

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

M/S LEONG HUP FOOD PTE LTD

Proforma Invoice : 21/PI0046/5598TP

Date : 12-Oct-2021

AIG Asia Pacific Insurance Pte. Ltd.

Motor Claim Department

AIG Building

78 Shenton Way

#07-16 Singapore 079120

Attn : Ms. Cecilia Chong

Date of Accident : 23-Jul-2021
Our Client's Vehicle Number : YN 7104T
Vehicle Make / Model : MITSUBISHI CANTER
Your Insurer : GBF 2072Z

Without Prejudice

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost(Recommend by LKK Taufikh)	8,300.00	581.00	8,881.00 SR
LTA Fee	6.96	0.49	7.45 SR
Loss of (Rental/Use)(7 Days X \$250 - Refrigerator Box)	1,750.00		1,750.00 ES
Pre-inspection Day(2 Days X \$250)	500.00		500.00 ES

SGD (Eleven Thousand One Hundred Thirty-Eight And Cents
Forty-Five only)

GRAND TOTAL

11,138.45

Subject to 7% GST

581.49



Authorised Signature and Company Stamp

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	26/07/2021 16:21 (SGT)
Date of Accident	23/07/2021 12:32 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7104T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEONG HUP FOOD PTE LTD
Company Reg No	1XXXXX277N
Email Address	jeysern.tan@lhfood.com.sg
Mobile Phone No	(Phone) +65-81709591
Alternative Phone No	(Office) +65-67572121

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMFG21000986
Cover Note Number	-

DRIVER

Name of Driver	MENG LINGGUANG
Passport No/FIN	GXXXX461M

Date Of Birth	25/02/1981
Occupation	Outdoor
Date Of Driving Pass	01/07/2019
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-81709591
Alt. Phone Number	-
Email Address	jeysern.tan@lhfood.com.sg
Address	416 SENOKO WAY
Address complement	-
Postcode	758028
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: T/20210723/7029

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2072Z
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) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF2072Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes


SKETCH PLAN**IMPORTANT NOTICE**

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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 lodgment 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:

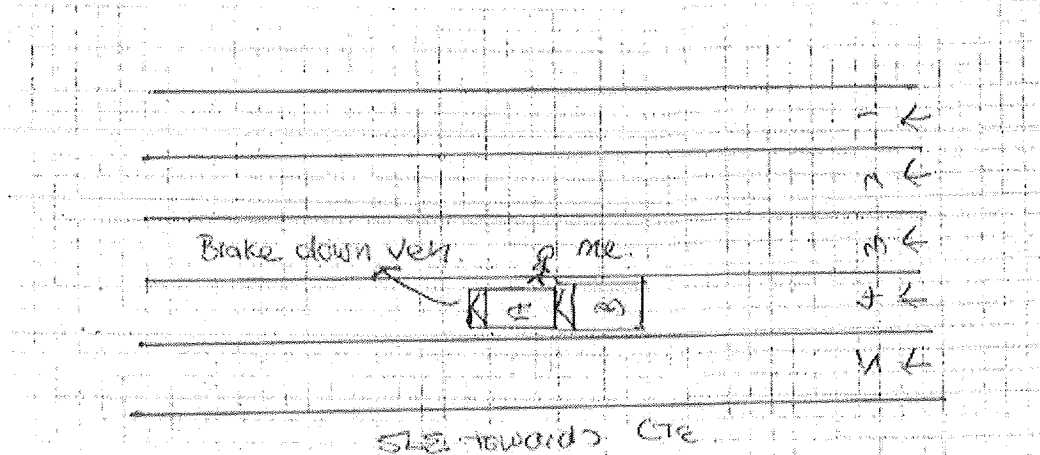
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 inquiries 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.
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:


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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-68/69/70 Sin Ming Ind Est
 Singapore 575843
 Tel: 6453 1225 Fax: 6453 7944
 (Claims Section)
 Reporting Centre Personnel's Signature
 Name:
 NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20010723/7029

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

通全

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

CITY AUTO PTE LTD

81K 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1233 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210723/7029

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

1 of 3

Report No. T/20210723/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 17:11	Vide Report No.: F/20210723/0113	Station Diary No.:
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Informant's Particulars			
Name of Informant: MENG LINGGUANG		Address: 2 SENOKO WAY #02--03 SENOKO INDUSTRIAL ESTATE SINGAPORE 758027	
ID Type / ID No.: FIN NO / G8795461M		Contact No.: Home/Office: Mobile: 81709591	
Nationality: CHINESE		Email: JEYSERN.TAN@LHFOOD.COM.SG	
Sex: Male	Age: 40	Date of Birth: 25/02/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2021 12:32	Type of Location: expressway (SLE)
Location: SLE/CTE 2.5Km				
Lamp Post Number: 144				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBF2072Z	Lorry					0
YN7104T	Lorry			Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210723/7029

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

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Report No. T/20210723/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MENG LINGGUANG	ID No.	G8795461M
Related Vehicle	YN7104T (Lorry)	Contact No.	81709591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving along 2nd left most lane along SLE towards city/Katong area and somewhere near lamp post number 144 , truck tyre got punctured and i slow down the vehicle till it was stationary. Then i switch on "Hazel Lights" and took out the "Triangle Sign" for vehicle breakdown. Then i walk towards the back of truck wanting to put the "Triangle Sign" somewhere 100+ meters away. Then i saw a smaller truck travelling towards my direction without any sign of slowing down. Then i waved at the moving vehicle trying to get his attention but seeing the smaller vehicle showing no signs of slowing down, i quickly move aside to avoid being bang by the smaller truck. Next i saw the smaller truck stepping on the brakes but the smaller truck still bang into the vehicle driven by me that was in stationary position. Traffic Police and ambulance was at the scene of accident and driver of the smaller truck was then conveyed to hospital. There is no injury on myself at this point of time.



**SINGAPORE
POLICE FORCE**



T/20210723/7029

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

3 of 3

Report No. T/20210723/7029

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 / TP1B /
PHUA TIAK YEE
Contact No.: 65472077

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:
23/07/2021 17:11

Classification Of Case:

[> Back to OneMotoring](#)

YN7104 T



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

Print Date/Time : 26 Jul 2021 / 14:28:36

Receipt Date/Time : 26 Jul 2021 / 14:28:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210726-002324

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - GBF2072Z

As at 23 Jul 2021/12:32:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - GBF2072Z Enquiry Fee 20210726142548158371	7.00	0.49	7.49
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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

20210726142716133

Direct Debit: eNETS Debit
(Internet Banking)

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.

LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) YN 7104T and GBF2073Z1
ON 23/7/2021 ALONG 8LE towards CTE

I, Leong Hup Food Pte Ltd, NRIC No. / Company Reg. No.
199102277N of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
YN 7104T hereby authorise your workshop EM-1 Auto Pte Ltd (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten. I, further authorize that the monies to be made payable to EM-1 Auto Pte Ltd.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

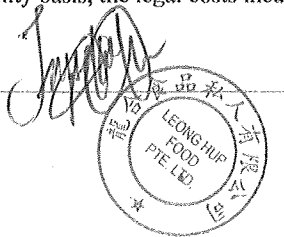
Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: _____

Company Stamp:
(if applicable)



Name: _____

NRIC No: _____

Contact No: _____

Date: _____

Leong Hup Food Pte Ltd
199102277N
67572121
24/7/2021