

21.01.2021

Lonpac Insurance BHD

100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Attn: Motor Claims Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLE: GBK2932R & YN185E on 04.11.2020

We are the authorized repair workshop for the owner of motor vehicle no: GBK2932R which was involved in the captioned accident with your insured vehicle: YN185E . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured's driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

01)	Part by part repair	\$	741.93
02)	GIA Search fee	\$	1.87
03)	TP search fee	\$	14.02
		\$	<u>757.82</u>
	GST 7%	\$	53.05
	Sub Total	\$	<u>810.87</u>
04)	Loss of use 2 days + 1 day (PRI) @ \$120/day	\$	<u>360.00</u>
	Grand Total	\$	<u><u>1,170.87</u></u>

The following documents are enclosed to support the claims:-

- a) Tax Invoice
- b) GIA report
- c) GIA search report

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,



Shaun Loh 97432262

**YEW TEE AUTOMOBILE TECH PTE LTD**

BR: SYNERGY@KB, 25 KAKI BUKIT ROAD 4 #01-61 S(417800)BR:

MEGA@WOODLANDS, 39 WOODLANDS CLOSE #01-12 S(737856)GST Reg No.

200311009C

Singapore 737856

67653373 67023113

INFO@YEWTEEGROUP.COM

WWW.YEWTEEGROUP.COM

Company Registration No. 200311009C

ADDRESS

Lonpac Insurance BHD

TP Tax Invoice MC2101003**DATE 21/01/2021****VEHICLE NO.**

GBK2932R

ACTIVITY	QTY	RATE	TAX	AMOUNT
Part by part repair	1	741.93	7% SR	741.93
GIA Search fee	1	1.87	7% SR	1.87
TP Search fee	1	14.02	7% SR	14.02
Loss Of Use	3	120.00	Out of Scope	360.00

Cheque should be crossed & made payable to "YEW TEE AUTOMOBILE TECH PTE LTD" and strictly send to our HQ address.

SUBTOTAL

1,117.82

GST TOTAL

53.05

TOTAL**SGD 1,170.87**

Accepted By

Accepted Date

**ISSUED BY STAFF**

E. & O.E.

**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-20-137705

Date of Request: 09/11/2020

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd
Blk 6 Woodlands Road 399F,
Yew Tee Ind Estate
Singapore 678006

Dear Sir/Madam,

Enquiry Date 09/11/2020
Enquiry By Toh Tze Chang
TP Vehicle No. YN185E
Accident Date 04/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN185E	Lonpac Insurance Bhd	28/10/2020-27/10/2021	+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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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-137705
Date of Request: 09/11/2020

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd
Blk 6 Woodlands Road 399F,
Yew Tee Ind Estate
Singapore 678006

Dear Sir/Madam,

Enquiry Date 09/11/2020
Enquiry By Toh Tze Chang
TP Vehicle No. YN185E
Accident Date 04/11/2020

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

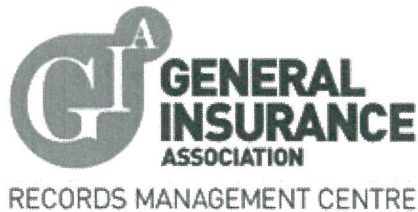
Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-20-137702
Date of Request: 09/11/2020

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd
Blk 6 Woodlands Road 399F,
Yew Tee Ind Estate
Singapore 678006

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/11/2020
Place of Accident: SLE EXIT TO WOODLANDS AVE 12
Client Vehicle No: GBK2932R

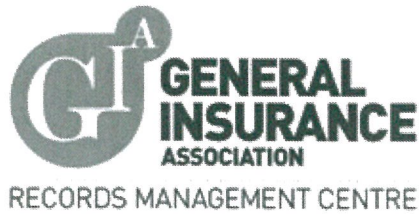
With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
YN185E	<i>No match found.</i>	

Thank You.

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Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-137702

Date of Request: 09/11/2020

Your Ref No: Online Purchase

Yew Tee Automobile Tech Pte Ltd
Blk 6 Woodlands Road 399F,
Yew Tee Ind Estate
Singapore 678006

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/11/2020

Place of Accident: SLE EXIT TO WOODLANDS AVE 12

Client Vehicle No: GBK2932R

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

LETTER OF AUTHORITY

To whom it may concern,

ACCIDENT INVOLVING : GBK2932R and YN185E on 04/11/2020

I/We SEMBICORP SPECIALISED CONSTRUCTION PTE LTD Reg No.:201908421C

Owner of motor vehicle no : GBK2932R do hereby appoint M/S YEW TEE AUTOMOBILE TECH PTE LTD as my/our authorized representative to write, negotiate and settle my/our claims against the other party involved in the abovementioned accident. M/S YEW TEE AUTOMOBILE TECH PTE LTD shall have absolute discretion to settle the matter at the best terms.

I/WE also confirm and instruct that any agreed settlement sum in respect of my/our claims be paid to M/S YEW TEE AUTOMOBILE TECH PTE LTD and such payment will constitute a full and final discharge of my/our claims.

I/WE further authorize M/S YEW TEE AUTOMOBILE TECH PTE LTD to execute the discharge voucher on my/our behalf.

Signature of Owner,

x



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 17:25
Date Of Accident	04/11/2020 19:30
Exact Location Of Accident	SLE (TOWARDS TPE/CTE) EXITING TO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2932R
Insured/Policyholder	
Name Of Registered Owner	SEBNCORP SPECIALISED CONSTRUCTION PTE LTD
Co Reg No	2XXXXX421C
Email Address	SSC_CONTRACTS@SEBNCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67696030

Vehicle Particulars

Manufacturer	TOYOTA
Model	HILUX DOUBLE CAB TURBO PICKUP 2WD MT
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116758158
Cover Note Number	

Driver

Name of Driver	FOO SIANG HAI (FU XIANGHAI)
NRIC No	SXXXX662B
Date Of Birth	13/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2007
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97940327
Fax Number	
Contact Number	
EMail Address	ALVIN.FOO@SEBNCORP.COM

Address	107B CANBERRA STREET #07-599
Postcode	752107
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	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)	2
Passenger 1	NAME: : WONG MAY LING
	GENDER: : FEMALE

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 ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN185E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHANG GUOCHENG
NRIC/Passport Number	GXXXXX219K
Contact Number	81506963
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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:

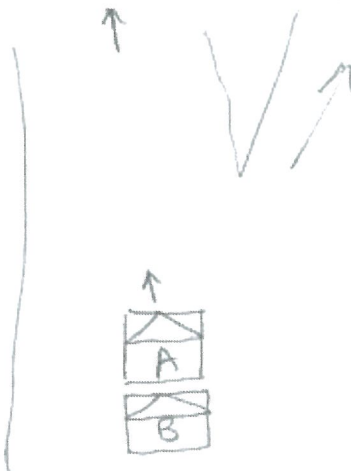
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Woodlands Ave 12

SLE



- GBK2932R



- YN185E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04-Nov-2020, at 1930hours, I was driving GBK2932R and trying to exit SLE (towards TPE/CTE) and into Woodlands Avenue 12.

I was queuing up to exit ^{into} Woodland Avenue 12 when YN185E hit into the back of my vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

Jac

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