



Proforma Inv : CAS/20/PI0033

FAX: 6509 9501

Email: contact@casgarage.sg

23.03.2020

Our Ref : SLX 3063E

Your Ref : SJA 1757U

**M/s AIG Asia Pacific Insurance Pte Ltd**

AIG Building

78 Shenton Way

#07-16

Singapore 079120

Dear Sir/Mdm

**ACCIDENT INVOLVING SLX 3063E AND SJA 1757U ALONG CTE ON 25.10.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **HENG BROTHER** the registered owner of motor vehicle number **SLX 3063E** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SJA 1757U** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair ( <b>Recommended By LKK Adrian</b> )	\$ 4,500.00
2.	Loss of Rental ( 5 days x \$ 150)	\$ 750.00
3.	GIA Fees	\$ 29.00

<b>TOTAL AMOUNT</b>	<b>\$ 5,279.00</b>
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We enclsod hereby the following documents for your consideration :

- ( A ) Final Repair Bill
- ( B ) Rental Agreement
- ( C ) Rental Invoice
- ( D ) Letter of Authority
- ( E ) LTA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

**CAS GARAGE PTE LTD**

UEN 201828967M

1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

Ms Nicole Chong

Administrator

Mobile: 65 97916119

Email: nicole@casgarage.sg



# INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD

**Invoice Date**

25 Mar 2020

CAS GARAGE PTE LTD

1 KAKI BUKIT AVENUE 6

**Invoice Number**

TI-20-0038-1176TP

#02-22 AUTOBAY

SINGAPORE 417883

**Reference**

SLX 3063E HONDA CIVIC

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK ADRIAN)	1.00	4,500.00	No Tax	4,500.00
Subtotal				4,500.00
TOTAL SGD				4,500.00

Due Date: 25 Mar 2020



## PAYMENT ADVICE

To: CAS GARAGE PTE LTD  
1 KAKI BUKIT AVENUE 6  
#02-22 AUTOBAY  
SINGAPORE 417883

**Customer** AIG ASIA PACIFIC INSURANCE  
PTE LTD  
**Invoice Number** TI-20-0038-1176TP  
**Amount Due** 4,500.00  
**Due Date** 25 Mar 2020

**Amount Enclosed** \_\_\_\_\_

Enter the amount you are paying above

## 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	29/10/2019 17:41
Date Of Accident	25/10/2019 20:20
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3063E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG BROTHER
Co Reg No	53347099D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92384473

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098922210-01
Cover Note Number	

### Driver

Name of Driver	HENG WEI YUAN
NRIC No	S8518772D
Date Of Birth	15/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92384473
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	825 WOODLANDS STREET 81 #07-46
Postcode	S730825
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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?	
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

I WAS TRAVELLING ALONG CTE (SLE) BEFORE AMK AVE 1 ON LANE 1. DUE TO THE HEAVY TRAFFIC, FRONT VEHICLE STOPPED. I FOLLOW SUIT (STATIONARY). SUDDENLY VEHICLE B COULD NOT STOP IN TIME THEN HIT ONTO MY VEHICLE REAR PORTION.

#### 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	SJA1757U
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)	

## Sketch Plan Pg. 1

### 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 #2 Pg. 1

## SKETCH PLAN

CTE (SLE) before AMK Ave 1

A-SLX3063E

B-SJA1957U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along (TE CSE) before AMK Ave 1 on lane 1. Due to the heavy traffic, front vehicle stopped. I follow suit (stationary) Suddenly vehicle B could not stop in time then hit onto my vehicle rear portion.

## 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:

NRIC/FIN No.:

Continued on Page 2

## TAX INVOICE

Our Ref No: GR-19-179203

Date of Request: 31/10/2019

Your Ref No:

WALK IN GERALD

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SLX3063E

Date of Accident: 25/10/2019

Place of Accident: CTE

Involving Vehicle No: SJA1757U

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

**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-19-179204

Date of Request: 31/10/2019

Your Ref No:

WALK IN GERALD

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 25/10/2019

Vehicle No: SLX3063E

Place of Accident: CTE (SLE) BEFORE AMK AVE 1

Involving Vehicle No: SJA1757U

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\$)
SJA1757U	CTE (SLE) BEFORE AMK AVE 1	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



# Fong Motors Car Rental

(53371081B)

1 Autobay@Kaki Bukit #01-45

Singapore 417883

Tel: 6748 5648

2063

## INVOICE

No. : FM-000555

C/O CAS- HENG WEI YUAN

BLK 825 WOODLANDS ST 81

#07-46

SINGAPORE 730825

TEL : 92384473

FAX :

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 14/11/2019

Page : 1 of 1

Item	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
1.	SLN122R (04/11/19- 09/11/19) REF AGREEMENT NO. 10493 REPLACE VEHICLE NO. 10493	1	CAR	750.00		750.00

SINGAPORE DOLLAR SEVEN HUNDRED FIFTY ONLY

Total **750.00**

### Notes :

1. All cheques should be crossed and made payable to Fong Motors Car Rental
2. Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.



Authorised Signature

# FONG MOTORS CAR RENTAL

1 KAKI BUKIT AVENUE 6 #01-45 KAKI BUKIT, AUTOBAY

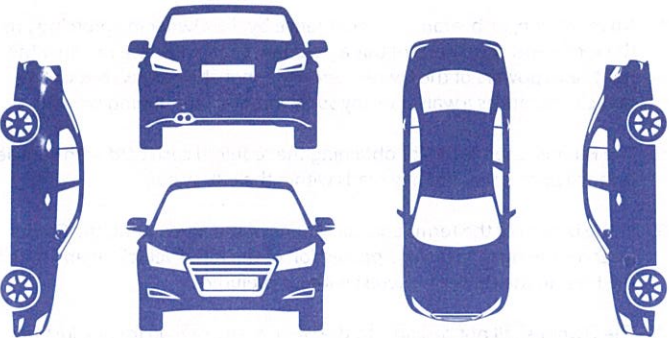

SINGAPORE 417883

HP: 8182 0548 H/P: 9633 7504

UEN: 53371081B

NO: **10493**

## VEHICLE RENTAL AGREEMENT

<b>HIRER'S PARTICULAR</b> Name: (as in I/C) <u>Heng Wei Yuan</u> NRIC/PASSPORT NO: <u>S 8518712D</u> Address (Res): <u>Blk 825 Woodlands</u> <u>8481 # 07-46 S 730825</u> Name & Address of employer: _____ Occupation: <u>Gork driver</u> Driving Exp: <u>17/1/08</u> Driving License No: <u>S 8518712D</u> D/L Type: <u>Local / Int'l</u> Issue Date: <u>11/1/2008</u> Date of Birth: <u>15/6/1985</u> Tel: (O) _____ (R) _____ HP: <u>92384473</u>		Vehicle No <u>8LN122R</u> Replace Veh No <u>8LX3063E</u> Mileage Out: _____ Make & Model: <u>Hyundai Avante</u> Auto / Manual Date Out: <u>4/11/19</u> Time: <u>6.10pm</u> HIRE / PERIOD EXPIRY <u>12/11/19</u> Time: _____ NON-WAIVER EXCESS = \$ _____																																					
<b>ADDITIONAL DRIVER'S PARTICULAR</b> Name: (as in I/C) _____ NRIC/PASSPORT NO: _____ Address (Res): _____ Name & Address of employer: <u>about</u> <u>as</u> Occupation: _____ Driving Exp: _____		<b>CHARGES:</b> <table border="1"> <tr> <td>Daily</td> <td><u>5</u> @ \$ <u>150</u></td> <td>Per day</td> <td><u>750</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>Per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>Per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>Per hour</td> <td></td> </tr> <tr> <td>Malaysia</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>Per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>Per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery / Collection Services</td> </tr> <tr> <td colspan="3"><b>SUB - TOTAL \$</b></td> <td><u>750</u></td> </tr> </table>		Daily	<u>5</u> @ \$ <u>150</u>	Per day	<u>750</u>	Weekly	@ \$	Per week		Monthly	@ \$	Per month		Hours	@ \$	Per hour		Malaysia	@ \$			CDW	@ \$	Per day/month		PAI	@ \$	Per day/month		Delivery / Collection Services				<b>SUB - TOTAL \$</b>			<u>750</u>
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<b>VEHICLE CHECK LIST:</b>  INDICATE: A - ACCIDENTS D - DENTS S - SCRATCHES		PETROL LEVEL <u>3 MARKS</u> <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </table> EXTENSION _____ Misc. _____ <b>TOTAL CHARGES \$</b> <u>750</u>		Out	E	1/4	1/2	3/4	F		Out	E	1/4	1/2	3/4	F																							
Out	E	1/4	1/2	3/4	F																																		
Out	E	1/4	1/2	3/4	F																																		
Hirer's Signature: 		Additional Driver's Signature: _____																																					

I have read and agree to the terms and conditions on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/credit card. All information that I have given to **FONG MOTORS CAR RENTAL** in connection with this agreement is true.

### \*IMPORTANT NOTES

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY FONG MOTORS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER / DRIVER IS TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY				
<u>4/11/19</u>	<u>5pm</u>					SIGNATURE OF HIRER / DRIVER	





FAX: 6509 9501


Email: contact@casgarage.sg

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLX 3063 E AND SJA 1757 U  
AT/ALONG CTE (SLE) BEFORE AMK AVE 1  
ON 25 DAY 10 MONTH 2019 YEAR

- I/We, the owner of vehicle no. SLX 3063 E hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 25 day 10 month 2019 year

Signature :   
Name : HENG BROTHER  
NRIC/ROC No. : 53347099D  
Address : 825 WOODLANDS STREET 81  
# 07 - 46

Company Stamp

