



**WITHOUT PREJUDICE**

Our Ref: SMF 7088R

Your Ref: SMM 7427J

2<sup>nd</sup> December 2020

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AXA Insurance Pte Ltd

Dear Jasper,

**Accident Involving:** SMF 7088R and SMM 7427J  
**Date of Accident:** 22 October 2020  
**Location of Accident:** Jalan Bukit Merah & Lower Delta Road

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

Cost of Repair as agreed	\$	4,300.00	
<b>TOTAL LOR/U DAYS</b>	<b>13 DAYS</b>	2+2 Days PRS (6/7 Sat/8-Sun/9 Nov) + 7 Repair Days Agreed + 1 PH (14 Nov) + 1 Sunday (15 Nov)	
Add Loss of Use - PRS	\$	600.00	5 Days
Add Loss of Rental	\$	1,600.00	8 Days - Inv#GINV20110087
<b>Total</b>	<b>\$</b>	<b>6,500.00</b>	
Add 3rd Party Report Fee	\$	29.00	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>6,529.00</b>	

Kindly pay the Grand Total Amount of **\$6,529.00** 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)

# PROFORMA INVOICE

**ATTENTION:**

MKM Car Leasing Pte Ltd

PI Number	P2012-1165
PI Date	2-Dec-2020
Vehicle No.	SMF 7088R
Accident Date	22-Oct-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMF 7088R	COR Lump Sum		\$ 4,300.00

**Notes:**

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

Total Amount	\$	4,300.00
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Authorized Signature





176 Sin Ming Drive # 04-08,  
Sin Ming AutoCare, Singapore 575721  
Tel: 6747-6880 Fax: 6352-0443  
Co. Reg. No./ GST Reg No.: 201224734R  
Website: www.mkmcarleasing.com.sg  
Email: enquiries@mkmcarleasing.com.sg

**BILL TO:****Mr KAMAL BIN MOHAMMAD NOR**

Blk 856D Tampines Street 82

#04-184

Singapore 524856

Tel: 97587496

**Tax Invoice****Inv No. :** GINV20110087**Date :** 17 Nov 2020**Ref :****Currency :** SGD**Terms :** COD**RA No. :** GR20110004**Veh No. :** SKA97K

#	Description	Qty	UOM	Unit Price	Tax Amt	Tax Type	Taxable Amt
1	Rental (09/11/2020 to 17/11/2020)	1.00		1,495.33	104.67	GST (SR) (7%)	1,495.33

**REMARK: SKA97K - REPLACEMENT CAR SMF7088R FOR ACCIDENT REPAIR FROM 09/11/2020 TO 17/11/2020****Notes:**

Please pay within 7 days hereof, time is of the essence.  
Late Payment Charges on all overdue sums accruing at the rate of 1.5% per month until full payment.  
Please refer to our terms & conditions.

Subtotal : S\$ 1,495.33

Total Tax : S\$ 104.67

**Total : S\$ 1,600.00****For MKM Car Leasing Pte Ltd**

(Authorised Signature)



176 Sin Ming Drive #04-08,  
Sin Ming AutoCare, Singapore 575721  
Tel: 6747-6880 Fax: 6352-0443  
Co. Reg. No./ GST Reg No.: 201224734R  
Website: www.mkmcarleasing.com.sg  
Email: enquiries@mkmcarleasing.com.sg



## LEASE AGREEMENT

**No. GR20110004**

Date: 09 Nov 2020

### VEHICLE DESCRIPTION

Vehicle No. : SKA97K  
Make : TOYOTA  
Model : VELLFIRE ELEGANCE  
MOONROOF (AUTO)  
Chassis No. : JTNGF3DH108020625  
Engine No. : 2ARJ218103

### HIRER PARTICULARS

Name : KAMAL BIN MOHAMMAD  
NOR  
NRIC/Passport No : S1801961B  
Address : Blk 856D Tampines Street  
82 #04-184 Singapore  
524856  
Contact No. : 97587496  
Email : MOHAMMADKAMAL1967@  
GMAIL.COM  
Driving License No. : S1801961B  
Passing Date : 29/04/2009  
Date of Birth : 14/06/1967  
Next of Kin : SAIDAH HASSAN  
Contact No. : 91994776

### REMARKS

2nd accident occurs, \$3000.  
Advance rental.

### INSURANCE

- (a) Own Excess Damage fee per claim is S\$ 2,000.00;  
(b) Third Party Damage Excess fee per claim is S\$ 2,000.00;  
(c) Outside Singapore Damage Excess fee per claim is S\$ 4,000.00;  
(d) Addition Own Damage Excess fee per claim S\$ 3,000.00;  
is applicable for any of the drivers below:  
(i) Aged 24 years old or below;  
(ii) Aged 66 years or above; or  
(iii) Driving experience in Singapore of less than 2 years under the relevant class of driving license.  
(e) Windscreen Damage Excess fee per claim is S\$ 200.00;

### LEASE DETAILS

Lease Start Date & Time : 09 Nov 2020 | 0900  
Lease End Date & Time : 17 Nov 2021 | 0900  
Lease Period: : 8 days  
Lease per Day: : S\$ 186.92  
GST 7.00% : S\$ 13.08  
Nett Amount per Day : S\$ 200.00  
Security Deposit (No GST) : S\$ 500.00

### IMPORTANT

It is essential that the vehicle be returned to us not later than the period stated above. On the expiration of that period, all third party or the insurance cover ceases to be effective.

### ADDITIONAL DRIVER PARTICULARS

Name :  
NRIC/FIN/Passport No :  
Address :  
Contact No. :  
Driving License No. :  
Passing Date :  
Date of Birth :



176 Sin Ming Drive # 04-08,  
Sin Ming AutoCare, Singapore 575721  
Tel: 6747-6880 Fax: 6352-0443  
Co. Reg. No./ GST Reg No.: 201224734R  
Website: www.mkmcarleasing.com.sg  
Email: enquiries@mkmcarleasing.com.sg



**No. GR20110004**

Date: 09 Nov 2020

## LEASE AGREEMENT

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Hirer's Signature  
KAMAL BIN MOHAMMAD NOR



Rented out by  
Leasing Consultant  
MKM Car Leasing



**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-20-129914

Date of Request: 26/10/2020

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: SMF7088R

Date of Accident: 22/10/2020

Place of Accident: BT MERAH

Involving Vehicle No: SMM7427J

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

## TAX INVOICE

Our Ref No: GR-20-129916

Date of Request: 26/10/2020

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: 22/10/2020

Vehicle No: SMF7088R

Place of Accident: JALAN BUKIT MERAH & LOWER DELTA ROAD

Involving Vehicle No: SMM7427J

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\$)
SMM7427J	JALAN BUKIT MERAH & LOWER DELTA ROAD	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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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.: SMF7088R  
and SMM7427J and .....  
and ..... and .....  
@ BUKIT MERAH X LOWER DELTA ROAD  
dated 22/10/2020.

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	22/10/2020 16:36
Date Of Accident	22/10/2020 13:50
Exact Location Of Accident	JALAN BUKIT MERAH & LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7088R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67476880

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V08997 VPZ /R01
Cover Note Number	

### Driver

Name of Driver	KAMAL BIN MOHAMMAD NOR
NRIC No	SXXXX961B
Date Of Birth	14/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1989
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587496
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	176 SIN MING DRIVE, #04-08 SIN MING AUTO CARE SINGAPORE
Postcode	575721
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 - 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)	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 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7427J
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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 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:

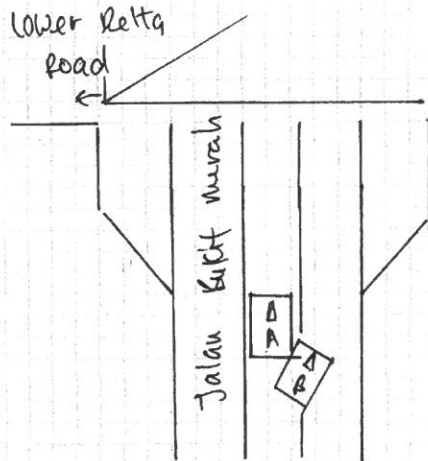
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A: SMF 7088 R

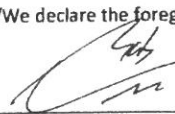
B: SMN 1427 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

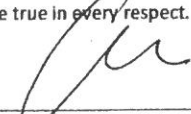
On the stated date and time, I vehicle 'A' travelling straight. Suddenly I felt an impact on my Rear right portion. so i stop and out of my car and realized it was vehicle 'B' collided against my vehicle Rear right portion.


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.:



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD20V08997 /VPZ /R01
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	14-AUG-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	SMF7088R
<b>2.Chassis number of Vehicle:</b>	JTNGF3DH108018910
<b>3.Name of Policyholder:</b>	MKM CAR LEASING PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	17-AUG-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	16-AUG-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b>	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b>	
A) Use for racing, pace-making, reliability trial or speed-testing. B) 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.	
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.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Personal Accident Insc, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS

