



SmartOne Auto Pte. Ltd.  
Co. Reg No: 201939368E  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: smartoneauto@gmail.com

## LETTER OF DEMAND

20 SEP 2021

Accident involving my vehicle number SKQ 78G and vehicle number  
SMV 5528S on 22/02/2021 at 18:30 HOURS at/along  
Open Carpark of Changi Golf Club

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

|   |            |
|---|------------|
| Vehicle Repair Cost / Excess-                               | \$ 5400-00 |
| Rental for <u>—</u> days x \$ <u>—</u> /day                 | \$ —       |
| Loss of Use for <u>3</u> days x \$ <u>200-00</u> /day       | \$ 900-00  |
| LTA Search Fee / <del>3<sup>rd</sup></del> Party GIA Report | \$ 7-45    |
| Others  | \$ —       |
| Total:  | \$ 6307-45 |

Yours faithfully,

Michelle



Michelle

HP: 9856 4815



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Email: smartoneauto@gmail.com

## Authorisation To Act


I, Sim Gin Hee ("the third party claimant") of  
341 Choa Chu Kang Avenue 3 #15-21 Singapore 689874  
(address), owner of SKQ 78G (vehicle no.)  
hereby authorise SmartOne Auto Pte. Ltd. ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SKQ 78G that was  
damaged pursuant to the accident which occurred on 22/02/2021 (date)  
at/along Open Carpark of Changi Golf Club  
(location) involving vehicle no/s SMV 5528S ("the accident").

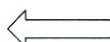
I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.


I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 23 day of 02 (month) 20 21 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"



  
\_\_\_\_\_  
Signed by "the workshop"







SmartOne Auto Pte. Ltd.  
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Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: smartoneauto@gmail.com

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKQ 78G and SMV 5528S on 22/02/2021  
at/along Open Carpark of Changi Golf Club

1. I/We, the Owner of motor vehicle no. SKQ 78G hereby instruct and authorise SmartOne Auto Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 23 day of 02 20 21

Signature of vehicle owner \_\_\_\_\_

Name : Sim Gin Hee

IC/UEN No : S 1728637D

(Company stamp, if applicable)

Address : 341 Choa Chu Kang

Avenue 3 #15-21 S ( 689874 )

Tel : 9765 8651

Witnessed by :

Michelle

# TAX INVOICE

SmartOne Auto Pte. Ltd.  
Co. Reg No: 201939368E  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: smartoneauto@gmail.com



| Date       | Invoice Number  | Vehicle Number |
|------------|-----------------|----------------|
| 20/09/2021 | SOA202109-00134 | SKQ78G         |

## AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

| Description   | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 5,400.00  |
| Total   | \$ 5,400.00  |

Cross cheques and pay: SMARTONE AUTO PTE. LTD.  
Please indicate the invoice number on the reverse side.

SmartOne Auto Pte. Ltd.  
AUTO Generated - Signature Not Required



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

Print Date/Time : 23 Feb 2021 / 16:42:06

Receipt Date/Time : 23 Feb 2021 / 16:42:06

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210223-003283

Previous Receipt No. :

| S/N                                    | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (\$\$) | GST<br>Amount<br>(\$\$) | Amount<br>After GST<br>(\$\$) |
|--|---|--------------------------------|-------------------------|-------------------------------|
| Result of Insurance Enquiry - SMV5528S |   |                                |                         |                               |
| As at 22 Feb 2021/18:30:00             |   |                                |                         |                               |
| Insurance Co: AXA INSURANCE PTE LTD    |   |                                |                         |                               |
| 1                                      | Insurance Enquiry - SMV5528S<br>Enquiry Fee<br>20210223164130198967 | 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                                |   |                                |                         |                               |
| 526471XXXXXX1359                       |   | 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.



## 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              | 23/02/2021 18:11 (SGT)           |
| Date of Accident                | 22/02/2021 18:30 (SGT)           |
| Exact Location of Accident      | Singapore                        |
| Additional Location Information | OPEN CARPARK OF CHANGI GOLF CLUB |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                             |        |
|-----------------------------|--------|
| Vehicle Registration Number | SKQ78G |
|-----------------------------|--------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | SIM GIN HEE           |
| NRIC No                  | SXXXX637D             |
| Email Address            | simginhee@hotmail.com |
| Mobile Phone No          | (Phone) +65-97658651  |
| Alternative Phone No     | +65-97658651          |

#### VEHICLE PARTICULARS

|  |   |
|--|---|
| Manufacturer   | Mercedes                                |
| Model  | MERCEDES BENZ / C200 AMG LINE (R18 LED) |
| 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             | 5119711586    |
| Cover Note Number         | -             |

#### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | SIM GIN HEE |
| NRIC No        | SXXXX637D   |
| Date Of Birth  | 18/12/1965  |
| Occupation     | Indoor      |

|  |  |
|--|--|
| Date Of Driving Pass   | 10/08/1983                                       |
| Driving experience   | 37 YEARS AND 6 MONTHS                            |
| Gender   | Male   |
| Mobile Number  | (Phone) +65-97658651                             |
| Alt. Phone Number  | +65-97658651                                     |
| Email Address  | simginhee@hotmail.com                            |
| Address  | 341 CHOA CHU KANG AVENUE 3 #15-21 THE RAINFOREST |
| Address complement   | -  |
| Postcode   | 689874   |
| 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   | Collided into Parked Vehicle |
| 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)   | 0   |
| 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

☐ OTHER 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 | SMV5528S  |
| Vehicle Manufacturer        | Toyota  |
| Vehicle Model               | TOYOTA / LEXUS RX300 5DR SUV (AT) (2WD) EXECUTIVE |
| 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

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 the 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 decide 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' law/yer(s) law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
    - (i) processing, handling and/or dealing with my claim, including the settlement of the claim and any necessary investigations relating to the claim;
    - (ii) investigating the accident and/or my claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the making 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 internal cover of employers' 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' law/yer(s) law firm, 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 law/yer(s) law firm), which may be used outside of Singapore for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)  
25 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 6741 6897 Fax: 6749 2308  
Email: vac@idac.com.sg

Witnessed by Reporting Centre  
Personnel

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

Policyholder's Signature / Date & Time

Sketch Plan

A = SKQ 789  
B = SMV 55285  
Open Carpark of  
Changi Golf Club



Describe Circumstances of the Accident

*Refer to attached*

**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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 674 16697 Fax: 67492305  
Email: vacbk@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

On 22.02.2021 at about 12:30 hours, I parked my vehicle (A) at Open Carpark of Changi Golf Club.

On the same day at about 18:30 hours, when I returned back to my vehicle (A), I saw there was a note left on the front right hand side door handle of my vehicle (A). Subsequently, I checked my vehicle (A) and realised there were damages on the front right hand side portion of my vehicle (A). Inside the note, the driver of vehicle (B) admitted that he accidentally banged my vehicle (A).

Vehicle (A): SKQ 78G

Vehicle (B): SMV 5528S



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1728637D



Name

SIM GIN HEE



沈銀喜

Race

CHINESE

Date of Birth

18-12-1965

Sex

M

Country of Birth

SINGAPORE



S1728637D

owner & driver



0052913

NRIC No. S1728637D



Blood Group

B+

Date of Issue

21-08-1991

341 CHOA CHU KANG AVENUE 3 #15-21  
SINGAPORE 689874

NRIC No: S1728637D


Date: 17/05/2015

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1728637D**  
Name: **SIM GIN HEE**

Birth Date: **18 Dec 1965**  
Issue Date: **04 Jun 2003**

000542548C



S4Q78G

Owner & driver

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

| Class   | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | PASS DATE   |
|---------|--|-------------|
| Class 3 |  | 10 Aug 1983 |

NP 428A

Licence No: S1728637D



# 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: 5119711586

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKQ78G  
Chassis Number : WDD2050422R002841
2. Name of Policyholder : SIM GIN HEE
3. Effective Date of Insurance : 13 Nov 2020
4. Expiry Date of Insurance : 12 Nov 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 business or profession.

## This Policy does not cover

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

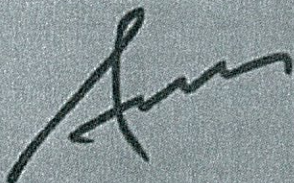
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                                      |   |
|--------------------------------------|---|
| EXCESS (SECTION 1)                   | : S\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| 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                       | : YES (FREE)                                      |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : SIM GIN HEE                                     |
| NAMED DRIVER (1)                     | : JOLEEN SIM JIA YING                             |
| NAMED DRIVER (2)                     | : GERALDINE SIM YU YING                           |
| HIRE PURCHASE COMPANY                | : N/A   |
| 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
Date of Issue : 03 Nov 2020 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive