



WITHOUT PREJUDICE

Our Ref: SMP 928K

Your Ref: SLN 6133U

12th April 2021

India International Insurance Pte Ltd

Attn: Motor Claims

Dear Sir/Mdm,

Accident Involving: SMP 928K and SLN 6133U

Date of Accident: 21 January 2021

Location of Accident: Along Yishun Avenue 2 towards Canberra Link

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

Cost of Repair Inc. GST	\$ 1,391.00	\$1300.00 COR + \$91 GST 7%
Add Loss of Use	\$ 560.00	7 Days : 2 Days PRS (2/3 Feb) + 4 Repair Days Agreed (4/5/6/8 Feb) + 1 Sunday (7 Feb)
Total	\$ 1,951.00	
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 1,987.45	

Kindly pay the Grand Total Amount of **\$1,987.45** 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: teamautooffice@gmail.com

Thank you.



Regards

Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Western Ring International

PI Number	P2104-2119
PI Date	12-Apr-2021
Vehicle No.	SMP 928K
Accident Date	21-Jan-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMP 928K	COR Lump Sum		\$ 1,300.00

Notes:

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

Total Amount	\$	1,300.00
GST 7%	\$	91.00
GRAND TOTAL AMOUNT	\$	1,391.00

Authorized Signature





RECORD MANAGEMENT CENTRE

**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

Date of Request: 27/01/2021

Your Ref No: SMP928K

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 21/01/2021 00:00 (SGT)

Vehicle No: SMP928K

Place of Accident: Yishun Ave 2, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLN6133U	Yishun Ave 2, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Jan 2021 / 11:33:25

Receipt Date/Time : 28 Jan 2021 / 11:33:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210128-001138

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 - SLN6133U As at 21 Jan 2021/18:45:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SLN6133U Enquiry Fee 20210128113007153464	7.00	0.49	7.49
	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.: SMP 928 K
and SLN 6133 U and
and and
@ YISHUN AVE 2 TOWARDS CANBERRA LINK
dated 21/01/2021.

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,




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 Submission	25/01/2021 16:56 (SGT)
Date of Accident	21/01/2021 18:45 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	ALONG YISHUN AVENUE 2 TOWARDS CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP928K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WESTERN RING INTERNATIONAL
Company Reg No	5XXXX867A
Email Address	anthonychoon@gmail.com
Mobile Phone No	(Phone) +65-88086123
Alternative Phone No	(Office) +65-88086123

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112305302-01
Cover Note Number	-

DRIVER

Name of Driver	CHOON YIH MENG
NRIC No	SXXXX029I
Date Of Birth	01/11/1964
Occupation	Outdoor

Date Of Driving Pass	18/07/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88086123
Alt. Phone Number	-
Email Address	anthonychoon@gmail.com
Address	APT BLK 654 WOODLANDS RING ROAD
Address complement	#10-370 SINGAPORE
Postcode	730654
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NA
Gender	Male

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

PLEASE REFER TO ATTACHED

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	SLN6133U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUSERI BIN ABDULLAH
NRIC No	SXXXX701G

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

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.
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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:

Chang Hui

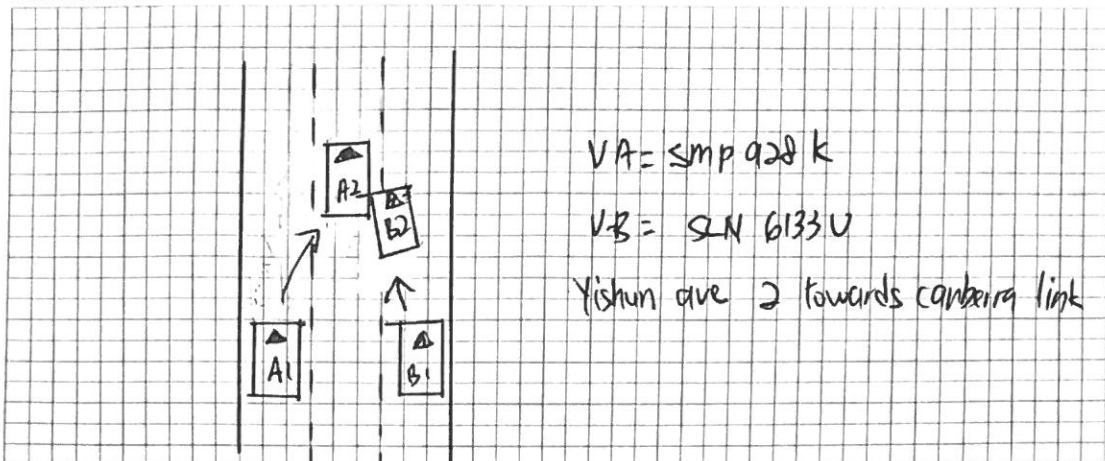
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

DIARMC SketchPlanForm_v3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight on lane '3' and have intention to change to lane '2', I have giving signal and make sure the road is clear. When I had changed into lane '2', I feel a sudden impact from my right portion. I alighted and realised that vehicle 'B' was collided against my vehicle right portion.

DECLARATION

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

Shunley
Policyholder's Signature
Date & Time:

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

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

CCP RMC Sketch Plan Form V3

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112305302-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMP928K
Chassis Number : RU31324188
2. Name of Policyholder : WESTERN RING INTERNATIONAL
3. Effective Date of Insurance : 02 Sep 2020
4. Expiry Date of Insurance : 01 Sep 2021
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWEE SENG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 (Malaysia)

Agency : ENSURE SERVICE & AGENCY (00000610555)
Date of Issue : 20 Aug 2020 11:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S16660291**

Name: **CHOON YIH MENG (QIN YIMIN)**

Birth Date: **01 Nov 1964**

Issue Date: **12 Jul 2003**

000649056K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S16660291**

Name: **CHOON YIH MENG**



Race: **CHINESE**

Date of birth: **01-11-1964**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S16660291

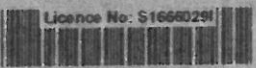



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Aug 1988
Class 2A	Motorcycles between 201 cc and 400 cc	19 Aug 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jul 1983

NP 428A

Licence No: **S16660291**



6480159

NPIC No. **S16660291**

Date of issue: **14-08-2020**

Address: **APT BLK 654 WOODLANDS RING ROAD #10-370 SINGAPORE 730654**

