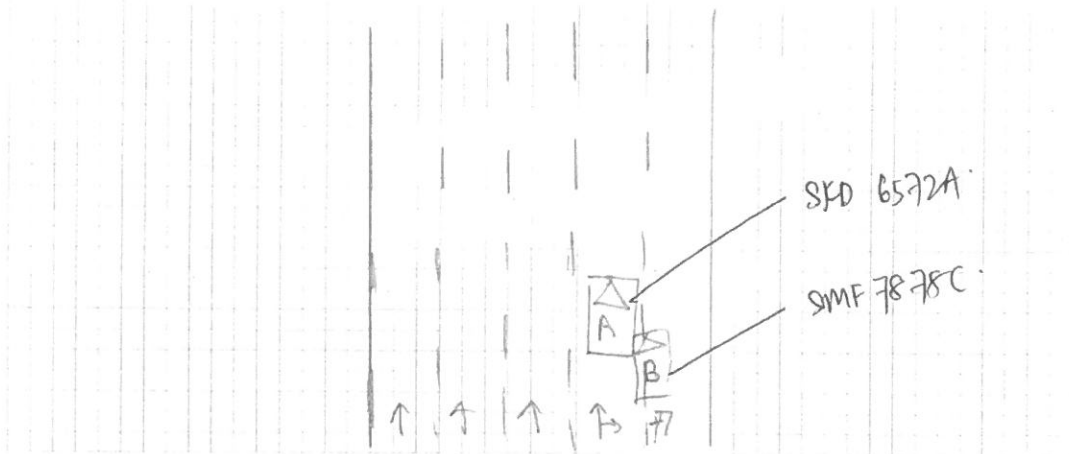
Name: Singapore 415933

Tel: 67416697

NRIC/FIN No: Fax: 67492305

Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for my turn to turn right at Marymount Road turning to Sin May Ave. I was stationary in my lane waiting for the traffic light to turn green when vehicle B came squeezing into the lane and I collide with the right side of my vehicle. That is all.

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:

*[Handwritten Signature]*

**IDAC KAKI BUKIT(VAC)**

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Phone: 67416697

Name:

Fax: 67492305

NRIC/FIN


Email: vackb@singnet.com.sg



**Liberty Insurance Pte Ltd**  
Registration no.199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

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)

<b>Certificate No</b>	SD19V07711 /VTN /R00
<b>Form</b>	MZ9
<b>Date Of Issue</b>	19-JUN-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	.
<b>2.Chassis number of Vehicle:</b>	
<b>3.Name of Policyholder:</b>	GLOBAL CARZ PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	19-JUN-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	18-JUN-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	SIM WEI SHENG,GOH YAN JUN
<p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<b>7.Limitations as to use*:</b>	Use only for Motor Trade purposes.
<b>8.Policy does not cover:</b>	The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing. N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.
<p>*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, 1987 (Malaysia) are not to be included under these headings.</p>	
<p>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).</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p></p> <p>Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Third Party Only,Demonstration Extension,Geographical Area: Singapore only,Standard Operating Hours : 8 am to 8 pm
<b>SUM INSURED:</b>	
<b>EXCESS:</b>	Section II S\$3000
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	FINANCIAL ALLIANCE PTE LTD

PLYW/PLYW/19-JUN-19

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

19-JUN-19



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

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

PASS DATE 27 Sep 2007

Licence No. S8725370H

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8725370H

Name

GOH YAN JUN  
(WU YANJUN)  
吴彦君

Place

CHINESE

Date of Birth

19-08-1987

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S8725370H

Name:

GOH YAN JUN  
(WU YANJUN)

Birth Date: 19 Aug 1987

Issue Date: 27 Sep 2007

001532019C

A0206238

NRIC No. S8725370H

Blood Group

O+

Date of Issue

26-08-2002

Address

APT BLK 44 OWEN ROAD  
#03-327  
SINGAPORE 210044



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.: SKD 6572 A  
and SMF 7878 C and .....  
and ..... and .....  
@ Marymount Rd Near Salvation Army  
dated 25/06/2019

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,

  
\_\_\_\_\_  
Claimant Signature & Co's Stamp (if applicable)



Date: .....

## TAX INVOICE

Our Ref No: GR-19-106463  
Date of Request: 03/07/2019

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: SKD6572A  
Date of Accident: 25/06/2019  
Place of Accident: MARYMOUNT RD  
Involving Vehicle No: SMF7878C

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-19-106465  
Date of Request: 03/07/2019

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: 25/06/2019  
Vehicle No: SKD6572A  
Place of Accident: MARYMOUNT RD NEAR SALVATION ARMY  
Involving Vehicle No: SMF7878C

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\$)
SMF7878C	MARYMOUNT RD NEAR SALVATION ARMY	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

SKD6572A (P)

Print Date/Time : 25 Jun 2019 / 15:02:54

Receipt Date/Time : 25 Jun 2019 / 15:02:53

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190625-002260

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMF7878C				
As at 25 Jun 2019/10:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMF7878C Enquiry Fee 20190625150208514603	7.00	0.49	7.49
<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				
	xxxxxxxxxxxx6527	Credit Card: Visa /MasterCard		7.45
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.