

Chermaine Loo

From: Chermaine Loo
Sent: Friday, May 8, 2020 5:42 PM
To: TEAMWORK
Cc: Heng Ding Chao
Subject: D20001286MFSH

Dear Sir,

Accident involving SHA5207M & GBE3993P on 2/3/2020.

We acknowledge receipt of your LOD which we've received on 8 May 2020.

We are investigating your client's claim and will reply to you substantively soon.

Thanks and Regards,

Chermaine
Motor Claim Department

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

As a response to the COVID 19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and business partners. We have access to emails and will work to respond in a timely manner.

We appreciate your kind understanding. Stay safe.

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

Chermaine Loo

D20/1286/CTPL/DC

From: Teo Swee Keong
Sent: Friday, May 8, 2020 4:25 PM
To: Chermaine Loo
Subject: FW: spam>LOD SUBMISSION FOR GBE3993P
Attachments: GBE3993P LOD.pdf; RENTAL FORM & RECEIPT.pdf

LOD - D20001286MFSH

From: Darren <claims@teamworkgarage.com>
Sent: Friday, May 8, 2020 3:44 PM
To: Motor_Claims <Motor_Claims@msfirstcapital.com.sg>
Cc: Darren <claims@teamworkgarage.com>
Subject: spam>LOD SUBMISSION FOR GBE3993P

WITHOUT PREJUDICE

Dear Sir/Madam,

Attached is the LOD submission documents

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474



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
GST Register No: 201015366H

08th May 2020

Our reference: 2003-08

Your reference : SHA5207M

MS First Capital Insurance Limited

BY HAND

6 RAFFLES QUAY

#21-00

SINGAPORE(048580)

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : THL AIR-CON SERVICES PTE LTD

Address : 38 WOODLANDS INDUSTRIAL PARK E1 #01-07 S(757700)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **02 March 2020** Along **JALAN BUKIT MERAH TWDS JALAN KILANG BARAT** involving our client's vehicle registration number **GBE3993P** and vehicle registrations number **SHA5207M** 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	:	\$ 5,029.00
Loss Of Rental	:	\$2,250.00
Purchase 3P GIA Report Fee	:	\$ 29.00
3P Search Fee	:	\$ 7.45
Total		\$7,315.45

MS First Capital Insurance Limited

Claim No.: D20/1286 Date: 8 May 20

O-I-C : Ding Mao

TEL: 6507 3948

☒ We are looking into your claim and will revert soon.

☐ We wish to re-inspect your / your client's vehicle.

Please give us 1 week notice on date/time/place.

Please quote our Claim No. in future correspondence

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

- a) Our Client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Certificate of Insurance;
- d) Owner / Driver's IC & Driving License;
- e) Tax Invoice;
- f) Purchase 3P GIA Report Invoice;
- g) 3P Search Invoice;
- h) Rental Form & Rental Receipt;
- i) Satisfaction Form;

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	03/03/2020 16:39
Date Of Accident	02/03/2020 12:20
Exact Location Of Accident	ALONG JALAN BUKIT MERAH TOWARDS JALAN KILANG BARAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3993P
Insured/Policyholder	
Name Of Registered Owner	THL AIR-CON SERVICES PTE LTD
Co Reg No	2XXXXX061W
Email Address	ENQUIRY@THLAIRCON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96864220

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPCVE003653
Cover Note Number	30/11/2019 TO 29/11/2020

Driver

Name of Driver	WONG LEK KONG
NRIC No	SXXXX592C
Date Of Birth	15/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96632254
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 266A PUNGGOL WAY #06-406 (S) 821266
 Postcode
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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: WAN MUN YOON
 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

refer with attach.

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 SHA5207M
 Vehicle Make/Model/Colour TOYOTA PRIUS
 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)

DETAILS OF INJURED PERSON 1

Name WONG LEK KONG
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? GBE3993P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WAN MUN YOON
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? GBE3993P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

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 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 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)

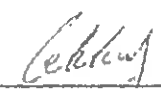
I understand, acknowledge, agree and consent that:

- (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 lifting 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.

TH. ANTON SERVICES PTE LTD
21 Woodlands Ind. Park E1
SINGAPORE 758492
Tel: 6755 1172 Fax: 6755 1145

X

Policyholder's Signature
Date & Time:

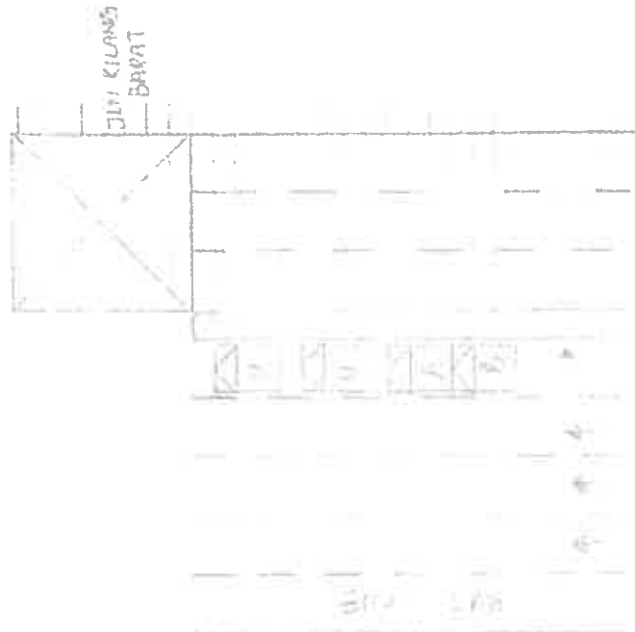

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan Pg. 1

SKETCH PLAN

A: SAE3993P
B: SAE3993P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Jalan Bukit Merah as there were few vehicles also waiting to turn onto Jalan Slang. As I started to move, vehicle B collided into the rear portion of my vehicle.

*****for company vehicle only*****
I _____ is the _____ of company _____ and im using the vehicle _____ for work /private purpose .

DECLARATION

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

☒ THE AIR-CON SERVICES PTE LTD.
35 Woodlands Ind. Park E1
#01-222N Singapore 757700
Tel: 6352-2219 Fax: 6352-2219

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.:



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

061W

Vehicle Details

Vehicle No.:

GBE3993P

Vehicle to be Exported:

No

Intended Deregistration Date:

03 Mar 2020

Vehicle Make:

NISSAN

Vehicle Model:

NV350 PANEL VAN 2.5 SMT 5DR EURO V

Primary Colour:

Silver

Manufacturing Year:

2015

Engine No.:

YD25384087A

Chassis No.:

JN1MC2E26Z0005382

Maximum Power Output:

-

Open Market Value:

\$22,481.00

Original Registration Date:

30 Nov 2015

First Registration Date:

30 Nov 2015

Transfer Count:

0

Actual ARF Paid:

\$1,125.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

29 Nov 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$4,641.00

COE Rebate Amount:

~~\$2,663.00~~

Total Rebate Amount:

~~\$2,663.00~~

The information contained herein is correct as at 03 Mar 2020

OK



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

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)**

- Cert No./Policy No.** : D19MTPCVE003653
- 1. Registration No.** : GBE3993P
- 2. Insured Name** : THL AIR-CON SERVICES PTE. LTD..
- 3. Commencement Date** : 30 NOVEMBER 2019 00:00
- 4. Expiry Date** : 29 NOVEMBER 2020 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$500 - Section I
- 7. Persons or Classes of Persons entitled to drive***
b) Any person who is driving on the Insured's order or with their 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident ~~loss or damage~~.
- 8. Limitations as to use***
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 9. ExcelDrive Workshops & Accident Reporting**
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers

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)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 11 NOVEMBER 2019 18:07

**Limitation rendered inoperative by section 8 of the Motor Vehicles (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.*

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11A23903 & ATA SOLUTIONS CI Code: 20D_X_DSZO2KIRDBWZAJ





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

2003-08 GBE3993P

TAX INVOICE

3P

Our Ref No: GR-20-040417
Date of Request: 09/03/2020

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: GBE3993P
Date of Accident: 02/03/2020
Place of Accident: JLN BT MERAH
Involving Vehicle No: SHA5207M

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



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-20-040418

Date of Request: 09/03/2020

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 02/03/2020

Vehicle No GBE3993P

Place of Accident along jalan bukit merah towards jalan kilang barat

Involving Vehicle No SHA5207M

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\$)
SHA5207M	along jalan bukit merah towards jalan kilang barat	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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	02/03/2020 14:35
Date Of Accident	02/03/2020 12:35
Exact Location Of Accident	JALAN BUKIT MERAH AND JALAN KILANG BARAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5207M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	JAMALUDIN BIN SAMADI
NRIC No	SXXXX965F
Address	BLK 221A BEDOK CENTRAL #08-68

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)	3

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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.

COMPANIES LIMITED
CO. REG. NO. 19900421H

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiang
NRIC/FIN No:

Accident Photo



Accident Photo



Accident Photo



> Back to OneMotoring



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

Print Date/Time : 03 Mar 2020 / 16:27:34

Receipt Date/Time : 03 Mar 2020 / 16:27:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200303-002608

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHA5207M				
As at 02 Mar 2020/12:20:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA5207M Enquiry Fee 20200303162634923707	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				
	xxxxxxxxxxxx5880	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.

Bill To:

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY #21-00

SINGAPORE 048580

Tax Invoice

Invoice number : TI-7611

Date : 8/5/2020

Terms : C.O.D.

Vehicle number : GBE3993P

Make / Model : NISSAN NV350

Description	Amount (S\$)
<p>ACCIDENT INVOLVING GBE3993P / SHA5207M ON 02/03/2020 @ ALONG JALAN BUKIT MERAH TOWARDS JALAN KILANG BARAT</p> <p>INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING, AND SPRAY PAINTING</p> <p>LUMP SUM BILLING</p> <p>SINGDOLLARS: FIVE THOUSAND AND TWENTY NINE ONLY</p> <p><i>Thank you for your business and have a nice day !</i></p>	\$4,700.00
Reference : 2003-08	Subtotal \$4,700.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD	Add: GST 7% \$329.00
** Please ensure that your vehicle is of good condition upon the point of collection.	Total Inc GST 7% \$5,029.00
	Less: Deposit \$0.00
E. & O. E	Balance Due \$5,029.00



2003-08

SATISFACTION OF REPAIRED VEHICLE

I/We, Wong Lek Kong, owner/driver of vehicle No. GBE 3993 P 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 12 day of 03 (month) 20 20 (year)

@ 11 hrs 40 mins

[Signature]

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.: 3583

OFFICIAL RECEIPT

Date: 08/05/2020

Received from THL Air-con Services PTE LTD

The Sum of Dollars Two Thousand Two Hundred Fitty Dollars

Being payment of 6X6597X 03/03/2020 to 12/03/2020

K & t Cars

\$ 2250/80

Cheque No.:

Authorised 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-04850

Veh. No.: <u>GX 6597X</u>	Replace Veh. No.: <u>GBE 3993 P</u>
Veh. M/M: <u>Nissan Urvan</u>	Replace Veh. M/M: <u>NISSAN NV350</u>

Biz Reg. No.: 53206903A

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR	
Name: THL Air-con Services PTE LTD		Name: Wong Lek Kong		
Address: 38 Woodlands Industrial Park		Address: Blk 266A Punggol way		
E1 #01-07 S(757700)		#06-406 S(821266)		
I/C: 201316061W	D.O.B:	I/C: 57276592C	D.O.B: 15/03/1972	
Contact: 96864220	Pass Date:	Contact: 96632254	Pass Date: 18/04/1995	

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

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>03/03/2020</u>		Date In	<u>12/03/2020</u>	
Time Out	<u>1700</u>		Time In	<u>1140</u>	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>250</u>	<u>9</u> Days @ \$ <u>2250</u>	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges	YES	NO	AMT: _____		
Amt payable* \$ <u>2250</u>				CDW	YES	NO	AMT: _____		
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit	YES	NO	AMT: _____		
Bank / Cheque No.:				Advance Payment	YES	NO	AMT: _____		

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)