



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

30th December 2020

Our reference: 2010-29

Your reference: SJT238H

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : LIM LEONG CHENG

Address : APT BLK 241 COMPASSVALE WALK #06-594 S(540241)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **22 October 2020** along **CANTONMENT LINK & KEPPEL RD JUNCTION** involving our client's vehicle registration number **SLA8305X** and vehicle registrations number **SJT238H** 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	:	\$ 5,457.00
Loss of Rental	:	\$ 1,260.00
LTA Search Fee	:	\$ 7.45
Purchase 3p GIA report	:	\$29.00
Total	:	\$ 6,753.45

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

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Tax Invoice;
- f) Certificate Insurance;
- g) LTA Search Tax Invoice;
- h) Purchase 3p GIA report official receipt
- i) Rental Agreement & Official Receipt;

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,



Teamwork Garage Pte Ltd

Encl.

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	23/10/2020 17:38
Date Of Accident	22/10/2020 22:50
Exact Location Of Accident	JUNC KEPPEL RD & CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8305X
Insured/Policyholder	
Name Of Registered Owner	ONG HUI ZHUANG
NRIC No	SXXXX168D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96683690
Alternative Phone No	OFFICE-96683690

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI AT 5G13HZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5105341843-01
Cover Note Number	

Driver

Name of Driver	LIM LEONG CHENG (LIN LIANGZHENG)
NRIC No	SXXXX297B
Date Of Birth	17/12/1990
Occupation	INDOOR
Date Of Driving Pass	22/10/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92227340
Fax Number	
Contact Number	OFFICE-92227340
Email Address	NOEMAIL

Address	BLK 241 COMPASSVALE WALK #06-594
Postcode	540241
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOYFRIEND
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	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?	YES
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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT238H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO ENG HUI
NRIC/Passport Number	SXXXX098C
Contact Number	98413824
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM LEONG CHENG (LIN LIANGZHENG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLA8305X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
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- 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

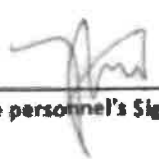
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer 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:
 - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:



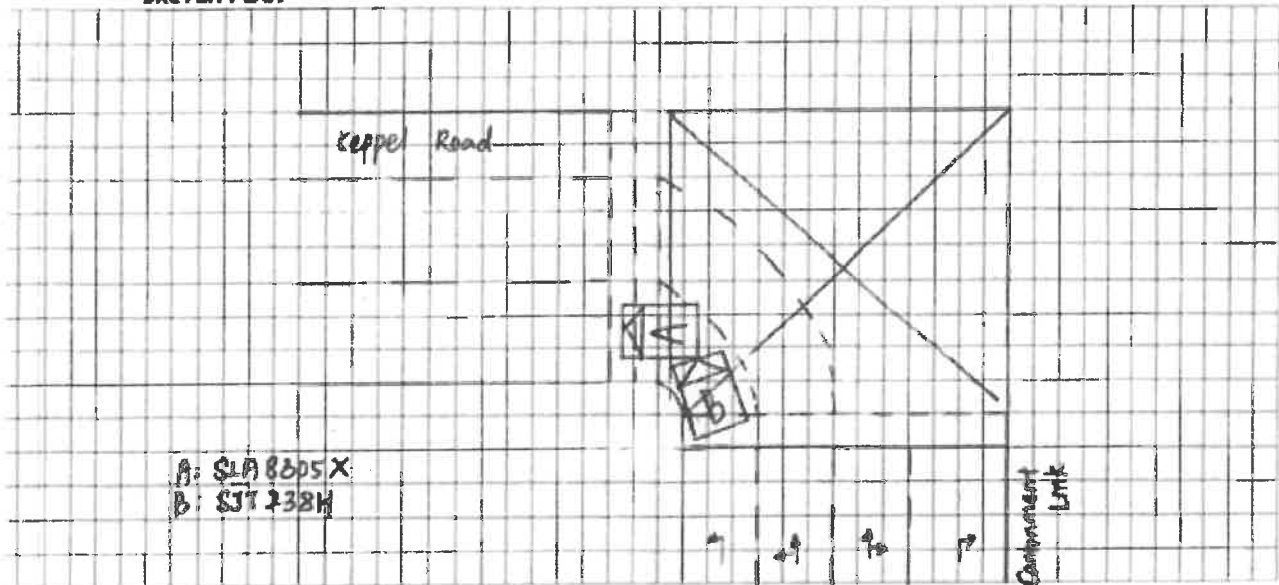
Driver's signature
(If driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Keppel Road on the third lane. As the traffic light was green in my favour, I proceeded to go straight. When I was going straight, I saw vehicle B suddenly turned out from Cantonment Link. I tried to swerve to my right to prevent the collision but he still hit onto my vehicle.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

reporting centre personnel's signature
NRIC/FIN No.:

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 168D

Vehicle Details

Vehicle No.: SLA8305X
Vehicle to be Exported: No
Intended Deregistration Date: 23 Oct 2020
Vehicle Make: VOLKSWAGEN
Vehicle Model: GOLF 1.4 TSI AT 5G13HZ
Primary Colour: White
Manufacturing Year: 2015
Engine No.: CZC405672
Chassis No.: WVWZZZAUZGW040293
Maximum Power Output: 92.0 kW (123 bhp)
Open Market Value: \$20,482.00
Original Registration Date: 18 Mar 2016
First Registration Date: 18 Mar 2016
Transfer Count: 1
Actual ARF Paid: \$10,675.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 17 Mar 2026
PARF Rebate Amount: \$8,006.00

Intended COE Rebate Details

COE Expiry Date: 17 Mar 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$45,000.00
COE Rebate Amount: \$24,272.00
Total Rebate Amount: \$32,278.00

The information contained herein is correct as at 23 Oct 2020

OK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9050297B**

Name
**LIM LEONG CHENG
(LIN LIANGZHENG)**

Birth Date **17 Dec 1990**
Issue Date **22 Oct 2013**

002237160A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9050297B**

Name
**LIM LEONG CHENG
(LIN LIANGZHENG)**
林良政

Race
CHINESE

Date of birth **17-12-1990** Sex **M**

Country of birth
SINGAPORE

S9050297B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 22 Oct 2013

NP 428A

Licence No: S9050297B

3820002

NRIC No: **S9050297B**

Date of issue
29-12-2005

Address
**APT BLK 241 COMPASSVALE WALK
#06-594
SINGAPORE 540241**



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-23/24

PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

(TEL) (65) 6844 2475 (FAX) (65) 6844 2474

(E-MAIL) claims@teamworkgarage.com

UEN 201015366H

GST Reg 201015366H

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG BUILDING

78 SHENTON WAY

#08-16 SINGAPORE 079120

Tax Invoice

Invoice number : TI-8155

Date : 29/12/2020

Terms : C.O.D.

Vehicle number : SLA8305X

Make / Model : VOLKSWAGEN GOLF

Description	Amount (\$\$)
ACCIDENT INVOLVING SLA8305X / SJT238H ON 22/10/2020 @ JUNC KEPPEL ROAD & CANTONMENT LINK	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$5,100.00
SINGDOLLARS : FIVE THOUSAND FOUR HUNDRED AND FIFTY SEVEN DOLLARS ONLY	
Thank you for your business and have a nice day !	

Reference : 2010-29

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

PAYNOW UEN: 201015366H

** Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal \$5,100.00

Add: GST 7% \$357.00

Total Inc GST 7% \$5,457.00

Less: Deposit \$0.00

Balance Due \$5,457.00



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE

LETTER OF AUTHORIZATION

To : AIG & TEAMWORK GARAGE PTE LTD (Third party insurance & Workshop)

Claimant : ONG HUI ZHUANG

Dear Sirs,

I/We, ONG HUI ZHUANG owner of vehicle no. SLA830SX
hereby authorize my/our repairer, TEAMWORK GARAGE PTE LTD

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SLA830SX that was damage pursuant to the accident which occurred at/along

CANTONMENT LINK & KEPPEL RD JUNCTION

involving vehicle nos. _____

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors TEAMWORK GARAGE PTE LTD. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors TEAMWORK GARAGE PTE LTD pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this _____ day of _____ (month) 20 _____ (year)

Signature of owner vehicle (claimant): _____

Name of owner of vehicle (claimant) : ONG HUI ZHUANG

NRIC Number (claimant): S9249168D

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

Print Date/Time : 23 Oct 2020 / 16:09:36

Receipt Date/Time : 23 Oct 2020 / 16:09:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201023-002802

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 - SJT238H

As at 22 Oct 2020/22:57:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SJT238H Enquiry Fee 20201023160854847691	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

540191XXXXXX4799	eNETS Credit Card	7.45
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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.



RECORDS MANAGEMENT CENTRE

**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-20-130788
Date of Request: 27/10/2020

Your Ref No: PURCHASE BY EMAIL

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: SLA8305X
Date of Accident: 22/10/2020
Place of Accident: KEPPEL RD
Involving Vehicle No: SJT238H

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-20-130789
Date of Request: 27/10/2020

Your Ref No: PURCHASE BY EMAIL

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 22/10/2020
Vehicle No: SLA8305X
Place of Accident: JUNC KEPPEL RD & CANTONMENT LINK
Involving Vehicle No: SJT238H

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\$)
SJT238H	JUNC KEPPEL RD & CANTONMENT LINK	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

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208965X

No.: 3801

OFFICIAL RECEIPT

Date: 30/12/2020

Received from LIM LEONG CHENG

The Sum of Dollars One thousand Two hundred and sixty dollars only

Being payment of SMN 38920 (23/10/2020 to 30/10/2020)

\$ 1260

K & t Cars

Cheque No.: _____



Authorised Signature

K & t Cars

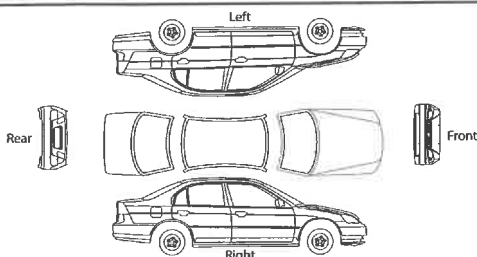
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-05021

Veh. No.: SMN 3892U	Replace Veh. No.: SLA8305X
Veh. M / M: Kia Cerato	Replace Veh. M / M: Volkswagen Golf

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: ONG HUI ZHUANG		Name: LIM LEONG CHENG	
Address:		Address: BLK 241 COMPASSVALE WALK #06-594	
I/C: 592491680		I/C: 590502978	
D.O.B:		D.O.B: 17/12/1990	
Contact: 96683690		Contact: 92227340	
Pass Date:		Pass Date: 22/10/2013	

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



RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	23/10/2020		Date In	30/10/2020	
Time Out	1600		Time In	1500	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	180	7 Days @ \$ 1260	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @ \$						
Inclusive of additional charges (if any)		Amt payable	\$ 1260	Petrol Charges		YES	NO	AMT: _____	
				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque 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 K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 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 K & t CARS.
- ❖ 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 K & t CARS 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 SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)