

# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

M/S MOHAMMAD ASRI BIN AHMADINI

Proforma Invoice : 21/PI0008/5555TP

Date : 09-Mar-2021

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Attn : Mr. Jasper Chua

Date of Accident : 16-Oct-2020  
Our Client's Vehicle Number : SLB 5810T  
Vehicle Make/ Model : HONDA CITY  
Your Insurer : SHA 6513Y

**Without Prejudice**

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost(Recommend By LKK Taufikh)	3,250.00	227.50	3,477.50 SR
GIA Fee	27.10	1.90	29.00 SR
Loss of (Rental/Use)(5 Days X \$80)	400.00		400.00 ES

SGD ( Three Thousand Nine Hundred Six And Cents Fifty only )

**GRAND TOTAL**

**3,906.50**

Subject to 7% GST

229.40



Authorised Signature and Company Stamp

## 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	19/10/2020 15:46
Date Of Accident	16/10/2020 20:15
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5810T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD ASRI BIN AHMADINI
NRIC No	SXXXX621B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90223420
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	5108035459-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD ASRI BIN AHMADINI
NRIC No	SXXXX621B
Date Of Birth	27/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90223420
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address	APT BLK 484A CHOA CHU KANG AVENUE 5 #06-22
Postcode	681484
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?	
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 SKETCH PLAN

#### Attachment(s)

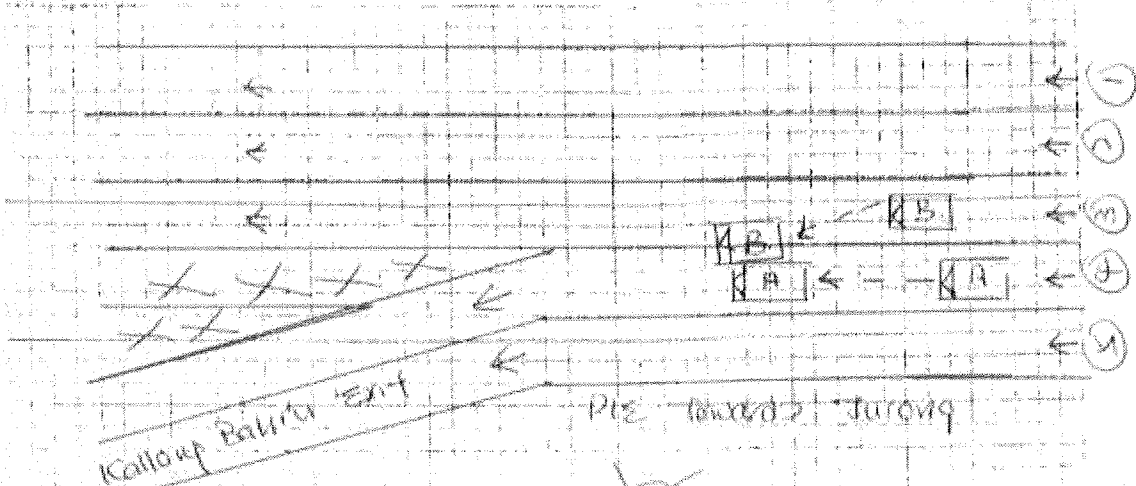
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6513Y
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)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Pte towards Jurong before Kallang Bahru Exit on lane 4. Suddenly vehicle B on my right cut into my lane and hit onto my right hand portion.

Vehicle A : SLB 5810 T

Vehicle B : SHN 5613 Y

## 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.:

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/59/62 Sin Ming Ind Est.  
Singapore 675643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 8 Raffles Quay #18-00 Singapore 048560  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09.00 - 17.00  
 Email: sgars@sgars.com.sg / sgars@sgars.com.sg

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: RA015009194 Vehicle Registration No: SLB 58107  
 Name (as shown in NMIC): Hohomeng A Bee Bin Hhonteng NMIC/FIN/Passport No: 97631621B  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: 10K 434A Choa Chu Kang Ave 5, #10-11 Singapore (634434)  
 Contact (Tel): \_\_\_\_\_ Mobile No: 97223420  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/10/20 Time of Accident: 20:15  
 Place of Accident: PIC Toward Jurong  
 Insurance Company: NTUC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Kindly amend vehicle B to read as 84A65137  
instead of 84A56137.

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature

Name: CITY AUTO PTE LTD  
 NMIC/FIN No.: Bik & Sin Ming Road  
 Date: #01-50/60/82 Sin Ming Ind Est  
Singapore 675563  
 Tel: 6453 1254 Fax: 6453 7944  
 (Claims Section)



**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-20-127633

Date of Request: 20/10/2020

Your Ref No: PURCHASE BY EMAIL

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Your Vehicle No: SLB5810T

Date of Accident: 16/10/2020

Place of Accident: PIE

Involving Vehicle No: SHA6513Y

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



**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-20-127635

Date of Request: 20/10/2020

Your Ref No: PURCHASE BY EMAIL

EM1 AUTO PTE LTD  
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C  
SINGAPORE 575643

Dear Sir/Madam,

Date of Accident: 16/10/2020

Vehicle No: SLB5810T

Place of Accident: PIE TOWARDS JURONG BEFORE KALLANG BAHRU EXIT

Involving Vehicle No: SHA6513Y

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\$)
SHA6513Y	PIE TOWARDS JURONG BEFORE KALLANG BAHRU EXIT	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

### LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SLB5810T and SHA6513Y /  
ON 16/10/2020 ALONG P/E TWD JURONG Before KALLANG, BAHRU EXIT

I, Mohammad Asni Bin Ahmadini, NRIC No. / Company Reg. No.  
S7637621B of (address) \_\_\_\_\_

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number  
SLB5810T hereby authorise your workshop EM-1 Auto Pte Ltd (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten. I, further authorize that the monies to be made payable to EM-1 Auto Pte Ltd.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: \_\_\_\_\_

Company Stamp:  
(if applicable)

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Contact No: \_\_\_\_\_

Date: \_\_\_\_\_

Mohammad Asni Bin Ahmadini

S7637621B

9022 3420

19/10/2020