

Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park

Tel: 6844 2475 Fax: 6844 2474

Email: claims@teamworkgarage.com

GST Register No: 201015366H

21st Jan 2022

Our reference: 2109-13 Your reference: SHB4776M

**AXA Insurance Singapore Pte Ltd** 

BY HAND

8 Shenton Way #27-01 AXA Tower Singapore 068811

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: ROSET LIMOUSINE SERVICES PTE LTD

Address

BLK 53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 06/09/2021 along JUNCTION OF BEACH ROAD involving our client's vehicle registration number SNB6285D and vehicle registrations number SHB4776M driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$ 2,996.00
Loss of Use (\$120 x 7Days)	:	\$ 840.00
LTA Search	:	\$ 7.49
Purchase 3P Report Fee	:	\$ 29.00
Total	:	\$ 3,872.49

A copy of each of the following supporting documents are enclosed:-

- a) Our Client's Accident Report/Police Report;
- b) Driver's IC & Driving License;
- Enquire PARF/COE Rebate for Registered Vehicle;
- d) Letter Of Authorisation;
- e) Tax Invoice;
- f) LTA Search Tax Invoice;
- g) Certificate of Insurance;
- h) Purchase 3P Report Invoice;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

Teamwork Garage Pte Ltd

Encl.

SN0921970005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/09/2021 18:26 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (07/09/2021 18:26 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.

- Any false reporting may be referred to the Police for Investigation.
   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 07/09/2021 18:26 (SGT) Date of Accident 06/09/2021 22:30 (SGT) **Exact Location of Accident** Ophir Rd, Singapore Additional Location Information JUNC OF BEACH ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNB6285D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 200406722Z **Email Address** khierthii@rosetlimo.com Mobile Phone No (Phone) +65-68445225 Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission Auto CC 1500

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V13100/VPZ/R02 Cover Note Number

DRIVER

MUHAMMAD IRFAN BIN HAZMAN Name of Driver NRIC No T02332301



Date Of Birth 01/11/2002 Occupation Indoor **Date Of Driving Pass** 04/08/2021 Driving experience 1 MONTH Gender Male Mobile Number (Phone) +65-91591695 Alt. Phone Number **Email Address** irfanhazman8@gmail.com Address **BLK 670 WOODLANDS DRIVE 71** Address complement #03-25 Postcode 730670 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 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 CHRISTOPHER CHOW WEN HOONG Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No f yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. 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 SHB4776M Vehicle Manufacturer Vehicle Model Vehicle Variant

Taxi

Vehicle Category

Vehicle Colour

Name of Driver NRIC No	PEK PON SENG S1390502I
Contact Number	(Phone) +65-98382392
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Formby 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)

Lunderstand, 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 law yers/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 law yers/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 law yers flaw, firms), which may be sited outside of Singaprire, for one or more of the above Purposes



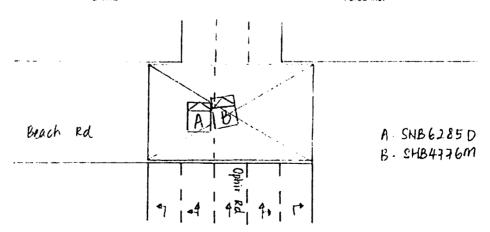
Policyholder's Signature / Date &

Time

Diver's Signature (# driver is not the potcyholder) / Date & Time

Personnel

Sketch Plan



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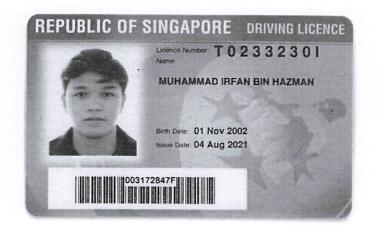
#### Declaration

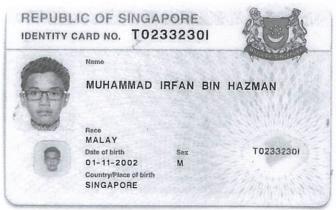
IWe declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date &

Oriver's Signature (If driver is not the policyholder) / Date

Personnel





For Insurance Purpos	ses	
Customer Name:		
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Signature:	<u> </u>	
Date:		

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Class 3A Ambulances / Motor cars without clutch pedals ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles without clutch pedals ≤ 2500kg 04 Aug 2021 Licence No:T0233230

NP 428A



#### > Back to OneMotoring

Vehicle No.:

#### **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars
Owner ID Type: Company
Owner ID: 722Z

Owner ID: 722Z
Vehicle Details

 Vehicle to be Exported:
 No

 Intended Deregistration Date:
 07 Sep 2021

Vehicle Make:TOYOTAVehicle Model:COROLLA AXIO 1.5EX CVTPrimary Colour:Silver

 Manufacturing Year:
 2021

 Engine No.:
 2NR1223927

 Chassis No.:
 NRE1610094772

 Maximum Power Output:
 80.0 kW (107 bhp)

Open Market Value: \$17,421.00
Original Registration Date: 01 Sep 2021
First Registration Date: 01 Sep 2021

Transfer Count: 0
Actual ARF Paid: \$5,000.00
Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 31 Aug 2031

PARF Eligibility Expiry Date: 31 Aug 2031
PARF Rebate Amount: \$3,750.00
Intended COE Rebate Details

COE Expiry Date: 31 Aug 2031

COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10

 COE Period(Years):
 10

 QP Paid:
 \$45,189.00

 COE Rebate Amount:
 \$45,103.00

 Total Rebate Amount:
 \$48,853.00

The information contained herein is correct as at 07 Sep 2021  $\,$ 

SNB6285D

### **LETTER OF AUTHORIZATION**

To (Third party insurance & Workshop)
Claimant ROSET LIMOUSINE SERVICES PTE LTD
Dear Sirs,
I/We, ROSET LIMOUSINE SERVICES PTE LTD owner of vehicle no. SNB6285D
hereby authorize my/our repairer, TEAMWORK GARAGE PTE LTD
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle noSNB6285D that was damage pursuant to the
accident which occurred at/along
JUNCTION OF BEACH ROAD
involving vehicle nos. SHB4776M
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors  TEAMWORK GARAGE PTE LTD  I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors  TEAMWORK GARAGE PTE LTD  pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.
I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.
Thank you.
Dated this day of (month) 20 (year)  Signature of owner vehicle (claimant):  Name of owner of vehicle (claimant): ROSET LIMOUSINE SERVICES PTE LTD  NRIC Number (claimant): 200406722Z



#### TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-24/34 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 TEL: 90119989 / 83389989 (TEL)(65) 6844 2475(FAX) (65) 6844 2474

(E-MAIL) claims@teamworkgarage.com

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201015366Н

GST Reg

201015366H

#### Bill To:

AXA INSURANCE PTE LTD 8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

## Tax Invoice

Invoice number:

TI-8939

Date:

20-01-22

Terms:

C.O.D.

Vehicle number:

SNB6285D

Make / Model:

TOYOTA AXIO

Description	Amount (S\$)	
ACCIDENT INVOLVING SNB6285D / SHB4776M ON 06/09/2021 @ JUNCTION OF BE		
LUMP SUM REPAIR		\$2,800.00
Thank you for your business and have a nice day!  Reference: 2109-13	Subtotal	\$2,800.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD PAYNOW UEN: 201015366H ** Please ensure that your vehicle is of good condition upon the point of collection.	Add: GST 7% Total Inc GST 7% Less: Deposit	\$2,800.00 \$196.00 \$2,996.00 \$0.00
E. & O. E	Balance Due	\$2,996.00



CUSTOMER'S SIGNATURE

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 07 Sep 2021 / 15:21:30

Receipt Date/Time: 07 Sep 2021 / 15:21:30

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-210907-002546

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resu	lit of Insurance Enquiry - GBB2155P				
	04 Sep 2021/12:16:00				
	ance Co: TOKIO MARINE INSURANCE	E SINGAPORE LTD			
1	Insurance Enquiry - GBB2155P				
	Enquiry Fee 20210907152000669746		7.00	0.49	7.49
	20210307132000003740	Sub-Total	7.00	0.49	7.49
Resu	ılt of Insurance Enquiry - SHB4776M		1.00	0.43	7.45
	: 06 Sep 2021/22:30:00				
	ance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - SHB4776M				
	Enquiry Fee		7.00	0.49	7.49
	20210907152000719428				
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	14.00	0.98	14.98
		Rounding Difference			0.03
		Total Amount Payable			14.95
		Paid By			
		540191XXXXXX6572	eNETS (	Credit Card	14.95
		Total			14.95
		Cash Change			0.00
		Tendered Amount			14.95
		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.





#### Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http://www.libertyinsurance.com.sg

#### 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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD20V13100 /VPZ /R02			
Form	MZ406C			
Date Of Issue	02-SEP-2021			
1.Index Mark and Registration No. of Vehicle:	SNB6285D			
2.Chassis number of Vehicle:	NRE1610094772			
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD			
4.Effective date of Commencement of Insurance	01-SEP-2021 00:00 AM			
for the purpose of the Act:				
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM			

6.Persons or Classes of Persons

entitled to drive\*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 7.Limitations as to use\*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
- C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

#### 8.Policy does not cover:

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

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension

(Geographical Area: Singapore only)

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen

Excess S\$100

FINANCE COMPANY:

UNITED OVERSEAS BANK LIMITED

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/PLSL/02-SEP-21

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02-SEP-21



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

### TAX INVOICE

Date of Request: 22/09/2021 Your Ref No: SNB6285D

TEAMWORK GARAGE PTE LTD

Dear Sir/Madam,

Date of Accident: 06/09/2021 00:00 (SGT)

Vehicle No: SNB6285D

Place of Accident: Ophir Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHB4776M	Ophir Rd, Singapore	(29.00)	1	(27.10)
GST Amount	e' la			(1.90)
Total Amount Due	(GST Inclusive)			(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.