

# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY/ GST REG. NO: 201316380R

M/S SAFEDRIVE LIMOUSINES

Proforma Invoice : 20/PI00024/5514TP

Date : 26-Mar-2020

AIG Asia Pacific Insurance Pte. Ltd.

Motor Claim Department

AIG Building

78 Shenton Way

#07-16 Singapore 079120

Attn : Ms. Asher Sng

Date of Accident : 28-Feb-2020  
Our Client's Vehicle Number : SLZ 3194A  
Vehicle Make/ Model : HONDA STREAM  
Your Insurer : SDJ 9869B

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommend by LKK Taufikh)	5,600.00	392.00	5,992.00 SR
GIA Fee	27.10	1.90	29.00 SR
LTA Fee	6.97	0.49	7.46 SR
Loss of (Rental/Use)(7 Days X \$120)	840.00		840.00 ES

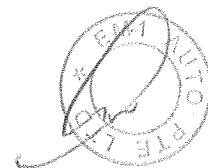
SGD ( Six Thousand Eight Hundred Sixty-Eight And Cents  
Forty-Five only )

**GRAND TOTAL**

**6,868.45**

Subject to 7% GST

394.38



Authorised Signature and Company Stamp

## 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 15:39
Date Of Accident	28/02/2020 16:40
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3194A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE DRIVE LIMOUSINES
Co Reg No	5XXXX002K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92961142

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5115548765-000004
Cover Note Number	

### Driver

Name of Driver	JOHARI BIN HASSAN
NRIC No	SXXXX705H
Date Of Birth	22/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-91269451
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK619, BUKIT PANJANG RING RD, #17-812
Postcode	670619
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

ATTACH POLICE REPORT

### 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	SDJ9869B
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBH7080G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLZ3194A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan

### 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 Authorized 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 inquiries 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 claim 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.

DRIVESAFE  
COMMITMENT  
2010/002K

Policyholder's Signature  
Date & Time:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-50/50/52 Sin Ming Ind Est  
Singapore 75643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

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

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 4

Report No. T/20200302/2090

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 15:39		Vide Report No.:		Station Diary No.: 70	
<b>Informant's Particulars</b>					
Name of Informant: JOHARI BIN HASSAN			Address: APT BLK 619 BUKIT PANJANG RING ROAD #17-812 SINGAPORE 670619		
ID Type / ID No.: NRIC NO / S1328705H			Contact No.: Home/Office: Mobile: 91269451		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 22/02/1958	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2020 16:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY towards Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7080G	Lorry	TOYOTA		Silver	Slightly Damaged	0
SDJ9869B	Car	HONDA		Blue	Slightly Damaged	0
SLZ3194A	Car	HONDA	STREAM 1.8L AT RSZ	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20200302/2090

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ3194A	TOKIO MARINE INSURANCE SINGAPORE LTD.	19MK000765R00	04/09/2019	03/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	Yap Zhi Siong		ID No.	G2040353K
Related Vehicle	GBH7080G (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	Tan Shiao Woi		ID No.	S7528866B
Related Vehicle	SDJ9869B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Passenger</b>				
Name	saliah binte asali		ID No.	S1361679E
Related Vehicle	SLZ3194A (Car)		Contact No.	91712552
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 4

Report No. T/20200302/2090

## CONTINUATION OF REPORT

Driver			
Name	JOHARI BIN HASSAN	ID No.	S1328705H
Related Vehicle	SLZ3194A (Car)	Contact No.	91269451
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

### Brief Details.

On 28/02/2020 at about 1644 hrs, along PIE towards Tuas. I was driving the rental vehicle, SLZ3194A, along 2nd lane of the four lane expressway. As the vehicle in front of me had stop, due to heavy traffic. I also stop the rental vehicle. After stopping, I heard a loud bang at the back of the rental vehicle. I then check on my wife whom was seating at the front passenger seat. After making sure that she is ok., I alight the rental vehicle to make a check.

Upon alighting the rental vehicle, I realized that two other vehicles was involved. Motor Lorry, GBH7080G which had collided onto the vehicle, SDJ9069B which in turn collided onto the rental vehicle. At the point of time, no one had complaint of any pain or injuries. I then exchange particulars with the vehicle driver, Tan Shiao Wei, S7528866B and the motor lorry driver, Yap Zhi Siong, G2040353K.

After exchanging particulars, the other drivers and I left the accident scene. Damage to the rental vehicle is the rear portion, while the other vehicle is the right front and left back portion and the motor lorry is the front right portion. Subsequently my wife and I felt pain at the back of our necks. My wife and I then seek medical consultation and was given three days of medical certificate each. Subsequently I proceeded to the nearest police post, to lodge a Traffic Accident report.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200302/2090

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

4 of 4

Report No. T/20200302/2090

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sr Supt CHOO NGAI PANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

02/03/2020 15:39

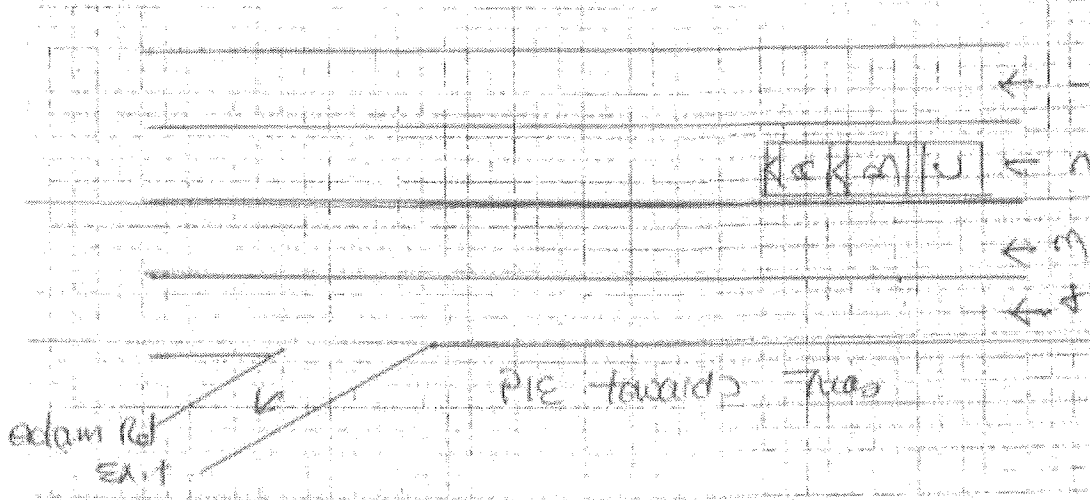
Classification Of Case:

Authentication Stamp

NP168

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref/ To Police Report NO: T/20000302/0090

(A) SLZ 3194 A

(B) SDJ 9869 B

(C) GBH 7080 G

## DECLARATION

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

DRIVE SAFE  
LUXURIOUS  
53407002X

Policyholder's Signature  
Date & Time:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-5800/52 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

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

> **Back to OneMotoring**

SLZ 31 94A



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Mar 2020 / 14:36:28

Receipt Date/Time : 04 Mar 2020 / 14:36:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200304-002057

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
	Result of Insurance Enquiry - SDJ9869B As at 28 Feb 2020/16:40:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SDJ9869B Enquiry Fee 20200304143456633063	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	20200304143529108 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

**Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.**

## TAX INVOICE

Our Ref No: GR-20-041419

Date of Request: 10/03/2020

Your Ref No: WALK IN CHIA

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Your Vehicle No: SLZ3194A

Date of Accident: 28/02/2020

Place of Accident: PIE

Involving Vehicle No: SDJ9869B,GBH7080G

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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-20-041422

Date of Request: 10/03/2020

Your Ref No: WALK IN CHIA

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Date of Accident: 28/02/2020

Vehicle No: SLZ3194A

Place of Accident: PIE TOWARDS TUAS

Involving Vehicle No: SDJ9869B

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\$)
SDJ9869B	PIE TOWARDS TUAS	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

### LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SLZ 3194A and SDJ 9869B, GBH 7080G  
ON 28/2/2020 ALONG P1E TOWARDS TUAS

I, Safedrive Limousines, NRIC No. / Company Reg. No.  
53407002K of (address) \_\_\_\_\_

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number  
SLZ 3194A hereby authorise your workshop EM-1 Auto Pte Ltd (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten. I, further authorize that the monies to be made payable to EM-1 Auto Pte Ltd.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: \_\_\_\_\_

Company Stamp:  
(if applicable)

DRIVESAFE  
LIMOUSINES  
53407002K

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Contact No: \_\_\_\_\_

Date: \_\_\_\_\_

Safedrive Limousines

53407002K

92961142

2/03/2020