



WITHOUT PREJUDICE

Our Ref: GBC 6181G

Your Ref: YN 5196R

22nd July 2021

ATTN: LKK Auto Consultants Pte Ltd

INSURER: LonPac Insurance Bhd

Dear Jasper,

Accident Involving: GBC 6181G and YN 5196R

Date of Accident: 25 August 2021

Location of Accident: Along Sin Ming Road (Outside Autocare Building)

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

Cost of Repair Inc. GST	\$ 4,012.50	\$3750 COR Agreed + \$262.50 GST
Add Loss of Use (PRS)	\$ 400.00	2+2 Days PRS (26/27/28/29 Aug)
Add Loss of Rental	\$ 1,080.00	7 Days - Inv#2109.2288 : 6 Repair Days Agreed + 1 Sunday
Total	\$ 5,492.50	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 5,499.95	

Kindly pay the Grand Total Amount of **\$5,499.95** to:

Team AutoPro Pte Ltd

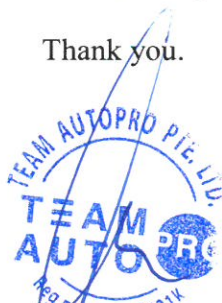
160 Sin Ming Drive #02-12

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)

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 / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Ezphoto

PI Number	P2110-2385
PI Date	11-Oct-2021
Vehicle No.	GBC 6181G
Accident Date	25-Aug-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. GBC 6181G	COR Lump Sum		\$ 3,750.00

Notes:

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

Total Amount	\$	3,750.00
GST 7%	\$	262.50
GRAND TOTAL AMOUNT	\$	4,012.50

Authorized Signature





**TEAM[®]
AUTO**

Your Team Of Automotive Professionals

THIS IS YOUR INVOICE

Bill To:
Ezphoto
108 Yishun Ring Road #04-323
S'760108

Date:	6 Sep 2021
Invoice Number:	2109.2288
Vehicle Number:	GBG 6181G
Rental Vehicle Number:	SJY 972U

S/N	Description	Unit Price	Quantity	Amount
1	Leasing of Vehicle Number: SJY 972U Rental Rate Per Day: \$120.00 Rental Duration: 7 Commencement Date: 30-08-2021 Ceasement Date: 06-09-2021 * DRIVER: Azmir Bin Rashid of S8622250G	\$120.00	7	\$840.00

Notes:

- Kindly remit payment to our office address as stated. If you have any query pertaining to this invoice, please do not hesitate to contact us.
- Preferred Payment Mode: Cash
- Alternative Payment Mode : Bank transfer to UOB
Current Account Number: 3243141123 or PayNow to
Unique Entity Number (UEN): 202013212Z, immediately or prior to the collection of your vehicle.
- Invoice Raised By: **David SEOW**

Total Amount: \$840.00

Discount: \$0.00

Total Nett Amount Due: \$840.00



Authorized Signature And Date

Official Use - Payment Details

Bank Transfer / Cash / Cheque / Credit Card: _____

Date: _____

Team AutoCare Pte. Ltd. (Registration No: 202013212Z)

160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

RENTAL AGREEMENT

2109-2288
RA/202108/083

HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model	
Name: EZPhoto		SJY 972 U		G86 61816	
NRIC/Passport No: 53338616X		Date / Time Out: 30/08/2021		Date / Time In: 06/09/2021	
Driving Licence No: Exp:		Fuel Tank Level 			
Address: 108 Yishun Ring Road #04-323 S(760108)					
Tel: 9844-8444					
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES			
Name: Azmir Bin Rashid					TOTAL S\$
NRIC/Passport No: S 8622250 G		Hour @		per hour	
Driving Licence No: Exp:		7 Days @	4120	per days	4840
Address: Blk 455A Ang Mo Kio Street 44 #02-03 S(561455)		Weeks @		per week	
Tel: 9844-8444		Months @		per month	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable: -			
		SUBTOTAL Payable: 4840			
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date	
		Mode of Payment			
		ADDITIONAL REMARKS			
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.	
Singapore - Own Damage \$2,500					
Singapore - 3rd Party Damage \$2,500					
Malaysia (If applicable) \$8,000					
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age \$3,000 (Additional)					
IMPORTANT NOTE :					
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.					
2. Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle.					
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of Team AutoCare Pte Ltd.					
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.					
5. In case of accident, the hirer shall report to Team AutoCare Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours		 HIRER Signature / Date			
		 Authorized Signatory On Behalf of Team AutoCare Pte Ltd			



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

Print Date/Time : 25 Aug 2021 / 16:36:03

Receipt Date/Time : 25 Aug 2021 / 16:36:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210825-002471

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 - YN5196R				
As at 25 Aug 2021/11:15:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - YN5196R Enquiry Fee 20210825163508960794	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.: GBC 6181 G
and YN 5196 R and
and and
@

dated 25/08/2021.

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	25/08/2021 16:23 (SGT)
Date of Accident	25/08/2021 11:15 (SGT)
Exact Location of Accident	Sin Ming Rd, Singapore
Additional Location Information	along Sin Ming Road (outside Autocare Building)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6181G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Ezphoto
Company Reg No	53338616X
Email Address	ezphotozz@gmail.com
Mobile Phone No	(Phone) +65-98448444
Alternative Phone No	(Home) +65-98448444

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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5098142329-03
Cover Note Number	-

DRIVER

Name of Driver	Azmir Bin Rashid
NRIC No	S8622250G

Date Of Birth	11/08/1986
Occupation	Outdoor
Date Of Driving Pass	29/04/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98448444
Alt. Phone Number	-
Email Address	ezphotozz@gmail.com
Address	108 Yishun Ring Road #04-323
Address complement	-
Postcode	760108
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	Gopel
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

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	YN5196R
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)	-

Describe Circumstances of the Accident

On the stated date and time, I vehicle #1 was traveling along my designated lane. There was road works on the left side of the road, hence I stayed in my lane on the right. As I was traveling along I suddenly felt an impact hitting me on left portion of my vehicle. I swerved slightly to the right and my front bumper hit the curb. That is all.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

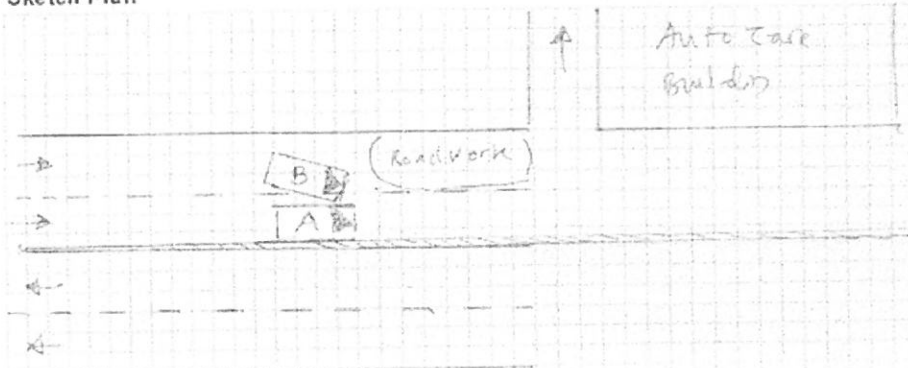
SKETCH PLAN**IMPORTANT NOTICE**

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 : 5098142329-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBC6181G**
Chassis Number : JTFHT02P300114313
2. Name of Policyholder : EZPHOTO
3. Effective Date of Insurance : 18 Apr 2021
4. Expiry Date of Insurance : 17 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.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 04 Mar 2021 08:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

