



WITHOUT PREJUDICE

Our Ref: GBC 1706B

Your Ref: SGF 535J

17th July 2020

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

Dear Khanchna,

Accident Involving: GBC 1706B and SGF 535J
Date of Accident: 30 April 2020
Location of Accident: KJE towards Woodlands Road

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

Cost of Repair as agreed	\$ 4,200.00
Add Loss of Use	\$ 1,560.00 13 Days **2 Days PRS (29 May, 1 Jun) + 2 Days PRS Weekend (30/31 May) + 1 Day Resurvey (2 Jun) + 7 Repair Days Agreed (3/4/5/6/8/9/10 Jun) + 1 Sunday (7 Jun)
Total	\$ 5,760.00
Add LTA Search Fee	\$ 7.45
GRAND TOTAL	\$ 5,767.45

Kindly pay the Grand Total Amount of **\$5,767.45** 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.


TEAM AUTO PRO PTE. LTD.
TEAM AUTO PRO
Reg No: 201811621K
Regards,
Adel (Ms)

PROFORMA INVOICE

**ATTENTION:**

MDR Limited

PI Number	P2007-0952
PI Date	17-Jul-2020
Vehicle No.	GBC 1706B
Accident Date	30-Apr-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. GBC 1706B	COR Lump Sum		\$ 4,200.00

Notes:

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

Total Amount	\$ 4,200.00
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Authorized Signature





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

Print Date/Time : 28 May 2020 / 10:30:57

Receipt Date/Time : 28 May 2020 / 10:30:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200528-000686

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SGF535J				
As at 30 Apr 2020/12:15:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SGF535J			
	Enquiry Fee	7.00	0.49	7.49
	20200528103003927141			
	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				
	426569XXXXX8855	eNETS Credit Card		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.: GBC 1706 B
and SGF 535 J and
and and
@ KJE TWDS WOODLANDS ROAD
dated 30/04/2020

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,



Yours

Claimant Signature & Co's Stamp (if applicable)

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	30/04/2020 16:57
Date Of Accident	30/04/2020 12:15
Exact Location Of Accident	KJE TWDS WOODLANDS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1706B
Insured/Policyholder	
Name Of Registered Owner	MDR LIMITED
Co Reg No	2XXXXX059G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96192012
Alternative Phone No	OFFICE-96192012

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000639-R00
Cover Note Number	

Driver

Name of Driver	YU WEI
Passport No/FIN	GXXXX428U
Date Of Birth	23/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96571992
Fax Number	
Contact Number	OFFICE-96571992
Email Address	NOEMAIL

Address	103 WEST COAST VALE #34-19
Postcode	126754
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 - 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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF535J
Vehicle Make/Model/Colour	NISSAN GTR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN JIAMING
NRIC/Passport Number	SXXXX640D
Contact Number	93212000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Hated date and time, I was traveling along
the stated ^{road} ~~road~~ vehicle back, I brake my vehicle as well
suddenly, I left an impact of my vehicle and realised
that vehicle is hit into my vehicle rear portion

DECLARATION

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



Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRC/FIN No

Accident Sketch Plan

SKETCH PLAN

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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.:



**SINGAPORE
POLICE FORCE**



T/20200601/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200601/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2020 10:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YU WEI			Address: APT BLK 103 WEST COAST VALE #34-19 SINGAPORE 126754		
ID Type / ID No.: FIN NO / G2294428U			Contact No.: Home/Office: Mobile: 96571992		
Nationality: CHINESE			Email: 365251042@QQ.COM		
Sex: Male	Age: 31	Date of Birth: 23/10/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2020 12:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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
GBC1706B	Van	NISSAN	NV200			0
SGF535J	Car	NISSAN	GTR	Orange		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200601/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200601/7002

CONTINUATION OF REPORT

Driver			
Name	YU WEI	ID No.	G2294428U
Related Vehicle	GBC1706B (Van)	Contact No.	96571992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2020	Date Discharge	30/04/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE 30TH APRIL 2020, I WAS TRAVELLING ALONG KJE TOWARDS WOODSLANDS ROAD. AS I WAS APPROACHING THE SLIP ROAD I SLOWED DOWN MY VEHICLE, THE NEXT MOMENT I FELT AN IMPACT ON MY VEHICLE REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED IT WAS SGF535J COLLIDED AGAINST MY VEHICLE REAR PORTION. LATER NIGHT I FELT PAIN AROUND MY BACK AND NECK AREA AS SUCH I WENT TO SEEK DOCTOR AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200601/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200601/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/06/2020 10:22

Classification Of Case:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MZ300

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)

Policy No.: 19-MK000639-R00 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBC1706B **Chassis No.:** VSKYBAM20U0022264
2. **Name of Policyholder** MDR LIMITED
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 28/07/2019
4. **Date of Expiry of Insurance** 27/07/2020
5. **Persons or Class of Persons entitled to drive***
Any person who is driving on the policyholder'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.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2993DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 500
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.


Authorised Signature

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2294428U
Name: YU WEI

Birth Date: 23 Oct 1988
Issue Date: 05 Dec 2016
Valid Till 04/12/2021

002635527D






REPUBLIC OF SINGAPORE

FIN G2294428U

Name YU WEI

Date of Birth 23-10-1988
Sex M
Nationality CHINESE



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

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE 05 Dec 2016

NP 428A

Licence No: G2294428U

FA2327733

VISIT PASS
Immigration Regulations

FIN G2294428U

MULTIPLE JOURNEY VISA ISSUED

Date of Issue 24-03-2020
Date of Expiry 24-03-2022



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.