

# 1st Auto Pro Pte Ltd

We Believe In Service

8 Kaki Bukit Avenue 4 Premier @ KB Office @ #01-49 | WS @ #01-51/52 Singapore 415875

Tel: 9188 3197 | Email: christina@1ap.com.sg

UEN No: 201702200K

14th Dec 2020

Our reference: 1AP-202010-13 Your reference: DMTD2002974/THE

### Sompo Insurance Singapore Private Limited

BY MAIL

50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623

**Attn: Motor Claims Department** 

Dear Sir/ Madam,

Claimant

NG BAN CHUAN

Address

BLOCK 3 PETAIN ROAD #04-02 SINGAPORE 208108

We are instructed by the above named to claim damages against your company/company's worker in connection with an accident between <u>09 OCT 2020</u> along <u>BENDEMEER ROAD</u> involving our client's vehicle registration number <u>SLL537M</u> and vehicle registrations number <u>GBJ306S</u> driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

 Cost of Repair
 :
 \$5, 400.00

 Loss of Rental
 :
 \$1, 800.00

 LTA Search Fee
 :
 \$7.45

 Total
 :
 \$7, 207.45

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report
- c) Owner / Driver's IC & Driving License
- e) LTA Search Result
- g) Letter Of Authorisation
- i) Invoice

- b) COE/PARF Certificates
- d) Certificate Of Insurance
- f) Satisfaction
- h) Rental Agreement / Invoice

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully

1ST AUTO PRO PTE LTD 201702200K

8 KAKI BUKIT AVE 4 

1st Auto Pro Pte Ltd

#### 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	09/10/2020 15:10
Date Of Accident	09/10/2020 10:30
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL537M
Insured/Policyholder	
Name Of Registered Owner	NG BAN CHUAN
NRIC No	SXXXX537F
Email Address	NGBANCHUAN72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94308802
Alternative Phone No	OTHERS-94308802
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA / VEZEL 1.5X HYBRID 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087938015-03
Cover Note Number	

## Driver

 Name of Driver
 NG BAN CHUAN

 NRIC No
 SXXXX537F

 Date Of Birth
 01/12/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/03/2002

Driving Experience 18 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94308802

Fax Number

Contact Number OTHERS-94308802

EMail Address NGBANCHUAN72@GMAIL.COM

Address 3 PETAIN ROAD #04-02 RESIDENCES @ SOMME

Postcode 208108

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 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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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

**GBJ306S** 

Vehicle Make/Model/Colour TOYOTA / DYNA 150 5MT

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- This Form must be completely by the Policyholder and/ or the Authorised Driver.
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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 as 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. by Interested parties.
- By the lodgment of this report to 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:
  - STOCKHOOLE OF 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) in this accident shall be collectively referred to as the "Insurers"). The insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police); for the purpose(s) of:
    - Processing, handling and/or dealing with my claims including settlement of the claims and any necessary investigations relating to the daims;
    - Investigating the accident and/ or my claims;
    - Carrying out and/ or dealing with my instructions or responding to any enquiries by me;
    - Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
    - 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 insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes,
- 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 lawyer/ 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:
  - 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 purposed stated,

For complying with the requirements under any regulations, law or court orders (AC KAKI BUKIT (VAC)

Policyholder's Signature

Date & Time:

Driveds Signature

(If driver is not policyholder)

Date & Time:

23 Kaki Bukit Ave 4 #02-02 Singapore A15933 Tel: 67418697 Fax: 67492305 Email: vackbovicom contag

Reporting Centre Personnel's Signature Name

NRIC/ FIN No:

0 9 OCT 2020

## Accident Sketch Plan

	SKETCH PLAN	
	1	VIL B : GB3 30
	[A]	
	1 3 1	
	1 1 1 1 1 1 1	
F		rle and time, I
		on the 2nd lan.
Suddenly Veh	B abruptly Cut;	nto my love and
Callud onto	the front left	porter of my which.
		house on the best tons
		parts or may beautiful.
DECLARATION		
DECLARATION		IDAC KAKI BUKIT (VAC)

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	537F
Vehicle No.:	SLL537M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X HYBRID A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	LEB5913276
Chassis No.:	RU31213267
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,603.00
Original Registration Date:	10 Feb 2017
First Registration Date:	10 Feb 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Feb 2027
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	09 Feb 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$33,538.00
Total Rebate Amount:	\$37,288.00

The information contained herein is correct as at 12 Oct 2020

# > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

12 Oct 2020 / 17:33:48

Receipt Date/Time: 12 Oct 2020 / 17:33:48

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-201012-003180

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 - GBJ306S				
As at 09 Oct 2020/10:30:00				
Insurance Co: SOMPO INSURANCE SING	APORE PTE. LTD.			
1 Insurance Enquiry - GBJ306S				
Enquiry Fee 20201012173304900416		7.00	0.49	7.49
20201012173304900416	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			
	527351XXXXXX2591	eNETS Credit Car	rd	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.

# SATISFACTION AND DISCHARGE OF VEHICLE (AFTER REPAIR)

I/We,	Ban	Chuan	
I/We,	r vehicle n	umber <u>SLL 537</u>	has been completed to my/our
satisfaction and I/We had collected my/or	ur vehicle c	n the under mentione	ed date.
As such, I/We had return any replacemen	t vehicle th	at has been given to r	ne/us for the repair period. I/We also
declare that the replacement vehicle has	been driver	n in a law abiding man	ner and return in the condition when
it was being handed over to me/us.			
I/We shall remain liable for any parking o was in my/our possession and will promp	tly pay it of	f to the respective age	ency when being notified.
Dated this day of	Oct	_ (month) 20	20 (year)
Vehicle's owner / driver name:		May san	Chyan
Dated this day of  Vehicle's owner / driver name:  Vehicle's owner / driver NRIC:		537 P	
Signature of vehicle's owner / driver			

# **LETTER OF AUTHORISATION**

Loupo
Attention to Motor Claims Department
Dear Sirs,
Accident involving <u>SLL537M &amp; GBJ3068</u> on <u>of oct 2020</u> @ <u>Bendemeer Road</u>
I/We am/are the registered owner/driver of vehicle number
I/We have/has irrevocably appoint and authorize $\underline{1^{\text{st}} \text{ Auto Pro Pte Ltd}}$ to demand claim (settle/receive) on behalf of us from the $3^{\text{rd}}$ party/parties involved in the accident above.
As such, we hereby agree that any payment due to me/us from the aforesaid claim is to be paid to <a href="Ist Auto">1st Auto</a> <a href="Pro Pte Ltd">Pro Pte Ltd</a> directly. All payment cheques should be issued in favour of <a href="Ist Auto Pro Pte Ltd">1st Auto Pro Pte Ltd</a> and any interbank transfer payment shall be credited directly to their account number; <a href="OCBC Current 712-058379-001">OCBC Current 712-058379-001</a> .
I/We hereby indemnify 1st Auto Pro Pte Ltd against all claims and/or damages which may arise from all action taken for and/or my/our behalf.
I/We affirmed that the above mentioned statement are true and correct. This document was signed by me/us in a clear state of mind.
Dated this day of (month) 20 20 (year)  Vehicle's owner name: Mg
Vehicle's owner NRIC:

Signature of vehicle's owner (claimant) (Company chop if applicable)



8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit Office @ #01-49 | WS @ #01-51/52 Singapore 415875

011	C27m

SLL537m

Honda Vezel.

SLP9927R

Rental Veh. M / M

Honda Vezel

Rental Veh. No

# VEHICLE RENTAL AGREEMENT

Veh. M / M

	HIRER'S PA	ARTICULAR	SAME AS HIRER	DRIVER'S PARTICULAR
Name:	Mg Ban C	huan	Name:	
Address:	3 Petain 1	lead #04-02	Address:	
	Sayapare	208108		
I/C:	5378	D.O.B: 01 Dec 1972	I/C:	D.O.B:
Contact:	9430 8802	Pass Date: 04 May 201	2 Contact:	Pass Date:

	A – ACCIDENT	Hirer's acceptance	
From From	C – CRACKED		
	D – DENTS	Driver's acceptance	
	S – SCRATCHES		

RENTAL DETAILS						
Mileage Out		Mileage In				
Date Out	10 Oct 2020	Date In	20 Oct 202			
Time Out	1000	Time In	2000			
ASSIGNED BY	REMARKS	CHECKED BY	REMARKS			

RENTAL CHARGES						PE	TROL / D	IESEL LEV	/EL			
Daily	@\$	180	10	Days @	\$ 1	800	OUT	Е	1/4	1/2	3/4	F
Weekly	@\$			Wks @	\$	1					450.5	
Monthly	@\$			Mth @	\$		IN	E	1/4	1/2	3/4	F
Hours	@\$			Hrs @	\$							
'Inclusive of additional charges (if Amt payable* any)		\$ Petrol Charges		harges	YES	NO	AMT:					
				\$ 1800		CDW		YES	NO	AMT:		
Payment	CASH	NETS	CHQ	VISA	MAS	ST	T Security Deposit		YES	NO	AMT:	
Bank / Che	que No						Advance	Payment	YES	NO	AMT:	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to 1st Auto Pro Pte Ltd in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personal of 1st Auto Pro Pte Ltd to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 65 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company 1st Auto Pro Pte Ltd.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to 1st Auto Pro Pte Ltd immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the <u>SGD\$3000-/</u> excess payable to 1st Auto Pro Pte Ltd and also the first <u>SGD\$3000/-</u> excess fordamaged to the third party vehicle.

ACKNO	WLEDGEMENT 1ST AUTO PRO PTE LTD
_/ Mr	201702200K 8 KAKI BUKIT AVE 4 #01-49 SPORECALS875
Signature of hirer / driver (company stamp if any)	For and on behalf of 1AP (authorised signature only)



# 1st Auto Pro Pte Ltd

We Believe In Service

8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT OFFICE @ #01-49 | WS @ #01-51&52 SINGAPORE 415875 Contact: 86146767

91883197

(Sean Lian) (Christina Tan) Email:

CLAIMS@1AP.COM.SG

UEN:

201702200K

### Bill To:

SOMPO INSURANCE SINGAPORE PTE LTD 50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWER SINGAPORE 048623

# **Invoice**

Inv No: IC100069

Date: 14-12-20

Attn:	Contact	Veh Number	Make Model	Terms
		SLL537M	HONDA VEZEL	C.O.D.
Description				Amount (S\$

Description	Amount (S\$)
ACCIDENT INVOLVING SLL537M / GBJ306S ON 09 OCT 2020 @ BENDEMEER ROAD	
INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$5,400.00
LTA SEARCH FEE	\$7.45
Reference: Total	\$5,407.45
AP-202010-13  Less: Deposit / Payment	\$0.00
Balance Due	\$5,407.45
E. & O. E	

Payment method:

Please make all cheque payable to 1st Auto Pro Pte Ltd

OCBC Current 712-058379-001 Paynow UEN 201702200K Paylah number 91883197