



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](mailto:claims@teamworkgarage.com)  
GST Register No: 201015366H

24<sup>th</sup> March 2021

Our reference: 2102-03

Your reference: SMM7878R

**AIG Asia Pacific Insurance Pte Ltd**

**BY HAND**

78 Shenton Way

#08-16

Singapore 079120

**Attn: Motor Claims Department**

Dear Sir/ Madam,

Claimant : SOH BOON HAO

Address : BLK 419 JURONG WEST ST 42 #06-999 S(640419)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 30/01/2021 along KPE TWDS MCE involving our client's vehicle registration number SMS442D and vehicle registrations number SMM7878R 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               | : | \$ 16,478.00 |
| Loss of Rental               | : | \$ 1,920.00  |
| Purchase 3P Report           | : | \$29.00      |
| LTA Search                   | : | \$7.45       |
| E-Day License (3Days x \$20) | : | \$60.00      |
| Total                        | : | \$ 18,494.45 |

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

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Tax Invoice;
- f) Purchase 3P Report Invoice;
- g) LTA Search Invoice;
- h) E-Day License Invoice;
- i) Rental Vehicle Receipt;
- j) Official Rental Vehicle Agreement;
- k) Satisfaction Form;

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,



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              | 01/02/2021 17:49 (SGT) |
| Date of Accident                | 30/01/2021 17:20 (SGT) |
| Exact Location of Accident      | KPE, Singapore         |
| Additional Location Information | TOWARDS MCE            |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SMS442D |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | SOH BOON HAO         |
| NRIC No                  | SXXXX580I            |
| Email Address            | SOH921@HOTMAIL.COM   |
| Mobile Phone No          | (Phone) +65-97243400 |
| Alternative Phone No     | +65-97243400         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Fit                       |
| 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             | 5116035285    |
| Cover Note Number         | -             |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | SOH BOON HAO |
| NRIC No        | SXXXX580I    |
| Date Of Birth  | 15/03/1992   |
| Occupation     | Indoor       |





|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 03/01/2012                            |
| Driving experience .....   | 9 YEARS                               |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-97243400                  |
| Alt. Phone Number .....  | +65-97243400                          |
| Email Address .....  | SOH921@HOTMAIL.COM                    |
| Address .....  | BLK 419 JURONG WEST STREET 42 #06-999 |
| Address complement .....   | -                                     |
| Postcode .....   | 640419                                |
| 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 .....   | Chain 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 .....   | 3   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |                 |
|--------------|-----------------|
| Name .....   | JOAN LEE PEI SI |
| Gender ..... | Female          |

#### PASSENGER 2

|              |                  |
|--------------|------------------|
| Name .....   | JAELE SOH RUO QI |
| 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/20210201/7033

#### 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             | SMM7878R             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | CHANHWEE MIN FELICIA |
| NRIC No                                 | SXXXX916Z            |
| Contact Number                          | (Phone) +65-83223355 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number             | SLG8432E             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | CHUA SOON NYEE       |
| NRIC No                                 | SXXXX384E            |
| Contact Number                          | (Phone) +65-98244873 |
| 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                              | SOH BOON HAO  |
| Address   | -             |
| Address Complement                                  | -             |
| Post Code   | -             |
| Approximate Age Years Old                           | -             |
| Injuries Sustained                                  | BACK AND NECK |
| Injured person in which vehicle?                    | SMS442D       |
| Were seat belts worn?                               | Yes           |
| Was this injured conveyed to hospital by ambulance? | No            |

##### INJURED 2

|   |                 |
|---|-----------------|
| Name of injured person                              | JOAN LEE PEI SI |
| Address   | -               |
| Address Complement                                  | -               |
| Post Code   | -               |
| Approximate Age Years Old                           | -               |
| Injuries Sustained                                  | BACK AND NECK   |
| Injured person in which vehicle?                    | SMS442D         |
| Were seat belts worn?                               | Yes             |
| Was this injured conveyed to hospital by ambulance? | No              |

##### INJURED 3

|                        |                  |
|------------------------|------------------|
| Name of injured person | JAELE SOH RUO QI |
| Address                | -                |
| Address Complement     | -                |

|   |         |
|---|---------|
| Post Code .....   | -       |
| Approximate Age Years Old .....                           | -       |
| Injuries Sustained .....                                  | BODY    |
| Injured person in which vehicle? .....                    | SMS442D |
| Were seat belts worn? .....                               | Yes     |
| Was this injured conveyed to hospital by ambulance? ..... | Yes     |



# 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 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 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

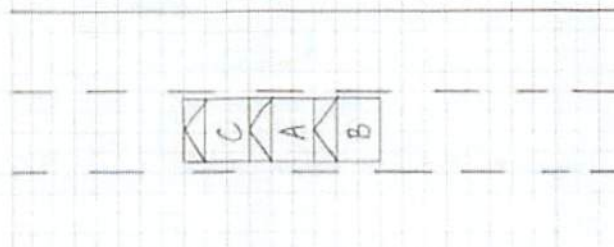
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



A: SMS442D  
B: 9MM7878R  
C: SLG8432E

**Describe Circumstances of the Accident**

Refer to police report T/20210201/7033

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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

45

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210201/7033

1 of 4

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

Report No. T/20210201/7033

## REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>01/02/2021 15:38 | Vide Report No.:<br>G/20210130/0227 | Station Diary No.: |
|--|-------------------------------------|--------------------|

## Informant's Particulars

|  |   |                              |                              |
|--|---|------------------------------|------------------------------|
| Name of Informant:<br>SOH BOON HAO           | Address:<br>419 JURONG WEST STREET 42 #06-999 SINGAPORE<br>640419 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S92495801     | Contact No.:  | Mobile: 97243400             |                              |
| Nationality:<br>SINGAPORE CITIZEN            | Home/Office:  | Email:<br>SOH921@HOTMAIL.COM |                              |
| Sex:<br>Male                                 | Age:<br>28  | Date of Birth:<br>15/03/1992 | Type of Informant:<br>Driver |
| Race:<br>Chinese                             | Language:<br>English  | Institution / School Name:   |                              |
| Occupation:<br>Electrical engineer (general) | Driving Licence Information:<br>Class: 3                          | Date of Expiry:              |                              |

## General Information of the Accident

|  |                              |                                    |  |                                      |
|--|------------------------------|------------------------------------|--|--------------------------------------|
| General Information of the Accident:                         |                              |                                    |  |                                      |
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>30/01/2021 17:20 | Type of Location:<br>KPE tunnel      |
| Location:<br><br>KALLANG PAYA LEBAR EXPRESSWAY               |                              |                                    |  |                                      |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:<br>70 Km/h               |                                      |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                                    |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type | Make       | Model              | Color | Conditio | No of |
|-------------|------|------------|--------------------|-------|----------|-------|
| SLG8432E    | Car  |            |                    | Red   |          | 0     |
| SMM7878R    | Car  | LAND ROVER |                    | Black |          | 2     |
| SMS442D     | Car  | HONDA      | FIT+1.3+GF<br>+CVT | Blue  |          | 2     |



**SINGAPORE  
POLICE FORCE**



T/20210201/7033

2 of 4

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

Report No. T/20210201/7033

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| SMS442D                      | NTUC Income Insurance Co-Operative Limited | 5116035285   | 07/02/2020 | 06/02/2021  |

| Details of Person Involved        |                                       |                                   |                                 |
|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                                       |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                                       | Use of Pedestrian Crossing: NA    |                                 |
| <b>Driver</b>                     |                                       |                                   |                                 |
| Name                              | SOH BOON HAO                          | ID No.                            | S9249580I                       |
| Related Vehicle                   | SMS442D (Car)                         | Contact No.                       | 97243400                        |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | 05                                    | Degree of                         | Slight                          |
| <b>Passenger</b>                  |                                       |                                   |                                 |
| Name                              | JAELE SOH RUO QI                      | ID No.                            | T2012856E                       |
| Related Vehicle                   | SMS442D (Car)                         | Contact No.                       | 90496602                        |
| Hospital/Clinic                   | KK WOMEN'S AND CHILDREN'S HOSPITAL    | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | NIL                                   | Degree of                         | Slight                          |
| <b>Passenger</b>                  |                                       |                                   |                                 |
| Name                              | JOAN LEE PEI SI                       | ID No.                            | S9337150Z                       |
| Related Vehicle                   | SMS442D (Car)                         | Contact No.                       | 90496602                        |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | 05                                    | Degree of                         | Slight                          |



**SINGAPORE  
POLICE FORCE**



T/20210201/7033

3 of 4

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

Report No. T/20210201/7033

**CONTINUATION OF REPORT**Brief Details.

On the stated date and time, I was driving my vehicle (SMS442D) along KPE towards MCE at the middle lane. When vehicle (SLG8432E) in front of us did a jam brake, I was able to stop in time with a safe distance with vehicle (SLG8432E). Out of sudden, I felt a huge impact from my rear causing me to thrust forward and hit onto vehicle (SLG8432E). I was involved in a three cars chain collision. My child was conveyed to KK Hospital by ambulance. Me and my wife sustained injuries due to the accident and was given 5 days of MC.

First car - SLG8432E

Second car - SMS442D

Third car - SMM7878R





**SINGAPORE  
POLICE FORCE**



T/20210201/7033

4 of 4

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

Report No. T/20210201/7033

## 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 /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

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:  
01/02/2021 15:38

Classification Of Case:

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

|  |                                      |
|--|--------------------------------------|
| <b>Vehicle Owner Particulars</b>         |                                      |
| Owner ID Type:                           | Singapore NRIC                       |
| Owner ID:                                | 580I                                 |
| <b>Vehicle Details</b>                   |                                      |
| Vehicle No.:                             | SMS442D                              |
| Vehicle to be Exported:                  | No                                   |
| Intended Deregistration Date:            | 01 Feb 2021                          |
| Vehicle Make:                            | HONDA                                |
| Vehicle Model:                           | FIT 1.3 GF CVT                       |
| Primary Colour:                          | Blue                                 |
| Manufacturing Year:                      | 2019                                 |
| Engine No.:                              | L13B3935213                          |
| Chassis No.:                             | GK33420722                           |
| Maximum Power Output:                    | 73.0 kW (97 bhp)                     |
| Open Market Value:                       | \$15,592.00                          |
| Original Registration Date:              | 07 Feb 2020                          |
| First Registration Date:                 | 07 Feb 2020                          |
| Transfer Count:                          | 0                                    |
| Actual ARF Paid:                         | \$5,592.00                           |
| <b>OPC Cash Rebate Details</b>           |                                      |
| OPC Cash Rebate Eligibility:             | No                                   |
| OPC Cash Rebate Eligibility Expiry Date: | -                                    |
| OPC Cash Rebate Amount:                  | -                                    |
| <b>Intended PARF Rebate Details</b>      |                                      |
| PARF Eligibility:                        | Yes                                  |
| PARF Eligibility Expiry Date:            | 06 Feb 2030                          |
| PARF Rebate Amount:                      | \$4,194.00                           |
| <b>Intended COE Rebate Details</b>       |                                      |
| COE Expiry Date:                         | 06 Feb 2030                          |
| COE Category:                            | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):                       | 10                                   |
| QP Paid:                                 | \$18,010.00                          |
| COE Rebate Amount:                       | \$16,235.00                          |
| <b>Total Rebate Amount:</b>              | <b>\$20,429.00</b>                   |

The information contained herein is correct as at 01 Feb 2021


OK

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S92495801**  
 Name: **SOH BOON HAO**


Birth Date: **15 Mar 1992**  
 Issue Date: **03 Jan 2012**

 0020314156

 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name: **SOH BOON HAO**

NRIC No: **S92495801**

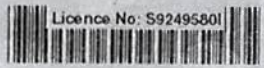


This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

**EFFECTIVE DATE** 03 Jan 2012

 Licence No: S92495801

NP 428A

GEMALTO5GPU105451901012 0000005015744


NRIC No / Colour: **S92495801/ PINK**

Race: **CHINESE** Blood Group: **A (+)** Sex: **M**

Date Of Birth: **15/03/1992** Country Of Birth: **CHINA**

Military Rank Status: **ENLISTEE**

Address: **Blk 419 JURONG WEST STREET 42**  
**#06-999 SINGAPORE 640419**





## LETTER OF AUTHORIZATION

To : AIG & Teamwork Garage PTE LTD (Third party insurance & Workshop)  
Claimant : Soh Boon Hao

Dear Sirs,

I/We, Soh Boon Hao owner of vehicle no. SMS 442D  
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. SMS 442D that was damage pursuant to the  
accident KPE towards MCE which occurred at/along

involving vehicle nos. SMS 442D & SMM 7878R & SLG 8432E

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 30 day of 01 (month) 20 21 (year)

Signature of owner vehicle (claimant): 

Name of owner of vehicle (claimant): Soh Boon Hao

NRIC Number (claimant): S92495802

CUSTOMER'S 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: 04/02/2021

Your Ref No: SMS442D

TEAMWORK GARAGE PTE LTD

Dear Sir/Madam,

Date of Accident: 30/01/2021 00:00 (SGT)

Vehicle No: SMS442D

Place of Accident: 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\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SLG8432E                         | 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 : 01 Feb 2021 / 16:46:24

Receipt Date/Time : 01 Feb 2021 / 16:46:24

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210201-002668

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - SMM7878R

As at 30 Jan 2021/17:20:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SMM7878R  
Enquiry Fee  
20210201164541496790

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

512972XXXXXX5903 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.

> Back to OneMotoring



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

Print Date/Time : 15 Feb 2021 / 11:45:23

Receipt Date/Time : 15 Feb 2021 / 11:45:23

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210215-001332

Previous Receipt No. :

| S/N                           | Item Description/<br>Business Transaction Reference<br>No.                             | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-------------------------------|--|-------------------------------|------------------------|------------------------------|
| Usage Date: 15 Feb 2021 (Mon) |  |                               |                        |                              |
| 1                             | Sales of e-Day Licence - SMS442D<br>e-Day Licence @\$20.00 x 1<br>20210215114427103679 | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Sub-Total</b>   | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Total Before Rounding</b>   | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Rounding Difference</b>   |                               |                        | 0.00                         |
|                               | <b>Total Amount Payable</b>  |                               |                        | 20.00                        |
|                               | <b>Paid By</b>   |                               |                        |                              |
|                               | 512972XXXXXX5903   | eNETS Credit Card             |                        | 20.00                        |
|                               | <b>Total</b>   |                               |                        | 20.00                        |
|                               | <b>Cash Change</b>   |                               |                        | 0.00                         |
|                               | <b>Tendered Amount</b>   |                               |                        | 20.00                        |
|                               | <b>Excess Refundable Amount</b>  |                               |                        | 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.

> Back to OneMotoring



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

Print Date/Time : 09 Feb 2021 / 15:13:23

Receipt Date/Time : 09 Feb 2021 / 15:13:23

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210209-002547

Previous Receipt No. :

| S/N                           | Item Description/<br>Business Transaction Reference<br>No.                             | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-------------------------------|--|-------------------------------|------------------------|------------------------------|
| Usage Date: 09 Feb 2021 (Tue) |  |                               |                        |                              |
| 1                             | Sales of e-Day Licence - SMS442D<br>e-Day Licence @\$20.00 x 1<br>20210209151239737164 | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Sub-Total</b>   | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Total Before Rounding</b>   | 20.00                         | 0.00                   | 20.00                        |
|                               | <b>Rounding Difference</b>   |                               |                        | 0.00                         |
|                               | <b>Total Amount Payable</b>  |                               |                        | 20.00                        |
| Paid By                       |  |                               |                        |                              |
|                               | 512972XXXXXX5903   | eNETS Credit Card             |                        | 20.00                        |
|                               | <b>Total</b>   |                               |                        | 20.00                        |
|                               | <b>Cash Change</b>   |                               |                        | 0.00                         |
|                               | <b>Tendered Amount</b>   |                               |                        | 20.00                        |
|                               | <b>Excess Refundable Amount</b>  |                               |                        | 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.



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Feb 2021 / 10:41:01

Receipt Date/Time : 10 Feb 2021 / 10:41:01

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210210-001003

Previous Receipt No. :

| S/N                           | Item Description/<br>Business Transaction Reference<br>No.                             | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-------------------------------|--|-------------------------------|------------------------|------------------------------|
| Usage Date: 10 Feb 2021 (Wed) |  |                               |                        |                              |
| 1                             | Sales of e-Day Licence - SMS442D<br>e-Day Licence @\$20.00 x 1<br>20210210104021103642 | 20.00                         | 0.00                   | 20.00                        |
| <b>Sub-Total</b>              |  | 20.00                         | 0.00                   | 20.00                        |
| <b>Total Before Rounding</b>  |  | 20.00                         | 0.00                   | 20.00                        |
| <b>Rounding Difference</b>    |  |                               |                        | 0.00                         |
| <b>Total Amount Payable</b>   |  |                               |                        | 20.00                        |
| Paid By                       |  |                               |                        |                              |
| 526471XXXXXX4633              |  | eNETS Credit Card             |                        | 20.00                        |
| Total                         |  |                               |                        | 20.00                        |
| Cash Change                   |  |                               |                        | 0.00                         |
| Tendered Amount               |  |                               |                        | 20.00                        |
| 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.

## SATISFACTION OF REPAIRED VEHICLE

I/We, \_\_\_\_\_, owner/driver of vehicle No. SMS 4ct20 declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

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.

Dated this 15 day of Feb (month) 2021 (year)  
@ 13 hrs 10 mins



\_\_\_\_\_  
Name and Signature

# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com  
Biz Reg. No.: 53208965X

No.: 3908

## OFFICIAL RECEIPT

Date: 24/03/2021

Received from Soh Boon Hao

The Sum of Dollars One Thousand Nine Hundred Twenty Dollars

Being payment of SMH 3212 P 30/01/21 to 15/02/21

\$ 1920 / 80

K & t Cars

Cheque No.:

  
Authorised Signature



# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park  
Singapore 408934

Tel: 6844 5938 Fax: 6285 5228

Email: kntcars@gmail.com

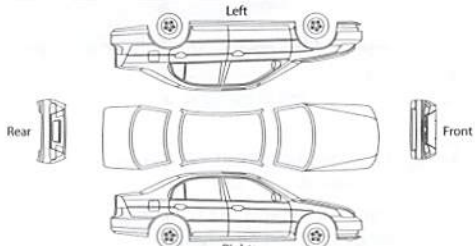
Biz Reg. No.: 53208965X

## VEHICLE RENTAL AGREEMENT

NO.: KT-05169

|                     |                               |
|---------------------|-------------------------------|
| Veh. No.: SMH3212P  | Replace Veh. No.: SMS442D     |
| Veh. M / M: Mazda 3 | Replace Veh. M / M: Honda Fit |

| HIRER'S PARTICULAR                                       |                       | <input type="checkbox"/> SAME AS HIRER | DRIVER'S PARTICULAR |
|--|-----------------------|--|---------------------|
| Name: Soh Boon Hao                                       |                       |  | Name:               |
| Address: Blk 419 Jurong west St 42<br>#06-999 S(640 419) |                       |  | Address:            |
| I/C: S92495802   | D.O.B: 15/03/1992     | I/C:                                   | D.O.B:              |
| Contact: 97243400  | Pass Date: 03/01/2012 | Contact:                               | Pass Date:          |

|   |               |                     |
|---|---------------|---------------------|
|  | A - ACCIDENT  | Hirer's acceptance  |
|   | C - CRACKED   |                     |
|   | D - DENTS     | Driver's acceptance |
|   | S - SCRATCHES |                     |



| RENTAL DETAILS |            |         |            |          |         |
|----------------|------------|---------|------------|----------|---------|
| Mileage Out    |            | REMARKS | Mileage In |          | REMARKS |
| Date Out       | 30/01/2021 |         | Date In    | 15/02/21 |         |
| Time Out       | 1915       |         | Time In    | 1310     |         |
| ASSIGNED BY    |            |         | CHECKED BY |          |         |

| RENTAL CHARGES  |      |     |              |         | PETROL / DIESEL LEVEL |   |     |    |            |   |
|---|------|-----|--------------|---------|-----------------------|---|-----|----|------------|---|
| Daily   | @ \$ | 120 | 16 Days @    | \$ 1920 | OUT                   | E | ¼   | ½  | ¾          | F |
| Weekly  | @ \$ |     | _____ Wks @  | \$      |                       |   |     |    |            |   |
| Monthly   | @ \$ |     | _____ Mth @  | \$      | IN                    | E | ¼   | ½  | ¾          | F |
| Hours   | @ \$ |     | _____ Hrs @  | \$      |                       |   |     |    |            |   |
| *Inclusive of additional charges (if any)   |      |     | Amt payable* | \$ 1920 | Petrol Charges        |   | YES | NO | AMT: _____ |   |
|   |      |     |              |         | CDW                   |   | YES | NO | AMT: _____ |   |
| Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST |      |     |              |         | Security Deposit      |   | YES | NO | AMT: _____ |   |
| Bank / Cheque No.:  |      |     |              |         | Advance Payment       |   | YES | NO | AMT: _____ |   |

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tendered accordingly to the government parking and/or traffic offence department. With my/our undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

### IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

| ACKNOWLEDGEMENT   |  |
|---|--|
|  |  |
| Signature of hirer / driver (company stamp if any) X                                | For and on behalf of K & t CARS (authorised signature only)                          |