

18 Nov 2020



VFIX AUTO PTE LTD

26 Chia Ping Road

Singapore 619977

E-mail: wskoh@vfixauto.com.sg

Tel: 64552957 Fax: 68628669

UEN/GST Reg. No.: 201830761R

Our Ref. No. : VFIX-TP20200785

**MOTOR CLAIMS DEPT
LONPAC INSURANCE BHD**

300 BEACH ROAD

#17-04/07 THE CONCOURSE

SINGAPORE 199555

WITHOUT PREJUDICE

Dear Sir / Madam

PROPERTY CLAIM ONLY

**ACCIDENT INVOLVING SJE5918A AND GBA2608E AND XD7055R ON 21/10/2020
WOODLANDS AVE 12 TWDS GAMBAS AVE (NEAR L/P 22F)**

We refer to the above-mentioned accident.

We are writing on behalf of **TAN KEOW LENG** the registered
owner of motor vehicle number **SJE5918A** which was involved in the above accident.

We are instructed that the above accident was caused by the negligence and management of
your insured's vehicle number **GBA2608E** . As a result of the above accident, our client's
vehicle was damaged and our client's has been put to loss and expense, particulars of
which are as follows :-

1	Cost of Repair	:S\$	5,350.00
2	Loss of Use (7 days X \$ 150.00)	:S\$	1,050.00
4	LTA Fees	:S\$	7.45
TOTAL AMOUNTS		:S\$	6,407.45

We enclosed a list of the supporting documents :-

- (a) Original Final Repair Bill
- (b) LTA Tax Invoice
- (c) GIA / Police Report lodged by Our Client
- (d) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Any settlement reached is strictly without prejudice to and shall not affect any other claims arising from this accident. Settlement is solely for the items claimed only.

Yours Faithfully,

VFIX AUTO PTE LTD

Ken Tan

Ken Tan

Operation Director





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LONPAC INSURANCE BHD

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SINGAPORE 199555

FINAL REPAIR BILL

DATE : 18/11/2020

VEHICLE NO : SJE5918A

MAKE/MODEL : TOYOTA HARRIER

ACC DATE : 21/10/2020

CLAIM NO : VFIX-TP20200785

POLICY NO :

AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	5,000.00
7% GST	350.00
Total	<u><u>5,350.00</u></u>

SINGAPORE DOLLARS : FIVE THOUSAND THREE
HUNDRED AND FIFTY ONLY

VFIX AUTO PTE LTD

Ken Tan

Ken Tan

Operation Director



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Oct 2020 / 13:53:29

Receipt Date/Time : 21 Oct 2020 / 13:53:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201021-002041

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GBA2608E

As at 21 Oct 2020/10:15:00

Insurance Co: LONPAC INSURANCE BHD

1 Insurance Enquiry - GBA2608E
Enquiry Fee
20201021135151554318

7.00	0.49	7.49
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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

512972XXXXXX9683

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	21/10/2020 19:07
Date Of Accident	21/10/2020 10:15
Exact Location Of Accident	WOODLANDS AVE 12 TWDS GAMBAS AVE (NEAR L/P 22F)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5918A
Insured/Policyholder	
Name Of Registered Owner	TAN KEOW LENG
NRIC No	SXXXX557G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96467402
Alternative Phone No	OTHERS-96467402

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.4 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	5116252893
Cover Note Number	

Driver

Name of Driver	TAN KEOW LENG
NRIC No	SXXXX557G
Date Of Birth	17/02/1980
Occupation	INDOOR
Date Of Driving Pass	06/01/2020
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96467402
Fax Number	
Contact Number	OTHERS-96467402
EEmail Address	NOEMAIL

Address	BLK 932 JURONG WEST STREET 92 #10-193
Postcode	640932
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	CHAIN COLLISION
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	3
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

PLEASE REFER TO STATEMENT ON THE 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	GBA2608E
Vehicle Make/Model/Colour	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD7055R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOODS 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.
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.:


Vehicle A - SJES918A
Vehicle B - GBA2608E
Vehicle C - XD7055R

A
B
C

LICENSE PLATE: SJE5918A ACCIDENT DATE & TIME: 21/10/2020 / 10:15 hrs

CONTACT NUMBER: 6455 2957 E-MAIL ADDRESS: tohwj@vixauto.com.sg

LOCATION: Along Woodlands Ave 12 towards Gambas Ave (near lamp post 22F)
On 21/10/2020 around 10:15 hrs, vehicle SJE5918A along Woodlands
Ave 12 towards Gambas Ave (near lamp post 22F) remain his own lane
in lane 2 and suddenly the vehicle GBA2608E from behind collided
onto vehicle SJE5918A. This arises from vehicle XD7055R hit onto
GBA2608E and cause GBA2608E collided onto SJE5918A. No injury
involved in this cases

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

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

~~20~~

~~Handwritten signature~~



Nabillah
22/10/2020.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



To: LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555

Dear Sir / Madam,

Claimant:

ACCIDENT INVOLVING SJE5918A, GBA2608E AND XD7055R ON 21/10/20 AT
WOODLANDS AVE 12 TWDS GAMBAS AVE (NEAR L/P 22F).

I/We, TAN KEOW LENG, am/are the registered owner of
motor car no. SJE5918A.

Please be informed that I have assigned all compensation monies due to me/us in the above
accident to VFIX AUTO PTE LTD.

I/We hereby authorized you to release all monies pertaining to the above mentioned accident to
VFIX AUTO PTE LTD and forward the settlement cheque to VFIX AUTO PTE LTD whom I/we
have authorized to collect the said compensation monies.

Thank you,



Signature of Claimant &

Company Stamp if applicable

IC No.: SXXXX557G

Date : 18/11/2020

TOK

Signature of Witness

IC No.: S9381607B

Date : 18/11/2020

