



**WITHOUT PREJUDICE**

Our Ref: SKT 9324X

Your Ref: SKR 4483M

18<sup>th</sup> June 2021

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

Dear Cecilia,

**Accident Involving:** SKT 9324X and SKR 4483M

**Date of Accident:** 25 May 2021

**Location of Accident:** Simei Street 5

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

Cost of Repair Inc. GST	\$	3,477.50	\$3250 COR + \$227.50 GST 7%
<b>TOTAL LOR/U DAYS</b>		<b>9 Days</b>	2+1 Days PRS (25/26/27 May) + 5 Repair Day Agreed + 1 Sunday
Add Loss of Rental	\$	770.40	6 Days : Inv#224214
Add Loss of Use	\$	300.00	3 Days
<b>Total</b>	\$	<b>4,547.90</b>	
Add LTA Search Fee	\$	7.45	
<b>GRAND TOTAL</b>	\$	<b>4,555.35</b>	

Kindly pay the Grand Total Amount of \$4,555.35 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)

# PROFORMA INVOICE

**ATTENTION:**

Ong Han Lee

PI Number	P2106-2233
PI Date	18-Jun-2021
Vehicle No.	SKT 9324X
Accident Date	25-May-2021

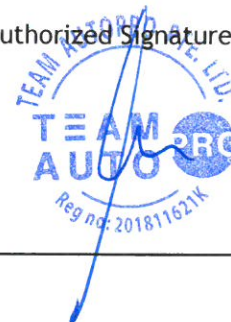
S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKT 9324X	COR Lump Sum		\$ 3,250.00

**Notes:**

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

Total Amount	\$	3,250.00
GST 7%	\$	227.50
GRAND TOTAL AMOUNT	\$	3,477.50

Authorized Signature





友立旅遊服務私人有限公司

**UNIQUE TOURIST SERVICE (PTE) LTD**

1, Rochford Road #01-01/4,  
Rochford Centre Singapore 18000  
Tel: 6292 7656 Fax: (65) 6293 6  
E-mail: uniqtour@singnet.com.sg  
STB LIC TA/00076

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

Mr Ong Han Lee  
Blk 194B Bukit Batok West Avenue 6  
# 08-243  
Singapore 652194

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

**TAX INVOICE**

NO. 224214

01.06.2021

Singapore, \_\_\_\_\_ 20

DATE

PARTICULARS

@

\$

cts

Rental of one unit Mazda 3, 1.5 Auto  
Registration no. SLG 4235 J self driven  
as from 25.05.2021 to 31.05.2021.

6 days at \$120.00 per day

\$ 720.00

Add GST at 7%

\$ 720.00

Amount Due

\$ 50.40

\$ 770.40

(SIN DOLLARS: SEVEN HUNDRED SEVENTY AND FORTY CENTS ONLY)

Standard Rated Supplies:\$

720.00

Total Amount of GST:\$

50.40

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

SKT 9324 X CAR RENTAL AGREEMENT

RA No. 22881

VEHICLE NO.

SLG 4235 J

MAKE/MODEL

MAZDA3

NAME OF HIRER

MR. ONG HAN LEE

ADDRESS

BLK 194B BUKIT BATOK WEST AVE 6  
#08-243 SINGAPORE 652194

OFFICE TEL

RES TEL

HP

NAMED DRIVER

MR. ONG HAN LEE

OCCUPATION

NATIONALITY

S'POREAN

PASSPORT / NRIC

S 8080843G

DATE OF BIRTH

300480

DRIVING LIC NO.

S 8080843G

PLACE OF ISSUE

S'PORE

DATE PASS/EXPIRY

270104

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 OUT

25/5/21

TIME OUT

17:15

PETROL OUT

E

1/4

1/2

3/4

F

DATE IN

31/5/21

TIME IN

18:15

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

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 : 25 May 2021 / 18:08:59

Receipt Date/Time : 25 May 2021 / 18:08:59

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210525-003518

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SKR4483M				
As at 25 May 2021/13:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKR4483M			
	Enquiry Fee	7.00	0.49	7.49
	20210525180811208333			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	426569XXXXXX8100	eNETS Credit Card		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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**

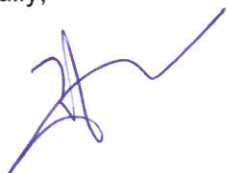
In Respect of Accident Involving my/our Vehicle No.: SKT9324X  
and SKR4483M (B) and .....  
and ..... and .....  
@ SIMEI ST 5  
dated 25/05/21

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)

25/5/21

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	27/05/2021 10:46 (SGT)
Date of Accident	25/05/2021 13:45 (SGT)
Exact Location of Accident	Simei Street 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9324X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ong Han Lee
NRIC No	SXXXX843G
Email Address	ohltpl@gmail.com
Mobile Phone No	(Phone) +65-90675888
Alternative Phone No	(Home) +65-90675888

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V8009181-VDP-R002
Cover Note Number	-

#### DRIVER

Name of Driver	Ong Han Lee
NRIC No	SXXXX843G

Date Of Birth	30/04/1980
Occupation	Outdoor
Date Of Driving Pass	27/01/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90675888
Alt. Phone Number	(Home) +65-90675888
Email Address	ohltp@gmail.com
Address	Blk 194B #08-243 Bt Batok West Ave 8
Address complement	-
Postcode	652194
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

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	SKR4483M
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) -

**Describe Circumstances of the Accident**

on the stated date and time, I vehicle 'A' was travelling along my  
designated lane on Simet St S. As I approached the stop line,  
I slowed down to a stop as there was traffic on Simet St S.  
As I came to a stop, I felt a huge impact hitting me  
on the rear portion of my vehicle. I got down to realise vehicle  
'B' has collided into me. That is all.

**Declaration**

I/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 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:

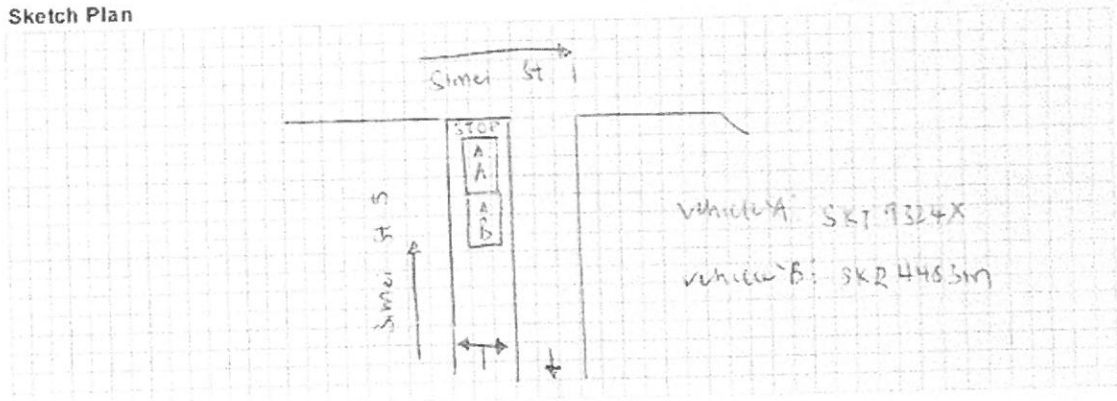
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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





For Customer Service please visit  
1 Pickering Street  
#01-01 Great Eastern Centre  
Tel: +65 6248 2888 Fax: +65 6327 3080

## 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 MK1

Policy No. : 2020-V8009181-VDP-R002 Risk# : 0001  
Policy Type : Drive And Save Plus Cover : Comprehensive

DESCRIPTION OF VEHICLES:  
Vehicle Registration : SKT9324X  
Vehicle Make & Model : HONDA - STREAM

Name of Insured : ONG HAN LEE

Period of Insurance : 14-08-2020 (0000HRS ) to 13-08-2021

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 be 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.

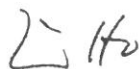
LIMITATIONS AS TO USE

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S8080843G

Name: ONG HAN LEE

Birth Date: 30 Apr 1980

Issue Date: 20 Oct 2006

001453270H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8080843G

Name: ONG HAN LEE

王 汉 利

Race: CHINESE

Date of birth: 30-04-1980

Country of birth: MALAYSIA

Sex: M

S8080843G

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 250 cc	27 Jan 2004
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	27 Jan 2004

NP 428A

Licence No: S8080843G

4698181

NRIC No: S8080843G

Date of issue: 24-03-2011

APT BLK 194B BUKIT BATOK WEST AVENUE 6 #08-243  
SINGAPORE 652194

NRIC No: S8080843G

Date: 06/12/2016