



**WITHOUT PREJUDICE**

Our Ref: SMA 4968Y

Your Ref: SHD 149P

7<sup>th</sup> November 2020

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

Dear Sir/Mdm,

**Accident Involving:** SMA 4968Y and SHD 149P

**Date of Accident:** 14 August 2020

**Location of Accident:** Lornie Road Entrance towards PIE (Tuas)

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

Cost of Repair as agreed	\$ 3,400.00
Add Loss of Loss	\$ 1,320.00 11 Days
***2 Days PRS (14/17 Aug) + 2 Days PRS Weekend (15/16 Aug) + 1 Day Resurvey (18 Aug) + 5 Repair Days Agreed + 1 Sunday	
Total	\$ 4,720.00
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
<b>GRAND TOTAL</b>	<b>\$ 4,756.45</b>

Kindly pay the Grand Total Amount of **\$4,756.45** 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: teamautooffice@gmail.com

Thank you.



Regards  
Adel (Ms)

# PROFORMA INVOICE

**ATTENTION:**

AL Autocar Pte Ltd

PI Number	P2011-1134
PI Date	7-Nov-2020
Vehicle No.	SMA 4968Y
Accident Date	14-Aug-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMA 4968Y	COR Lump Sum		\$ 3,400.00

**Notes:**

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

Total Amount	\$ 3,400.00
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Authorized Signature





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-20-097679  
Date of Request: 20/08/2020

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: SMA4968Y  
Date of Accident: 14/08/2020  
Place of Accident: LORNIE RD  
Involving Vehicle No: SHD149P

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-097680

Date of Request: 20/08/2020

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: 14/08/2020

Vehicle No: SMA4968Y

Place of Accident: LORNIE ROAD ENTANCE TOWARDS PIE (TUAS)

Involving Vehicle No: SHD149P

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\$)
SHD149P	LORNIE ROAD ENTANCE TOWARDS PIE (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



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

Print Date/Time : 14 Aug 2020 / 18:06:16

Receipt Date/Time : 14 Aug 2020 / 18:06:16

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200814-003664

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 - SHD149P As at 14 Aug 2020/15:20:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD149P Enquiry Fee 20200814180519502731	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				
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.: SMA 4968 Y  
and SHD 149 P and .....  
and ..... and .....  
@ Lornie Rd Entrance Towards PIE Tuas  
dated 14/08/2020.

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	15/08/2020 13:00
Date Of Accident	14/08/2020 15:20
Exact Location Of Accident	LORNIE ROAD ENTANCE TOWARDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4968Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AL AUTOCAR PTE LTD
Co Reg No	NA
Email Address	ALAUTORENTSH01@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97529289

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MOTOR TRADE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 300258261 MTR
Cover Note Number	

### Driver

Name of Driver	ONG KIM LEONG ERIC (WANG JINLIANG)
NRIC No	SXXXX210B
Date Of Birth	19/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97529289
Fax Number	
Contact Number	OFFICE-97529289
EMail Address	ALAUTORENTSH01@GMAIL.COM

Address	APT BLK 643 ANG MO KIO AVENUE 5 #04-3003 SINGAPORE
Postcode	560643
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	DRIZZLING
Road Surface	WET

#### 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 TO 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	SHD149P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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 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.



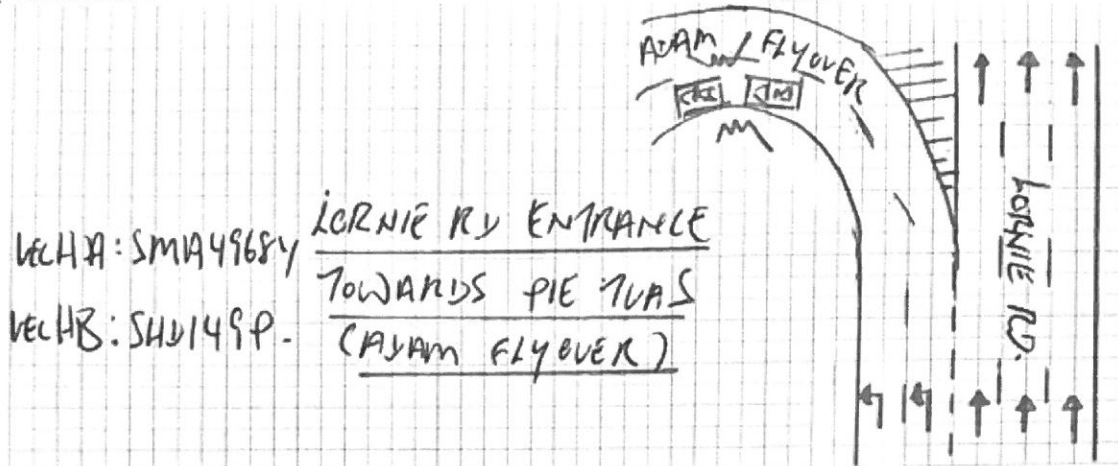
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



VECHA: SMA4968Y  
VECHB: SHU149P.

LORNIER RD ENTRANCE  
TOWARDS PIE TRAIL  
(ADAM FLYOVER)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE STATED DATE, PLACE & TIME. THE TRAFFIC WAS PICKING UP. I SLOW DOWN AND STOP MY VEHICLE TO FORM PICKING UP THE AHEAD. ABOUT 3 SEC LATER, SUDDENLY I FELT A VERY STRONG IMPACT FROM MY REAR PUSHING MY VEHICLE AHEAD.

## 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.:



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### MOTOR TRADE (ROAD RISK) MotorTrade Road Risk Third Party Only Contract

Certificate No. A 300258261 MTR

Excess : NIL

Windscreen Excess : NIL

**1. Index Mark and Registration Number of Vehicle**

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

**2. Name of Policyholder**

AL Autocar Pte Ltd

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

01/02/2020

**4. Date of Expiry of Insurance**

31/01/2021

**5. Persons or Classes of Persons entitled to drive\***

\*Provided that the person driving is permitted in accordance with the licensing or other laws or 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 \***

Use only for Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis  
Chief Executive Officer

**Certificate No.** A 300258261 MTR

**Effective date :**01/02/2020

**Name of drivers**

1. Fu Qirong Daniel
2. Teo Hian Ming (Zhang Xianming)
3. Lau Teck Cheng
4. Koh Tong Yew (Xu Dongyao)
5. Loo Kok Kiong (Lu Guoqiang)
6. Lee Hong Rui
7. Ong Kim Leong (Wang Jinliang)
8. Cheng Wee Boon (Zhong WeiWen)

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7249210B**

**ONG KIM LEONG ERIC**  
(WANG JINLIANG ERIC)

Birth Date: **19 Apr 1972**  
Issue Date: **28 Dec 2004**

001309946F




**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7249210B**

**ONG KIM LEONG ERIC**  
(WANG JINLIANG)

王 錦 標

Race: **CHINESE**  
Date of birth: **19-04-1972** Sex: **M**  
Country of birth: **SINGAPORE**

**S7249210B**



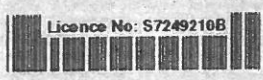

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**Class 3** Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg

**PASS DATE**  
**28 Dec 2004**

**Licence No: S7249210B**

NP 428A



4052545

**NRIC No: S7249210B**

**Date of issue**  
**05-06-2007**

**Address**  
**APT BLK 643 ANG MO KIO AVENUE 5**  
**#04-3003**  
**SINGAPORE 560643**

