

**Yeo Yi Ting**

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**From:** Yeo Yi Ting  
**Sent:** Wednesday, March 11, 2020 12:27 PM  
**To:** 'claims@teamworkgarage.com'  
**Cc:** Karen Tan  
**Subject:** ACKNOWLEDGEMENT - YOUR REF: 1912-43 / MSFCI REF: D20/51/CTPL/YT

**WITHOUT PREJUDICE  
SAVE AS TO COSTS**

Dear Sirs/Madam,

We refer to your letter dated 3 March 2020 which we received on 10 March 2020.

We will look into the matter and will revert soon.

*Kindly quote our claim no. in future correspondence.*

Regards,

Yeo Yi Ting  
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:  
[yeoyiting@msfirstcapital.com.sg](mailto:yeoyiting@msfirstcapital.com.sg) | Company Regn. No. 195000106C  
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail



Teamwork Garage Pte Ltd  
53 Ubi Avenue 1 #01-23/24 Singapore 408934  
Paya Ubi Industrial Park  
Tel: 6844 2475 Fax: 6844 2474  
Email: [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)  
GST Register No: 201015366H

D20/0051/CTPHYT

03<sup>th</sup> March 2020

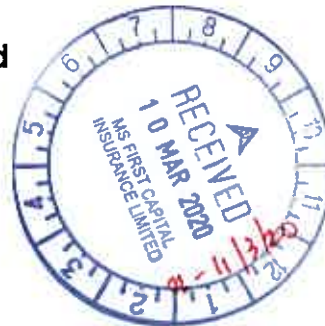
Our reference: 1912-43

Your reference: SH6956K



**BY HAND**

**MS First Capital Insurance Limited**  
**6 RAFFLES QUAY**  
**#21-00**  
**SINGAPORE (048580)**  
**Attn: Motor Claims Department**



Dear Sir/ Madam,

Claimant : PNG JOO SIANG

Address : BLK 119 POTONG PASIR AVE 1 #08-1002 S(350119)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **25/12/2019** along **BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK** involving our client's vehicle registration number **SME5392E** and vehicle registrations number **SH6956K** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$ 3,103.00
Loss of Rental	:	\$ 540.00
LTA Search Fee	:	\$ 7.49
Purchase 3P GIA Report	:	\$ 29.00
Total	:	\$ 3,679.49

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Certificate of Insurance;
- e) LTA Search;
- f) Purchase 3P GIA Report Invoice;
- g) Letter Of Authorisation;
- h) Tax Invoice;
- i) Satisfaction of Repaired Vehicle;
- j) Rental Agreement & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



Teamwork Garage Pte Ltd

Encl.

## 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	26/12/2019 17:30
Date Of Accident	25/12/2019 04:30
Exact Location Of Accident	BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5392E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PNG JOO SIANG (FANG YUXIANG)
NRIC No	SXXXX162D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94898686
Alternative Phone No	OFFICE-94898686

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5106670307
Cover Note Number	

### Driver

Name of Driver	PNG JOO SIANG (FANG YUXIANG)
NRIC No	SXXXX162D
Date Of Birth	09/12/1975
Occupation	INDOOR
Date Of Driving Pass	22/11/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94898686
Fax Number	
Contact Number	OFFICE-94898686
Email Address	NOEMAIL

Address	BLK 119 POTONG PASIR AVENUE 1 #08-1002
Postcode	350119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191225/7007.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6956K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE


- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 reassess 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A: SME5392E  
B: SH6956K

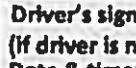
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policy holder's signature  
Date & time:

  
Driver's signature  
(If driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191225/7007

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

1 of 3

Report No. T/20191225/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2019 13:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PNG JOO SIANG			Address: APT BLK 119 POTONG PASIR AVENUE 1 #08-1002 SINGAPORE 350119		
ID Type / ID No.: NRIC NO / S7537162D			Contact No.: Home/Office: Mobile: 94898686		
Nationality: SINGAPORE CITIZEN			Email: sealore@gmail.com		
Sex: Male	Age: 44	Date of Birth: 09/12/1975	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Ship agent			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/12/2019 04:00	Type of Location: Car Park	
Location:  POTONG PASIR AVENUE 1					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME5392E	Car	TOYOTA	Estima	Blue	Slightly Damaged	7

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SME5392E	NTUC Income Insurance Co-Operative Limited	Ntuc income	25/12/2019	24/01/2020

Police Report



**SINGAPORE  
POLICE FORCE**



T/20191225/7007

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

2 of 3

Report No. T/20191225/7007

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	PNG JOO SIANG	ID No.	S7537162D
Related Vehicle	NIL	Contact No.	94898686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

This morning I saw my front bumper got damaged and I try to retrieve my in-vehicle cam to look for the culprit. Attached my video clip link which is more exceeding 2MB to you for the reference.  
[https://1drv.ms/u/s!AqJO9gso4CrHq0JxwQf\\_Y7cXIMpP7e=avg52Q](https://1drv.ms/u/s!AqJO9gso4CrHq0JxwQf_Y7cXIMpP7e=avg52Q)

Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20191225/7007

3 of 3

Report No. T/20191225/7007

**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 / TP1B /  
GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP188

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

Date/Time:  
25/12/2019 13:34

Classification Of Case:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	162D
<b>Vehicle Details</b>	
Vehicle No.:	SME5392E
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS PREMIUM 2.4 A
Primary Colour:	Blue
Manufacturing Year:	2013
Engine No.:	2AZJ008639
Chassis No.:	ACR507119430
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$33,484.00
Original Registration Date:	25 Jul 2013
First Registration Date:	25 Jul 2013
Transfer Count:	1
Actual ARF Paid:	\$38,878.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jul 2023
PARF Rebate Amount:	\$25,270.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	24 Jul 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$66,701.00
COE Rebate Amount:	\$23,849.00
<b>Total Rebate Amount:</b>	<b>\$49,119.00</b>

The information contained herein is correct as at 26 Dec 2019

OK

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7537162D**

**PNG JOO SIANG**  
(FANG YUXIANG)

Birth Date: **09 Dec 1975**  
Issue Date: **29 Jan 2018**

002768357G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7537162D**

**PNG JOO SIANG**  
(FANG YUXIANG)

Race: **CHINESE**  
Date of birth: **09-12-1975**  
Country/Place of birth: **SINGAPORE**

Sex: **M**

**S7537162D**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	08 Sep 1993
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	22 Nov 1996

NP 428A

Licence No: S7537162D

5848657

NRIC No. **S7537162D**

Date of issue: **08-01-2018**

Address: **APT BLK 119 POTONG PASIR AVENUE 1  
#08-1002  
SINGAPORE 350119**



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

Print Date/Time : 27 Dec 2019 / 10:12:57

Receipt Date/Time : 27 Dec 2019 / 10:12:57

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191227-000900

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
<b>Result of Insurance Enquiry - SH6956K</b>				
As at 25 Dec 2019/04:30:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SH6956K Enquiry Fee 20191227101129042857	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Result of Insurance Enquiry - SJP9938H</b>				
As at 25 Dec 2019/14:45:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
2	Insurance Enquiry - SJP9938H Enquiry Fee 20191227101129120783	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		14.00	0.98	14.98
<b>Rounding Difference</b>				0.03
<b>Total Amount Payable</b>				14.95
<b>Paid By</b>				
	xxxxxxxxxxxx5880	Credit Card: Visa/MasterCard		14.95
<b>Total</b>				14.95
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				14.95
<b>Excess Refundable Amount</b>				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.

## 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	27/12/2019 15:05
Date Of Accident	25/12/2019 02:30
Exact Location Of Accident	ALONG POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6956K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	ONG THAI CHUANG
NRIC No	SXXXX996J
Address	BLK 101 ANG MO KIO AVENUE 3 #06-1411

### 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)	1

### Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : TAXI REVERSING

### 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	
-----------------------------	--

**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.
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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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name: / 3 DEC 2018  
NRIC/FIN No:



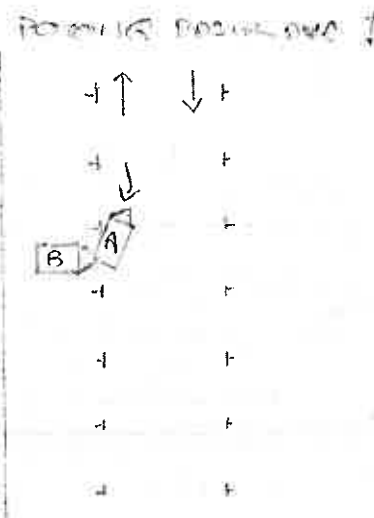
## Sketch Plan Pg. 2

### SKETCH PLAN

A = SH 6956K

B = UNKNOWN  
NUMBER

(PRIVATE CAR)



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Statement per attached

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

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

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No: [Blank]

**Describe Circumstances of the Accident.**

On the 26/12/2019 at 15:30hrs I received a call from SINMING regarding an accident on the 22/12/2019 at 02:30hrs along Potong Pasir Ave 1 involved with a vehicle.

During the date and time, I was driving out from the open space car park after I drop off my passenger. While I was reversing I heard a sound from behind so I stepped out to checked and found out my taxi rear portion had slight touch the parked vehicle. However I noticed there's no damages on both of our vehicle so I drove off.


I am filling this report as instructed.

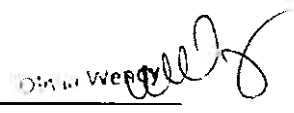
**Declaration**

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

  
\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)/Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel

27 DEC 2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MC2619170317 Vehicle Registration No: S46956E

Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 25/12/19 Time of Accident : 0230h

Place of Accident : Pottery Pass Ave 1

Insurance Company: First Capital Insurance Limited

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date of accident was 25/12/19

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature

Date: 30/12/19

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_

Addendum Sheet Pg. 2

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 26/12/2019 at 15:30hrs I received a call from SINMING regarding an accident on the 22/12/2019 at 02:30hrs along Potong Pasir Ave 1 involved with a vehicle.

During the date and time, I was driving out from the open space car park after I drop off my passenger. While I was reversing I heard a sound from behind so I stepped out to checked and found out my taxi rear portion had slight touch the parked vehicle. However I noticed there's no damages on both of our vehicle so I drove off.

I am filling this report as instructed.

Declaration

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821K

Policyholder's Signature/Date &  
Time

Driver's Signature (if driver is not the policyholder)/Date  
& Time

Witnessed by Reporting  
Centre Personnel



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-19-214301

Date of Request: 30/12/2019

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD  
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 25/12/2019

Vehicle No: SME5392E

Place of Accident: BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK

Involving Vehicle No: SH6956K

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SH6956K	BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK	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

## SEARCH RESULTS

Our Ref No: GR-19-213386

Date of Request: 27/12/2019

Your Ref No:

WALK IN SEAH

TEAMWORK GARAGE PTE LTD  
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: SME5392E

Date of Accident: 25/12/2019

Place of Accident: POTONG PASIR AVENUE 1

Involving Vehicle No: SH6956K (NO REPORT - SEARCH VALID TILL 8/1/2020)

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

DOCUMENTS	ACCIDENT LOCATION	ACCIDENT DATE	PER DOC (S\$)
No match found.			

With reference to your application for the accident report, we were unable to process your application and we draw your attention to the following:

- [ ] The requested party is not found in our database. We will continue to check daily for a period of one week, after which if there are no records found, your application will be deemed as cancelled and no notification will be sent to you.
- [ ] Your vehicle's accident report is not found in our database. Please lodge your non-injury accident report with your insurer.
- [ ] Your client's vehicle accident report is not found in our database. Please inform your client accordingly.
- [ ] Others



Thank You.

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.

This is a computer generated document and requires no signature.



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-19-213386

Date of Request: 27/12/2019

Your Ref No:

WALK IN SEAH

TEAMWORK GARAGE PTE LTD  
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: SME5392E

Date of Accident: 25/12/2019

Place of Accident: POTONG PASIR AVENUE 1

Involving Vehicle No: SH6956K (NO REPORT - SEARCH VALID TILL 8/1/2020)

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

## LETTER OF AUTHORIZATION

To AIG & Teamwork Garage PTE LTD (Third party insurance & Workshop)  
Claimant Png Joo Siang

Dear Sirs,

I/We, Png Joo Siang owner of vehicle no. SME5392E  
hereby authorize my/our repairer, Teamwork Garage PTE LTD

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SME5392E that was damage pursuant to the accident which occurred at/along Blk 119 Potong Pasir Ave 1 Open space carpark involving vehicle nos. SME5392E & SH6956K

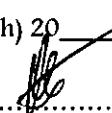
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors Teamwork Garage PTE LTD. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors Teamwork Garage PTE LTD pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)

Signature of owner vehicle (claimant): 

Name of owner of vehicle (claimant): Png Joo Siang

NRIC Number (claimant): 57537162D



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-23/24

PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

(TEL) (65) 6844 2479 FAX (65) 6844 2474

(E-MAIL) [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)

UEN 201015366H

GST Reg 201015366H

**Bill To:**

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY #21-00

SINGAPORE 048580

## Tax Invoice

Invoice number : TI-7460

Date : 3/3/2020

Terms : C.O.D.

Vehicle number : SME5392E

Make / Model : TOYOTA ESTIMA

Description	Amount (S\$)
ACCIDENT INVOLVING SME5392E / SH6959K ON 25/12/2019 @ BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$2,900.00
SINGDOLLARS : THREE THOUSAND ONE HUNDRED AND THREE DOLLARS ONLY	
Thank you for your business and have a nice day !	

Reference : 1912-43

Subtotal

\$2,900.00

\* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

Add: GST 7%

\$203.00

\*\* Please ensure that your vehicle is of good condition upon the point of collection.

Total Inc GST 7%

\$3,103.00

Less: Deposit

\$0.00

Balance Due

\$3,103.00

E. & O. E



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE





TeamWork Garage Pte Ltd  
 53 Ubi Avenue 1 #01-23/24 Spore 408934  
 Paya Ubi Industrial Park  
 Tel : 6844 2475 Fax : 6844 2474  
 E-mail : claims@teamworkgarage.com  
 GST registered number : 201015366H

## PROFOMA INVOICE - PI-2132

ART DECOR PAINTING	Date	3-Mar-20
C/O 53 Ubi Avenue 1 #01-24	Vehicle number	GBJ9550T
Paya Ubi Industrial Park	Make Model	TOYOTA HIACE
Singapore 408934	Accident date	11-Feb-20
	Reference number	2002-29

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting	:	24250.00
Lump sum repair	:	1697.50
7% GST	:	25947.50
Grand total	:	
Singdolars:		TWENTY FIVE THOUSAND FORTY SEVEN DOLLARS AND FIFTY CENTS

1912-43

## SATISFACTION OF REPAIRED VEHICLE

I/We, \_\_\_\_\_, owner/driver of vehicle No. GME 5392E declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

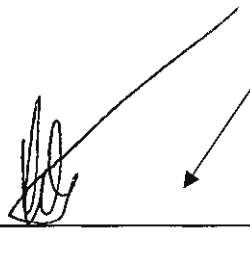
I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Dated this 10 day of 01 (month) 20 20 (year)

@ \_\_\_\_\_ hrs \_\_\_\_\_ mins

Patt Joo Seng 

Name and Signature

# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com  
Biz Reg. No.: 53208965X

No.: 3518

## OFFICIAL RECEIPT

Date: 03/03/20

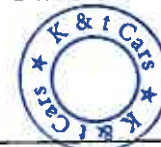
Received from Png Joo Siang

The Sum of Dollars Five Hundred Forty Dollars

Being payment of SIA4730C 07/01/20 & 10/01/20

\$ 540 / ~~100~~

K & t Cars



Cheque No.:

Authorized Signature

# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park  
Singapore 408934

Tel: 6844 5938 Fax: 6285 5228

Email: kntcars@gmail.com

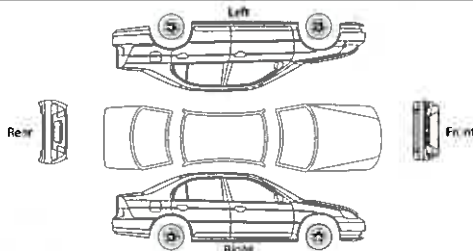
Biz Reg. No.: 53208965X

## VEHICLE RENTAL AGREEMENT

NO.: KT-04947

Veh. No.: SLA4730C	Replace Veh. No.: SME5392E
Veh. M / M: Toyota Wish	Replace Veh. M / M: Toyota Estima

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR	
Name: Phg Joo Siong (Fang Yuxiang)			Name:	
Address: Blk 119 Potong Pasir Ave 1			Address:	
#08-1002 S(350119)				
I/C: S7537162D	D.O.B: 09/12/1975		I/C:	D.O.B:
Contact: 94898686	Pass Date: 22/11/1996		Contact:	Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	07/01/20		Date In	10/01/20	
Time Out	1000		Time In	1730	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL					
Daily	@ \$	180	<u>3</u> Days @	\$ 540	OUT	E	¼	½	¾	F
Weekly	@ \$		_____ Wks @	\$						
Monthly	@ \$		_____ Mth @	\$	IN	E	¼	½	¾	F
Hours	@ \$		_____ Hrs @	\$						
*Inclusive of additional charges (if any)			Amt payable*	\$	Petrol Charges		YES	NO	AMT: _____	
					CDW		YES	NO	AMT: _____	