



WITHOUT PREJUDICE

Our Ref: GBK 4403M

Your Ref: SMR 526B

21st July 2022

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Cecilia,

Accident Involving: GBK 4403M and SMR 526B
Date of Accident: 5 January 2021
Location of Accident: Ang Mo Kio Ave 1 and Marymount Road

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

| | | |
|-------------------------|--------------------|---|
| Cost of Repair Inc. GST | \$ 6,741.00 | \$6300 COR Agreed + \$441 GST 7% |
| Add Loss of Use | \$ 1,080.00 | 9 DAYS - 2 Days PRS (5/6 Jan 2021) + 1 Day Resurvey (7 Jan 2021) + 6 Repair Days Agreed (10 Jan 2021) |
| Total | \$ 7,821.00 | |
| Add Search Fee | \$ 7.45 | |
| GRAND TOTAL | \$ 7,828.45 | |

Kindly pay the Grand Total Amount of **\$7,828.45** to:
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

PROFORMA INVOICE

**ATTENTION:**

Kian Ann Enterprise Pte Ltd

| | |
|---------------|-------------|
| PI Number | P2207-2714 |
| PI Date | 21-Jul-2022 |
| Vehicle No. | GBK 4403M |
| Accident Date | 5-Jan-2021 |

| S/No | Description | Unit Price | Quantity | Amount |
|------|--|--------------|----------|-------------|
| 1 | Spare Parts and Labour for Accident Repair of Vehicle Nos. GBK 4403M | COR Lump Sum | | \$ 6,300.00 |

Notes:

| | | |
|--------------------|----|----------|
| Total Amount | \$ | 6,300.00 |
| GST 7% | \$ | 441.00 |
| GRAND TOTAL AMOUNT | \$ | 6,741.00 |

Authorized Signature



> Back to OneMotoring



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

Print Date/Time : 05 Jan 2021 / 12:12:05

Receipt Date/Time : 05 Jan 2021 / 12:12:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210105-001587

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 - SMR526B | | | | |
| As at 05 Jan 2021/09:30:00 | | | | |
| Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - SMR526B | | | |
| | Enquiry Fee | 7.00 | 0.49 | 7.49 |
| | 20210105121119400617 | | | |
| | Sub-Total | 7.00 | 0.49 | 7.49 |
| | Total Before Rounding | 7.00 | 0.49 | 7.49 |
| | Rounding Difference | | | 0.04 |
| | Total Amount Payable | | | 7.45 |
| Paid By | | | | |
| | 426569XXXXXX8855 | eNETS Credit Card | | 7.45 |
| | Total | | | 7.45 |
| | Cash Change | | | 0.00 |
| | Tendered Amount | | | 7.45 |
| | 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.

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.: GBK 4403 M
and SMR 526 B and
and and
@ JUNCTION OF ANG MO KIO AVE 1 AND MARYMOUNT ROAD
dated 05/01/2021.

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,

建安企业私人有限公司
KIAN ANN ENTERPRISE PTE LTD
Registered No. 199803657H
61 Lorong 14 Geylang Singapore 398953
Email: kianann.info@gmail.com
Tel: 6651 8803

Claimant Signature & Co's Stamp (if applicable)

Date: 5/1/21

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 | 07/01/2021 12:08 (SGT) |
| Date of Accident | 05/01/2021 09:30 (SGT) |
| Exact Location of Accident | Ang Mo Kio, Singapore |
| Additional Location Information | ANG MO KIO AVE 1 AND MARYMOUNT ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBK4403M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KIAN ANN ENTERPRISE PTE LTD |
| Company Reg No | 1XXXXX657H |
| Email Address | kianann.info@gmail.com |
| Mobile Phone No | (Phone) +65-66518803 |
| Alternative Phone No | +65-87375332 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | ERGO |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCG20008789 |
| Cover Note Number | 30/07/2020-29/07/2021 |

DRIVER

| | |
|-----------------|---------------------|
| Name of Driver | ABDUL OBUD MUHAMMAD |
| Passport No/FIN | GXXXX124W |
| Date Of Birth | 05/08/1987 |
| Occupation | Outdoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 22/06/2015 |
| Driving experience | 5 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87375332 |
| Alt. Phone Number | - |
| Email Address | kianann.info@gmail.com |
| Address | 61 LOR 14 GEYLANG |
| Address complement | - |
| Postcode | 398953 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 on collision |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN REPORT AND DRAFT

ATTACHMENT(S)

| | |
|---|----|
| Are accident photos available for attachment? | No |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMR526B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) -

SKETCH PLAN

Ang Mo Kio Ave 1

Ang Mo Kio Ave 6

V: A) 6BK4403M
V: B) 5MK526B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along my designated lane along Ang Mo Kio Ave 1. As I was approaching the junction, I suddenly noticed vehicle 'B' turning into Ang Mo Kio Ave 6. I tried to stop but to no avail, vehicle 'B' still collided against my vehicle front portion. I wish to state that traffic was green favour.

建安企业私人有限公司
KIAN ANN ENTERPRISE PTE LTD
Registered No. 199801657H
61 Lorong Chuan Singapore 398953
Tel: 6651 8803

61 Lorong Chuan Singapore 398953
Tel: 6651 8803

Policyholder's Signature: *u*
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

61 Lorong Chuan Singapore 398953
Tel: 6651 8803

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 any other purposes as may be required under any regulations, laws or court orders.

KIAN ANN ENTERPRISE PTE LTD
 Registered No. 199803657H
 61 Lorong 14 Geylang Singapore 398953
 Email: kianann.info@gmail.com
 Tel: 6651 8803

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.:



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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMC20008789
Vehicle Registration Number : GBK4403M
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : KIAN ANN ENTERPRISE PTE LTD
Commencement Date of Insurance : 30/07/2020
Expiry Date of Insurance : 29/07/2021
Excess : ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..
EXCESS: (SECTION I).....
YOUNG&INEXP DRIVERS(SECTION I)
DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
Finance Company/Hire Purchase Owner : LTD

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

| | |
|-----|----------|
| S\$ | 300.00 |
| S\$ | 100.00 |
| S\$ | 500.00 |
| S\$ | 2,500.00 |

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing 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 (Malaysia) are not to be included under these headings (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**

Approved Insurer

Karl-Hint Jung

Authorized Signature

SANTUCK TRADE & INSURANCE AGENCY

545 ORCHARD ROAD #04-36

FAR EAST SHOPPING CENTRE

SINGAPORE 238882

TEL: 67376015 FAX: 67372374

Email: santuck@singnet.com.sg

| | | |
|---|----------------------------------|-----------------------|
| A000364 | SANTUCK TRADE & INSURANCE AGENCY | |
| Vehicle Chassis Number : FEA01BA30392, Vehicle Engine Number : 4P10D88275 | | CP1, 30/07/2020 15:46 |

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

22 Jun 2015

Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

Licence No: G2197124W

NP 428A

VISIT PASS

Immigration Regulations

14.07.2025

Name
ABDUL ODUH MOHAMMAD

FIN
G2197124W

Date of Birth
05-08-1987

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2197124W

Name
ABDUL ODUH MOHAMMAD

Birth Date: 05 Aug 1987

Issue Date: 09 Jun 2020

Valid Till 21/06/2025

003050061J



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KIAN ANN ENTERPRISE PTE LTD

87375332

Name
ABDUL ODUH MOHAMMAD

Work Permit No.
0 63908967

Sector
CONSTRUCTION

0 63908967

K2242262

