



WITHOUT PREJUDICE

Our Ref: PC 2078H

Your Ref: SKE 348R

18th March 2021

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

Dear Jasper,

Accident Involving: PC 2078H and SKE 348R

Date of Accident: 5 February 2021

Location of Accident: Near 423 CCK Ave 4, along Junction of CCK Ave 4 & CCK Walk

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

Cost of Repair Inc. GST	\$ 11,502.50	\$10750 COR + \$752.50 GST 7%
Add Loss of Use	\$ 2,700.00	18 DAYS
**2 Days PRS (5/8 Feb) + 2 Days PRS Weekend (6/7 Feb) + 10 Repair Days Agreed (9/10/11/15/16/17/18/19/20/22 Feb) + 3 Days PH (12/13/14 Feb) + 1 Sunday (21 Feb)		
Total	\$ 14,202.50	
Add Towing Fee	\$ 200.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 14,409.95	

Kindly pay the Grand Total Amount of **\$14,409.95** 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)

PROFORMA INVOICE

**ATTENTION:**

L&W Transport Services Pte Ltd

PI Number	P2103-2086
PI Date	18-Mar-2021
Vehicle No.	PC 2078H
Accident Date	5-Feb-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. PC 2078H	COR Lump Sum		\$ 10,750.00

Notes:

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

Total Amount	\$	10,750.00
GST 7%	\$	752.50
GRAND TOTAL AMOUNT	\$	11,502.50

Authorized Signature





24 HOUR RECOVERY SERVICES Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841

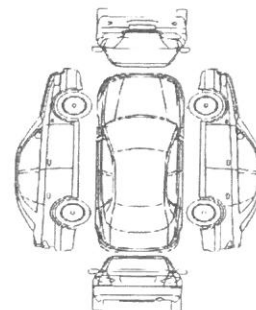
Email: 24hoursrecovery@gmail.com

No. 27402

Date : 5/2/21



M/S : Team Auto
Vehicle No : PC 2078 H Model : Toyota
From : Choa Chu Kang Ave 4 Call Time : 1:40
To : Amocity 02-12 Time Arrival : 2:00
Remarks : Arrival Workshop : 3:15



- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Change Tyres / Patch Tyre | <input checked="" type="checkbox"/> Accident | <input type="checkbox"/> Use Car Carrier | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door | <input type="checkbox"/> Jump Start |
| <input checked="" type="checkbox"/> Using King Dolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | |

AMOUNT S\$ 200

Sherman

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

> Back to OneMotoring



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

Print Date/Time : 05 Feb 2021 / 16:41:29

Receipt Date/Time : 05 Feb 2021 / 16:41:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210205-002898

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 - SKE348R				
As at 05 Feb 2021/13:15:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKE348R Enquiry Fee 20210205164039085532	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				
	426569XXXXX8855	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.: PC 2078 H
and SKE 348 R and
and and
@ CHOA CHU KANG AVE 4 & CHOA CHU KANG WALK
dated 05/02/2021

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)

05-02-2021

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	08/02/2021 09:59 (SGT)
Date of Accident	05/02/2021 12:50 (SGT)
Exact Location of Accident	Near 423 Choa Chu Kang Ave 4, Singapore 680423
Additional Location Information	ALONG JUNCTION OF CHOA CHU KANG AVENUE 4 & CHOA CHU KANG WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2078H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L & W TRANSPORT SERVICES PTE LTD
Company Reg No	2XXXXXX718H
Email Address	sales@wltransportservices.com
Mobile Phone No	(Phone) +65-85111851
Alternative Phone No	(Office) +65-85111851

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V16289 /VBS /R03
Cover Note Number	-

DRIVER

Name of Driver	GOH KHEE HUAT
NRIC No	SXXXX218J
Date Of Birth	11/12/1953

Occupation	Outdoor
Date Of Driving Pass	26/11/1974
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98979888
Alt. Phone Number	-
Email Address	sales@wltransportservices.com
Address	273D COMPASSVALE LINK
Address complement	#07-188 ATRINA SINGAPORE
Postcode	544273
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 - Change/cross lane
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UMAIR
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

PASSENGER 3

Name	NA
Gender	Male

PASSENGER 4

Name	NA
Gender	Male

PASSENGER 5

Name	NA
Gender	Female

PASSENGER 6

Name	NA
Gender	Female

PASSENGER 7

Name	NA
Gender	Female

PASSENGER 8

Name	NA
Gender	Female

PASSENGER 9

Name NA
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

PLEASE REFER TO ATTACHED

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 SKE348R
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UMAIR (PASSENGER)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained REFER POLICE REPORT
Injured person in which vehicle? PC2078H
Were seat belts worn? -
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 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:

[Signature]

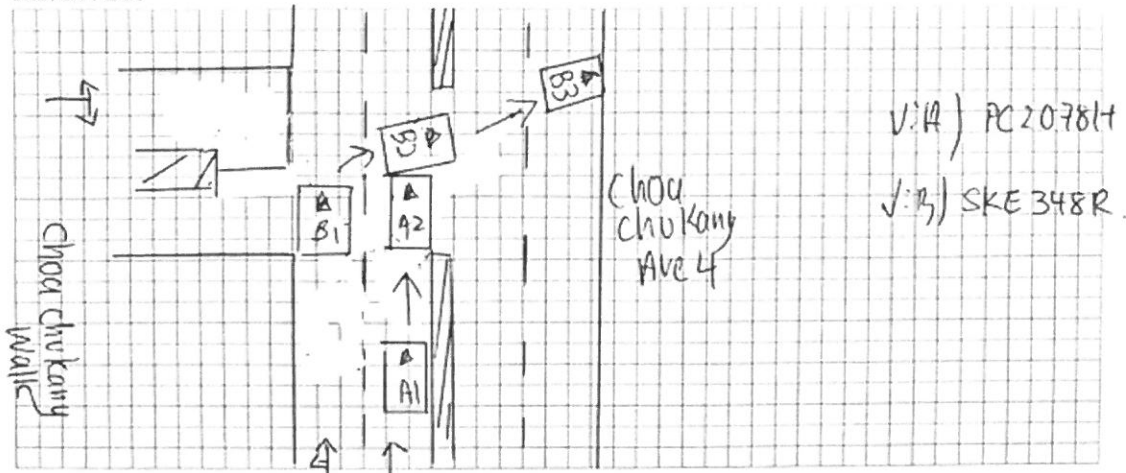
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling straight with a designation speed in lane '1'. Vehicle 'B' which travelling in lane '2' was suddenly turn right. I try to applied brake immediately. Shortly, I felt a sudden impact from my front portion. I was involved in an accident. One of the passenger in my vehicle was getting injury and convey by ambulance.

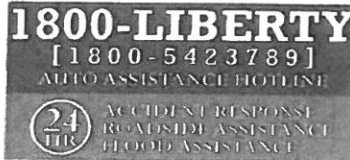
DECLARATION

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

Signature
Date & Time:

Signature
Date & Time:


Signature
Name:
NRIC/FIN No.:



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SD20V16289 /VBS /R03
Form	MZ603A
Date Of Issue	15-DEC-2020
1.Index Mark and Registration No. of Vehicle:	PC2078H
2.Chassis number of Vehicle:	JTFST22P500016689
3.Name of Policyholder:	L & W TRANSPORT SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	12-DEC-2020 00:00 AM
5.Date of Expiry of Insurance:	11-DEC-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.	
7.Limitations as to use*:	
A) Use only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) 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 are not to be included under these headings.	
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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers 	
Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive,Windscreen Limit \$1500 (No Reinstatement allowed)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2000,Section II S\$2000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000,Windscreen Excess S\$200
FINANCE COMPANY:	TATCO CREDIT PTE LTD
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLSLJ/15-DEC-20

S1_CI_T1_T3_OE_Template2-Ver1.

15-DEC-20

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0021218J**

Name **GOH KHEE HUAT**

Birth Date **11 Dec 1953**

Issue Date **03 Oct 2003**

0000858268

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0021218J**

Name **GOH KHEE HUAT**

吴 啟 發

Race **CHINESE**

Date of birth **11-12-1953**

Country/Place of birth **SINGAPORE**

Sex **M**

S0021218J

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S0021218J**

Name : **GOH KHEE HUAT**

Issue Date : **12/7/2010**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Nov 1974
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Oct 1980

Licence No: **S0021218J**

NP 428A

6128829

NPIC No. **S0021218J**

Date of issue **20-02-2019**

Address
**APT BLK 572A WOODLANDS AVENUE 1
#10-820
SINGAPORE 731572**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	07/08/2007
04	BUS ATTENDANT	07/08/2007