

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 SIAH LEE PLUMBING & AIR-COND SERVICES

Proforma Invoice : 21/PI0051/5602TP

Date : 16-Nov-2021

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Attn : Miss Cecilia Chong

Date of Accident : 14-Aug-2021

Our Client's Vehicle Number : GX 4664Z

Vehicle Make / Model : TOYOTA HIACE

Your Insurer : GBH 2264B

Without Prejudice

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommend by LKK Mr. Taufikh)	4,700.00	329.00	5,029.00 SR
LTA Fee	6.96	0.49	7.45 SR
Loss of (Rental/Use) (3 Days X 150)	450.00	31.50	481.50 SR
Pre-inspection Day (2 Days X \$150)	300.00		300.00 ES

SGD (Five Thousand Eight Hundred Seventeen And Cents
Ninety-Five only)

GRAND TOTAL

5,817.95

Subject to 7% GST

360.99



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	16/08/2021 14:54 (SGT)
Date of Accident	14/08/2021 11:05 (SGT)
Exact Location of Accident	Burn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4664Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Siah Lee Plumbing & Air-cond Services
Company Reg No	3XXXX800E
Email Address	siahleeong@yahoo.com.sg
Mobile Phone No	(Phone) +65-97886435
Alternative Phone No	+65-97886435

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900259203-01
Cover Note Number	-

DRIVER

Name of Driver	Ong Sin Chua
NRIC No	SXXXX447J

Date Of Birth	05/09/1961
Occupation	Outdoor
Date Of Driving Pass	10/08/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-97886435
Alt. Phone Number	-
Email Address	siahleeong@yahoo.com.sg
Address	Blk 9 Pine Close #03-02
Address complement	-
Postcode	320009
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown
Gender	Male

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

Please refer to sketch plan

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	GBH2264B
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) -

SKETCH PLAN

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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: 16 AUG 2021

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

Witnessed by Reporting Centre Personnel: Angie Soh

Sketch Plan

Mac Taggart Rd

Burn Rd

Harrison Rd

Parked Vehicle

Veh A: GX 4664 Z

Veh B: GBH 224B

Describe Circumstances of the Accident


Vehicle B was parked at Harrison Road on lane 2.
 When I was straight on lane 1 before junction Burn Road
 towards Mac Taggart Road. Suddenly vehicle B turn right
 into Burn Road and hit onto my left hand front portion.

Vehicle A : GX 4664Z

Vehicle B : GBH 2264B


Declaration

We declare the foregoing particulars, are true in every respect.

 POLICYHOLDER'S SIGNATURE & REPORTING CENTRE
 SINGAPORE 45930
 16 AUG 2021

Policyholder's Signature / Date &
 Time

16 AUG 2021

 DRIVER'S SIGNATURE (If driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel

Angie Soh



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S64559080 / GST Reg. No.: M480017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

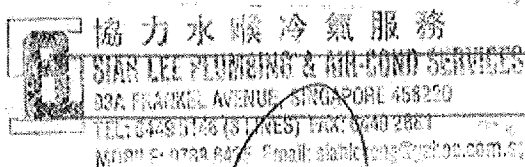
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL03218G0005 Vehicle Registration No: GX4664Z
 Name (as shown in NRIC): Ong Sin Chua NRIC/FIN/Passport No: S1467447J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 9 Pine Close #03-02 Singapore (320008)
 Contact (Tel): _____ Mobile No: 97886435
 Email Address: siakleeong@yahoo.com.sg
 Date of Accident: 14/8/2021 Time of Accident: 11:05
 Place of Accident: Harrison Rd, Singapore
 Insurance Company: AI G

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Kindly amend the accident road name to Burn Rd instead of Harrison Rd.
- 2) As for Burn Rd, please amend to Harrison Rd.
- 3) Vehicle B parked at side road with Hazard light on.



Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: Angie Soh
 NRIC/FIN No.: _____
 Date: 17 AUG 2021

> Back to OneMotoring

EX4664Z



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

Print Date/Time : 16 Aug 2021 / 12:24:32
Receipt Date/Time : 16 Aug 2021 / 12:24:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210816-001538
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 - GBH2264B As at 14 Aug 2021/11:05:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBH2264B Enquiry Fee 20210816122314905439	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				
20210816122338193		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.



長江企業(私人)有限公司 Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

TOTAL DEFENCE

TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K

HIRER'S PARTICULARS

If Different From

Section 1

I/We Siah Lee Plumbing & Air-Cond Services

of

S

Tel:

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1500/= for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle. whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 <u>G8K 7006</u>		Rental Agreement 合同號碼 No. A 93376	
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT <u>17/8/21 11:30</u>	
姓名 Name: <u>Ong Sin Chua</u>		交車日期及時間 Date & Time IN <u>20/8/21 14:00</u>	
地址 Address: <u>BIR 9 Pine Clase #03-02</u>		Chargeable	Rates Amount
S <u>390009</u>		3	天 Days @ \$ <u>\$450/-</u>
居民證/護照號碼 I/C No./Passport No: <u>S1467447J</u>			星期 Weeks @ \$
居民證/護照種類 Type of I/C/Passport:			月 Month @ \$
出生日期 Date of Birth: <u>5/9/1961</u>			ADD 7% GST <u>\$31.50</u>
發出地 Place of Issue:			
三號保險底金 \$1500/=		送車/費 Delivery Fees	
a) Third Party Only Policy Excess \$1500/=		b) Comprehensive Policy Excess \$2000/=	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		總計 Total Charge <u>\$481.50</u>	
備註與付款記錄 Remarks & Payment Records		按金 Security Deposit	
		總金額 Total Payable <u>\$481.50</u>	
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	
		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT		租費不包括汽油 Rates Do Not Include Fuel	
車牌號碼 Vehicle No:		添油 Refuelling	
1)		至 To:	
車牌號碼 Vehicle No:		起 From:	
2)		至 To:	
起 From:		加額費用 Total Additional Charges	
工具 Tools		輪胎 Spare Tyre	
裝飾品 Accessories		車輛發出入 Vehicle Issued By:	
車輛接收人 Vehicle Collected By:		NOTE: 註	
租車者或司機必須付所有停車及違反交通法例自負一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.		總計 Grand Total	

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

SIAH LEE PLUMBING & AIR-COND SERVICES
33A FRANKEL AVENUE, SINGAPORE 458220
TEL: 6449 6146 (9 LINES) FAX: 6440 2881
租車者簽名
Signature of Hirer: [Signature]

日期

Date:

LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) GX4664Z and GBH 2264B /

ON 14/8/2021 ALONG Burn Rd, Singapore

I, Siak Lee Plumbing & Air-Cond Services, NRIC No. / Company Reg. No.
35742800E of (address)

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
GX4664Z 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: _____

Name: Siak Lee Plumbing & Air-Cond Services

Company Stamp:
(if applicable)

NRIC No: 35742800E

Contact No: 9788 6435

Date: 14/8/2021

