



WITHOUT PREJUDICE

Our Ref: SKJ 1441X

Your Ref: SMP 8504Y

24th July 2020

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

Dear Jasper,

Accident Involving: SKJ 1441X and SMP 8504Y
Date of Accident: 24 January 2020
Location of Accident: Blk 2A Lor Liew Lian Carpark

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$ 4,300.00	
TOTAL LOR/U DAYS	12 DAYS	2 Days PRS (7/10 Feb) + 2 Days PRS Weekend (8/9 Feb) + 1 Day Resurvey (11 Feb) + 6 Repair Days Agreed (12/13/14/15/17/18 Feb) + 1 Sunday (16 Feb)
Add Loss of Rental	\$ 600.00	5 Days - Inv#TAP1441X-243/0749
Add Loss of Use	\$ 560.00	7 Days
Total	\$ 5,460.00	
Add 3rd Party Report Fee	\$ 29.00	
GRAND TOTAL	\$ 5,489.00	

Kindly pay the Grand Total Amount of **\$5,489.00** 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: teamautooffice@gmail.com

Thank you.



Regards,
Adel (Ms)

PROFORMA INVOICE

**ATTENTION:**

Chen Huanbin

PI Number	P2007-0968
PI Date	24-Jul-2020
Vehicle No.	SKJ 1441X
Accident Date	24-Jan-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKJ 1441X	COR Lump Sum		\$ 4,300.00

Notes:

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

Total Amount	\$ 4,300.00
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Authorized Signature





160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE: 15-Feb-20

INVOICE NOS: TAP1441X-243/0749

Your Reference: SKJ 1441X

Our Reference: SJU 1949C

Billed To: Chen Huanbin

Address: 419 Serangoon Central #11-424 S'550419

Invoice Type: Rental

INVOICE TOTAL IN SGD

\$ 600.00

DESCRIPTION	AMOUNT (\$\$)
Leasing of Vehicle Number: SJU 1949C	\$ 600.00
Rental Rate Per Day: \$120.00	
Rental Duration: 5	
Commencement Date: 10/2/2020	
Ceasement Date: 15/2/2020	
Discount	\$ -
Amount Due	\$ 600.00

COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.
 - Free Upgrade

For Team Auto Pro Pte Ltd



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)
Page 1 of 1



RENTAL AGREEMENT

RA/202002/243

HIRER'S PARTICULAR		Vehicle No / Model	Rental Vehicle No / Model
Name:	Chen Huan Bin	SKJ1441X V-Jetta	5J41949C Mazda6
NRIC/Passport No:	S8112621F	Date / Time Out:	Date / Time In:
Driving Licence No:	Exp:	10/2/2020 1:30pm	15/02/2020 7pm
Address:	419 Serangoon Central #11-424 S 1955	Fuel Tank Level	
Tel:	9277 4795		
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES	
Name:		TOTAL S\$	
NRIC/Passport No:		Hour @	per hour
Driving Licence No:	Exp:	5 Days @ \$120	per days \$600
Address:		Weeks @	per week
Tel:		Months @	per month
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable:	
		SUBTOTAL Payable: \$600	
		DEPOSIT AMOUNT PAID	DEPOSIT AMOUNT REFUNDED / Date
		Mode of Payment	
		ADDITIONAL REMARKS	
		Free upgrade	
Physical Damage Excess		Acknowledgement	
Singapore - Own Damage	\$2,000		
Singapore - 3rd Party Damage	\$2,000		
Malaysia (If applicable)	\$8,000		
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)		
IMPORTANT NOTE :			
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.			
2. Only persons above 23 years of age with more than 2years driving experience,authorised, licensed and signing this agreement may drive the vehicle.			
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of TeamAutoPro Pte Ltd.			
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.			
5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours			
		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.	
		 HIRER Signature / Date	
		Authorized Signatory On Behalf of TeamAutoPro Pte Ltd	



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-20-018914

Date of Request: 03/02/2020

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SKJ1441X
Date of Accident: 24/01/2020
Place of Accident: 2A LOR LIEW LIAN
Involving Vehicle No: SMP8504Y

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-20-018916
Date of Request: 03/02/2020

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 24/01/2020
Vehicle No: SKJ1441X
Place of Accident: BLK 2A LOR LIEW LIAN CARPARK
Involving Vehicle No: SMP8504Y

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\$)
SMP8504Y	BLK 2A LOR LIEW LIAN 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.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

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.: SKJ1441X
and SMP8504Y and
and and
@ BLK 2A LOR LIEW LIAN
dated 24/01/20.

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	29/01/2020 17:22
Date Of Accident	24/01/2020 13:25
Exact Location Of Accident	BLK 2A LOR LIEW LIAN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1441X
Insured/Policyholder	
Name Of Registered Owner	CHEN HUANBIN
NRIC No	SXXXX621F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92774795
Alternative Phone No	OFFICE-92774795

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00016985
Cover Note Number	

Driver

Name of Driver	CHEN HUANBIN
NRIC No	SXXXX621F
Date Of Birth	09/05/1981
Occupation	INDOOR
Date Of Driving Pass	17/04/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92774795
Fax Number	
Contact Number	OFFICE-92774795
EEmail Address	NOEMAIL

Address	APT BLK 419 SERANGOON CENTRAL #11-424
Postcode	556083
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	COLLISION - MAJOR/MINOR RD
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 TO ATTACHED

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	SMP8504Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

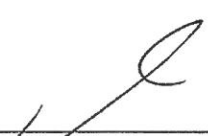
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



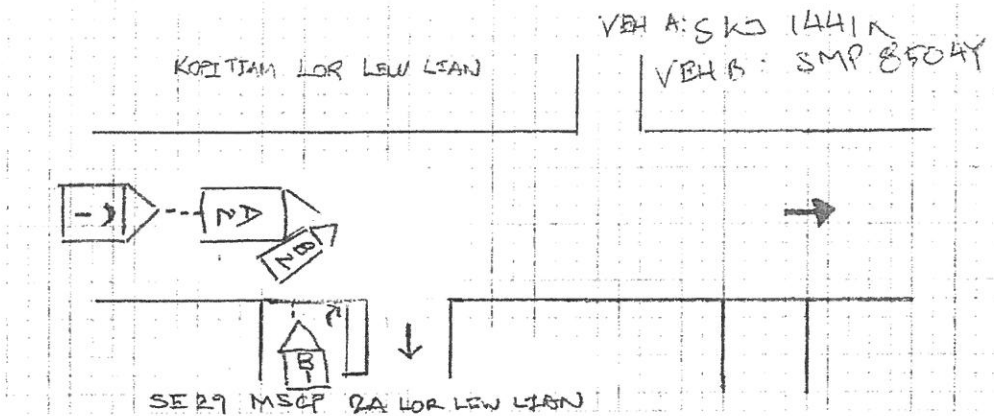
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I VEH A SKJ 1441X was driving straight along the road beside Bldg 2A LOR Lew Lian multi stories carpark. VEH B SMP 8504Y suddenly drove out of the carpark without stopping behind the stopline and checking whether the road is clear and collided into my vehicle front right portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00016985 (Third Party)

Car plate number: SKJ1441X

Your name (As the policyholder): Chen Huanbin

Coverage start date: 31/10/2019

Coverage end date: 30/10/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 31/10/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

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

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

EFFECTIVE DATE

17 Apr 2001

Licence No: S8112621F

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 8 1 1 2 6 2 1 F

Name: CHEN HUANBIN

Birth Date: 09 May 1981

Issue Date: 25 Feb 2014

002274997E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S8112621F

Name: CHEN HUANBIN

陳煥斌

Race: CHINESE

Sex: M

Date of Birth: 09-05-1981

Country of Birth: SINGAPORE

21303

NRIC No. S8112621F

Blood Group: O+

Date of issue: 15-06-1994

Address: APT BLK 419 SERANGOON CENTRAL #11-424 SINGAPORE 1955