



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

24th March 2021

Our reference: 2012-02

Your reference: SHC1734Z

India International Insurance Pte Ltd

BY HAND

64 Cecil Street
#05-00 IOB Building
Singapore 409711

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : KOH YI MING

Address : BLK 210 ANG MO KIO AVENUE 3 #06-1618 S(560210)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **30/11/2020** along **PIE SINGAPORE** involving our client's vehicle registration number **SMH4859R** and vehicle registrations number **SHC1734Z** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$ 9,630.50
Loss of Use (\$200 x 22 days)	:	\$ 4,400.00
LTA search fee	:	\$ 7.45
Total	:	\$ 14,037.95

A copy of each of the following supporting documents are enclosed:-

- a) Our Client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner's / Driver's IC & Driving License;
- d) LTA Search Fee;
- e) Letter Of Authorisation;
- f) Tax Invoice;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



A handwritten signature in blue ink, consisting of a stylized 'T' followed by a cursive flourish.

Teamwork Garage Pte Ltd

Encl.

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 Submission	01/12/2020 19:12 (SGT)
Date of Accident	30/11/2020 21:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS TUAS BEFORE STEVENS RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4859R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH YI MING
NRIC No	SXXXX885E
Email Address	kohyiming93@gmail.com
Mobile Phone No	(Phone) +65-96585732
Alternative Phone No	+65-96585732

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120016350
Cover Note Number	-

DRIVER

Name of Driver	KOH YI MING
NRIC No	SXXXX885E
Date Of Birth	22/06/1993
Occupation	Outdoor

Date Of Driving Pass	16/06/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96585732
Alt. Phone Number	+65-96585732
Email Address	kohyiming93@gmail.com
Address	BLK 210 ANG MO KIO AVENUE 3
Address complement	#06-1618
Postcode	560210
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEW KUO CHOON
Gender	Male

PASSENGER 2

Name	ZULFIQHAR BIN ZURAIMI
Gender	Male

PASSENGER 3

Name	DINIE ATIKAH BINTE AHMAD RIYADZ
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201201/7025.

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	SHC1734Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH YI MING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEW KUO CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ZULFIQHAR BIN ZURAIMI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	DINIE ATIKAH BINTE AHMAD RIYADZ
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.


Policy holder's signature
Date / time:


Driver's signature
(If driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: SKH 4859R B: SHC H34Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

[Signature]
Policy holder's signature
Date & time:

[Signature]
Driver's signature
(if driver is not policy holder)
Date & time:

[Signature]
reporting centre personnel's Signature
NRIC/FIN No.:


**SINGAPORE
POLICE FORCE**


T/20201201/7025

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

1 of 4

Report No. T/20201201/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2020 14:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH YI MING			Address: 210 ANG MO KIO AVENUE 3 #06-1618 SINGAPORE 560210		
ID Type / ID No.: NRIC NO / S9322885E			Contact No.: Home/Office: Mobile: 96585732		
Nationality: SINGAPORE CITIZEN			Email: kohyiming93@gmail.com		
Sex: Male	Age: 27	Date of Birth: 22/06/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business man			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: 30/11/2020 21:15	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC1734Z	Car					0
SKH4859R	Car	BMW	320I AT D/AB 4DR ABS HID	Black		3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20201201/7025

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

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Report No. T/20201201/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH4859R	NTUC Income Insurance Co-Operative Limited	5120016350	26/11/2020	25/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KOH YI MING	ID No.	S9322885E	
Related Vehicle	SKH4859R (Car)	Contact No.	96585732	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	DINIE ATIKAH BINTE AHMAD RIYADZ	ID No.	NIL	
Related Vehicle	SKH4859R (Car)	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	05	Degree of	Serious	
Passenger				
Name	ZULFIQHAR BIN ZURAIMI	ID No.	NIL	
Related Vehicle	SKH4859R (Car)	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	05	Degree of	Serious	



**SINGAPORE
POLICE FORCE**



T/20201201/7025

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

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Report No. T/20201201/7025

CONTINUATION OF REPORT

Passenger				
Name	CHEW KUO CHOON		ID No.	NIL
Related Vehicle	SKH4859R (Car)		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	05	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving my vehicle (SKH4859R) along PIE towards Tuas before Steven Road exit on the first lane. As the vehicle in front of me suddenly jam brake, I followed to stop my vehicle (SKH4859R) without any contact with it. Out of sudden, I felt a huge impact from the rear of my vehicle. When I went down to check, I realized that vehicle (SHC1734Z) had collided onto the rear portion of my vehicle (SKH4859R). I sustained injuries due to the accident and was given 5 days of MC.

**SINGAPORE
POLICE FORCE**

T/20201201/7025

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Report No. T/20201201/7025

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

CONTINUATION OF REPORTSketch 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 /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

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:
01/12/2020 14:33

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 885E

Vehicle Details

Vehicle No.: SKH4859R
Vehicle to be Exported: No
Intended Deregistration Date: 01 Dec 2020
Vehicle Make: B.M.W.
Vehicle Model: 320i AT D/AB 4DR ABS HID
Primary Colour: Black
Manufacturing Year: 2012
Engine No.: B2140214N20B20B
Chassis No.: WBA3B16080NP42778
Maximum Power Output: 135.0 kW (181 bhp)
Open Market Value: \$35,481.00
Original Registration Date: 12 Dec 2012
First Registration Date: 12 Dec 2012
Transfer Count: 1
Actual ARF Paid: \$35,481.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Dec 2022
PARF Rebate Amount: \$21,288.00

Intended COE Rebate Details

COE Expiry Date: 11 Dec 2022
COE Category: E - Open Category
COE Period(Years): 10
QP Paid: \$87,000.00
COE Rebate Amount: \$17,390.00
Total Rebate Amount: \$38,678.00

The information contained herein is correct as at 01 Dec 2020

OK

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRY DATE:

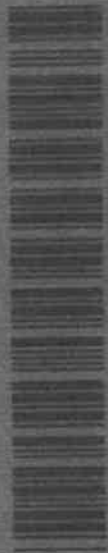
Class 3 Motor cars with unladen weight \leq 3200kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

Licence No: S9322885E



NP 42SA

4240333



VEC No: S9322885E



Valid till: 27-06-2009

Address:

APT BLK 21D AMS MO KIO AVENUE 3
#06-1618
SINGAPORE 380210

REPUBLIC OF SINGAPORE

DRIVING LICENCE

9372835E



KOH YI MING

Exp Date: 22 Jun 1993
Valid Until: 18 Jun 2017



002694956C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9322885E



NAME

KOH YI MING

許 壹 銘

RACE

CHINESE

Date of birth

22-06-1993

Country of birth

SINGAPORE

Sex

M

9658573Z



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

Print Date/Time : 01 Dec 2020 / 17:15:15

Receipt Date/Time : 01 Dec 2020 / 17:15:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201201-003418

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 - SHC1734Z				
As at 30 Nov 2020/21:15:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHC1734Z Enquiry Fee 20201201171426247499	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMA6152X				
As at 01 Dec 2020/12:45:00				
Insurance Co: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD				
2	Insurance Enquiry - SMA6152X Enquiry Fee 20201201171426336395	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLK6992Y				
As at 01 Dec 2020/03:15:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
3	Insurance Enquiry - SLK6992Y Enquiry Fee 20201201171426409504	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
540191XXXXXX4799		eNETS Credit Card		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
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.

LETTER OF AUTHORIZATION

To India International Insurance & Teamwork Garage Pte Ltd (Third party insurance & Workshop)
Claimant KOH YI MING

Dear Sirs,

I/We, KOH YI MING owner of vehicle no. SKH4859R
hereby authorize my/our repairer, Teamwork Garage Pte Ltd
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle no. SKH4859R that was damage pursuant to the
accident PIE SINGAPORE which occurred at/along

involving vehicle nos. _____

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies
pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
Teamwork Garage Pte Ltd. I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors
Teamwork Garage Pte Ltd pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein
should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.

Thank you.

Dated this _____ day of _____ (month) 20____ (year)

Signature of owner vehicle (claimant): _____  

Name of owner of vehicle (claimant) : KOH YI MING

NRIC Number (claimant): S9322885E



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-24/34

PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

TEL: 90119989 / 83389989

(TEL) (65) 6844 2475 (FAX) (65) 6844 2474

(E-MAIL) claims@teamworkgarage.com

UEN 201015366H

GST Reg 201015366H

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #05-00 IOB BUILDING

SINGAPORE 049711

Tax Invoice

Invoice number : TI-8356

Date : 23/3/2021

Terms : C.O.D.

Vehicle number : SKH4859R

Make / Model : BMW 320i

Description	Amount (S\$)
ACCIDENT INVOLVING SKH4859R / SHC1734Z ON 22/12/2020 @ PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$9,000.00
SINGDOLLARS : NINE THOUSAND SIX HUNDRED AND THIRTY DOLLARS ONLY	
Thank you for your business and have a nice day !	

Reference : 2012-02

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

PAYNOW UEN: 201015366H

** Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal \$9,000.00

Add: GST 7% \$630.00

Total Inc GST 7% \$9,630.00

Less: Deposit \$0.00

Balance Due \$9,630.00



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE