

TEAM AUTO PRO

WITHOUT PREJUDICE

Our Ref: SMQ 8773G

Your Ref: SJS 1070Y

20th November 2020

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Sir/Mdm,

Accident Involving: SMQ 8773G and SJS 1070Y

Date of Accident: 31 October 2020

Location of Accident: Newton Road towards Scotts Road Junction of Khiang

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$ 18,212.96	
TOTAL LOR/U DAYS	17 DAYS	2 Days PRS (3/4 Nov) + 1 Day Resurvey (5 Nov) + 12 Repair Days Agreed + 2 Sunday
Add Loss of Rental	\$ 1,320.00	11 Days - Inv#AR202011-000614
Add Loss of Use	\$ 480.00	6 Days
Total	\$ 20,012.96	
Add Tow Fee	\$ 109.20	Inv#91531130 \$64.20 & 26072 \$45
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 20,158.61	

Kindly pay the Grand Total Amount of **\$20,158.61** to:

Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.


Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

PROFORMA INVOICE



ATTENTION:
Skyway Motor Pte Ltd

PI Number	P2011-1153
PI Date	20-Nov-2020
Vehicle No.	SMQ 8773G
Accident Date	31-Oct-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMQ 8773G	COR Lump Sum		\$ 18,212.96

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 18,212.96
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Authorized Signature



SKYWAY MOTOR PTE LTD

400 ORCHARD ROAD #15-06 ORCHARD TOWER, SINGAPORE 238875

Tel: 6333 6333 Fax: 6416 8555

TAX INVOICE

RCB : 199904194N GST : 199904194N

**TEAM AUTOPRO PTE LTD C/O ABDUL SHUKOR BIN
MOHAMED EZAT**

160 SIN MING DRIVE #02-12 SIN MING AUTOCITY
SINGAPORE 575722

TEL : 62581956 FAX : 62581956

INVOICE : AR202011-000614

DATE : 03/11/2020

TERMS : C.O.D

SALESMAN: YUNE QING

PO NO : RA04090

NO.	DESCRIPTION	UNIT	AMOUNT (S\$)
1	Rental Billing From 02/11/2020 To 13/11/2020 (SMJ752G) Driven By: ABDUL SHUKOR BIN MOHAMED EZAT Your Ref: SMQ8773G Make and Model: TOYOTA C-HR HYBRID 1.8S CVT (LED)	11 DAYS	1,320.00

AMOUNT : S\$

**ONE THOUSAND THREE HUNDRED AND TWENTY DOLLARS AND ZERO
CENTS ONLY**

Please issue cheque payable to **SKYWAY MOTOR PTE LTD** and send us a copy of
cheque image then bank in to our **DBS Bank Ltd. Current A/C No. 003-947-267-6.**

SUB TOTAL	:	1,233.64
GST 7%	:	86.36
TOTAL S\$:	1,320.00



MOTOR PTE LTD

SKYWAY MOTOR PTE LTD

400 Orchard Road #15-06

Singapore 238875

Tel : 6333 6333 Email : rental@skyway.com.sg

Company Reg. No. 199904194N

GST Reg. No. 199904194N

RENTAL AGREEMENT

NO. 04090

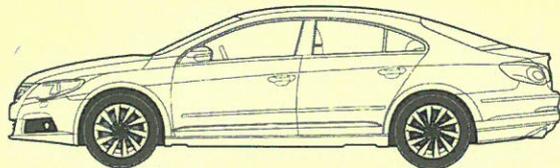
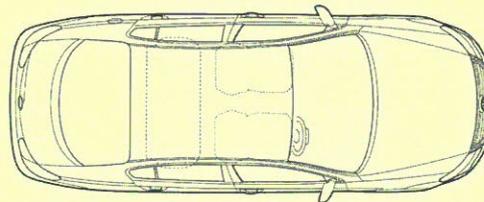
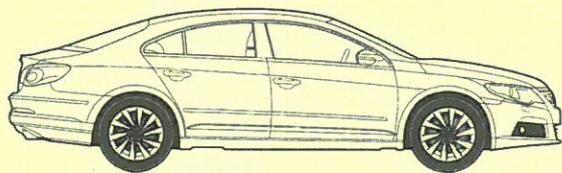
BILLING COPY

HIRER'S PARTICULARS	
Owner's Vehicle No.:	PMR8773G
Model:	Honda Vezel 1.5 X
Name:	ABDUL HUKOR BIN MUHAMMAD EZAT
Address:	BLK 117 Ang Mo Kio Ave 4 #03-455 (S 560117)
Office Tel:	Residence Tel:
Occupation	Hp / Pgr No: 8083068
P.P / I.C No.:	S8805647G Nationality:
Date of Birth:	19/07/1988 Place of Birth:
Dr. Licence No.	
Date of Issue:	Country of Issue:

ADDITIONAL DRIVER'S PARTICULARS	
Name:	
Address:	
Office Tel:	Residence Tel:
Occupation	Hp / Pgr No:
P.P / I.C No.:	Nationality:
Date of Birth:	Place of Birth:
Dr. Licence No.	
Date of Issue:	Country of Issue:
IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences.	

RENTAL VEHICLE PARTICULARS		
Rental Vehicle No.:	PMT752G	
Model:	Toyota CHR Hybrid 1.8	
Collection Out	Date & Time	Mileage Out
	02/11/2018 1720	136302
Return In	Date & Time	Mileage In
	13/11/2018 1620	137097
Petrol Level 		

RENTAL CHARGES		
Months @ \$		per month
Weeks @ \$		per week
11 Days @ \$ 120		per day
Hours @ \$		per hour
ADDITIONAL CHARGES		
PETROL TOP-UP CHARGES		
MISC		
TOTAL CHARGES (incl 7% GST)		
PAYMENT MODE		
<input type="checkbox"/> Master	:	
<input type="checkbox"/> VISA	:	
<input type="checkbox"/> Cash	:	
<input type="checkbox"/> Others	:	



Remarks: Replacement
Bill Team A140

CHECKED OUT BY HAN	CHECKED IN BY HAN
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SKYWAY MOTOR PTE LTD

I have read and agree to the terms and conditions on both sides of this agreement.

CUSTOMER'S SIGNATURE

TOWING

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
239 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6848 5721



ComfortDelGro Engineering

GST REG. NO. M2-8921817-

COMPANY REG. NO: 199506048W

TAX INVOICE

80411067

VEHICLE NO
SMQ8773G

INVOICE NO./DATE
91531130 03.11.2020

SKYWAY MOTOR PTE LTD

MAKE
HONDA

JOB NO.
305431660

400 ORCHARD ROAD #15-06
SG 238875

MODEL
VEZEL 1.5 X A

ODOMETER READING

CONTACT NO: 91383333

DATE/TIME IN
03.11.2020 11:13

DATE/TIME OUT
00:00

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
01	TOWING FEE FOR SMQ8773G	1 EAC	60.00	NA	60.00
Total Amount					60.00
Add GST					7.00 % 4.20
Net Amount Payable					64.20

Issued by : CHINCHYE 03.11.2020 11:18:25
Repair Type : CBSO/52/5C
Payment term :

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY G NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPT IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO T COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR T PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANC WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

PAGE: 1 OF 1

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

ComfortDelGro Engineering Pte Ltd
A member of COMFORIDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

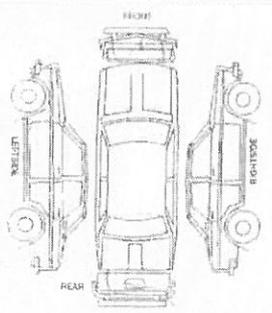
Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No
80411067	91531130		



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>31-10-20</u> Time Received: <u>1615</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____ Contact No. : <u>SMD 87736</u> Vehicle No. : <u>88082068</u> Make / Model / Colour : _____ Email : _____	3. Vehicle Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____
7. Location: <u>1 KHIANG GUAN AVE</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scatched O: Missing <u>X</u> <u>P</u> Signature of Customer
Job Attended		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>WJE</u> Vehicle No. : <u>YD 1623</u> Time Dispatch : <u>1615</u> Time of Arrival : <u>1635</u> Time Completed : _____		
Cash Invoice Details (if applicable)		
13. Cash Invoice No. : _____		
Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
_____ Date	_____ Time	_____ Signature of Customer
14. WORKSHOP		
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard



24 HOUR RECOVERY SERVICES Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841
Email: 24hoursrecovery@gmail.com

No. 26072

Date : 03/11/2020



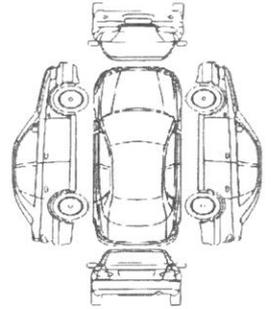
M/S : Team Auto

Vehicle No : SMQ 8773 G Model : Vezel

From : Comfort DB Call Time : 1015

To : TEAM AUTO Time Arrival : 1040

Remarks : _____ Arrival Workshop : 11.15



- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Change Tyres / Patch Tyre | <input checked="" type="checkbox"/> Accident | <input type="checkbox"/> Use Car Carrier | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door | <input type="checkbox"/> Jump Start |
| <input type="checkbox"/> Using King Dolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | |

AMOUNT S\$ 45

claim

Sherman

Received By _____

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.



**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-20-135771

Date of Request: 04/11/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SMQ8773G

Date of Accident: 31/10/2020

Place of Accident: NEWTON RD

Involving Vehicle No: SJS1070Y

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-20-135772

Date of Request: 04/11/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 31/10/2020

Vehicle No: SMQ8773G

Place of Accident: NEWTON ROAD TOWARDS SCOTTS ROAD JUNCTION OF KHIANG

Involving Vehicle No: SJS1070Y

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\$)
SJS1070Y	NEWTON ROAD TOWARDS SCOTTS ROAD JUNCTION OF KHIANG	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

> Back to OneMotoring



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

Print Date/Time : 03 Nov 2020 / 10:03:15

Receipt Date/Time : 03 Nov 2020 / 10:03:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201103-000677

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 - SJS1070Y As at 31 Oct 2020/14:40:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJS1070Y Enquiry Fee 20201103100234579613	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				
	426569XXXXXX8855	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.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking

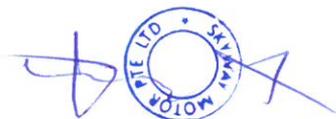
In Respect of Accident Involving my/our Vehicle No.: SMQ 8773 G
and SJS 1070 Y and
and and
@ NEWTON ROAD TOWARDS SCOTTS ROAD JUNCTION OF KHIANG
dated 31/10/2020.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date:

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	02/11/2020 15:33
Date Of Accident	31/10/2020 14:40
Exact Location Of Accident	NEWTON ROAD TOWARDS SCOTTS ROAD JUNCTION OF KHIANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8773G
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	1XXXXX194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	(LOCAL) +65-88760118
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 400000480 MCX
Cover Note Number	

Driver

Name of Driver	ABDUL SHUKOR BIN MOHAMED EZAT
NRIC No	SXXXX647G
Date Of Birth	19/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88082068
Fax Number	
Contact Number	
EEmail Address	SHUKEZAT@GMAIL.COM

Address	BLK 446A JALAN KAYU #10-326
Postcode	791446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	HEAVY RAINS
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1070Y
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	REBERA COLOMBAGE SAMAN
NRIC/Passport Number	SXXXX064E
Contact Number	91453078
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL SHUKOR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMQ8773G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AMMARA ALAYNA BINTE ABDULLAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMQ8773G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ROSITA BTE ABDUL RAHIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMQ8773G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name MUHAMMAD YADIY BIN MOHAMMAD FARHAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMQ8773G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

1/30/2020

Protected By Symantec

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 willful 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:

2/11/20 1510hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Handwritten signature]



**SINGAPORE
POLICE FORCE**



T/20201101/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20201101/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2020 13:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL SHUKOR BIN MOHAMED EZAT			Address: 446A JALAN KAYU #10-326 SINGAPORE 791446		
ID Type / ID No.: NRIC NO / S8805647G			Contact No.:		Mobile: 88082068
Nationality: SINGAPORE CITIZEN			Email: SHUKEZAT@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 19/02/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Restaurant manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2020 14:40	Type of Location: Straight Road
Location: KHIANG GUAN AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJS1070Y	Car	KIA		Blue	Slightly Damaged	4
SMQ8773G	Car					0



**SINGAPORE
POLICE FORCE**



T/20201101/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201101/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL SHUKOR BIN MOHAMED EZAT	ID No.	S8805647G
Related Vehicle	SMQ8773G (Car)	Contact No.	88082068
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	AMMARA ALAYNA BINTE ABDULLAH	ID No.	T1323472D
Related Vehicle	SMQ8773G (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	01	Degree of	Slight
Passenger			
Name	ROSITA BTE ABDUL RAHIM	ID No.	S7016894D
Related Vehicle	SMQ8773G (Car)	Contact No.	81416096
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20201101/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201101/7011

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD YADIY BIN MOHAMAD FARHAN	ID No.	S9208476J
Related Vehicle	SMQ8773G (Car)	Contact No.	88923374
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I was driving straight along Newton road towards Scott Road on the 1st lane. Upon reaching the junction of Kiang Guan Ave. Suddenly a vehicle bearing car plate number SJS1070Y make a right turn from Scott road towards Newton road into Kiang Guan Ave. He did not check for incoming traffic and proceeded to make his right turn which resulted in a collision. I then stop and alighted to check if anyone is injured and called the police. The police came shortly and investigate the accident.



**SINGAPORE
POLICE FORCE**



T/20201101/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201101/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 01/11/2020 13:05
Classification Of Case:

Authentication Stamp
NP168



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co.Reg No. 200412212G GST Reg. No. 20-0412212G
 A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX
 Comprehensive**

Certificate No. A 400000480 MCX

- 1. Index Mark and Registration Number of Vehicle**
 SMQ8773G
- 2. Name of Policyholder**
 Skyway Motor Pte Ltd
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act**
 08/08/2020
- 4. Date of Expiry of Insurance**
 07/08/2021
- 5. Persons or Classes of Persons entitled to drive***
 Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
 *Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use ***
 Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover
 (1) Use for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Craig Ellis
 Chief Executive Officer

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S8805647G

Name: ABDUL SHUKOR BIN MOHAMED EZAT

Birth Date: 19 Feb 1988

Issue Date: 09 Apr 2007

00149135BJ



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8805647G

Name: ABDUL SHUKOR BIN MOHAMED EZAT

عبدالشكور بن محمد عزات

Race: MALAY

Date of Birth: 19-02-1988

Sex: M

Country of Birth: SINGAPORE

3353434



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

CLASS	DESCRIPTION	EXPIRES DATE
Class 2B	Motorcycles <= 200 CC	09 Apr 2007
Class 2A	Motorcycles between 201 CC and 300 CC	05 Dec 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	20 Jun 2013

S8805647G

S / No. 9000185391

Licence No. S8805647G

428A

3353434

S8805647G

Food Group: 11-03-2003

APT BLK 117 ANG MO KIO AVENUE 4 #03-457

SINGAPORE 560117

S8805647G

22/06/2013

