



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

31 MAY 2021

Accident involving my vehicle number PC 2976 R and vehicle number
SG 3238 Y on 08/04/2021 at 13:05 HOURS at/along
T-Junction of Tampines Avenue 2 and Tampines Street 11

We refer to the above matter.

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

Vehicle Repair Cost / Excess	\$ 6 400.00
Rental for <u>9</u> days x \$ <u>260.00</u> /day	\$ 2 340.00
Loss of Use for <u>-</u> days x \$ <u>-</u> /day	\$ -
LTA Search Fee / 3 rd Party GIA Report	\$ 36.45
Others	\$ -
Total:	\$ 8 776.45

Yours faithfully,

Michelle

Michelle

HP: 9856 4815



Authorisation To Act

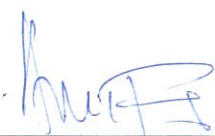
I, AB2 Transporter ("the third party claimant") of
426A, Yishun Avenue 11, #04-88, Floral Spring @ Yishun, Singapore 761426
(address), owner of PC2976R (vehicle no.)
hereby authorise SmartOne Auto Pte. Ltd. ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. PC 2976R that was
damaged pursuant to the accident which occurred on 08/04/2021 (date)
at/along T-Junction of Tampines Avenue 2 and Tampines Street 11
(location) involving vehicle no/s SQ 3238Y ("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 08 day of 04 (month) 20 21 (year)



Signed by "the third party claimant"





Signed by "the workshop"



Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC 2976R and SQ 3238Y on 08/04/2021
at/along T-Junction of Tampines Avenue 2 and Tampines Street 11

- I/We, the Owner of motor vehicle no. PC 2976R 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 08 day of 04 2021

Signature of vehicle owner

[Signature]



Name :

AB2 Transporter

IC/UEN No :

53378699A



Witnessed by :

[Signature]

(Company stamp, if applicable)

Address : 426A, Yishun Avenue 11, #04-88,

Floral Spring @ Yishun, Singapore 761426

Tel: 9231 9221 / 8922 9887



"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, AB2 Transporter ("the third party claimant")
of 426A, Yishun Avenue 11, #04-88, Floral Spring @ Yishun, S(761426) (address),
owner of PC 2976R (vehicle no.) hereby authorize
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. PC 2976R that was damaged pursuant to the
accident which occurred on 08/04/2021 (date) along T-Junction of
Tampines Avenue 2 and Tampines Street 11 (location)
involving vehicle no/s SQ 3238Y
("the accident").

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

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 08 day of 04 (month) 20 21 (year)



Signed by "the third party claimant"





Signed by "the workshop"
(with chop)



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
31/05/2021	SOA202105-00099	PC2976R

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,400.00
Total	\$ 6,400.00

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

HIRING AGREEMENT

Vehicle No.

PA7941T

Owner

Hup Hoe Coach Service

Hirer

AMIR RUDDIN BIN MOHAMED YUSOF

Address

BLK 426A YISHUN AVE 11 #

#04-88 S(761426)

Contact No.

92319221/89229877

Hiring Period

8/4/21 THURS 1710HR

17/4/21 SAT 1400HR

Hiring Rate

9days x \$260/- = \$2340/xx

Hiring Rules

Full tank of diesel at the point of vehicle-hand-over before and after used.

All damages, summons and accident's excess during the hiring period are to be borne by the hirer.

The standard terms and conditions of hiring services apply over the hiring period.

Please pickup the vehicle at BK 175 WD

Attn : Mr Lim 93227087
: Ms Lilian 96881679
: Ms Sandy 97306185

D.O.B

22/1/1979

Pickup point

Signature of Owner

I/C no.

Name

Date

S1627039/C

Lim Yew Kiang

8/4/21

(Please attach copies of I/C, Driving Licence & Vocational Licence of the hirer.)

Signature of hirer

I/C no.

Name

Date

S7902372/H

AMIR RUDDIN BIN MOHAMED YUSOF

8/4/21





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

Print Date/Time : 08 Apr 2021 / 15:53:24

Receipt Date/Time : 08 Apr 2021 / 15:53:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210408-002501

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SQ3238Y				
As at 08 Apr 2021/13:05:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SQ3238Y Enquiry Fee 20210408155245482638	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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

SmartOne Auto Pte. Ltd. - AB2
Transporter

Invoice Number
GR-2021-001223

Invoice Issue Date
10 Apr 2021

Invoice Due Date
17 Apr 2021

Total Amount (S\$)	27.10
Total GST 7.00% (S\$)	1.90
Total Amount Incl. of GST (S\$)	29.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	09/04/2021,08/04/2021,PC2976R,SQ3238Y	27.10	1.90	29.00
		Total Amount (S\$)		27.10
		Total GST 7.00% (S\$)		1.90
		Total Amount Incl. of GST (S\$)		29.00

*This is a computer generated document.
No signature is required.*



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	09/04/2021 12:35 (SGT)
Date of Accident	08/04/2021 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION OF TAMPINES AVE 2 & TAMPINES ST 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2976R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AB2 TRANSPORTER
Company Reg No	5XXXX699A
Email Address	SMARTONEAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-92319221
Alternative Phone No	+65-92319221

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
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTSCBU000162
Cover Note Number	-

DRIVER

Name of Driver	AMIR RUDDIN BIN MOHAMED YUSOF
NRIC No	SXXXX372H



Date Of Birth	22/01/1979
Occupation	Outdoor
Date Of Driving Pass	27/06/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92319221
Alt. Phone Number	-
Email Address	SMARTONEAUTO@GMAIL.COM
Address	BLK 426A YISHUN AVE 1 #04-88
Address complement	-
Postcode	761426
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SQ3238Y
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	AMIR RUDDIN BIN MOHAMED YUSOF
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK , BACK & KNEE PAIN
Injured person in which vehicle?	PC2976R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodging 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



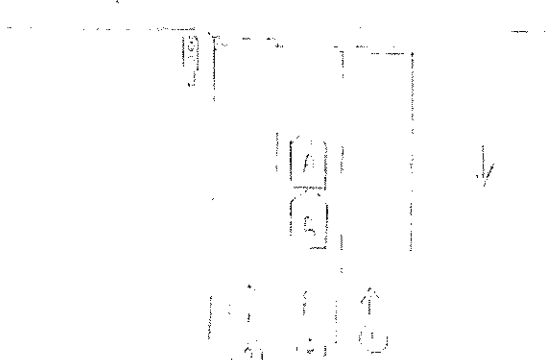
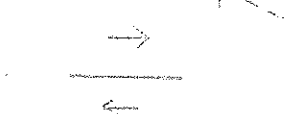
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

7-25404 11



A = PC 2976R

B = SG 32387

7-25404 11
Singapore Avenue 2
and
Singapore Street 11

Describe Circumstances of the Accident

Refer to Attached

Declaration

(We declare the foregoing particulars are true in every respect)



Attyholder's Signature Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Person(s)

On 08.04.2021 at about 13:05 hours at T-Junction of Tampines Avenue 2 and Tampines Street 11, I was stationary on lane 2 at the above mentioned junction (along Tampines Avenue 2 towards Tampines Avenue 1) and waiting for the traffic light to turn green.

When the traffic light turned green from red and I was about to move forward, suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): PC 2976R

Vehicle (B): SQ 3238Y

Handwritten signature



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7902372H



Name

AMIR RUDDIN BIN MOHAMED
YUSOF

Race

MALAY

Date of birth

22-01-1979

Sex

M

Country of birth

SINGAPORE

S7902372H

PC 2976 R

driver

4428853



NRIC No. S7902372H



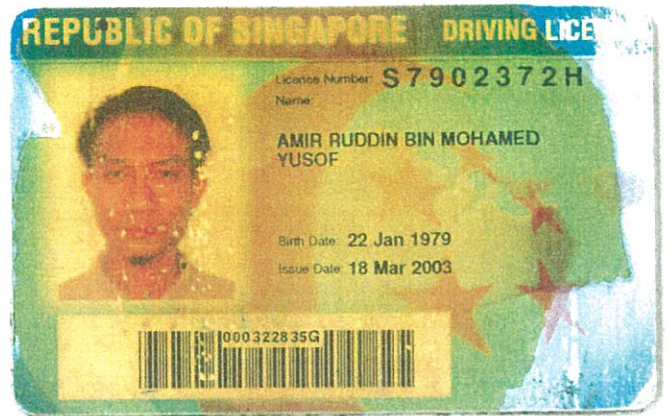
Date of issue

13-07-2009

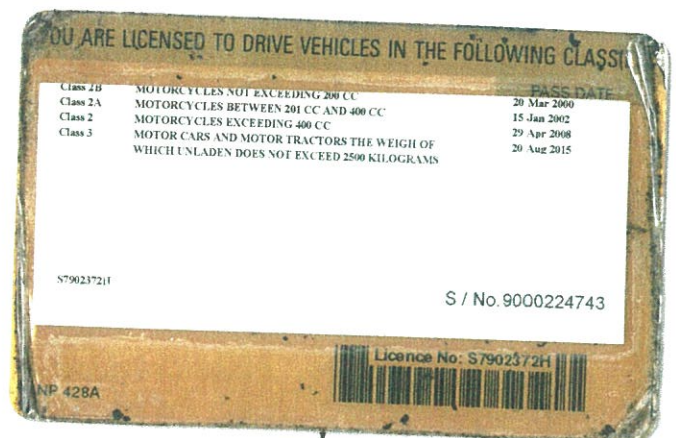
APT BLK 426A YISHUN AVENUE 11 #04-88
SINGAPORE 761426

NRIC No: S7902372H

Date: 17/11/2013 (R)



PC2976R
driver



Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7902372H

Name: AMIR RUDDIN BIN MOHAMED YUSOF

Issue Date: 27/06/2017

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



PC2976R
driver

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

Type	Description	Issue Date
03	BUS VL	27/06/2017
04	BUS ATTENDANT	27/06/2017



Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No. : D20MTSCBU000162
1. Registration No. : PC2976R
2. Insured Name : AB2 TRANSPORTER
3. Commencement Date : 18 MAY 2020 00:00
4. Expiry Date : 17 MAY 2021 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : \$1500 - Section II
7. Persons or Classes of Persons entitled to drive*
b) Any person provided he is in the Insured'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.

8. Limitations as to use*
a) Use only for the carriage of passengers or goods in connection with the Insured's business.
b) Use only in the Republic of Singapore.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

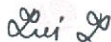
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6226 3323

Visit www.sompo.com.sg for list of Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 15 MAY 2020 15:27

**Limitation 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 (Malaysia), are not to be included under these headings.*

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy