



WITHOUT PREJUDICE

Our Ref: SLT 646P

Your Ref: SBT 2239L - S1M037C8

27th April 2021

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Shiau,

Accident Involving: SLT 646P and SBT 2239L

Date of Accident: 6 April 2021

Location of Accident: Clementi Ave 3 towards Commonwealth Avenue

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

Cost of Repair Inc. GST	\$	4,280.00	\$4000 COR + \$280 GST 7%
Add Loss of Rental	\$	1,123.50	7 Days : Inv#224041
Add Loss of Use	\$	240.00	3 Days
Total	\$	5,643.50	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	5,650.95	

Kindly pay the Grand Total Amount of **\$5,650.95** 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: teamautoffice@gmail.com

Thank you.


Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

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

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

PROFORMA INVOICE

**ATTENTION:**

Koh Bee Joo

PI Number	P2104-2144
PI Date	27-Apr-2021
Vehicle No.	SLT 646P
Accident Date	6-Apr-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLT 646P	COR Lump Sum		\$ 4,000.00

Notes:

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

Total Amount	\$	4,000.00
GST 7%	\$	280.00
GRAND TOTAL AMOUNT	\$	4,280.00

Authorized Signature





友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
Rochor Centre Singapore 18000
Tel: 6292 7656 Fax: (65) 6293 9
E-mail: unigtour@singnet.com.sg
STB LIC TA/00076

Co. Reg. No.: 197401067R
GST Reg. No.: M2-0019671-6

Miss Koh Bee Joo
Blk 445A Clementi Avenue 3
15-359
Singapore 121445

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573968
Tel: 6292 7656

TAX INVOICE

NO. 224041

Singapore, 14.04.2021 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Volvo S60 1.5T Auto
Registration no. SJM 9771 L self driven
as from 06.04.2021 to 13.04.2021

7 days at \$150.00 per day

\$ 1050.00

Add GST at 7%
Amount Due

\$ 1050.00

\$ 73.50

\$ 1123.50

(SIN DOLLARS: ONE THOUSAND ONE HUNDRED TWENTY THREE & FIFTY CTS ONLY)

Standard Rated Supplies:\$ 1050.00

Total Amount of GST:\$ 73.50


AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 21820

VEHICLE NO.

SLT646P
SJM 9771 L

MAKE/MODEL

VOLVO S60

NAME OF HIRER

Koh Bee Joo

ADDRESS

Blk WUSA Clementi Avenue 3 #15-359

SINGAPORE

121445

OFFICE TEL

RES TEL

HP

8228 6713

NAMED DRIVER

MISS KOH BEE JOO

OCCUPATION

NATIONALITY

SINGAPORE

PASSPORT / NRIC

S7889554C

DATE OF BIRTH

140878

DRIVING LIC NO.

S7889554C

PLACE OF ISSUE

SINGAPORE

DATE PASS/EXPIRY

11/12/20

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL

RES TEL

HP

OCCUPATION

NATIONALITY

PASSPORT / NRIC

DATE OF BIRTH

DRIVING LIC NO

PLACE OF ISSUE

DATE PASS/EXPIRY

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM

_____ TO _____ "X"

THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$1200

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DATE:

SIGNATURE OF HIRER

DATE OUT 6/4/21

TIME OUT 2pm

PETROL OUT

E

1/4

1/2

3/4

F

DATE IN

130421

TIME IN

1145 HRS

PETROL IN

E

1/4

1/2

3/4

F

RENTAL RATES:

\$

¢

MONTHLY @\$

WEEKLY @\$

DAILY @\$

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ 7 %

RENTAL DEPOSIT

TOTAL:

DEPOSIT REFUND

PAYMENT BY: BILL CO / CREDIT CARD / CASH

ATTENDED BY:

OF UNIQUE TOURIST SERVICE (PTE) LTD

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. _____ ON _____ TIME _____
2. _____ ON _____ TIME _____
3. _____ ON _____ TIME _____

DATE:

SIGNATURE OF HIRER

> Back to OneMotoring



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

Print Date/Time : 06 Apr 2021 / 12:41:24

Receipt Date/Time : 06 Apr 2021 / 12:41:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210406-001733

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SBT2239L				
As at 06 Apr 2021/08:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SBT2239L Enquiry Fee 20210406124032139586	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
426569XXXXXX8855		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SLT 646 P
and SBT 2239 L and
and and
@ Along Clementi Ave 3 towards Commonwealth Ave W
dated 06/04/2021.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	06/04/2021 17:31 (SGT)
Date of Accident	06/04/2021 08:30 (SGT)
Exact Location of Accident	Clementi Ave 3, Singapore
Additional Location Information	TOWARDS COMMONWEALTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT646P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH BEE JOO
NRIC No	SXXXX554C
Email Address	kohbeejoo@gmail.com
Mobile Phone No	(Phone) +65-82286713
Alternative Phone No	+65-82286713

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070050552
Cover Note Number	-

DRIVER

Name of Driver	KOH BEE JOO
NRIC No	SXXXX554C

Date Of Birth	24/08/1978
Occupation	Indoor
Date Of Driving Pass	11/12/2020
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82286713
Alt. Phone Number	+65-82286713
Email Address	kohbeejoo@gmail.com
Address	BLK 445A CLEMENTI AVENUE 3 #15-359
Address complement	-
Postcode	121445
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SBT2239L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-





Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

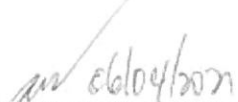
SKETCH PLAN

IMPORTANT NOTICE

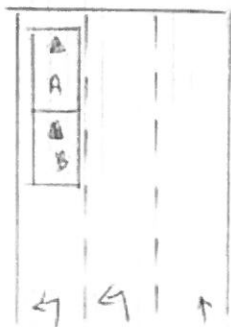
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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



VA - SLT 646 P.

VB - SBT 7229 L

Along Clementi Ave 3 towards Commonwealth Ave W


Describe Circumstances of the Accident


On the stated date and time, I vehicle 'A' was travelling on the stated route. I was stationary in lane '3' while waiting the traffic light to turn into green. Suddenly, I felt a sudden impact from my vehicle rear portion. Hence, I alighted and realized that vehicle 'B' was collided against my vehicle rear portion. I wish to highlight that my vehicle was stationary when the accident happened.

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

 06/06/2021
Witnessed by Reporting Centre Personnel

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : KOH BEE JOO
 Period of Insurance : 21 Mar 2020 To 18 Apr 2021
 Engine No. : G4FJHU287719
 Chassis No. : KMHJ3812VJU587740

Vehicle No. : SLT648P
 Policy No. : 2070050552
 Endorsement No. :
 Issued Date : 19 Mar 2020

ABOUT THE COVER

Make/Model : HYUNDAI Tucson 1.6
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2017
 Insuring with COE/PARF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KOH BEE JOO, LOU TEE WONG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part of the Road Transport Act, 1997 (Malaysia); Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7889554C**

Name: **KOH BEE JOO**

Birth Date: **24 Aug 1978**

Issue Date: **11 Dec 2020**

003102199A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7889554C**

Name: **KOH BEE JOO**

许美茹

Race: **CHINESE**

Date of birth: **24-08-1978**

Country/Place of birth: **MALAYSIA**

Sex: **F**

9410915




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

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	11 Dec 2020
Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	11 Dec 2020

NP 428A

Licence No: **S7889554C**



9410915



NRIC No: **S7889554C**

Nationality: **MALAYSIAN**

Date of issue: **27-07-2016**

APT BLK 445A CLEMENTI AVENUE 3 #15-359
SINGAPORE 121445
NRIC No: **XXXXX554C**

Date of change: **01/02/2021**

