



WITHOUT PREJUDICE

Our Ref: SJT 1115Y

Your Ref: SJR 9699L

25th May 2021

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

Dear Hsiao Tong,

Accident Involving: SJT 1115Y and SJR 9699L
Date of Accident: 26 April 2021
Location of Accident: Bartley Road towards Braddell Road before Upp Serangoon

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

Cost of Repair Inc. GST	\$	749.00	\$700 COR + \$49 GST 7%
TOTAL LOR/U DAYS		5 DAYS	2 Days PRS + 3 Repair Days Agreed
Add Loss of Rental	\$	385.20	3 Days : Inv#224119
Add Loss of Use	\$	160.00	2 Days
GRAND TOTAL	\$	1,294.20	

Kindly pay the Grand Total Amount of **\$1,294.20** 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:**

Goh Meng Keng

PI Number	P2105-2199
PI Date	25-May-2021
Vehicle No.	SJT 1115Y
Accident Date	26-Apr-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJT 1115Y	COR Lump Sum		\$ 700.00

Notes:

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

Total Amount	\$	700.00
GST 7%	\$	49.00
GRAND TOTAL AMOUNT	\$	749.00

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 180001
Tel: 6292 7656 Fax: (65) 6293 97
E-mail: uniqtour@singnet.com.sg
STB LIC TA/00076

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

TAX INVOICE

NO. 224119

Mr Wu ZhaoHui
Blk 616 Ang Mo Kio Avenue 4
08-1029
Singapore 560616

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

03.05.2021

Singapore, _____ 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Honda Civic 1.6 Auto
Registration no. SJN 6055 K self driven
as from 27.04.2021 to 30.04.2021.

3 days at \$120.00 per day

\$ 360.00

Add GST at 7%
Amount Due

\$ 360.00

\$ 25.20

\$ 385.20

(SIN DOLLARS: THREE HUNDRED EIGHTY FIVE AND TWENTY CENTS ONLY)

Standard Rated Supplies:\$	360.00
Total Amount of GST:\$	25.20


AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

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

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

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22988

VEHICLE NO.

STN 6055K

MAKE/MODEL

HONDA CIVIC

NAME OF HIRER	MR. WU ZHAOHUI		
ADDRESS	BLK 616 ANG MO KIO AVENUE 4 # 08-1029 SINGAPORE 560616		
OFFICE TEL	RES TEL	HP 9137-3484	
NAMED DRIVER	MR. WU ZHAOHUI		
OCCUPATION	NATIONALITY	S'POREAN	
PASSPORT / NRIC	DATE OF BIRTH	S 8909054G 100389	
DRIVING LIC NO.	S 8909054G		
PLACE OF ISSUE	DATE PASS/EXPIRY	S'PORE 250912	

DATE OUT	270421				TIME OUT	2pm			
PETROL OUT	E	1/4	1/2	3/4	F				
DATE IN	30/4/21				TIME IN	6.30pm			
PETROL IN	E	1/4	1/2	3/4	F				
RENTAL RATES:					\$				
MONTHLY	@ \$								
WEEKLY	@ \$								
DAILY	3 @ \$ 120/-				360.00				
C.D.W. FEE									
PETROL CONSUMPTION									
DELIVERY CHARGE									
COLLECTION CHARGE									
SUB-TOTAL									
GST @ 7 %					25.20				
RENTAL DEPOSIT									
TOTAL:					385.20				

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.

DEPOSIT REFUND

PAYMENT BY: BILL CO / CREDIT CARD / CASH

ATTENDED BY: [Signature]

OF UNIQUE TOURIST SERVICE (PTE) LTD

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURRED 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.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:

1. _____ ON _____ TIME _____

2. _____ ON _____ TIME _____

3. _____ ON _____ TIME _____

DATE: _____ SIGNATURE OF HIRER [Signature]

DATE: _____ SIGNATURE OF HIRER

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.: SJT1115Y
and SJR9699L and
and and
@ Bartley rd towards Braddell Road
dated 26/04/21

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	27/04/2021 15:50 (SGT)
Date of Accident	26/04/2021 16:30 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	Bartley Road towards Braddell Road before Upper Serangoon
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1115Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Goh Meng Keng
NRIC No	SXXXX110B
Email Address	raysonwu89@gmail.com
Mobile Phone No	(Phone) +65-91373484
Alternative Phone No	(Home) +65-91373484

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	Great Eastern General Insurance Limited
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	2020-V8009800-VDP-R001
Cover Note Number	-

DRIVER

Name of Driver	Wu Zhaohui
NRIC No	SXXXX054G

Date Of Birth	10/03/1989
Occupation	Outdoor
Date Of Driving Pass	25/09/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373484
Alt. Phone Number	-
Email Address	raysonwu89@gmail.com
Address	Blk 616 Ang Mo Kio Ave 4 #08-1029
Address complement	-
Postcode	560616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Female

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 attached report.

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	SJR9699L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK8295G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated venue

As I saw some vehicles changing lane from extreme left to the middle lane,

I then braked to stop. When I started to move, I felt an impact on my


rear. Then I got down from my vehicle and realised that I was involved


in a chain collision. Vehicle C had collided into vehicle B and causing it


to collide into the rear of my vehicle.

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


Witnessed by Reporting Centre
Personnel

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

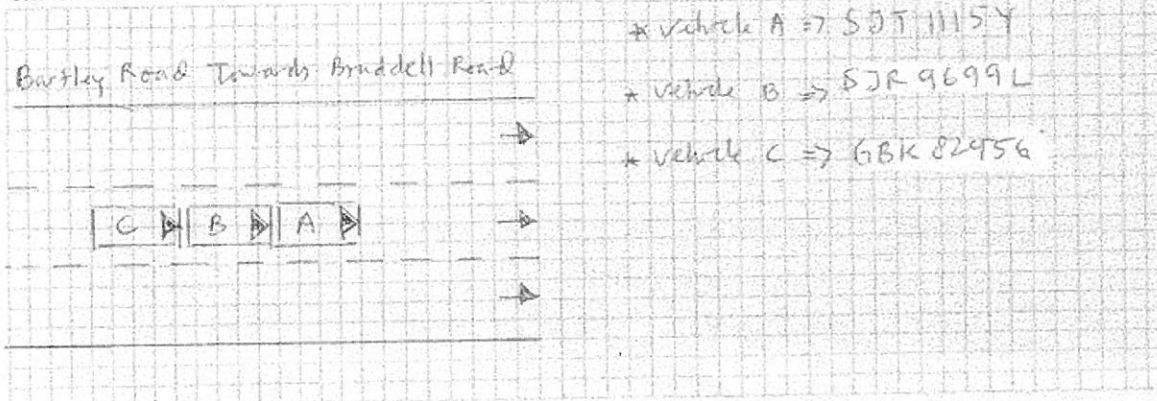
Sketch Plan

Bartley Road Towards Braddell Road

* Vehicle A => SDT 1115Y

* Vehicle B => SJR 9699L

* Vehicle C => GBK 82456



Certificate of Insurance

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation :
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM MX1

Policy No. : 2020-V8009800-VDP-R001
Policy Type : Drive And Save Plus

Risk# : 0001
Cover : Third Party, Fire & Theft

DESCRIPTION OF VEHICLES:

Vehicle Registration : SJT1115Y
Vehicle Make & Model : KIA CERATO FORTE 1.6 AT SX ABS D/AB 2WD

Name of Insured : GOH MENG KENG

Period of Insurance : 24-09-2020 (0000HRS) to 23-09-2021

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

(a) The Policyholder.

The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

(c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not been withdrawn by the Policyholder.

* 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.

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company



Authorised Signature

GECSLRG

01-09-2020

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1206110B



Name

GOH MENG KENG



Race

CHINESE

Date of Birth

23-11-1956

Sex

M

Country of Birth

SINGAPORE



1674284



NRIC No. S1206110B



Blood Group

Date of Issue

AB+

13-02-1994

APT BLK 616 ANG MO KIO AVENUE 4 #08-1029
SINGAPORE 560616

NRIC No. S1206110B

Date: 25/09/2014 (R)

REPUBLIC OF SINGAPORE


Identity Number **S8909054G**

Name **WU ZHAOHUI**

Birth Date **10 Mar 1989**

Issue Date **25 Sep 2012**

002108759A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8909054G**

Name **WU ZHAOHUI**

吳 昭 輝


Race **CHINESE**

Date of birth **10-03-1989**

Country/Place of birth **SINGAPORE**

Sex **M**

S8909054G



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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 25 Sep 2012

NP 428A

Licence No: S8909054G

63911

NRIC No. **S8909054G**

Date of issue **19-02-2020**

Address **APT BLK 616 ANG MO KIO AVENUE 4
#08-1029
SINGAPORE 560616**

