

**Mei Kwan (LKKAUTO)**

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**From:** chan pick yuen <chris\_chanbebe@hotmail.com>

**Sent:** Wednesday, 3 March, 2021 3:42 PM

**To:** Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>

**Subject:** Fwd: SKQ7764M & GBF6766D DOA 12.5.20 \*\*\* LKK REF: CC6/CTI20005732/Aea3

Enclosed is our client's GIA report ,video, LOA , invoice & Ita .

As request following :

1. RC               \$3852.00 ( \$3600 =7% gst AS AGREED )
2. Loss of use \$420 (\$60x 7days - 5 days recommend + 1 day waiting PRS + 1 day weekend ) total 7 days
3. Ita               \$7.45

@ 100% ( video )

Total       \$ 4,279.45

Please let us have your offer soon .

Regards,  
Chris Chan Pick Yuen  
GREEN FOREST AUTOMOBILE PTE LTD  
HP; 92712214

## AUTHORISATION TO ACT

I/We CARRO LEASING PTE LTD of \_\_\_\_\_  
\_\_\_\_\_, owner of SKQ7764M hereby

authorize Green Forest Automobile Pte Ltd, ("The Workshop") to act for me/us with respect to my/our claim for the repair costs and/or rental and/or loss of use for my/our vehicle SKQ7764M that was damaged pursuant to the accident occurred on 12.05.2020 at SERVICE ROAD BESIDE AMK NORTH FLYOVER involving vehicle number GBF6766D.

I/We further authorize the Workshop to settle my/our above mentioned claim in a manner that they deem fit and The Workshop is further authorized to receive payment further to settlement of my/our claim with payment cheque being made in favor of Green Forest Automobile Pte Ltd.

The settlement The Workshop may reach on my/our behalf is on without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Pursuant to Personal Data Protection Act 2012, I/We hereby agree that The Workshop may disclose or share my personal data to any authorized service providers whom The Workshop would necessarily need to cooperate, interact or work in one way or another in serving me or meeting my requests.

If I/we are not able to recover full amount for the repair cost from the third Party's Insurance Company in 6 (six) months' time from invoice date, Green Forest Automobile Pte Ltd shall bill to you/your Company for the balance/full amount of the repair cost. The Workshop will close this case without prior notice if we are unable to recover within 2 years.

I/We \_\_\_\_\_ understand the above explanation by Green Forest Automobile Pte Ltd.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

  
Claimant's Signature  
(Company's stamp for company vehicle)

  
Green Forest Automobile Pte Ltd

2017

# GREEN FOREST AUTOMOBILE PTE LTD

8 Kaki Bukit Avenue 4, #05-25 Premier @ Kaki Bukit Singapore 415875

## INVOICE

CARRO LEASING PTE LTD  
8 Kaki Bukit Avenue 4  
#05-25 Premier @ Kaki Bukit  
Singapore 415875

Date: 17-Jun-20  
GST Reg.No: 201723238H

Accident date: 12<sup>th</sup> May 2020

Final Bill For Vehicle No: SKQ7764M TOYOTA VIOS 'E' 2014

Descriptions	AMOUNT
Lump Sum repair cost as recommended by LKK AUTO CONSULTANTS PTE LTD Surveyor : Mr Adrian	\$3,600.00
Total	\$3,600.00
GST 7%	\$252.00
Grand Total	\$3,852.00

S/DLRS: THREE THOUSAND EIGHT HUNDRED FIFTY TWO ONLY

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 May 2020 / 09:57:59

Receipt Date/Time : 13 May 2020 / 09:57:58

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200513-000478

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBF6766D As at 12 May 2020/13:35:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBF6766D Enquiry Fee 20200513095550279967	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
Paid By				
	526471XXXXXX8546 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.

## 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	13/05/2020 10:16
Date Of Accident	12/05/2020 13:35
Exact Location Of Accident	SERVICE ROAD BESIDE AMK NORTH FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKQ7764M
Insured/Policyholder	
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Co Reg No	2XXXXX832G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67146652
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E GRADE AUTO
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111909119-000204 CLASSIC
Cover Note Number	
Driver	
Name of Driver	DICK ANG HOCK LAI
NRIC No	SXXXX933A
Date Of Birth	11/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1975
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96324949
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 102A CANBERRA STREET #13-79
Postcode	751102
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : JOSHUA GENDER: : MALE
Passenger 2	NAME: : JOEL GENDER: : MALE
Passenger 3	NAME: : JONATHAN 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 TO SKETCH PLAN ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6766D
Vehicle Make/Model/Colour	NISSAN / NV350 PANEL VAN 2.5 5MT 5DR EURO V
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN PING PING
NRIC/Passport Number	GXXXX722L

Contact Number	88698508
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:



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

13 MAY 2020

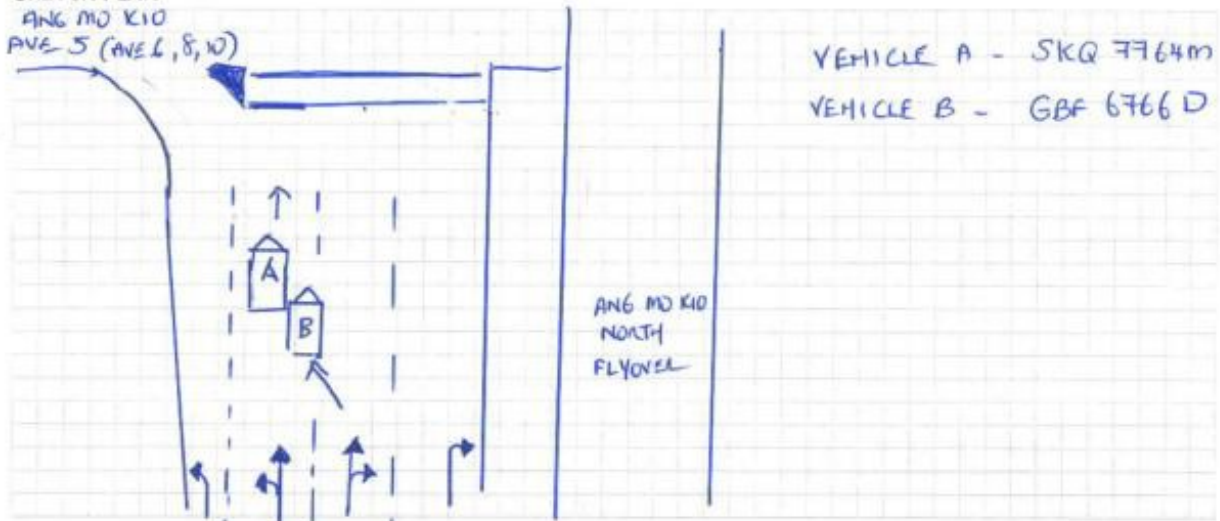
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vac11@idac.com.sg

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



## Sketch Plan #2

SKETCH PLAN  
ANG MO KIO  
AVE 5 (AVE 6, 8, 10)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 MAY 2020 @ 1335, I WAS TRAVELLING ALONG THE SERVICE ROAD BESIDE AMK NORTH FLYOVER (BEFORE AMK AVE 5). ALL OF A SUDDEN, I FELT AN IMPACT TO THE REAR RIGHT SIDE OF MY CAR (VEHICLE A). I GOT OUT TO CHECK AND FOUND A VAN (VEHICLE B) HAD COLLIDED ONTO THE REAR RIGHT SIDE OF MY CAR (VEHICLE A).

### 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: 13 MAY 2020

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vankh@idac.com.sg

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

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

