Our Ref. No.: VFIX-TP20200785

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

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:-

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

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



VFIX AUTO PTE LTD

26 Chai Ping Road Singapore 619977 E-mail: wskoh@vfixauto.com.sg Tel: 64552957 Fax: 68628669 UEN/GST Reg. No.: 201830761R

FINAL REPAIR BILL

LONPAC INSURANCE BHD

300 BEACH ROAD

#17-04/07 THE CONCOURSE

SINGAPORE 199555

: 18/11/2020 DATE

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 7% GST

5,000.00

350.00

Total

5,350.00

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\$)
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
	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 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.

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 aforesaid.

uloi could,	
	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	t .
Are you claiming under your own insurance policy for repair to your vehicle?	NO III
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
D. C. OCDIVI	47/00/4000

 Name of Driver
 TAN REOW LEN

 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

EMail 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

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

3

NO

NO

NO

NO

1

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GOODS VEHICLE

Sketch Plan Pg. 1

SKETCH PLAN

4MPORTANT 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)

Funderstand, 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

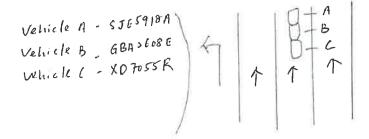
(If driver is not the policyholder)

Date & Time

Reporting Centre Per

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ICENSE PLATE: SJ E 59184	ACCIDENT DATE & TIME: 21/10/19 / 1015 has
	E-MAIL ADDRESS: total & vfixanto, com. sq
OCATION: Along Woodlands	Ave 12 forwards Gumbas Ave (near lamp post 72F) round 1015 hrs. vehicle SJE5918A along woodlands
On 21/1/2020 a	round 1015 hrs, vehicle SJE5918A along Woodlands
Ave 12 towards gamb	as Are (near lamp post 12F) remain his own' Isn
in lane 2 and sud	ldenly the vehicle GBM2608E from beland collided
1 which CIFTAIRE	This arries from which xp7055 R Lit onto
GBA 2608 E and caus	CR GBA 2608E collished onto SJE5918A. No injury
involved in this case	
NOTE: PLEASE NOTE THAT	YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
	THE STATE OF THE S
OWN DAMAGE CLAIM UNDER	YOUR OWN POLICY PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
OWN DAMAGE CLAIM UNDER	YOUR OWN POLICY PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

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

Policy older's Signature Date & Time:

Oriver Signature
(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Reporting Sentre Par

22/10/20





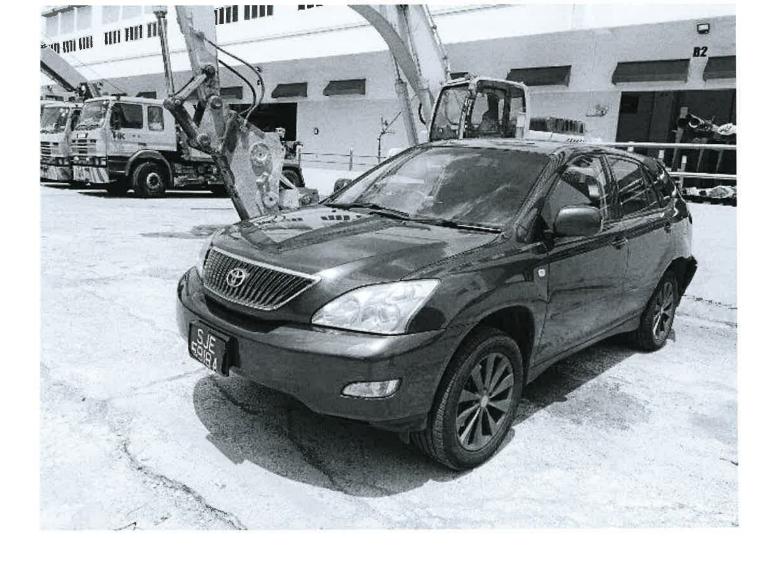


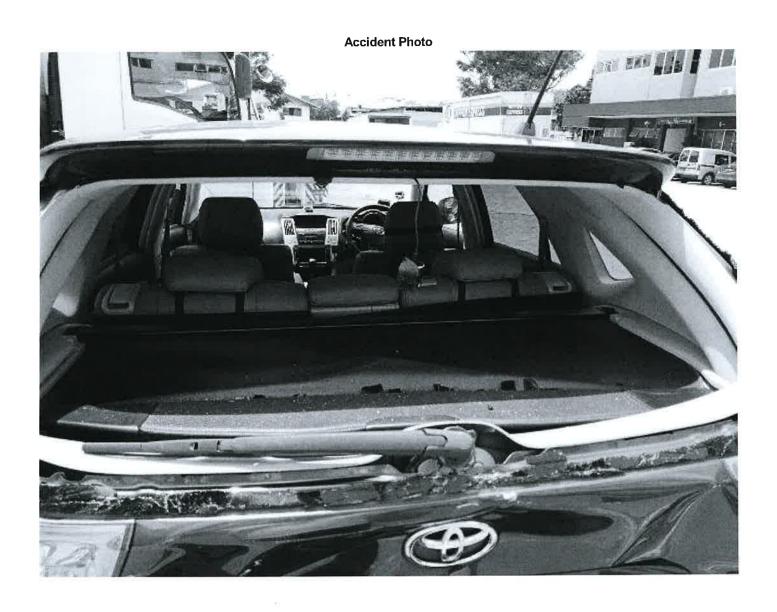




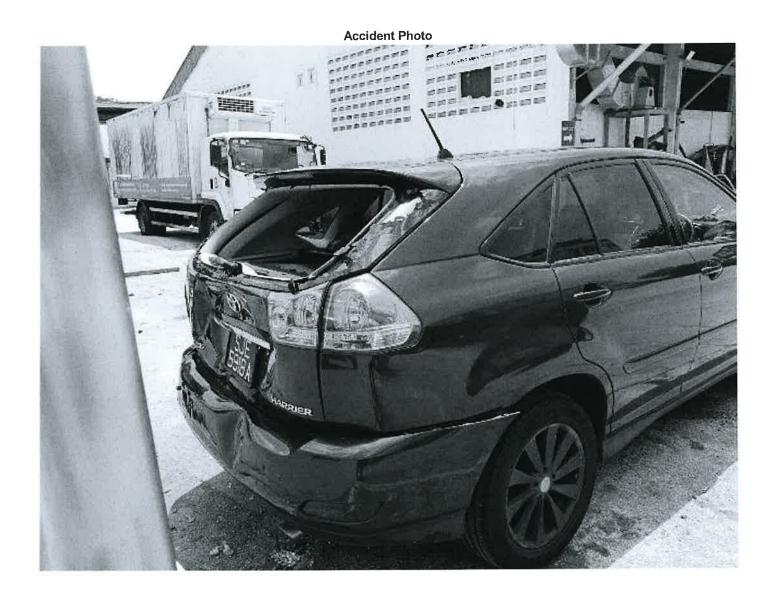


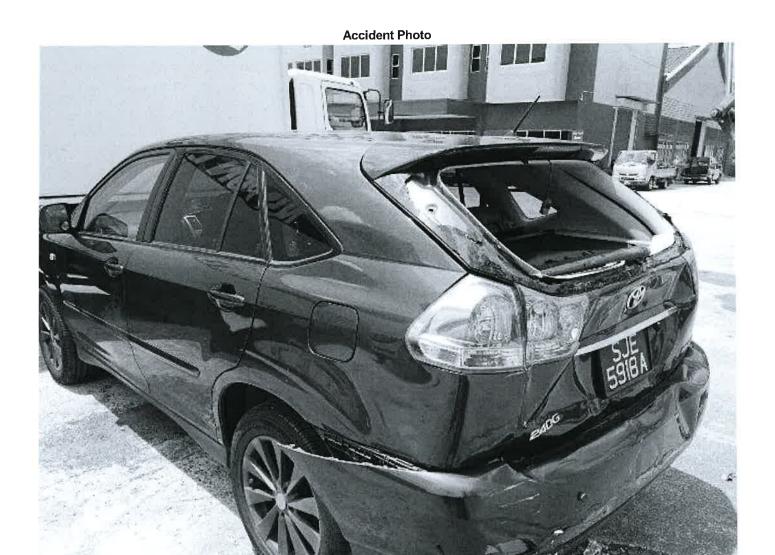


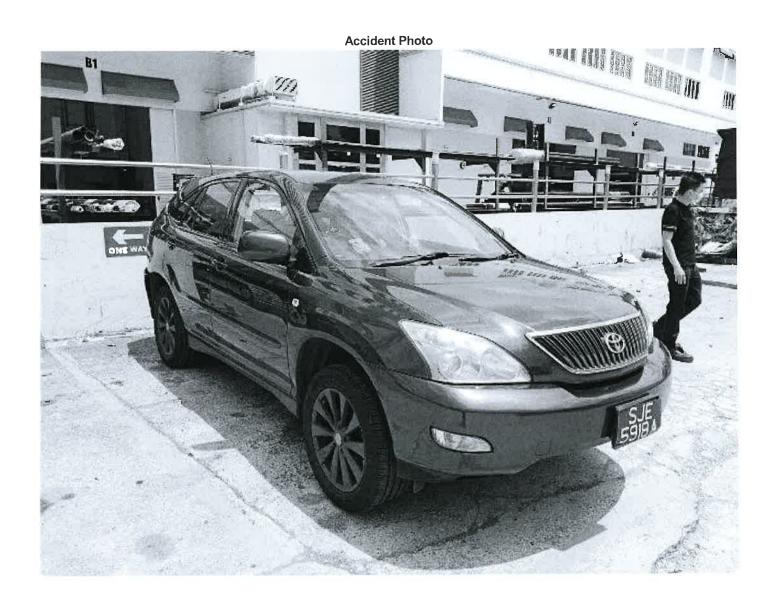






















To: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

Dear Sir / Madam,		
Claimant:		
ACCIDENT INVOLVING SJE5918A, GBA260	08E AND XD7055R ON 21/10/2	.0_AT
WOODLANDS AVE 12 TWDS GAMBAS AVE (NE	EAR L/P 22F)	
I/We,TAN KEOW LENG	ann/are the registered o	wner of
motor car no. SJE5918A	 '	
Please be informed that I have assigned all accident to VFIX AUTO PTE LTD.		
I/We hereby authorized you to release all mo VFIX AUTO PTE LTD and forward the settle have authorized to collected the said compens	ement cheque to VFIX AUTO PTE LTD wh	om I/we
Thank you,		
THE STATE OF THE S	70K	
Signature of Claimant &	Signature of Witness	
Company Stamp if applicable	· A	A
IC No.: SXXXX557G	IC No.: S9381607B	E 10
Date: 18/11/2020	Date: 18/11/2020	3/21