



Borneo Motors

Co Reg No 196700086Z

Borneo Motors (Singapore) Pte Ltd
Inchcape Bodycare Centre
Level 4, Inchcape Centre
2 Pandan Crescent
Singapore 128462
Tel: +65 6631 1855/1500
Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2021/03/PD1008/DS(JT)

Your Ref: 20/20/20/VP05/023858

12 Mar 2021

BY HAND (INS COPY)

M/S. LONPAC INSURANCE BERHAD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING GBK3971X AND SJD9546T ON 04 Nov 2020

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$10,035.53	B. LTA Search - \$2.00
C. Excess -	D. Loss of Use -
E. Loss of Rental - \$914.85 (\$101.65x9days)	F. Others - \$267.50
G. Medical Claims - -Undertake By Claimant <input type="checkbox"/>	Total Claim - \$11,219.88

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

- | | |
|----------------------------------|---------------------------------|
| (✓) Original Tax Invoice | (X) Discharge Voucher |
| (✓) Car Rental Invoice/Agreement | (X) Original Photograph X _____ |
| (✓) GIAS/Police Report/s | (X) Original/Photocopy Survey |
| (✓) Certificate of Insurance | (✓) LTA Search Fees |
| (✓) Letter of Authority | (X) Medical Receipt |

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

Account Details	Account No.	Customer Details
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia	S1000007 / ICLPI1	M/s 2002 Elevator
	Document No. 38054012	140 Upper Bukit Timah Road #03-15 Beauty World Plaza Singapore 588176
	Document Date 02/02/2021	Home: 64685505

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	KDY231R	TLMKY S5	14/07/2020	GBK3971X	33270	57896	84/GBK3971X

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTFAT35YX0K214680	1KDB017152	60	Joe Tan Joo Seng	18/01/2021 13.59	02/02/2021 16.23

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
11	1	T65240-25050 SILL ASSY, RR CROSS	1.00	585.80		585.80
12	2	T66013-25010 SUPPORT SUB ASSY	1.00	115.90		115.90
13	3	T66197-25010 BRACKET, SIDE GATE	1.00	98.60		98.60
14	4	T75136-25010 REAR LAMP BRACKET,	1.00	51.50		51.50
15	5	T65700-26010 GATE ASSY, RR BODY	1.00	1116.70		1116.70
16	6	T66490-25050 BRACKET, LICENSE	1.00	108.10		108.10
17	7	T81550-25101 LAMP ASSY, RR COMB RH	1.00	232.10		232.10
18	8	T75995-37020 A4 STRIPE, RR BODY CTR	1.00	238.90		238.90
19	9	T75471-25030 PLATE, RR BODY PANEL	1.00	21.00		21.00
20	0	TREVSE-CLG02 SL REVERSE SENSOR FOR DYNA	1.00	64.00		64.00

For & on behalf of Borneo Motors (Singapore) Pte Ltd	Customer's Signature	Charge Summary	Total
	Please acknowledge receipt of vehicle	Parts 2,632.60	9,379.00
		Labour 100.00	
		Sublet 6,646.40	GST 7.00% 656.53
		Lubrication/Fluid 0.00	Less 0.00
		Others 0.00	Amount Due 10,035.53

Company Copy



Borneo Motors


Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



TOYOTA

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			Document No. 38054012				
			Document Date 02/02/2021				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	KDY231R	TLMKY S5	14/07/2020	GBK3971X	33270	57896	84/GBK3971X
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTFAT35YX0K214680		1KDB017152	60	Joe Tan Joo Seng	18/01/2021	13.59	02/02/2021 16.23
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDRY SUNDRIES TP VEH:SJD9546T ACC DATE:04/11/20 TP INS:LONPAC NO OF REPAIR DAYS:07 DATE-IN:18/01/2021 DATE SURVEY:13/11/2020 BY:LKK-TAUFLIK AUTHORISED ON:17/11/2020 -TP/DS CLAIM				50.00	
2	L	BP-LPO SUPPLY REAR REGN PLATE (PO#)	0263			80.00	
3	Z	BP-SUNDRY SUPPLY 70KM STICKER AND 13 PAX STICKER				50.00	
4	S	BP-SUBLET TO CHECK WIRING ,LIGHTING AND CARRY OUT WATER LEAK TEST.	0742			122.40	
5	S	BP-SUBLET TO RESET ECU AND REPROGRAMME	0742			164.00	
6	S	BP-SUBLET TO REPLACE REAR STEP UP FRAME.	0742			350.00	
7	S	BP-SUBLET SUPPLY SEALANT (NETT)	0742			200.00	
8	S	BP-SUBLET TO REMOVE AND RE-INSTALL REAR TAILGATE M ECHANISM AND ALUMINUM PROTECTIVE PLATE.	0742			360.00	
9	S	BP-SUBLET TO REMOVE ALL NECESSARY DAMAGED PARTS, RE PLACE AND REPAIR REAR TAILGATE, REAR FLOOR BOARD END PANEL AND AFFECTED REAR PORTION OF CAR.	0742			3600.00	
10	S	BP-SUBLET TO SPRAY PAINT ON DAMAGED AFFECTED REAR PORTION OF CAR.	0742			1770.00	
For & on behalf of Borneo Motors (Singapore) Pte Ltd			Customer's Signature		Charge Summary		Total
			Please acknowledge receipt of vehicle		Parts		Less
					Labour		
					Sublet		
					Lubrication/Fluid		Amount Due
					Others		

Company Copy



ALTIMATE AUTO & ACCESSORIES PTE LTD

50 Bukit Batok Street 23 #01-02 Midview Building Singapore 659578

GST Reg No: 200206821R UEN No: 200206821R

Tel: +65 6896 8636 Fax: 64254571

Website: ultimateauto.com.sg

TAX INVOICE

To
2002 ELEVATOR
140 UPPER BUKIT TIMAH ROAD
#03-15 BEAUTY WORLD PLAZA
588176
SINGAPORE

Invoice No : 2101141
Date : 16 Jan 2021
Reference :
Due Date : 26 Jan 2021

Customer Email:
Phone No.: 6272 8809

S/N	DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT SGD
1	BEING RENTAL OF LORRY GBF1768F FROM 18/01/2021 TO 26/01/2021 =9DAYS	95.00	9.00	855.00
Subtotal				855.00
GST 7%				59.85
TOTAL SGD				914.85

All cheques to be made payable to "ALTIMATE AUTO & ACCESSORIES PTE LTD"
Payments can be made via PayNow Unique Entity Number (UEN)

Goods Received in Good Order and Condition

合炎成
HUP YAM SENG

140, Upper Bukit Timah Rd,
#03-15, Beauty World Plaza, Singapore 588176.
Tel: 6468 5505 Fax: 6467 6582

~~GST Reg. No: M08-8004733-7~~

GST 201600046C

TAX INVOICE NO. : 33127

Date : 13-Nov-20

To : 2002 Elevator
140 Upper Bukit Timah Road,
#03-15 Beauty World Plaza,
Singapore 588176.

<u>Description</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Amount</u>
To replace and install lorry rear ladder step for vehicle GBK 3971X	1	\$250.00	\$250.00

Sub Total : \$250.00

Present Claim : \$250.00

GST 7% : \$17.50

Total : **\$267.50**



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	06/11/2020 11:31
Date Of Accident	04/11/2020 09:15
Exact Location Of Accident	CTE (SLE/TPE) BEFORE EXIT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3971X
Insured/Policyholder	
Name Of Registered Owner	2002 ELEVATOR
Co Reg No	5XXXX524X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96783923

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V07517
Cover Note Number	

Driver

Name of Driver	LEE JIAN RONG
NRIC No	SXXXX547H
Date Of Birth	15/04/1994
Occupation	INDOOR
Date Of Driving Pass	21/08/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267895
Fax Number	
Contact Number	
EEmail Address	JIANRONG1234567@HOTMAIL.COM

Address	BLK 444 ANG MO KIO AVE 10 #10-1581
Postcode	560444
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	8
Passenger 1	NAME: : HOQUE ISHABUL GENDER: : MALE
Passenger 2	NAME: : SRINIVASAN NARAYANASAMI GENDER: : MALE
Passenger 3	NAME: : SARKER MOHAMMAD LITON GENDER: : MALE
Passenger 4	NAME: : KHENARACH KHOMSAN GENDER: : MALE
Passenger 5	NAME: : HASAN MD MEHEDI GENDER: : MALE
Passenger 6	NAME: : BEPARY HOSSAIN GENDER: : MALE
Passenger 7	NAME: : JOHIR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND 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	SJD9546T
Vehicle Make/Model/Colour	MITSUBISHI LANCER GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHIN CHIN
NRIC/Passport Number	SXXXX678H
Contact Number	90109418
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report.

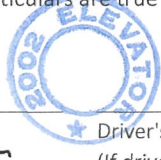
DECLARATION

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



Policyholder's Signature
Date & Time:

11:20 am
05/11/2



Driver's Signature
(If driver is not the policyholder)
Date & Time:

11:20 am
05/11/2

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

[Handwritten signature]

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:

11.20am
05/11/20



Driver's Signature
(If driver is not the policyholder)
Date & Time:

11.20am
05/11/20

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



**SINGAPORE
POLICE FORCE**



T/20201104/7018

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

1 of 5

Report No. T/20201104/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 15:20			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: LEE JIAN RONG			Address: 444 ANG MO KIO AVENUE 10 #10-1581 SINGAPORE 560444			
ID Type / ID No.: NRIC NO / S9413547H			Contact No.: Home/Office: Mobile: 90267895			
Nationality: SINGAPORE CITIZEN			Email: jianrong1234567@hotmail.com			
Sex: Male	Age: 26	Date of Birth: 15/04/1994	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Other administrative clerks (eg public relations clerk)			Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2020 09:18	Type of Location: straight road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK3971X	Lorry	TOYOTA	dyna	White	Slightly Damaged	7
SJD9546T	Car	MITSUBISHI	lancer ex	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201104/7018

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

2 of 5
Report No. T/20201104/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK3971X	LIBERTY INSURANCE PTE LTD	SD20V07517/VCV/ R00	14/07/2020	13/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE JIAN RONG		ID No.	S9413547H
Related Vehicle	GBK3971X (Lorry)		Contact No.	90267895
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	BEPARY HOSSAIN		ID No.	NIL
Related Vehicle	GBK3971X (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	HOQUE ISHABUL		ID No.	NIL
Related Vehicle	GBK3971X (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20201104/7018

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

3 of 5

Report No. T/20201104/7018

CONTINUATION OF REPORT

Passenger			
Name	HASAN MD MEHEDI	ID No.	NIL
Related Vehicle	GBK3971X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	KHOMSAN	ID No.	NIL
Related Vehicle	GBK3971X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SARKER	ID No.	NIL
Related Vehicle	GBK3971X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SRINIVASAN	ID No.	NIL
Related Vehicle	GBK3971X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20201104/7018

4 of 5

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

Report No. T/20201104/7018

CONTINUATION OF REPORT

Passenger				
Name	JOHIR		ID No.	NIL
Related Vehicle	GBK3971X (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

i was on CTE (TPE/SLE) heading towards exit 2. the traffic has stopped going towards exit 2 so i slow down to a stop. the moment my vehicle fully stop i was hit by a car from behind.

I was driving vehicle number GBK3971X

The other vehicle number is,SJD9546T

The damages to my vehicle is as follows: broken rear light, car plate, reversing sensor, back body frame is dented.

The person injured is hoque ishabul 87377879 & bepary hossain 86192415

My vehicle has in-car camera which is facing front only but I a not sure whether it recorded the accident.

I am lodging this report as there is someone injured and for insurance claim for the damages to my vehicle.



**SINGAPORE
POLICE FORCE**



T/20201104/7018

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

5 of 5

Report No. T/20201104/7018

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/11/2020 15:20

Classification Of Case:

AUTHORIZATION LETTER

Date : _____

To : JOB TAN

Cc : Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) 2002 ELEVATOR NRIC No. 52974524X hereby
authorized my (relationship) EMPLOYEE (full name) LEE JIAN RONG,
NRIC No. 59413547H to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number GBK 3971X as I am
currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.


Thank You

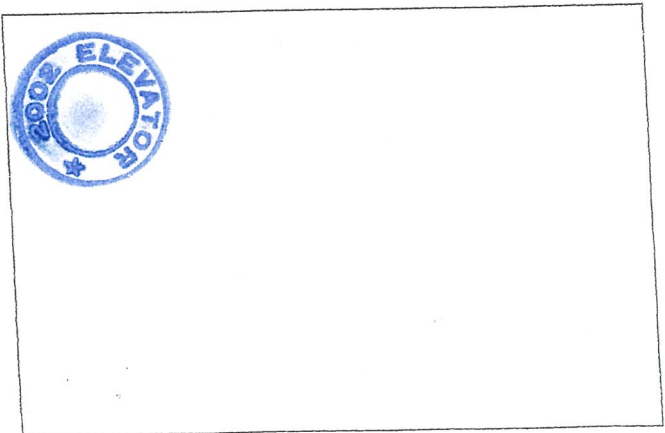
Yours truly,

Signature :

Name :

Contact No:


LIM CHONG HOCK
9678 3923



Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD20V07517 /VCV /R00
Form MZ300A

Date Of Issue 15-JUL-2020
1.Index Mark and Registration No. of Vehicle: GBK3971X
2.Chassis number of Vehicle: JTFAT35YX0K214680
3.Name of Policyholder: 2002 ELEVATOR
4.Effective date of Commencement of Insurance
for the purposes of the Act: 14-JUL-2020 00:00 AM
5.Date of Expiry of Insurance: 13-JUL-2021 23:59 PM
6.Persons or Classes of Persons
entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission.

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.

7.Limitations as to use*:

- A) Use in connection with the Policyholder's business.
- B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- C) Use for social, domestic and pleasure purposes.

8.The Policy does not cover:

- A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing or 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
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For Information only:

COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	KINETIC INSURANCE AGENCY

SCJC 20200715

Ver.1.260705

LETTER OF AUTHORITY

ACCIDENT INVOLVING G8K 3971-K and STD 9546-7 on 4.11.2020
Own vehicle's number Other vehicle's number Date of accident

along CTE (SLE/TPE) BEFORE EXIT 2

Accident location

LEE JIAN ROAD - 5XXXX547H

BY THE LETTER OF AUTHORITY, I/we,

2020 ELEVATOR - 5XXXX524X

Name of Policy Holder & (IC/Passport/Company Registration) number

of 140 UPPER BUKIT TIMAH # 03-15 BEAUTY WORKS PLAZA (S) S-88176

Address of Policy Holder

owner of Vehicle Registration No. G8K 3971-K hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:

1. To submit, resolve and make any claims which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or **alternatively** under Insurance Policy number _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We, hereby further declare that the letter of authority hereby conferred shall remain **irrevocable**.

*I/We further confirm that the acceptance by **BMS** of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this 25th of the month JANUARY Year 20 21.

Signed & Delivered By:



[Signature]

(To be sign by the policy holder only)

**Please stamp the company chop for vehicle registered under a company's name

Witness By:

[Signature]

*delete as appropriate

**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

Third Party Insurer Enquiry

Our Ref No: GR-20-136987

Date of Request: 06/11/2020

Your Ref No: Online Purchase

Borneo Motors (S) Pte Ltd
33 Leng Kee Road
Singapore 159096

Dear Sir/Madam,

Enquiry Date 06/11/2020
Enquiry By Chng Khay Yin
TP Vehicle No. SJD9546T
Accident Date 04/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJD9546T	Lonpac Insurance Bhd	10/04/2020-09/04/2021	+65 62507388

Thank You.

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.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
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Operating Hours: Monday to Friday 9am to 5pm
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TAX INVOICE

Our Ref No: GR-20-136987

Date of Request: 06/11/2020

Your Ref No: Online Purchase

Borneo Motors (S) Pte Ltd
33 Leng Kee Road
Singapore 159096

Dear Sir/Madam,

Enquiry Date 06/11/2020
Enquiry By Chng Khay Yin
TP Vehicle No. SJD9546T
Accident Date 04/11/2020

DESCRIPTION	AMOUNT (\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque