

# 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: emlautopteltd@gmail.com

COMPANY/ GST REG. NO: 201316380R

M/S WILLIAM NG WEE GUAN

Proforma Invoice : 21/PI0007/5556TP

Date : 09-Mar-2021

MS First Capital Insurance Ltd

Motor Claim Department

36 Robinson Road

#16-01 City House

Singapore 068877

Attn : Ms Cecilia Chong

Date of Accident : 30-Oct-2020  
Our Client's Vehicle Number : SKS 7526Z  
Vehicle Make / Model : HONDA CIVIC  
Your Insurer : SHA 1250M

**Without Prejudice**

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost(Recommend By LKK Taufikh)	4,900.00	343.00	5,243.00 SR
GIA Fee	27.10	1.90	29.00 SR
LTA Fee	6.97	0.49	7.46 SR
Loss of (Rental/Use)(5 Days X \$120)	600.00		600.00 ES

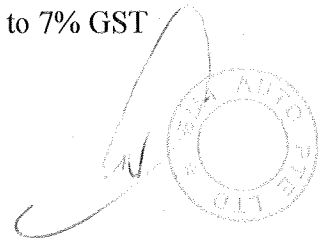
SGD ( Five Thousand Eight Hundred Seventy-Nine And Cents  
Forty-Five only )

**GRAND TOTAL**

**5,879.45**

Subject to 7% GST

345.38



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	31/10/2020 14:46
Date Of Accident	30/10/2020 21:30
Exact Location Of Accident	MARINA BOULEVARD TURNING LEFT TO BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7526Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WILLIAM NG WEE GUAN
NRIC No	SXXXX343G
Email Address	WILLIAMNG8899@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98438899
Alternative Phone No	OFFICE-98438899

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	5107621719-01
Cover Note Number	

### Driver

Name of Driver	WILLIAM NG WEE GUAN
NRIC No	SXXXX343G
Date Of Birth	22/07/1970
Occupation	INDOOR
Date Of Driving Pass	03/12/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98438899
Fax Number	
Contact Number	OFFICE-98438899
Email Address	WILLIAMNG8899@YAHOO.COM.SG

Address	BLOCK 541 PASIR RIS STREET 51 #08-20 SINGAPORE
Postcode	510541
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	COLLISION - CHANGE/CROSS LANE
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)	5
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE
Passenger 3	NAME: : NA GENDER: : MALE
Passenger 4	NAME: : NA GENDER: : MALE

#### 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 ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1250M
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)

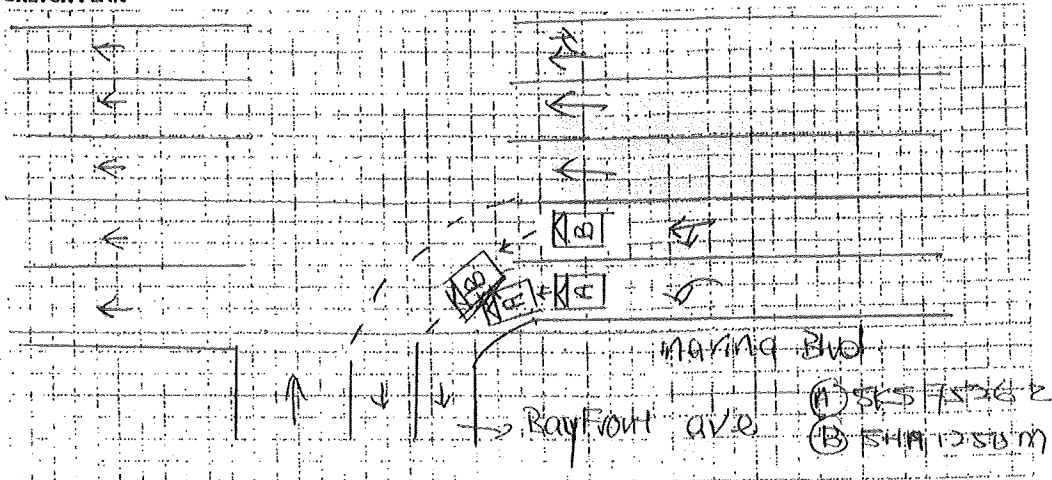
REFER TO ATTACHED

TAXI

90092836

SKETCH PLAN

MCE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A on my lane heading towards Bayfront Avenue, suddenly vehicle B - SH1250M cut onto my lane and damages my vehicle's front bumper, head light, side vander and some scratches.

I have video footage captured the incident.

No injury

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.:

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : MS1120095842 Vehicle Registration No: 8KS 7526Z  
Name (as shown in NRIC) : William Ng Wre Guan NRIC/FIN/Passport No : 57025343G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 541 Pasir Ris St 51 #08-20 Singapore (510541)  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 98438899  
Email Address : Williamng8899@yahoo.com.sg  
Date of Accident : 30/10/2020 Time of Accident : 21:30  
Place of Accident : Marina Boulevard Turning Left to Bayfront Ave  
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:

Please amend from Reporting Only to Third Party  
claim

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: KERINE TANG  
NRIC/FIN No.: CXXXX R741  
IDAC - SIN MING  
STA Inspection Pte Ltd  
302 Sin Ming Road  
Singapore 575627  
Tel : 6555 6888  
Fax : 6454 3279

&gt; Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

SKS75262

Print Date/Time : 02 Nov 2020 / 12:25:12

Receipt Date/Time : 02 Nov 2020 / 12:25:12

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-201102-001369

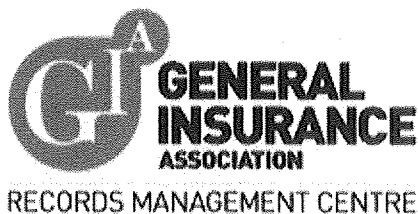
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHA1250M				
As at 30 Oct 2020/21:30:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA1250M Enquiry Fee 20201102122333089191	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	20201102122413169	Direct Debit: eNETS Debit (Internet Banking)		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.





**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-20-134009

Date of Request: 02/11/2020

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: SKS7526Z  
Date of Accident: 30/10/2020  
Place of Accident: MARINA BLVD  
Involving Vehicle No: SHA1250M

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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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-20-134011

Date of Request: 02/11/2020

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: 30/10/2020

Vehicle No: SKS7526Z

Place of Accident: MARINA BOULEVARD TURNING LEFT TO BAYFRONT AVENUE

Involving Vehicle No: SHA1250M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SHA1250M	MARINA BOULEVARD TURNING LEFT TO BAYFRONT AVENUE	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) SKS 7526Z and SHA125DM1  
ON 30/10/2020 ALONG Maina Boulevard Turning Left To Bayfront Ave

I, William Ng Wee Guan, NRIC No. / Company Reg. No.  
S7025843G of (address) \_\_\_\_\_

Postal Code \_\_\_\_\_, the registered owner (or authorised agent) of motor vehicle registration number  
SKS 7526Z 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: \_\_\_\_\_

William Ng Wee Guan

S7025843G

9843 8899

31/10/2020