



Proforma Inv : CAS/20/PI0034

FAX: 6509 9501
Email: contact@casgarage.sg

23.03.2020

Our Ref : SMF 4771X

Your Ref : GBG 567X

M/s LonPac Insurance Bhd
Motor Claims Department
101 Thomson Road
#18-01 United Square
Singapore 307591

BY POST

Dear Sir/Mdm

ACCIDENT INVOLVING SMF 4771X AND GBG 567X ALONG CTE TWRDS SLE ON 20.11.2019

Please refer to the above mentioned accident.

We are writing in on the behalf of **CHOW CHEE SOON** the registered owner of motor vehicle number **SMF 4771X** 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 **GBG 567X** 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 (Recommended By LKK Adrian)	\$ 6,700.00
2. Loss of Rental (06 days x \$120)	\$ 720.00
3. LTA Search	\$ 7.45
TOTAL AMOUNT	\$ 7,427.45

We enclsod hereby the following documents for your consideration :

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

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

CAS GARAGE PTE LTD
UEN 201828067M
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,
SINGAPORE 417883

Ms Nicole Chong
Administrator
Mobile: 65 97916119
Email: nicole@casgarage.sg



INVOICE

LONPAC INSURANCE BHD

Invoice Date
25 Mar 2020

Invoice Number
TI-20-0036-1182TP

Reference
SMF 4771X HYUNDAI
ELANTRA

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

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK ADRIAN)	1.00	6,700.00	No Tax	6,700.00
			Subtotal	6,700.00
			TOTAL SGD	6,700.00

Due Date: 25 Mar 2020



PAYMENT ADVICE

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

Customer	LONPAC INSURANCE BHD
Invoice Number	TI-20-0036-1182TP
Amount Due	6,700.00
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	21/11/2019 11:04
Date Of Accident	20/11/2019 17:40
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4771X
Insured/Policyholder	
Name Of Registered Owner	CHOW CHEE SOON
NRIC No	S1417995Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90609717
Alternative Phone No	OFFICE-90609717

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	5105715183
Cover Note Number	

Driver

Name of Driver	CHOE CHENG HUA
NRIC No	S9034193F
Date Of Birth	24/09/1990
Occupation	INDOOR
Date Of Driving Pass	26/08/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81338699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	194 RIVERVALE DRIVE #07-765
Postcode	S540194
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : LOOI CHING MAY GENDER: : FEMALE

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

ON 20/11/2019 AT ABOUT 1740, I WAS TRAVELLING ON THE THIRD LANE ALONG CTE TOWARDS SLE BEFORE ANG MO KIO AVE 3. DUE TO THE HEAVY TRAFFIC, THE FRONT VEHICLE SLOWED DOWN AND I FOLLOWED SUIT. SUDDENLY I HEARD A LOUD BANG AND IMPACT FROM THE REAR OF MY VEHICLE A. WHEN I ALIGHTED, I REALIZED IT WAS VEHICLE B FAILED TO STOP ON TIME, COLLIDED TO MY VEHICLE A, CAUSING THE DAMAGES.

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	GBG567X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

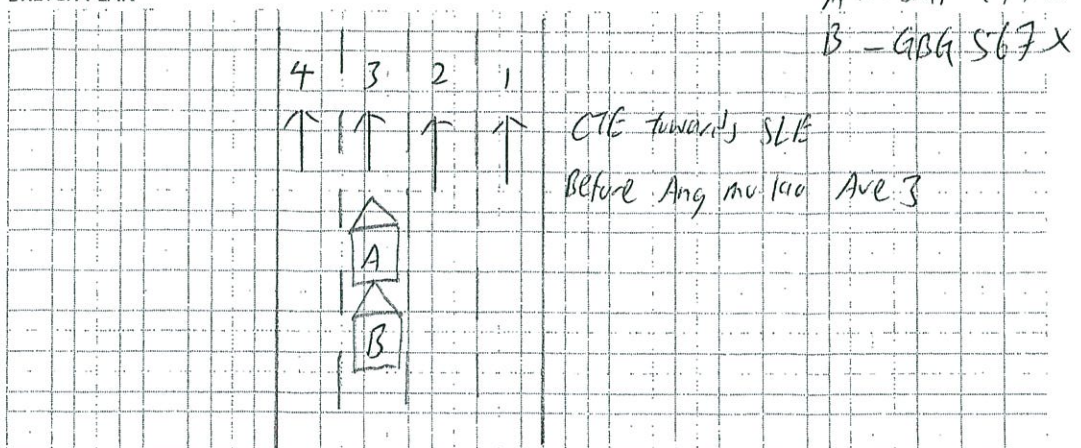
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 20.11.2019, at about 1740, I was travelling in the third lane along CTE towards SLE before Ang mo lau Ave 3. Due to the heavy traffic, the front vehicle slowed down and I followed suit. Suddenly, I heard a loud bang and impact from the rear of my vehicle A. When I alighted, I realised it was vehicle B failed to stop on time, collided to my vehicle A, causing the damages.

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.:

> Back to OneMotoring

SMF477/X

Alan



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Nov 2019 / 20:46:23

Receipt Date/Time : 20 Nov 2019 / 20:46:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191120-003366

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 - GBG567X				
As at 20 Nov 2019/17:40:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - GBG567X Enquiry Fee 20191120204544400645	7.00	0.49	7.49
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				
	xxxxxxxxxxxx5986	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.



CS CAR RENTAL


SMF 4771 X

1 KAKI BUKIT AVENUE 6
#02-38, AUTOBAY
SINGAPORE (417883)
TEL:6484 2220 H/P:9692 2220

NO: 10042

UEN.: 53394623M

VEHICLE RENTAL AGREEMENT


HIRER'S PARTICULAR Name: (as in I/C) <u>CHOW CHEE SOON</u> NRIC/PASSPORT No: <u>S1417995Z</u> Address (Res) <u>194 RIVERVALE DRIVE #07-765</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: <u>S1417995Z</u> D/L Type: Local / International Issue Date: _____ Date of Birth: <u>24/09/1990</u> Tel: (O) <u>90609717</u> (R) _____ HP <u>965-9060777</u>		Vehicle No: <u>SMC 4064 C</u> Replace Veh No: _____ Mileage Out: <u>18760</u> Mileage Out: _____ Make & Model: <u>Hyundai Accent</u> Auto/Manual _____ Out : Date <u>20.11.2019</u> Time: <u>1900</u> HIRE / PERIOD EXPIRY _____ Time: _____ NON-WAIVER EXCESS=\$ _____																																																			
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) <u>CHOE CHENG HUA</u> NRIC/PASSPORT No: <u>S9034193F</u> Address (Res) _____ Driving License No: <u>S9034193F</u> D/L Type : Local / International Issue Date: _____ Date of Birth: <u>24/09/1990</u> Occupation: _____ Driving Exp: _____		CHARGES <table border="1"> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td><u>6</u></td> <td>@ \$ <u>120</u></td> <td>per day</td> <td><u>720</u></td> </tr> <tr> <td>Weekly</td> <td></td> <td>@ \$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td></td> <td>@ \$</td> <td>per month</td> <td></td> </tr> <tr> <td>Hours</td> <td></td> <td>@ \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td></td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td></td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>Delivery/Collection Service</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SUB-TOTAL \$</td> <td><u>720</u></td> </tr> </table>							Daily	<u>6</u>	@ \$ <u>120</u>	per day	<u>720</u>	Weekly		@ \$	per week		Monthly		@ \$	per month		Hours		@ \$	per hour		Others		@ \$			CDW		@ \$	per day/month		PAI		@ \$	per day/month		Delivery/Collection Service					SUB-TOTAL \$				<u>720</u>
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VEHICLE CHECK LIST D - DENTS S - SCRATCHES A - ACCIDENTS INDICATE:		PETROL LEVEL <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td><u>1/2</u></td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table>		Out	E	1/4	<u>1/2</u>	3/4	F	In	E	1/4	1/2	3/4	F																																						
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ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		EXTENSION Misc. _____ TOTAL CHARGES \$ _____ Hire's Signature  Additional Driver's Signature _____																																																			

I have read and agree to the terms and condition 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 been made on the charge/credit card voucher. All information I have given CS CAR RENTAL in connection with this agreement is true.

*IMPORTANT

- ONLY PERSON ABOVE 23 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 REDIRECTED.
- 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 CS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SINGAPORE 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 CS 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	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>26/11</u>	<u>1330</u>				



FAX: 6509 9501


Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMF 4771 X AND GBG 567 X
AT/ALONG CTE TOWARDS SLE BEFORE ANH MO KIO AVE 3
ON 20 DAY 11 MONTH 2019 YEAR

- I/We, the owner of vehicle no. SMF 4771 X 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 20 day 11 month 2019 year

Signature : 
Name : CHOW CHEE SOON
NRIC/ROC No. : S1417995Z
Address : 194 RIVERVALE DRIVE #07 -
765

Company Stamp