



**WITHOUT PREJUDICE**

Our Ref: SJP 3043D

Your Ref: SMN 7208U

29<sup>th</sup> September 2020

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

Dear Asher,

**Accident Involving:** SJP 3043D and SMN 7208U  
**Date of Accident:** 8 December 2019  
**Location of Accident:** Junction of Crawford Street & Kallang Road

We refer to the aforementioned accident and hereby submit our client's Total Loss claim as below:

Total Loss Nett Value As Agreed	\$ 14,111.00
Add Loss of Use	\$ 2,000.00 20 Days From DOA till DeReg : 8th Dec to 27th Dec 2019
Total	\$ 16,111.00
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
Add Storage Fee	\$ 400.00
Add Administrative Fee	\$ 500.00
<b>GRAND TOTAL</b>	<b>\$ 17,047.45</b>

Kindly pay the Grand Total Amount of **\$17,047.45** 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: teamautoffice@gmail.com

Thank you.



Regards  
Adel (Ms)

# PROFORMA INVOICE

**ATTENTION:**

Ful-tonn Motor Pte Ltd

PI Number	P2009-1085
PI Date	29-Sep-2020
Vehicle No.	SJP 3043D
Accident Date	8-Dec-2019

S/No	Description	Unit Price	Quantity	Amount
1	Total Loss Nett Value for Vehicle Nos. SJP 3043D	COR Lump Sum		\$ 14,111.00

**Notes:**

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

Total Amount	\$ 14,111.00
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Authorized Signature



## TAX INVOICE

Our Ref No: GR-19-203402

Date of Request: 10/12/2019

Your Ref No:

WALK IN LEE TECK HUAT

TEAM AUTOPRO PTE LTD - SIN MING  
160 SIN MING DRIVE #02-12 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SJP3043D

Date of Accident: 08/12/2019

Place of Accident: JUNCTION OF CRAWFORD STREET & KALLANG ROAD

Involving Vehicle No: SMN7208U (NO REPORT - SEARCH VALID TILL 19/12/2019)

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-19-207752

Date of Request: 17/12/2019

Your Ref No: WALK IN LEE TECK HUAT

TEAM AUTOPRO PTE LTD - SIN MING  
160 SIN MING DRIVE #02-12 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 08/12/2019

Vehicle No: SJP3043D

Place of Accident: JUNCTION OF CRAWFORD STREET & KALLANG ROAD

Involving Vehicle No: SMN7208U

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\$)
SMN7208U	JUNCTION OF CRAWFORD STREET & KALLANG 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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 09 Dec 2019 / 10:48:52

Receipt Date/Time : 09 Dec 2019 / 10:48:52

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191209-000797

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 - SMN7208U				
As at 08 Dec 2019/05:36:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMN7208U Enquiry Fee 20191209104819567649	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				
	xxxxxxxxxxxx8855	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.

To : **Team AutoPro Pte Ltd**  
CRN : **201811621K**  
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

**Letter of Authorization & Undertaking**

In Respect of Accident Involving my/our Vehicle No.: SJP 3043 D  
and SMN 7208 U and .....  
and ..... and .....  
@ JUNC OF CRAWFORD STREET & KALLANG ROAD  
dated 08/12/2019

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: .....



## 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	09/12/2019 15:42
Date Of Accident	08/12/2019 05:35
Exact Location Of Accident	JUNCTION OF CRAWFORD STREET & KALLANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3043D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86603246

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114402779
Cover Note Number	

### Driver

Name of Driver	AHMAD SYAZARUAN BIN ABDUL RASHID
NRIC No	S9018702C
Date Of Birth	05/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86603246
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	160 SIN MING DRIVE #08-04 SIN MING AUTOCITY
Postcode	575722
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 - CROSS JUNCTION
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 ATTACHED SKETCH AND STATEMENT

#### 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	SMN7208U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROBIN JOSEPH
NRIC/Passport Number	
Contact Number	81574203
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**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.

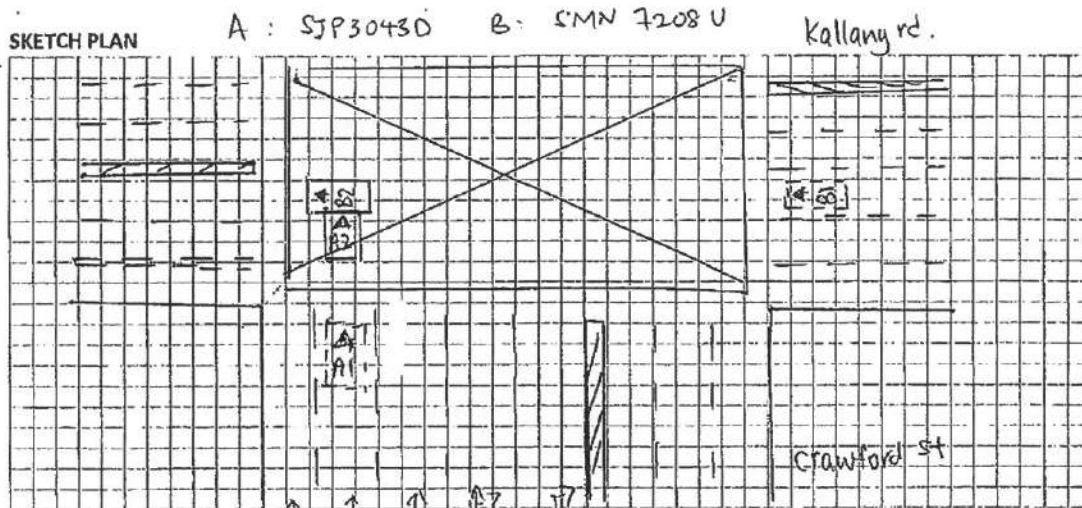


Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SJP3043D was travelling

On the stated venue. I was travelling straight in my lane and

traffic was green in my favour hence I proceed straight,

suddenly a vehicle from the opposite lane beat the red light

had collided. my vehicle front portion, my vehicle spinned and

finally came to a stop. While later I got out of my vehicle and

we exchange particulars. Traffic police later came the scene, I then

called tow truck for assistance. my vehicle was badly damage

and airbag also deployed

## 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.:



# SINGAPORE POLICE FORCE



T/20191210/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191210/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2019 09:48		Vide Report No.: A/20191208/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD SYAZARUAN BIN ABDUL RASHID			Address: APT BLK 329A ANCHORVALE STREET #02-501 SINGAPORE 541329		
ID Type / ID No.: NRIC NO / S9018702C			Contact No.: Home/Office: Mobile: 86603246		
Nationality: SINGAPORE CITIZEN			Email: ahmadsyaziyana@gmail.com		
Sex: Male	Age: 29	Date of Birth: 05/06/1990	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2019 05:35	Type of Location: X-Junction
Location:  CRAWFORD St & Kallang Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP3043D	Car					0
SMN7208U	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191210/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191210/7000

**CONTINUATION OF REPORT**

Driver			
Name	AHMAD SYAZARUAN BIN ABDUL RASHID		ID No. S9018702C
Related Vehicle	SJP3043D (Car)		Contact No. 86603246
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	09/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I Vehicle A (SJP3043D) was travelling straight on the stated venue. I was travelling straight in my lane and traffic was green in my favour hence i proceed straight. Suddenly a vehicle from the opposite lane beat the red light had collided my vehicle front portion. My vehicle spinned and finally came to a stop. Awhile later I got out of my vehicle and we exchanged particulars. Traffic policelater came the scene, I then called tow truck for assistance. My vehicle was badly damaged and airbag was deployed.



**SINGAPORE  
POLICE FORCE**



T/20191210/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191210/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
TAN JUN YAN  
Contact No.: 65476311

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/12/2019 09:48

Classification Of Case:

Authentication Stamp

NP168

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5114402779-000009

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJP3043D**  
Chassis Number : **GE61135091**
2. Name of Policyholder : **FULTONN MOTOR PTE LTD**
3. Effective Date of Insurance : **27 Nov 2019**
4. Expiry Date of Insurance : **26 Nov 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 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)	: N/A
EXCESS (SECTION 2)	:
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
SUM INSURED	: N/A

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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)  
Date of Issue : 26 Nov 2019 11:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



AUTO TRANSPORT  
Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: S9018702C  
Name: AHMAD SYAZARUAN BIN ABDUL RASHID

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

PDV/TDVL  
33 888 88888  
263739

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9018702C  
Name: AHMAD SYAZARUAN BIN ABDUL RASHID

Birth Date: 05 Jun 1990  
Issue Date: 31 Oct 2014

0023509082

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9018702C

NAME  
AHMAD SYAZARUAN BIN ABDUL RASHID  
احمد سازاروان بن عبدالرشيد

RACE  
MALAY

Date of birth: 05-06-1990 Sex: M  
Country of birth: SINGAPORE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	09/07/2018

NP 428A

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

EFFECTIVE DATE: 31 Oct 2014

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

Licence No: S9018702C

NP 428A

3720271

S9018702C

Date of issue: 10-06-2005

APT BLK 329A ANCHORVALE STREET #02-501  
SINGAPORE 541329

NPIC No: S9018702C Date: 23/01/2018