



WITHOUT PREJUDICE

Our Ref: SLU 2204M

Your Ref: SJL 5133K

18th June 2021

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

Dear Cecilia,

Accident Involving: SLU 2204M and SJL 5133K

Date of Accident: 19 May 2021

Location of Accident: Ubi Ave 1

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

Cost of Repair Inc. GST	\$	3,905.50	\$3650 COR + \$255.50 GST 7%
Add Loss of Use	\$	240.00	3 Days
Add Loss of Rental	\$	400.00	4 Days : Inv#01846
Total	\$	4,545.50	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	4,552.95	

Kindly pay the Grand Total Amount of **\$4,552.95** 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)

PROFORMA INVOICE

**ATTENTION:**

Fultonn Motor Pte Ltd

PI Number	P2106-2231
PI Date	18-Jun-2021
Vehicle No.	SLU 2204M
Accident Date	19-May-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLU 2204M	COR Lump Sum		\$ 3,650.00

Notes:

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

Total Amount	\$	3,650.00
GST 7%	\$	255.50
GRAND TOTAL AMOUNT	\$	3,905.50

Authorized Signature



FULTONN MOTOR PTE LTD

INVOICE

160 SIN MING DRIVE
#08-04 SIN MING AUTOCITY
SINGAPORE 575722
CO REGN NO. 201504673R

TEL : 8833 7879 FAX : 6873 2411

Bill To:

CHOW YINGHAO BENJAMIN
725 PASIR RIS ST 72
#07-59
SINGAPORE 510725
Attn:

INVOICE NO.: 01846

DUE DATE: 7/6/2021

DESCRIPTION	AMOUNT
BEING RENTAL OF: VEHICLE NO: SML9081P MAKE AND MODEL: TOYOTA VIOS RENTAL DATE: 3/6/2021 - 7/6/2021	\$ 400.00
TOTAL	\$ 400.00

Make all checks payable to FULTONN MOTOR PTE LTD

If you have any questions concerning this invoice, please call WENDY @ 8833 7879 / FIRDAUS @ 8811 7879

OCBC : 689 443836 001

Paynow UEN: 201504673R

THANK YOU FOR YOUR BUSINESS!



FULTONN MOTOR PTE LTD

ROC NO.: 201504673R

160 Sin Ming Drive #08-04 Sin Ming Autocity Singapore 575722

Email: fultonnmotor@gmail.com

HP : 8811 7879 / 8833 7879

Rental Agreement No. 01846

Date : 2.6.2021

HIRER'S DETAILS (1st Driver Name)

Name : Chow Yinghao Benjamin

Address : 725 Pasir Ris St 72
#07-59 S510725.

I/C or Passport No : S8329725E Nationality :

Date of Birth : 26.9.1983 Occupation :

Driving License No : Pass Date : 17.6.2004

Contact No : 9137 2386 ALT No :

RELIEF DRIVER (if any)

Name :

Address :

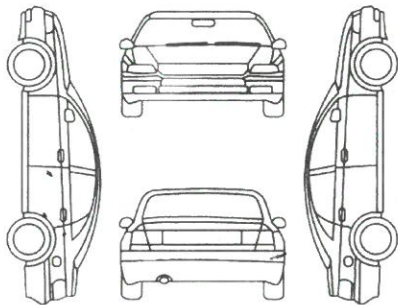
I/C or Passport No : Nationality :

Date of Birth : Occupation :

Driving License No : Pass Date :

Contact No (H) : (HP) :

Return: 10am - 12pm latest



VEHICLE INFORMATION AND CHECK LIST

Number	Description
1	Scratch
2	Dint
3	Break

Vehicle No. SML9081P

Vehicle Make And Model TVIOS.

OUT**IN**

Date	Mileage	Date	Mileage
3/6	Km	7/6	Km
Time	Petrol	Time	Petrol
1040am	E  F	2:30pm	E  F

Non Waiver-able Excess

☒ The Hirer acknowledges a **S\$3000** collision damage excess per accident applies. (Non P-Plate)☐ The Hirer acknowledges a **S\$7000** collision damage excess per accident applies. (P-Plate)**RENTAL CHARGES**

4	Weekday/s	@ S\$ 100	/per day	S\$ 400/-
	Weekend/s	@ S\$	/per day	S\$
	Month/s	@ S\$	/per day	S\$
Additional to JB *1 day S\$30 / S\$100 Monthly (day)				S\$
Delivery / Collection Fee				S\$
MISC				S\$
Extension				S\$
	Day/s	@ S\$	/per day	
Total (Balance Payment / To Refund)				S\$ 400/-
(CASH / NETS / CHEQUE : Grand total)				
Deposit (refundable)				(S\$)

IMPORTANT NOTES

1. Rental vehicle is strictly for Singapore use only any may not be driven out of Singapore without Prior consent of the owner.
2. Only person/s authorized by **Fultonn Motor Pte Ltd** may drive the vehicle.
3. All parking and traffic violations are the responsibility of the Hirer. An administrative charge will be levied on any traffic violations redirected.
4. The Hirer shall be liable for excess charges for any late return at the rate shown hour per of per day.
5. In the event of accident, the Hirer shall report to the rental office immediately.
6. The Hirer is liable for punctures, damage tyres, wheel rims and windscreens.

I / We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I / We opt to pay by credit / charge card, I / we agreed that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable card charge slip.

Hirer's Signature

Add. Driver



Fultonn Motor Pte Ltd

CUSTOMER'S COPY

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 May 2021 / 13:45:31

Receipt Date/Time : 27 May 2021 / 13:45:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210527-001752

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJL5133K				
As at 19 May 2021/15:30:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJL5133K Enquiry Fee 20210527134439384506	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				
426569XXXXXX8100		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.: SLU 7204M
and SL 5133K and
and and
@ Ubi Ave 1
dated 19-05-2021

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	20/05/2021 12:07 (SGT)
Date of Accident	19/05/2021 15:30 (SGT)
Exact Location of Accident	Ubi Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2204M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Fulton Motor Pte Ltd
Company Reg No	2XXXXX673R
Email Address	fultonmotor@gmail.com
Mobile Phone No	(Phone) +65-91372386
Alternative Phone No	(Home) +65-91372386

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	Commercial vehicle
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114402779-01-000004
Cover Note Number	-

DRIVER

Name of Driver	Chow Yinghao Benjamin
NRIC No	SXXXX725E

Date Of Birth	26/09/1983
Occupation	Outdoor
Date Of Driving Pass	17/06/2004
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91372386
Alt. Phone Number	-
Email Address	fultonnmotor@gmail.com
Address	160 Sin Ming Drive #08-04 Sin Ming Autocity
Address complement	-
Postcode	575722
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	SJL5133K
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 vehicle 'A' was travelling along
 by designated lane along WB Ave 1. The traffic light was red as
 such I followed the vehicle in front of me and came to a
 stop. The light turned green and the vehicle in front of me moved
 forward. I was still stationary when I suddenly felt a huge impact
 hitting me on the rear of my vehicle. I got down to realise
 that vehicle 'B' had collided into me. That is all.

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

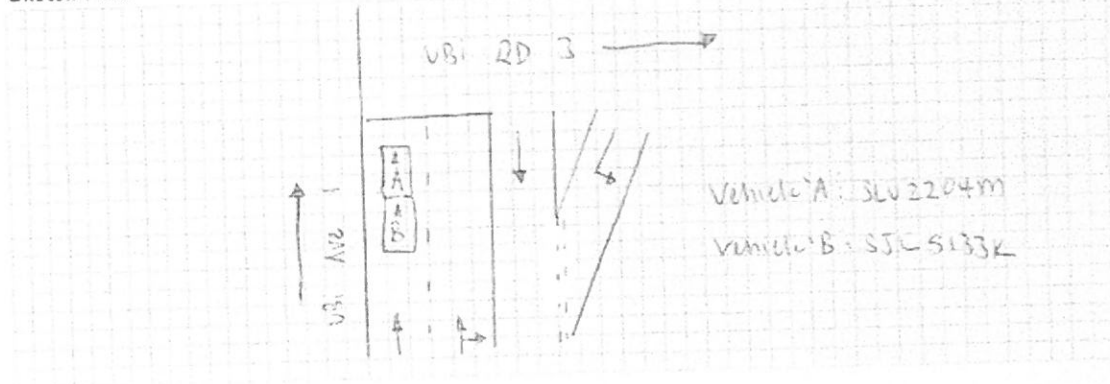
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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





SINGAPORE POLICE FORCE



T/20210521/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210521/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2021 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHOW YINGHAO BENJAMIN			Address: 725 PASIR RIS STREET 72 #07-159 SINGAPORE 510725		
ID Type / ID No.: NRIC NO / S8329725E			Contact No.: Home/Office: Mobile: 91372386		
Nationality: SINGAPORE CITIZEN			Email: benjaminchow83@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 26/09/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FREE LANCER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2021 15:30	Type of Location: Straight Road
Location: UBI AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL5133K	Car					0
SLU2204M	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210521/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210521/7024

CONTINUATION OF REPORT

Driver			
Name	CHOW YINGHAO BENJAMIN	ID No.	S8329725E
Related Vehicle	SLU2204M (Car)	Contact No.	91372386
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/05/2021	Date	19/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, i vehicle A was travelling along ubi ave 1. The traffic light was red as such I stopped my car, the light then turned green and before I could move off I suddenly felt an impact hitting me on the rear of my vehicle. I got down to realised that vehicle B has collided into me. That is all. After the accident I felt abit of dizziness and nausea and hence went to consult a doctor and was given 3 days of medical leave. That is all.



**SINGAPORE
POLICE FORCE**



T/20210521/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210521/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/05/2021 18:00

Classification Of Case:

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: 5114402779-01-000004

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SLU2204M**
Chassis Number : JM0DE10Y190130144
2. Name of Policyholder : FULTONN MOTOR PTE. LTD.
3. Effective Date of Insurance : 27 Nov 2020
4. Expiry Date of Insurance : 26 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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)	: N/A
EXCESS (SECTION 2)	:
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
SUM INSURED	: N/A

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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)

Date of Issue : 03 Nov 2020 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8329725E

Name: CHOW YINGHAO BENJAMIN

Birth Date: 26 Sep 1983

Issue Date: 25 Jun 2015

002443462F

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8329725E

Name: CHOW YINGHAO BENJAMIN

周英豪

Race: CHINESE

Date of birth: 26-09-1983

Country/Place of birth: SINGAPORE

Sex: M

S8329725E

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

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE 17 Jun 2004

Licence No: S8329725E

NP 428A

5351373

NRIC No. S8329725E

Date of issue: 11-09-2014

Address: APT BLK 725 PASIR RIS STREET 72 #07-159 SINGAPORE 510725