



WITHOUT PREJUDICE

Our Ref: SMQ 9741S

Your Ref: SKM 6116L - S0M02QSD

16th September 2020

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Jasper,

Accident Involving: SMQ 9741S and SKM 6116L

Date of Accident: 16 July 2020

Location of Accident: Slip Road of Habourfront Ave towards Telok Blangah R

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

Cost of Repair as agreed	\$	4,700.00	
TOTAL LOR/U DAYS	12 DAYS	2 Days PRS (16/17 Jul) + 3 Days Resurvey (18-Sat/19-Sun/20 Jul) + 6 Repair Days Agreed (21/22/23/24/25/27 Jul) + 1 Sunday (26 Jul)	
Add Loss of Rental	\$	1,883.20	8 Days - Inv#223416
Add Loss of Use	\$	480.00	4 Days
Total	\$	7,063.20	
Add 3rd Party Report Fee	\$	29.00	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	7,099.65	

Kindly pay the Grand Total Amount of **\$7,099.65** 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: teamautooffice@gmail.com

Thank you,


Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautop1@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Wong Yuan Shun (Huang Yuanshun)

PI Number	P2009-1058
PI Date	16-Sep-2020
Vehicle No.	SMQ 9741S
Accident Date	16-Jul-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMQ 9741S	COR Lump Sum		\$ 4,700.00

Notes:

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

Total Amount	\$ 4,700.00
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Authorized Signature





友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road #02-574,
Rochor Centre Singapore 180001
Tel: 6292 7656 Fax: (65) 6293 91
E-mail: uniqtour@singnet.com.sg
STB LIC TA/00076

Co. Reg. No.: 197401067R
GST Reg. No.: M2-0019671-6

Mr Wong Yuan Shun
Blk 128 Geylang East Avenue 1
04-129
Singapore 380128

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573968
Tel: 6292 7656

TAX INVOICE

NO. **223416**

25.07.2020

Singapore, _____ 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Audi Q3 2.0T Auto
Registration no. SKL 1390 Z self driven
as from 16.07.2020 to 24.07.2020.

8 days at \$220.00 per day

\$ 1760.00

Add GST at 7%

\$ 1760.00

Total Amount Due

\$ 123.20

\$ 1883.20

(SIN DOLLARS: ONE THOUSAND EIGHT HUNDRED EIGHTY THREE AND CENTS
TWENTY ONLY)

Standard Rated Supplies:\$ 1760.00

Total Amount of GST:\$ 123.20


AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 21768

VEHICLE NO.

SKL 1390 Z

MAKE/MODEL

AUDI Q3

NAME OF HIRER			WONG YUAN SHUN		
ADDRESS			128 GEYLANG EAST AVE 1		
			#104-129 SINGAPORE 380128		
OFFICE TEL	RES TEL	HP	9755 3589		
NAMED DRIVER			MR. WONG YUAN SHUN		
OCCUPATION			S'POREAN		
PASSPORT / NRIC			S8239714J		
DATE OF BIRTH			19-11-1982		
DRIVING LIC NO.			S8239714J		
PLACE OF ISSUE			S'PORE		
DATE PASS/EXPIRY			270404		

DATE OUT	16/07/20	TIME OUT	1430 PM		
PETROL OUT	E	1/4	1/2	3/4	F
DATE IN	24/07/2020	TIME IN	500 PM		
PETROL IN	E	1/4	1/2	3/4	F
RENTAL RATES:		\$		¢	
MONTHLY	@ \$				
WEEKLY	@ \$				
DAILY	8 @ \$	220	1760	00	
C.D.W. FEE					
PETROL CONSUMPTION					
DELIVERY CHARGE					
COLLECTION CHARGE					
SUB-TOTAL					
GST @ 7%			123.20		
RENTAL DEPOSIT					
TOTAL:			1883.20		
DEPOSIT REFUND					
PAYMENT BY: BILL CO / CREDIT CARD / CASH					
ATTENDED BY:					
OF UNIQUE TOURIST SERVICE (PTE) LTD					

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL

RES TEL

HP

OCCUPATION

NATIONALITY

PASSPORT / NRIC

DATE OF BIRTH

DRIVING LIC NO

PLACE OF ISSUE

DATE PASS/EXPIRY

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ FOR USE IN MALAYSIA FROM

TO "X"

- THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$ 1200/-

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:

1. ON TIME

2. ON TIME

3. ON TIME

DATE:

SIGNATURE OF HIRER

DATE:

SIGNATURE OF HIRER

TAX INVOICE

Our Ref No: GR-20-086053

Date of Request: 24/07/2020

Your Ref No:

PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SMQ9741S

Date of Accident: 16/07/2020

Place of Accident: HARBOURFRONT AVE

Involving Vehicle No: SKM6116L

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

TAX INVOICE

Our Ref No: GR-20-086054

Date of Request: 24/07/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 16/07/2020

Vehicle No: SMQ9741S

Place of Accident: SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH R

Involving Vehicle No: SKM6116L

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\$)
SKM6116L	SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH R	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



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

Print Date/Time : 16 Jul 2020 / 14:45:38

Receipt Date/Time : 16 Jul 2020 / 14:45:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200716-002139

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKM6116L				
As at 16 Jul 2020/11:45:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKM6116L Enquiry Fee 20200716144439403793	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				
	426569XXXXXX8855	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.: SMQ 9741 S
and SKM 6116 L and
and and
@ SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH RD
dated 16/07/2020.

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,



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	16/07/2020 16:11
Date Of Accident	16/07/2020 11:45
Exact Location Of Accident	SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH R
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9741S
Insured/Policyholder	
Name Of Registered Owner	WONG YUAN SHUN (HUANG YUANSUN)
NRIC No	SXXXX714J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97553589
Alternative Phone No	OFFICE-97553589

Vehicle Particulars

Manufacturer	BMW
Model	216D-1.5 D ACTIVE TOURER (F45) (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 CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V15313/VPC/R00
Cover Note Number	

Driver

Name of Driver	WONG YUAN SHUN (HUANG YUANSUN)
NRIC No	SXXXX714J
Date Of Birth	19/11/1982
Occupation	INDOOR
Date Of Driving Pass	27/04/2004
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97553589
Fax Number	
Contact Number	OFFICE-97553589
EEmail Address	NOEMAIL

Address	BLK 128 GEYLANG EAST AVENUE 1 #04-129 SINGAPORE 380128
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - .
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?	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: : LIOW XIU WEN GENDER: : FEMALE

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 ACCIDENT STATEMENT AND SKETCH PLAN

Attachment(s)

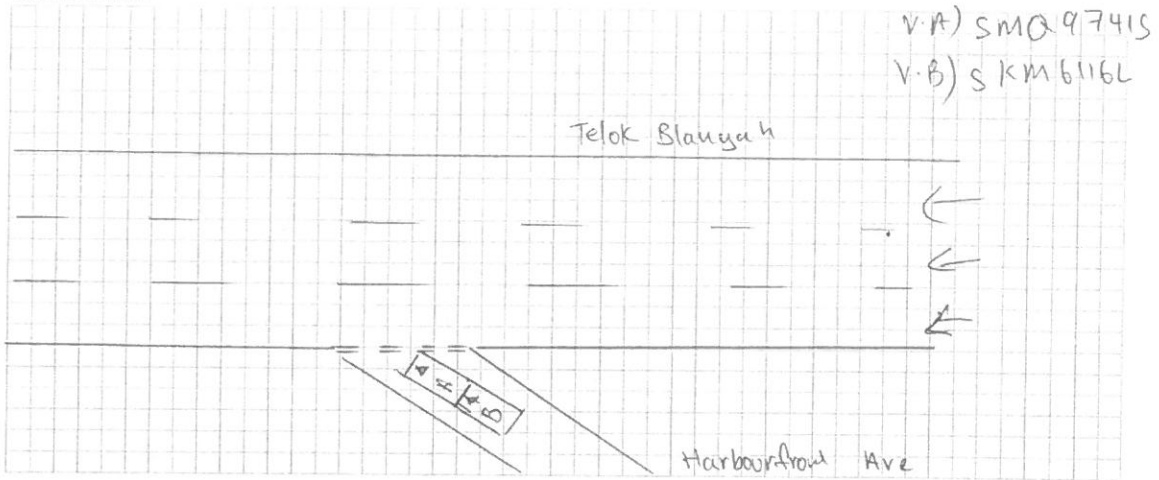
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM6116L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96730180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SMQ 97415 was
travelling on the stated venue. I was travelling straight in
my lane, slowed down my vehicle and came to a stop
as there were incoming vehicle on the main road. While waiting
for traffic to clear, I felt an impact on my vehicle.
Shortly I got out of my vehicle and realized it was
SKM 6116L did not stop in time, collided against my
stationary 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:
NRIC/FIN No.:

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: WONG YUAN SHUN (HUANG YUANSUN)		Certificate No.: SD19V15313/ VPC / R00
Date of Issue: 16 Dec 2019	Effective Date of Commencement: 13 Dec 2019 00:00	Date of Expiry: 12 Dec 2020 23:59
Registration No.: SMQ9741S	Chassis No.: WBA2X920507E66066	Type of Certificate: MX1

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 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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials 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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$1600, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	DBS BANK LTD
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8239714J**



Name

WONG YUAN SHUN
(HUANG YUANSUN)

黄源顺

Race

CHINESE

Date of birth

19-11-1982

Sex

M

Country/Place of birth

SINGAPORE



5227133



NRIC No. **S8239714J**



Date of issue

08-10-2013

APT BLK 128 GEYLANG EAST AVENUE 1 #04-129
SINGAPORE 380128


NRIC No: **S8239714J**


Date: **30/03/2016**


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8239714J**
Name: **WONG YUAN SHUN**
(HUANG YUANSHUN)

Birth Date: **19 Nov 1982**
Issue Date: **11 Jul 2003**






 000649630A

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 Aug 2002
Class 2A Motorcycles between 201 cc and 400 cc	30 Sep 2003
Class 3 Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	27 Apr 2004

S8239714J **S / No. 9000011618**

NP 628A  Licence No: S8239714J