T K LEE AUTOMOTIVE PTE.LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY SINGAPORE 417883

TEL: 6509 5521 FAX: 6509 5523 GST Reg. No.: 201210266Z

ATTN:THE MOTOR CLAIMS DEPARTMENT FIRST CAPITAL INSURANCE LTD

36, ROBINSON ROAD#16-01 CITY HOUSE, SINGAPORE 068877 Yrs Ref.: SHB3706Y

Our Ref.: TKL0120-2782

Date: : 18.02.2020

Accident involving PC2261U and SHB3706Y on 30.01.2020 at 0145hrs along Upper Cross St towards Havelock Road

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have sufferd loss and expenses.

We are insturcted by our client to make a property damages claims as:-

		Amount
	S\$	2,150.00
(7Days @ S\$120PerDay)	S\$	840.00
	S\$	-
	S\$	7.45
	S\$	29.00
	S\$	3,026.45
	(7Days @ S\$120PerDay)	(7Days @ S\$120PerDay) S\$ S\$ S\$ S\$

Enclosed are the following documents for your perusal.

	\vee	Original Final repair Bill		Letter of Authority
7		Original Survey Report & Invoice		Rental Agreement /Receipt
		Original Photographs of [PC2261U]	\checkmark	E-File Search Fee/LTA Receipt
		GIAS Reports of [PC2261U]	\checkmark	Vehicle Registration Card
		Certificate of Insurance	\checkmark	Driver's Driving License / Identity Card
1	1	Report Of A Traffic Accident		•

Your prompt action will be greatly appreciated.

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

Yours faithfully,

TK Lee Automotive Pte Ltd

tklee0247@gmail.com

T K LEE AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883 Tel: (65) 6509 5521 Fax: (65) 6509 5523

Co. Reg.: 201200623R

INVOICE

0787

Messrs:

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877

Claim No.: TKL0120-2782

Acc. Date: 30/01/2020

Veh. No./Model: PC 2261U TOYOTA HIACE

Date: 17/02/2020

QTY	DESCRIPTIONS	AMOUNT
QTY	Repair Cost: Inclusive of supply parts, panel beating, spray painting and labour.	2,150.00
-		2,150.00

E. & O.E.

T K Lee Automotive Pte Ltd

Customer Sign & Chop

^{*} Please make all payments to " T K Lee Automotive Pte Ltd "

^{*} All service and repairing are in good order & conditions.

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

30 Jan 2020 / 10:54:07

Receipt Date/Time: 30 Jan 2020 / 10:54:07

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200130-000687

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.			Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at	t of Insurance Enquiry - SHB3706Y 30 Jan 2020/01:45:00 ance Co: MS FIRST CAPITAL INSURA	NCE LIN	NTED.			
1	Insurance Enquiry - SHB3706Y Enquiry Fee 20200130105303007254	NVOL ENV	111 LD	7.00	0,49	7.49
		Sub-Tot	al	7.00	0.49	7.49
		Total Be	fore Rounding	7.00	0.49	7.49
		Roundir	ng Difference			0.04
		Total An	nount Payable			7.45
		Paid By				
			20200130105310248	Direct Debit: eNE (Internet Banking		7.45
		Total				7.45
		Cash Ch	ange			0.00
		Tendere	d Amount			7.45
		Excess F	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.



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-20-020837

Date of Request:

05/02/2020

Your Ref No:

WALK IN JASON

T K LEE AUTOMOTIVE PTE LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No:

PC2261U

Date of Accident:

30/01/2020

Place of Accident:

UPP CROSS ST

Involving Vehicle No: SHB3706Y

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00. Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-20-020838

Date of Request:

05/02/2020

Your Ref No:

WALK IN JASON

T K LEE AUTOMOTIVE PTE LTD NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY SINGAPORE 417883

Dear Sir/Madam.

Date of Accident:

30/01/2020

Vehicle No:

PC2261U

Place of Accident:

UPPER CROSS ST TWDS HAVELOCK RD

Involving Vehicle No: SHB3706Y

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\$)
SHB3706Y	UPPER CROSS ST TWDS HAVELOCK RD	14.00	1	13.08
GST Amount	0.92			
Total Amount Du	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.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

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To: First Capital Insurance Ltd

RE: ACCIDENT INVOLVING VEHICLE NO.: PC2261U and SHB3706Y
AT/ALONG Upper Cross St towards Havelock Road
ON 30.01.2020
I/We, Kim Transport Solutions Pte Ltd of (NRIC No./ROC NO.)
201300057N of 48 Toh Guan Road East , #05-97 , 5' 608586
owner of vehicle no. PC2261U in consideration of M/sTK Lee Automotive Pte. I
repairing my/our vehicle PC2261u at my/our instruction and hereby authorise
M/S TK Lee Automotive Pte. Ltd to demand claim settle receive whatever
amount settled / payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim an
all claimed and/or settled shall belong to them absolutely.
I further agree and undertake to indemnify them against the above mentioned claim cos
which my arisen therewith.
S VIM D
at which are the second and the second are the seco
Signature of Owner:
Date:
See 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2

MSME20013362 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 30/01/2020 12:27 SUBMITTED BY: Chia Pei Ying

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement 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.

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Date Of Report

30/01/2020 12:27

Date Of Accident

30/01/2020 01:45

Exact Location Of Accident

UPPER CROSS ST TWDS HAVELOCK RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC2261U

Insured/Policyholder

Name Of Registered Owner

KIM TRANSPORT SOLUTIONS PTE LTD

Co Reg No

2XXXXXX057H

Email Address

NOEMAIL

Mobile Phone No.

Alternative Phone No.

OFFICE-98731138

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

CN072715

Cover Note Number

Driver

Name of Driver

MUHAMMAD ISKANDAR BIN JA'AFAR

NRIC No Date Of Birth SXXXX278J

Occupation

20/02/1990

Date Of Driving Pass

OUTDOOR 20/07/2009

Driving Experience

10 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91610719

Fax Number

Contact Number

EMail Address

NOEMAIL

Page 1 of 14

Address

BLK 211A PUNGGOL WALK #09-613

Postcode

82121

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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)

Passenger 1

NAME:

: UNKNOWN GENDER: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN GENDER: UNKNOWN

GENDER:

: MALE

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 DRIVING STRAIGHT ALONG THE ABOVE MENTION LOCATION. OUT OF THE SUDDEN, VEHICLE B CHANGE LANE AND HIT ONTO MY VEHICLE. WE EXCHANGE DETAILS AND LEFT.

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

SHB3706Y

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

IXAT

Name of Driver

LOU BOON SENG

NRIC/Passport Number

Contact Number

91372561

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

<u> Sketch plan</u>

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
- 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)
 - (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
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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 flaud, 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 & Finner

Oriver's Dignature If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Dame:

DRIC/FILL do.:

Sketch Plan #2 Pg. 1

CANDO COOL SI TEMPOS HOUSE ROSE AS	610	
DESCRIBE CIRCUINISTANCES OF	THE ACCIDENT	
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Folicyholder's Signe iure Dale & Yime	Oriver's Signature (If driver is not the policyholder) Oate & Time:	Reporting Centre Personnel's Signature Utime ODIC/FIELHo:

Page 5 of 14

AXA INSURANCE PTE ETO

d Shemon Way, #24 or 234 Tower, Sengapore 068673 Costonier Centre #05/03 Per 1660 ascasse. Website ware earliering PAT Registration Northell (1999) (51) with his mediana in the



Ortobassi

Augmanne 04123

Palace March Bage

Herm Bensimmen

VALUETA New Charles Agen.

MOTOR COVER NOTE

No CN072715

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore of The Road Transport Act 1987 of Malaysia or
- The Agreement between the Minister of Finance (Singapore) and the Mistor Insorers: Bureon of Singapore nation
- The Agreement between the Minister for Transport (Malaysis) and the Motor Interest Borons of West Malaysia. And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed to insurance in respect of the Motor vehicle described in the Schedule, is hereby HELD COVERED under the ferros of the Company's usual form of Motor Policy applicable. thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by doubte in writing in which case the insurance will thereupon cease and a proportionate part of the acount protocons otherwise payable for such insurance will be charged for the ting the Company has been on our

SCHEDINE

THE COMPANY	SCHEDULE	
e of solle great in the angent are assumed for the continue of a common continue of a common continue of the c	AXA INSURANCE PTE LTO	
WSCRED	KIM TRANSPORT SOLUTIONS	FIR ITS
INSURED BUSINESS REGISTRATION NO	20130005714	
MAKE AND DESCRIPTION OF VEHICLE	and the control of th	
VEHICLE BEGISTRATION BO.	TOYOTA HOACE HIGH NOOF (CHINNIGH PCZZ61U	5 (URB) 14 (6 9/ 25 (4)
YEAR OF MAJUSTAC TUPE	7013	······································
ENGINE NO	J 722861313	
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- an administrative fee of SS26. As paralls ve at GS11 sea per reciped
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PREMIUM WARRANTY

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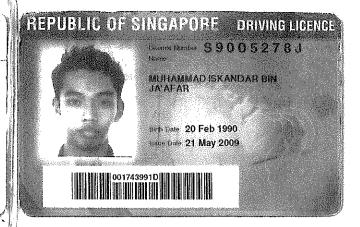




MUHAMMAD ISKANDAR BIN JA'AFAR

Race
MALAY
Date of birth Sex
20-02-1990 M
Country of birth
SINGAPORE







PASS DATE

Class 2B Motorcycles =< 260 CC

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

Class 4 Heavy motor cars and motor leactors > 2500 kg

S9005278J

S / No. 9000208377

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company Owner ID: 057N Vehicle Details

Vehicle No.: PC2261U

Vehicle to be Exported: Yes Intended Deregistration Date: 30 Jan 2020

Vehicle Make: TOYOTA

Vehicle Model: HIACE HIGH ROOF COMMUTER TURBO AUTO

Primary Colour: White Manufacturing Year: 2013

Engine No.: 1KD2361114 Chassis No.: JTFST22P200018691

Maximum Power Output:

Open Market Value: \$38,054.00 Original Registration Date: 13 Jan 2014 First Registration Date: 13 Jan 2014 Transfer Count:

Actual ARF Paid: \$1,903.00 Intended PARF Rebate Details

PARF Eligibility: No PARF Eligibility Expiry Date: PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 12 Jan 2024

COE Category: C - Goods Vehicle & Bus

COE Period(Years):

QP Paid: \$55,002.00 COE Rebate Amount: \$21,734.00 Total Rebate Amount: \$21,734.00

The information contained herein is correct as at 30 Jan 2020

OK

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