

# WITHOUT PREJUDICE

Our Ref: SMK 3961U Your Ref: SLM 1097D

19th August 2020

ATTN:

LKK Auto Consultants Pte Ltd

**INSURER:** 

**FWD Singapore Pte Ltd** 

Dear Sir / Mdm,

Accident Involving: SMK 3961U and SLM 1097D

Date of Accident:

31 March 2020

Location of Accident: Along PIE towards Tuas

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

GRAND TOTAL	\$	9,467.45	
Add LTA Search Fee	\$	7.45	
Total	\$	9,460.00	
**2 Days	PRS (31 M	lar, 1 Apr) + 10 Re	epair Days Agreed (1/2/3/4/6/7/8/9/11/13 Apr) + 1 Sunday (5/12 Apr) + 1 PH (10 Apr)
Add Loss of Use	\$	640.00	8 Days
Add Loss of Rental	\$	720.00	6 Days - Inv#TAP3961U-261/0848
Cost of Repair as agreed	\$	8,100.00	

Kindly pay the Grand Total Amount of \$9,467.45 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: teamautoffice@gmail.com

Thank you.



# ATTENTION: Foo Chek Boo

PI Number	P2008-1010
PI Date	19-Aug-2020
Vehicle No.	SMK 3961U
Accident Date	31-Mar-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMK 3961U	COR Lun	np Sum	\$ 8,100.00

#### Notes:

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

Total Amount	\$ 8,100.00



# TEAM RE

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:** 

6-Apr-20

**INVOICE NOS:** 

TAP3961U-261/0848

Your Reference:

SMK 3961U

Our Reference:

SJQ 262C

**Billed To:** 

**Foo Chek Boo** 

Address:

117A Jalan Tenteram#19-513 S'321117

**Invoice Type:** 

Rental

INVOICE TOTAL IN SGD

720.00

DESCRIPTION

SJQ 262C

\$

720.00

Rental Rate Per Day:

Leasing of Vehicle Number:

\$120.00

**Rental Duration:** 

6

Commencement Date:

31/3/2020

Ceasement Date:

6/4/2020

Discount

\$

Amount Due \$

720.00

#### **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



## **PAYMENT DETAILS**



bodily injuries, a police report must be made within 24 hours

5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are

# **RENTAL AGREEMENT**

RA/202003/26

HIRER'S PARTICULAR			Vehicle No / Model Rental Vehicle No / N					
Name: Foo chek Boo			nk39	1614	1 H-shuttle	SJQ 262C H. CIVIC		
NRIC/Passport No: S1489572H			/ Time O			Date / Time In:		
Driving Licence No: Exp:			03/2020	1	0.25am	06/04/	2020 6pm	
Address: 17A Jalan Tente Sipore 321117	vam #19-513			ουτ		nk Level	IN	
Tel: 9823 1579				1/2	1		1/2 AF F	
ADDITONAL DRIVER'S PARTICULAR (AUTHOR	RIZED DRIVER)		Ē		F	E UD	7 F	
Name:		REN	TAL CHA	ARGI	ES		TOTAL S\$	
NRIC/Passport No:			Hour	@		per hour	A	
Driving Licence No:	Exp:	6	Days	@	\$120	per days	\$600 \$7	
Address:			Weeks	@		per week		
			Months	@		per month		
Tel:					Additi	onal Payable:	¥	
(A) - ACCIDENTS (D) - DENTS (S) -	SCRATCHES				SUBTO	TAL Payable:	\$500 \$70	
			DEPOSIT AMOUNT PAID  DEPOSIT AMOUNT REFUNDED / Date					
		Mode of Payment  ADDITIONAL REMARKS						
		Free upgrade.						
	5				6 Pay	s Rem	tul	
Physical Damage Excess	Acknowledgement	HIRER	S DECLAR	ATION	I: I/WE agree to	the terms and	conditions above	
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 \$3,000 ( Additional )			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.					
experience regardless of age		1		1	War			
<b>IMPORTANT NOTE:</b> 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.			WTOPRO P					
<ol><li>Only persons above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.</li></ol>					THECK SIGN	ature / Date		
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the pior written consent of TeamAutoPro Pte Ltd.					TEAM	PRO	O.	
<ol> <li>Use of vehicle for illegal purposes (e.g. in connection with trafficking, smuggling), commercial purposes (e.g. taxi, uber</li> </ol>				Reg no: 20181	16214			

Authorized Signatory On Behalf of TeamAutoPro Pte Ltd

## > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

31 Mar 2020 / 10:40:24

Receipt Date/Time: 31 Mar 2020 / 10:40:24

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-200331-000820

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resul	t of Insurance Enquiry - SLM1097D				
As at	31 Mar 2020/07:35:00				
Insura	ance Co: FWD SINGAPORE PTE. LTD	le .			
	Insurance Enquiry - SLM1097D				
	Enquiry Fee		7.00	0.49	7.49
	20200331103903842648		7.00	0.40	7.10
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		<b>Total Amount Payable</b>			7.45
		Paid By			
		426569XXXXXX8855	eNETS Credit Car	d	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.

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.:	SMK 3961 U
and			M 1097 D			and		
and						and		
@ _	PIE TO\	NAR	DS TUAS	3				
date	ad 31/03	3/202	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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

<ol><li>By the lodgement of this report to the insurers, you hereby con- aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
AND THE HARDSON STORY	ACCIDENT STATEMENT
Date Of Report	31/03/2020 14:42
Date Of Accident	31/03/2020 07:35
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK3961U
Insured/Policyholder	
Name Of Registered Owner	FOO CHEK BOO
NRIC No	SXXXX572H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98231579
Alternative Phone No	OFFICE-98231579
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 5108656494

Cover Note Number

#### Driver

Name of Driver FOO CHEK BOO NRIC No SXXXX572H Date Of Birth 13/03/1961 Occupation **INDOOR** Date Of Driving Pass 14/12/1982

**Driving Experience** 37 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98231579

Fax Number

Contact Number OFFICE-98231579

**EMail Address NOEMAIL**  Address

BLK 117A JALAN TENTERAM #19-513

Postcode

321117

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 - 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?

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 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

SLM1097D

Vehicle Make/Model/Colour

NA

**Details Of Properties** 

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

NA

NRIC/Passport Number

NA

Contact Number

NA

Address Postcode

NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

SKETCH PLAN				
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			PIE Toward	1.005
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front vehicles of stocked down and	stated venue ]  colden John brake,  cl cume to a  act on My clic  of My rehule.	Upon see complete s tionary vohi	top. The v	
DECLARATION  I/We declare the foregoing parti  Policyholder's Signature  Date & Time:	culars are true in every respect.  Driver's Signature Iff driver is not the policy! Date & Time:	older)	Reporting Centre Name:	2/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2

#### Sketch Plan #2

#### 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 Reports 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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 (raud, 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 Comprehensamel's Signature

NRIC/FIN No.:



#### 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)

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SMK3961U

Chassis Number : GK82001624
2. Name of Policyholder : FOO CHEK BOO

3. Effective Date of Insurance : 08 Apr 2019
4. Expiry Date of Insurance : 07 Apr 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.

#### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# 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 **ADDITIONAL EXCESS** : N/A **UNNAMED DRIVER EXCESS** : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP **INSURE WITH COE** : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : FOO CHEK BOO NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A 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 : 03 Apr 2019 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive







