



**WITHOUT PREJUDICE**

Our Ref: SJK 6204M

Your Ref: GBD 380H

16<sup>th</sup> August 2021

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

Dear Cecilia,

**Accident Involving:** SJK 6204M and GBD 380H

**Date of Accident:** 25 Jun 2021

**Location of Accident:** SLE towards BKE after Yio Chu Kang Exit

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

Cost of Repair Inc. GST	\$	3,317.00	\$3100 COR + \$217 GST 7%
Add Loss of Use	\$	720.00	2 Days PRS (28/29 Jun) + 4 Repair Days Agreed (30 Jun, 1/2/3 Jul)
Total	\$	4,037.00	
Add LTA Search Fee	\$	7.45	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>4,044.45</b>	

Kindly pay the Grand Total Amount of **\$4,044.45** 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](mailto: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](mailto:teamautoffice@gmail.com) / [teamautopl@gmail.com](mailto:teamautopl@gmail.com)

# PROFORMA INVOICE

**ATTENTION:**

Xia Rong

PI Number	P2108-2325
PI Date	16-Aug-2021
Vehicle No.	SJK 6204M
Accident Date	25-Jun-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJK 6204M	COR Lump Sum		\$ 3,100.00

**Notes:**

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

Total Amount	\$	3,100.00
GST 7%	\$	217.00
GRAND TOTAL AMOUNT	\$	3,317.00

Authorized Signature



> Back to OneMotoring



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

Print Date/Time : 26 Jun 2021 / 11:52:42

Receipt Date/Time : 26 Jun 2021 / 11:52:42

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210626-000875

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 - GBD380H				
As at 25 Jun 2021/16:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBD380H Enquiry Fee 20210626115154474926	7.00	0.49	7.49
<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
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**

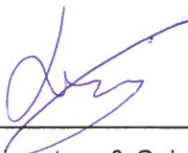
In Respect of Accident Involving my/our Vehicle No.: SJK 6204 M  
and GBD 380 H and .....  
and ..... and .....  
@ SLE Towards BKE After Yio Chu Kang Exit  
dated 25/06/2021.

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	28/06/2021 11:41 (SGT)
Date of Accident	25/06/2021 16:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE towards BKE after Yio Chu Kang Exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6204M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Xia Rong
NRIC No	SXXXX310E
Email Address	xiarong53124@gmail.com
Mobile Phone No	(Phone) +65-96267004
Alternative Phone No	(Home) +65-96267004

#### 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	1799

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121754019
Cover Note Number	-

#### DRIVER

Name of Driver	Liu Zhao
Work Permit No	GXXXX207R



Date Of Birth	07/02/1985
Occupation	Indoor
Date Of Driving Pass	07/04/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96267004
Alt. Phone Number	-
Email Address	xiarong53124@gmail.com
Address	Blk 315A Yishun Avenue 9 #08-216
Address complement	-
Postcode	761315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	GBD380H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Lim King Huat
NRIC No	SXXXX599E
Contact Number	(Phone) +65-96523484
Address	-

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

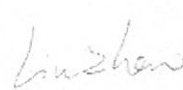
**Describe Circumstances of the Accident**


On the stated date and time, I was travelling at the most right lane at the stated venue. As I was travelling straight, suddenly Vehicle B skidded and collided to the front portion 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 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

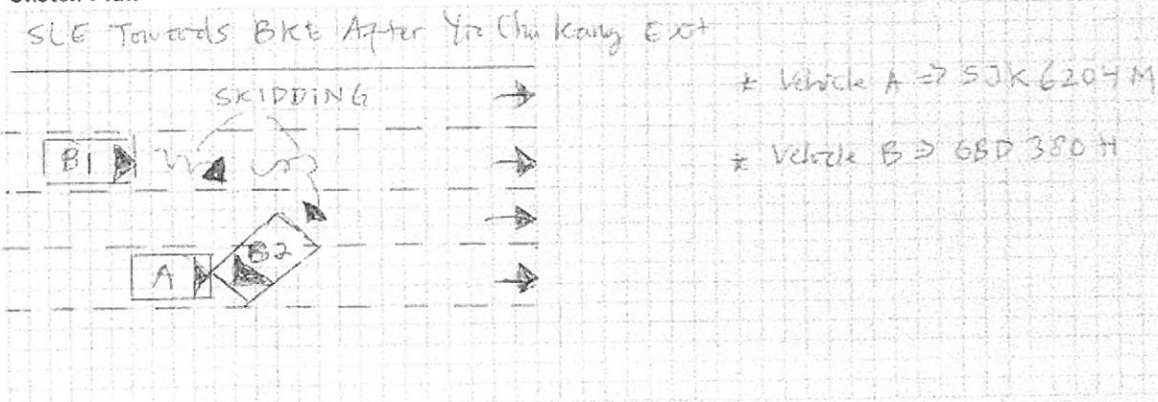
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## 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:** 5121754019

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJK6204M**  
Chassis Number : RN61087587
2. Name of Policyholder : XIA RONG
3. Effective Date of Insurance : 12 Apr 2021
4. Expiry Date of Insurance : 27 Apr 2022
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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: XIA RONG
NAMED DRIVER (1)	: LIU ZHAO
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG HENG CO PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AUTOSHIELD PTE. LTD. (00000573469)  
Date of Issue : 15 Apr 2021 10:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8977310E



Name

XIA RONG

夏 榕

Race

CHINESE

Date of birth

19-04-1989

Sex

F

S8977310E

Country/Place of birth  
CHINA



5809480

NRIC No. S8977310E



Date of issue

04-10-2017

APT BLK 315A YISHUN AVENUE 9 #08-216  
SINGAPORE 761315

NRIC No: XXXXX310E

Date of change: 27/01/2021

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8606207R**

Name: **LIU ZHAO**

Birth Date: **07 Feb 1985**

Issue Date: **07 Apr 2021**

Valid Till **06/04/2026**

003137501F



REPUBLIC OF SINGAPORE


FIN **G8606207R**

Name: **LIU ZHAO**

Date of Birth: **07-02-1985**

Sex: **M**

Nationality: **CHINESE**



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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200cc / Electric Motorcycles $\leq$ 15kW	07 Apr 2021
Class 3 Ambulances / Motor cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver / motor tractors or vehicles $\leq$ 2500kg	07 Apr 2021

NP 428A

Licence No: G8606207R

FA2415342

**VISIT PASS**

Immigration Regulations

FIN **G8606207R**

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: **30-03-2021** Date of Expiry: **30-03-2022**



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU