# 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

Without Prejudice

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

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 <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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

# DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7104T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	LEONG HUP FOOD PTE LTD  1XXXXX277N  jeysern.tan@lhfood.com.sg  (Phone) +65-81709591
VEHICLE PARTICULARS	
Manufacturer Model Variant	

Variant	•
Exact purpose for which vehicle was being used at time of	
accident	68
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**

#### DRIVER

Name of Driver	TI) () (+1(++1++2) (5 (++1+1+4) / 51) (2 (++1+1+2) / 2 (+1+2) / 2 (+1+	MENG LINGGUANG
Passport No/FIN	16.71(14.1.2)(14.1.13)(14.1.17)(14.1.14.14.14.14.14.14.14.14.14.14.14.14	GXXXX461M

Date Of Driving Pass  O1/07/2019  2 YEARS  Gender  Male  Mobile Number  Alt. Phone Number  Email Address  [eyesem.tan@lhfood.com.sg  Address complement  Postcode  To S8028  Is the driver the policyholder?  If No, Relationship of the Driver with the Insured  Employee  No  To Shirt Popen Number  Insurance Company of Other Vehicle Owned by Driver  Type of Accident  Weather Conditions  Road Surface  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any liquired conveyed to hospital by ambulance?  Was any injured conveyed to hospital by ambulance?  No  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Yes  Traffic Police  Traffic Police  Traffic Police  Folice Station Name  Police Station Name  Police Station Phone No  (Phone) +65-65470000	Date Of Birth	25/02/1981
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Was notice of intended Prosecution given?  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	Police Station Address	, ,
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Was there any audio recorded?  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  GBF2072Z  Vehicle Manufacturer		
Vehicle Registration Number GBF2072Z  Vehicle Manufacturer -  Vehicle Model -  Vehicle Variant -  Vehicle Colour -		
Vehicle Registration Number GBF2072Z  Vehicle Manufacturer -  Vehicle Model -  Vehicle Variant -  Vehicle Colour -	was there any audio recorded?	No
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Vehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-	Vehicle Registration Number	GBF2072Z
Vehicle Variant		#
Vehicle Colour -	Vehicle Model	· •
	Vehicle Variant	• • • • • • • • • • • • • • • • • • •
Vehicle Category Commercial vehicle		•
	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?	х-
	Yes

#### **SKEICH 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 Drive.
- Information provided must be as truthful and accurate as possible. Any wilful disrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 bemade available upon application by interested parties.
- 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 aforesald.
- 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 Singapre ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out infinis [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/achority (such as the police), for the purpose(s) of ;
  - 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, stannents, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bing 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 ad/or dealing with my claims. (collectively tipe "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and theinurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one α 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/faw firms), which may be sited outside of Sngapore, 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 equired for the purposes stated, or
  - (II) for complying with requirements under any regulations, laws or counciders.

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

CITY AUTO PTE LTD
Bit 8 Sin Mag Read
#01-58/60/61 Sin Wing Ind Est
Singar bit Si5643

Tel: 6453 1219 14V: 6453 7944 (Claims Section)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholde

Date & Time:

KETCH PLAN	The state of the s	grand and the stage of the stag
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DESCRIBE CIRCUMS	ANCES OF THE ACCIDENT	p post 144
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in the second se	fer to Police Report.	PCOF [8C701000   T : OVI
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annenna erus kartura per per dan kartur kartura kartura kartura kartura kartura kartura kartura kartura kartur		and the state of t
DECLARATION  1/We declare the fore	going particulars are true in every respect.	GITY AUTO PTE LTD Bik 6 Sin Ming Road #01-58/60/62 Din Ming Ind Est Singabole 575643 Tel: 6453 1213 (Fax: 6453 7944 (Claims Section)
Policyhölder's Sighata Date & Time:	Driver's Signature (If driver is not the policyholder) (Vate & Time:	Reporting Centre Personher's Signature Name: NRC/FIN No.:





Date of Expiry:

Police Station Of Origin:

Traffic Police

Chinese

Occupation:

Lorry driver

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20210723/7029

Station Diary No.:

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

23/07/20	)21 17:11		F/20210723/0113	
Informa	nt's Partic	ulare		
	f Informant: .INGGUAN		Address: 2 SENOKO WAY #0203 SENOKO INDUSTRIAL ESTATE SINGAPORE 758027	
	/ ID No.: / G8795461	IM	Contact No.: Home/Office: Mobile: 81709591	
National CHINES		in Comment of the Com	Email: JEYSERN.TAN@LHFOOD.COM.SG	
Sex: Male	The state of the s		uum paradekon nistende käälide kastisteen enemäääään täätäkepääääääääääääääääääääääääääääääää	
Race:	an a managan agan ay ing ang ang ang ang ang ang ang ang ang a	a ett vara della filigensia (ferre en especialistica este en este a quan especialistica especialistica escripta	Language: Institution / School Name:	

Driving Licence Information:

English

Class:

Vide Report No.:

General Inforr	nation 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:	e Shayerilik rdi dhe menemen in	ikalisati kalenda inda da kalenda inda da kalenda inda inda inda inda inda inda inda i	ada etilikuni diga eria kananannan ero kani kirina sisirkin hijiken kirisasiah kaharin sisirin ka	o lander om ståre til prede formand sem århende strengtivet handet til det hande til store for til strengtivet
SLE/CTE 2.5	<b>K</b> m			
Lamp Post Nu	imber: 144			
Weather: Sunny		d Surface:	party ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Road Speed Limit:
Traffic Flow: One Way		fic Control: Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF2072Z	Lorry					0
YN7104T	Lorry		e en o c'hiproppe a e ellisativa e en conventora o casa a en cui a	Red	Slightly	O CONTRACTOR OF THE PROPERTY O



T/20210723/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20210723/7029

2 of 3

Tel No: 65470000

**CONTINUATION OF REPORT** 

Details of Perso Any Pedestrian II					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Driver			1 15		
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	Editor productives to contract and producing a Algeria Change of the state of college country decreases access access access access and a second country.	
No. of Days gran	ted 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.





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 Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 23/07/2021 17:11
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp	And the statement of the contract of the contr

NP168

# > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

YN-7104 T

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 Referential No.	nce	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBF207 As at 23 Jul 2021/12:32:00 Insurance Co: AIG ASIA PACIFIC INS				
1 Insurance Enquiry - GBF2072Z Enquiry Fee 20210726142548158371		7.00	0.49	7.49
•	Sub-Total	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	Rounding Difference			0.04
	<b>Total Amount Payable</b>			7.45
	Paid By			
	20210726142716133	Direct Debit: ef (Intern	NETS Debit et 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 704T and GBF 2073Z/
ON 23/7/20>1 ALONG SLE towards CTE
1, Leong Hup Tood Pte Ltd , NRIC No. / Company Reg. No. 1991 02277 of (address)
Postal Code , the registered owner (or authorised agent) of motor vehicle registration number
YN 7704 T 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 :-
<ol> <li>Begin or commence repairs to my/our motor vehicle;</li> <li>Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.</li> <li>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.</li> <li>To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.</li> <li>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.</li> </ol>
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:
<ol> <li>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.</li> <li>Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.</li> <li>Will pay for any shortfall that may result in the settlement amount.</li> </ol>
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:  Name: Leong Hup Tood Pte Ltd  Company Stamp: (if applicable)  NRIC No: 19910 22 77 N  Contact No: 6757 2121  Date: 24/7/2021