



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

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Date: 24 April 2020

Our Ref: CT/2002-016

Your Ref: SLC2614H

FWD Singapore Pte Ltd
Motor Claims Department
6 Temasek Boulevard
#18-01 Suntec Tower Four
Singapore 038986



BY POST

Dear Sir/Mdm

ACCIDENT INVOLVING GBH 4893 Y / SLC 2614 H **ALONG** TAMPINES MEGA
COURTS CARPARK ON 22/2/2020

Please refer to the above mentioned accident.

We are writing in on the behalf of CAR PARADISE the registered owner of motor vehicle number **GBH4893Y** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SLC 2614 H**. As a result of which, our client have suffered loss and expenses.

(Remark: The number of repair days approved by Surveyor is not inclusive of Saturday, Sunday and Public Holiday.)

We are instructed by our client to claim for :

1. Cost of Repair (Agree with Surveyor)	\$ 802.50 (\$750 with 7% gst)
2. Loss of Uses (3 days)	\$ 300.00
3. LTA Search	\$ 7.45

TOTAL AMOUNT

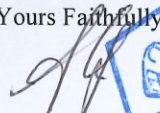

\$ 1,109.95

We hereby enclosed the following documents for your consideration :

- (A) Original Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certificate of Insurance
- (E) LTA Search Invoice / Rental Agreement and Invoice

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

Yours Faithfully,



Person Incharge: Ms Jeslyn Chua
Job Title: Motor Claim
Mobile: 65 8322 7418
Email: jeslyn@carzauto.com.sg



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61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

FINAL REPAIR BILL

Date : 6/4/2020

Vehicle Number : GBH 4893 Y
Make/Model : TOYOTA HIACE
Date of Accident : 22/2/2020

FWD Singapore Pte Ltd
Motor Claims Department
6 Temasek Boulevard
#18-01 Suntec Tower Four
Singapore 038986

REPAIR COST	\$ 750.00
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7% GST	\$ 52.50
GRAND TOTAL	<u>\$ 802.50</u>

ISSUED BY



Person Incharge: Ms Jeslyn Chua
Job Title: Motor Claim
Mobile: 65 8322 7418
Email: jeslyn@carzauto.com.sg

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	25/02/2020 11:47
Date Of Accident	22/02/2020 17:10
Exact Location Of Accident	TAMPINES MEGA COURTS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4893Y
Insured/Policyholder	
Name Of Registered Owner	CAR PARADISE
Co Reg No	5XXXX294X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97998312

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIALS 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101399638-01
Cover Note Number	

Driver

Name of Driver	LEE JIA JUN
NRIC No	SXXXX342B
Date Of Birth	20/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97998312
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 785A WOODLANDS RISE #09-138
Postcode	S731785
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 - 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?	YES
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)	2
Passenger 1	NAME: : LEONG WENG FOONG 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

PLEASE REFER TO ATTACHMENT

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	SLC2614H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON KIANG
NRIC/Passport Number	SXXXX097A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name LEE JIA JUN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBH4893Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEONG WENG FOONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBH4893Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

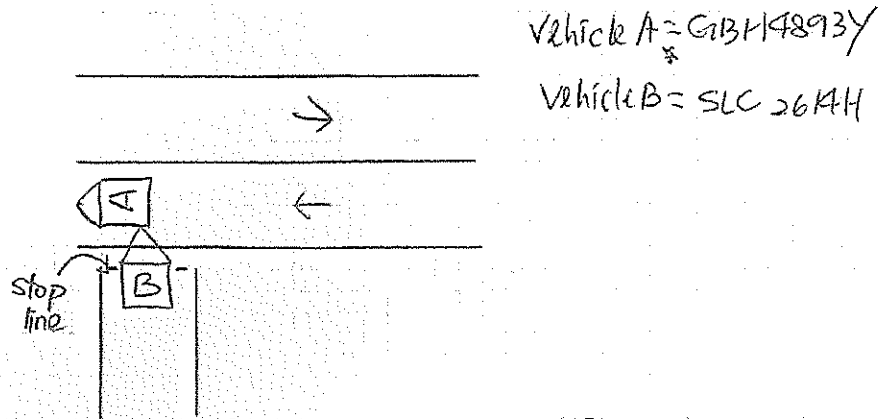
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/2/2020 At about 5:10 p.m. I was travelling at the Tampines Mega Carpark. My vehicle are going straight to the way for exit the carpark, suddenly I heard a loud bang from my rear vehicle. When I realise there was vehicle B hit on my vehicle.

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

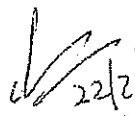
Name:

NRIC/FIN No.:

I, Tan Boon Kiang, driver of vehicle no. SLG 2614H
did not stop when approaching stopline and hit onto
on coming vehicle GBH4893Y.

NRIC: S7425097A

22 Feb' 2020


22/2/2020

place of accident: Tampines Mega Courts, carpark.

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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 : NGR 1400 24738 Vehicle Registration No : G13H4893Y
Name(as shown in NRIC): LEE Jia Jun
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 3428
Address : Blk 755 A Woodlands Rise #09-138 S731789
Contact (Tel) : - (H/P) : 9799 8312
(Email) : -
Date of Accident : 22/5/2020 Time of Accident : 17:10
Place of Accident : Tampines Mega Courts Carpark
Insurance Company : NTUC Income

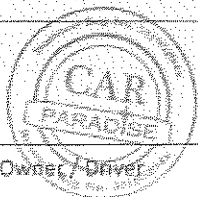
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

- The driver and passenger got two days injury.

Signature of Vehicle Owner / Driver

Date:



10 Anson Road #05-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S8942342B**

Name: **LEE JIA JUN**

Birth Date: **20 Nov 1989**

Issue Date: **12 Jan 2018**

002778235B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8942342B



Name

LEE JIA JUN

李家俊

Race

CHINESE

Date of birth

20-11-1989

Sex

M

Country of birth

SINGAPORE

S8942342B

Driver.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **12 Jan 2018**

NP 428A



Licence No: **S8942342B**



3922828

NRIC No. **S8942342B**



Date of issue

07-08-2006

APT BLK 785A WOODLANDS RISE #09-136
SINGAPORE 731785

NRIC No: **S8942342B**

Date: **27/03/2018**

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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : S101399638-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GBH4893Y
Chassis Number : KDH2010215305
 2. Name of Policyholder : CAR PARADISE
 3. Effective Date of Insurance : 18 Jun 2019
 4. Expiry Date of Insurance : 17 Jun 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 business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover:
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)	S\$600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	S\$100
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	ETHOZ CAPITAL LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 14 Jun 2019 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



CARZ AUTO SERVICES PTE LTD

ROC: 201409457D

LETTER OF AUTHORITY AND INDEMNITY

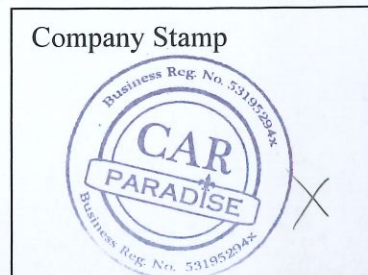
ACCIDENT INVOLVING VEHICLE NO. GBH4893Y AND SLC26144
AT/ALONG Tampines Mega Courts Carpark
ON 22 DAY February MONTH 2020 YEAR

- I/We, the owner of vehicle no. GBH4893Y hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 24 day February month 2020 year

Signature : [Signature]
Name : Car Paradise
NRIC/ROC No. : 53195294X
Address : 2 Yishun Industrial St 1
#04-34 Northpoint Bizhub
Singapore 768159

Company Stamp



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Feb 2020 / 10:36:04

Receipt Date/Time : 25 Feb 2020 / 10:36:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200225-000855

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 - SLC2614H As at 22 Feb 2020/17:10:00 Insurance Co: FWD SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SLC2614H Enquiry Fee 20200225103351213196	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				
	xxxxxxxxxxxx8843	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.