PRECISE AUTO SERVICE

NO. 1 KAKI BUKIT AVE 6 # 02-33/34/36 AUTOBAY SINGAPORE 417883

TEL: 6745 7367 FAX: 6841 3390

CO. REG. NO.: 35766600C

GST REG. NO.: 35766600C

08-05-2020

Your Insured Veh No: SLV 820S Our Ref No: SJV 9236T/T/19 WITHOUT PREJUDICE SAVE AS TO COSTS

M/s FWD Singapore Pte Ltd 6 Temasek Avenue #18-01 Suntec Tower Four Singapore 038986

ATTN: Ms. Xiao Tong (LKK Motor Claim Department)

Dear Sir

RE: ACCIDENT INVOVLING VEHICLE NO. SJV 9236T AND SLV 820S ON 12-10-2019 @ 17:15 HRS ALONG KEPPEL BAY VIEW TOWARDS TELOK BLANGAH ROAD.

We are the repairer for vehicle no. SJV 9236T and instructed by the owner, Precise Car Rental Pte Ltd, on his behalf to submit the claims against your insured's vehicle no. SLV 820S that was involved in the above mentioned accident.

The accident was clearly caused by your insured's negligence. In order to save the legal cost, we will process the claim to you directly as follows:

	\$	4,528.00	-
3. GIA & LTA Search	\$\$	37.00	_
2. Car Rental (8 days X \$120.00)	\$	960.00	
1. Cost of Repair (Survey By SJE - Adrian)	\$	3,531.00	(Including GST)

Please let us have your payment in our favour of "Precise Auto Service". Your prompt reply of the above claims will be much appreciated.

Yours faithfully

Yan Hong

PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883

TEL: 6745 7367 FAX: 6841 3390

CO. REG. NO.: 35766600C GST REG. NO.: 35766600C

Accident Date: 12-10-19

OUR REF: SJV 9236T/T/19(SJE)

TAX INVOICE

Precise Car Rental Pte Ltd

No.1 Kaki Bukit Ave 6

#02-34

Singapore 417883

Invoice No.: TP2001-013

DATE: 30-01-2020

FINAL BILL ON VEH. NO.: SJV 9236T VEHICLE MODEL: TOYOTA ALTIS

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

3,300.00

SUB-TOTAL

3,300.00

ADD GST 7%

3,300.00

231.00

TOTAL AMOUNT SGD

3,531.00

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JOYRIDE CAR RENTAL PTE LTD INVOICE

1 Kaki Bukit Avenue 6 #02-36 Autobay@KakiBukit

Singapore 417883

Phone 67457367 Fax 68413390

DATE:

November 18, 2019

INVOICE#

JCR/RI/2019/11/016

RA# FOR: R-0101

Accident Car

Replacement

Vehicle #

SJV 3614 A

Payment Method:

Bill To:

PRECISE AUTO SERVICE

CO: AHMAD BIN AHMAD RAHIM

BLK 469 ANG MO KIO AVENUE 10 #07-952

SINGAPORE 560469

DESCRIPTION	NUMBER OF DAYS	RATE	AMOUNT
RENTAL (14/10/19 - 22/10/19) YOUR REF : SJV 9236 T	8	\$ 120.00	\$ 960.00
		TOTAL	\$ 960.00

Make all cheques payable to Joyride Car Rental Pte Ltd

Signature

JOYRIDE CAR RENTAL PTE. LTD. 1 Kaki Bukit Avenue 6 #02-33 Autobay @ Kakibukit S(417883)

			Tel: 6745 736 VEHICLE				JT T	TAIN C	m N	/orkshop:	PRECES	6
	HIRER'S	PARTICULA					cle No: S		4-1			
Name (as in I/C)_	ATTS CAMPA	A AMMAD &	HEIM	3.0			87V 3			VR N		
NRIC/Passport No	811236H	7 B Date of B	rth:				HONDA T			Auto/Ma	nual Group:	
Address: BLK	469 ANG M	TO KOTO AVIEW	UE 10 Age:				CHAR				s	cts
#07-95	2		S(560 H	69)	aily	8	day	1	20	Per day	T	1
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Occupation		Driving B	xp:		thers							
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D/L Type: Local/In	t'1/Others:	C	ontact No:		CASH/NI	ETS/VIS	A/MC/AME	X/CHQ N	0:			
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years and b and qualifie damages cc 2. All vehicles: A service ch he fail to ret 3. No refund fo for any late where appli day rental. 4. Use of the v peddling or 5. Vehicle stric without prior penalty fee of non-discide. 6. The hirer ar caused, all whatsoever 7. The hirer ar	e holding valid drivir d driving experience of the value of value of the value of t	ng licenses and have. Eailure to observe, the Hirer/the Authoriterol and should return a petrol surcharge e appropriate petrol clicle. The hirer shall own per hour per deafter our operation have go, is strictly prohibite only and may not loynde Car Rental Ptot is to the appropriate is age. responsible for all dis and penalties imp for in connection weresponsible for all of	med with petrol level li is payable by the hirer level. be liable for additional by inclusive of CDW ar- lours will be charged a in connection with the	kewise. should 8 charges ad/or PAI 9 is a full 1, drug 1 poore e for a case 1 soever	suffere vehicle The ow occurred. Somoke offensis the cost offensis the cost offensis the cost of the	and or incura- tion incura- tio	red by you in reds amount he fire the right ramage to the t smoking and e.g. cigarette, eving the offer s that a punct de of vehicle, owner's 24-He, the hirer made within 2 all parties clai accident. also have the ficient and do Any damage	respect of nave to be a not to replace will be d transport of the transport of transp	f the vehicle paid immed to ce an replar at compets in the pet's smell, or pet's ha empty petrodoes not congency Sene cost of surt to rental ailure to concess amour billity to ensity the remailure to concess amour the vehicle will be a confidential.	a or the use a diately in the accement verbour authorize the vehicle a the hirer an ir between ol tank, loss onstitute a brice is called uch responsionation in the vehicle is stall pear by the land is solely the reating the reating the reating the reating in the reating in the land is solely the reating in the land is solely the reating the reating in the reating	of vehicle's ki readrown and lupon to resp at \$50.00 pe liately. An acc er will have to paid immedi- radiator water and does not nirer/driver, u used for the p matters.	on of the codent ident i
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14/10/19	11:20Am				(R	REAL		6	Hirer	's/Driver Sig	nature	
Return Of Vehic Day And Time T	de: The Hirer Driver The Vehicle Is Return	Is Required To Sign ned To Joynde Car Ro pever, And I had cle	In The Column "Signa ental Pte Ltd And The S ared my belonging iten	ture Of Hirer same Shall B	Priver F	ading Wh	ch The Day A	And Time Ir ence Of Th	nserted Bel	-		Be The
Date In	Time In	Mileage	Check By	J. Jan Green	171	harks	T. a. parking	, scapons,		/		-10
22/10/19	9:30Am					*		//	Hirer	's/Driver Sig	nature	3

Enquire Vehicle & Owner Information (Vehicle No. SLV820S As At 12 Oct 2019 / 17:15:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

PRECISE - SJV9236T

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S7773485F

Owner Name:

LEONG YOKE PENG

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 25

Registered Street Name:

KEPPEL BAY VIEW

Registered Unit No.:

10 - 77

Registered Building Name: -

Registered Postal Code: 098415

Current Vehicle Details

Vehicle No.:

SLV8205

Make Description/Model: B,M,W,/X1 SDRIVE181 LED NAV

Insurance Company Name: FWD 5INGAPORE PTE. LTD.



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-19-170198

Date of Request:

15/10/2019

Your Ref No:

WALKIN JURAIMI

PRECISE AUTO SERVICE NO 1 KAKI BUKIT AVE 6, #02-34/36 SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No:

SJV9236T

Date of Accident:

12/10/2019

Place of Accident:

KEPPEL BAY

Involving Vehicle No: SLV820S (NO REPORT) VALID TILL 16-24/10

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 [X] Cash [] Cheque



RECORDS MANAGEMENT CENTRE

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-19-172965

Date of Request:

21/10/2019

Your Ref No:

WALKIN JURAIMI

PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6, #02-34/36

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

12/10/2019

Vehicle No:

SJV9236T

Place of Accident:

ALONG KEPPEL BAY VIEW TOWARD TELOK BLANGAH RD

Involving Vehicle No:

SLV820S

With reference to your application for the accident report, we have attached the following accident reports as requested:

That reference to your application for the accident report, we have attached the femouring accident reports do requested.					
DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)	
SLV820S ALONG KEPPEL BAY VIEW TOWARD TELOK BLANGAH RD 14				13.08	
GST Amount					
Total Amount Due (GST Inclusive)					

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 [X] Cash [] Cheque

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/10/2019 17:08

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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
STREET, STREET	ACCIDENT STATEMENT
Date Of Report	15/10/2019 15:16
Date Of Accident	13/10/2019 17:10
Exact Location Of Accident	ALONG KEPPEL BAY
Country/State of Loss	SINGAPORE
Adams in the company of the second second second second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV820S
Insured/Policyholder	
Name Of Registered Owner	LEONG YOKE PENG
Vehicle Particulars	
Manufacturer	BMW
Model	X1-1.5 SDRIVE 18I (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015218
Cover Note Number	*
Driver	
Name of Driver	CHEN YEN SIONG
NRIC No	S7076784H
Address	25 KEPPEL BAY VIEW #10-77
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3
Circumstances of Accident	
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

Sketch Plan #2 Pg. 1

SLV \$205 SKETCH PLAN SLVBLUS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT inillally acree a small accide morat OWN DAMAGE () 3RD PARTY CLAIM() REPORTING ONLY OWN WORKSHOP (DECLARATION I/We declare the foregoing particulars are true in every respect. CHARN'S CUSTOMCRAFT Policyholder's Signature Driver's Signature Date & Time: Reporting Centre Personnel's Signature (If driver is not the policyholder) Name

Date & Time:

NRIC/FIN No .:

TO: PRECISE AUTO SERVICE
NO. 1 KAKI BUKIT AVENUE 6
#02-34/36
SINGAPORE 417883

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. STV 9236T AND SLV 820S.

owner of vehicle no. STV 9236T, hereby authorise M/S PRECISE AUTO SERVICE to commence repairs to my motor vehicle and to forward the claim for damages sustained in the above accident to the third party driver and/or his employer and/or the vehicle owner and/or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien I agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion. In the event the proceeds of claim for damages, interest, costs and expenses including legal costs are paid to me directly by the third party insurer, I undertake to indemnify and/or reimburse the said proceeds of claim to you.

If the third party driver and/or his employer and/or the vehicle owner and/or the insurer reject liability, I will be fully responsible for the repair costs.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurers' claim.

I/We undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event the third party's insurance company communicates with me/us directly by telephone or in writing and I/we further undertake not to enter into any compromise Settlement Agreement with the third party insurance without your consent as I understand that this may jeopardise a fair recovery of the third party claim.

My vehicle is repaired by the repairer on my own free will without any inducement, threat and/or promise.

In the event of any breach of my undertaking and the repairer is compelled to enforce this undertaking, I agree that I shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.

Owner Signature

(Company Stamp, if Applicable)

VEHICLE DAMAGE DISCHARGE ONLY

This Discharge Voucher applies only to the claimant's claim for property damage and will not affect the personal injuries claim and/or uninsured losses claim on a later date.

RELEASE

	KELEASE	Further, the settlement terms herein shall not be used as
Claim Reference:	TP / 1201900030956	evidence to prejudice the claimant's personal injuries claim
Surveyor's Reference:	CC4/FWD19018078/Apa3	and/or other uninsured losses claim arising out of the
TP Reference:	SJV 9236T/T/19	subject matter in this action.

We, <u>Precise Auto Service</u> (" Workshop") hereby agree and confirm that we are authorized by the owner ("Claimant") of motor vehicle <u>SJV 9236T</u> ("Vehicle") to accept the sum of \$ 4,368.00, being the amount claimed for \$ 3,531.00 (repair costs), \$ 800.00 (loss of rental/ use), \$ - (loss of income), \$ 37.00 (search fees) as compensation for the loss of or damage to the Vehicle, as a result of an accident ("Accident") which occurred on <u>12/10/2019</u> (date of accident) at / along <u>KEPPEL BAY</u> (location) involving vehicle no/s. <u>SJV 9236T</u> and <u>SLV 820S</u>.

This is pursuant to the inspection conducted on 14/10/2019 (date) at the Workshop.

We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of <u>SLV 820S</u> be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

Dated this 19 day of June 2020

CLAIMANT

[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the "Claimant"

(TKK)) rmb

[FWD's appointed surveyor with Co. Stamp]
For and on behalf of FWD Singapore Pte. Ltd.