



**WITHOUT PREJUDICE**

Our Ref: SJQ 7190E

Your Ref: SFU 3733S

10<sup>th</sup> March 2022

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AIG Asia Pacific Insurance Pte Ltd

Dear Cecilia,

**Accident Involving:** SJQ 7190E and SFU 3733S

**Date of Accident:** 23 September 2021

**Location of Accident:** TPE towards SLE after Exit of Tampines Ave 10

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

Cost of Repair Inc. GST	\$ 9,202.00	\$8600 COR Agreed + \$602 GST 7%
Add Loss of Use	\$ 3,360.00	28 DAYS : 1 Day PRS (24 Sep) + 3 Days Resurvey (25-Sat/26-Sun/27 Sep) + 21 Repair Days Agreed + 3 Sunday (3/10/17 Oct)
Total	\$ 12,562.00	
Add Tow Fee	\$ 180.00	
Add Search Fee	\$ 65.45	
<b>GRAND TOTAL</b>	<b>\$ 12,807.45</b>	

Kindly pay the Grand Total Amount of **\$12,807.45** to:

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: teamautooffice@gmail.com

Thank you.

  
TEAM AUTO PRO PTE. LTD.  
TEAM AUTO PRO  
REGD. NO. 201811621K  
Regards  
Adel

**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: teamautooffice@gmail.com / teamautopl@gmail.com

# PROFORMA INVOICE

**ATTENTION:**

Sense Car Rental Pte Ltd

PI Number	P2203-2552
PI Date	10-Mar-2022
Vehicle No.	SJQ 7190E
Accident Date	23-Sep-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJQ 7190E	COR Lump Sum		\$ 8,600.00

**Notes:**

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

Total Amount	\$	8,600.00
GST 7%	\$	602.00
GRAND TOTAL AMOUNT	\$	9,202.00

Authorized Signature





# 24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841

Email: 24hoursrecovery@gmail.com

No. 30423

Date : 23/9/21



M/S

: Team Auto

Vehicle No

: SJQ 7190E

Model

: H/Steam

From

: TPE → SLE

Call Time

:

To

: Auto city

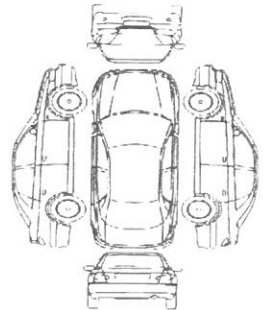
Time Arrival

:

Remarks

:

Arrival Workshop :



☐ Change Tyres / Patch Tyre

☒ Accident

☐ Use Car Carrier

☐ Loaded

☐ Basement / Multi Carpark

☐ Low Body Kit / Low Spoiler

☐ Open Door

☐ Jump Start

☒ Using King Dolley

☐ Dismantle Brake / Shaft

☐ Crane Up / Winch Out

AMOUNT S\$ 1800

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.



RECORD MANAGEMENT CENTRE

**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: 08/10/2021

Your Ref No: SJQ7190E

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 23/09/2021 00:00 (SGT)

Vehicle No: SJQ7190E

Place of Accident: TPE, 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\$)
SDH9669Y	TPE, Singapore	(29.00 )	1	(27.10 )
GST Amount				(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.



RECORD MANAGEMENT CENTRE

**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: 01/10/2021

Your Ref No: SJQ7190E

TEAM AUTOPRO PTE LTD

Dear Sir/Madam,

Date of Accident: 23/09/2021 00:00 (SGT)

Vehicle No: SJQ7190E

Place of Accident: Near 50 Tampines North Drive 2, Singapore 528766

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\$)
SFU3733S	Near 50 Tampines North Drive 2, Singapore 528766	(29.00 )	1	(27.10 )
GST Amount				(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.



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

Print Date/Time : 24 Sep 2021 / 12:36:00

Receipt Date/Time : 24 Sep 2021 / 12:36:00

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210924-001917

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - SFU3733S

As at 23 Sep 2021/18:25:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SFU3733S  
Enquiry Fee  
20210924123517231189

7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

426569XXXXXX8100	eNETS Credit Card	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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**

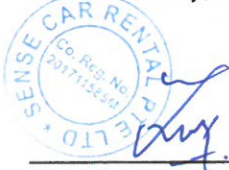
In Respect of Accident Involving my/our Vehicle No.: SJQ 7190E  
and SFU 3733S and SDH 9669Y  
and SHH 70526 and SHD 5517T & SDV 8560U  
@ TPE towards SLE after Exit of Tampines Ave 10  
dated 23-09-2021

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: 23/9/21

## 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	24/09/2021 15:59 (SGT)
Date of Accident	23/09/2021 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS SLE AFTER THE EXIT OF TAMPINES AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7190E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SENSE CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX585M
Email Address	SENSE.CARRENTAL@GMAIL.COM
Mobile Phone No	(Phone) +65-84485271
Alternative Phone No	(Home) +65-84485271

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110541140-02
Cover Note Number	-

#### DRIVER

Name of Driver	AHMAD IKHWAN BIN RAMLI
NRIC No	SXXXX482J



Date Of Birth	24/07/1980
Occupation	Indoor
Date Of Driving Pass	26/12/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90214503
Alt. Phone Number	-
Email Address	SENSE.CARRENTAL@GMAIL.COM
Address	BLK 278A COMPASSVALE BOW #10-551
Address complement	-
Postcode	541278
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SFU3733S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDH9669Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMM7052G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMD5517T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SDV8360U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 based outside of Singapore, for one or more of the above Purposes.



*[Signature]*

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE Towards SLE After the Exit of Tampines Avenue 10

- \* Veh A : SJQ 7190 E
- \* Veh B : SFU 3733 S
- \* Veh C : SDH 9669 Y
- \* Veh D : SHM 7052 G
- \* Veh E : SMD 5517 T
- \* Veh F : SDV 8562 U





Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated  
 Venue. As I and front vehicle (Vehicle A) started to slow down, I followed  
 to brake too. Before I came to a complete stop, the rear vehicle (Vehicle B),  
 collided onto the rear of my vehicle and causing my vehicle to collide onto  
 the rear of front vehicle (Vehicle A). After the collision, I heard quite a few  
 bang sound. I then alighted from my vehicle and noticed that it was  
 a chain collision of 6 vehicles including mine. We then exchanged our  
 particulars at the accident scene. About 20 minutes later, the ambulance  
 arrived at the accident scene too and after some checking, no one was  
 conveyed to the hospital.

Declaration

We declare the foregoing particulars are true in every respect

  
 Policyholder's Signature / Date &  
 Time

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

  
 Witnessed by Reporting Centre  
 Personnel



## 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: 5110541140-02-000007

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SJQ7190E  
 Chassis Number : JHMRN68609S200598
2. Name of Policyholder : SENSE CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 23 Jun 2021
4. Expiry Date of Insurance : 22 Jun 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (c) Use for any purpose in connection with the Motor Trade.

# 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 14 Jun 2021 19:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8021482J**

Name: **AHMAD IKHWAN BIN RAMLI**

Birth Date: **24 Jul 1980**  
Issue Date: **02 Sep 2011**

001996438C



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8021482J**

Name: **AHMAD IKHWAN BIN RAMLI**

Race: **BOYANESE**  
Date of birth: **24-07-1980** Sex: **M**  
Country of birth: **SINGAPORE**

S8021482J

Land Transport Authority


**VOCATIONAL LICENCE**

Licence No: **S8021482J**  
Name: **AHMAD IKHWAN BIN RAMLI**

Card Issue Date: **13/03/2018**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

PDVL/TDVL  
33 888 8888  
315673

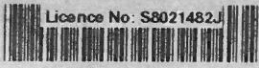


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	26 Aug 1999
Class 2A Motorcycles between 201 cc and 400 cc	20 Dec 2005
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Dec 2002

NP 428A

Licence No: **S8021482J**



4660815

NRIC No. **S8021482J**

Date of issue: **06-12-2010**

APT BLK 278A COMPASSVALE BOW #10-551  
SINGAPORE 541278

NRIC No: **S8021482J** Date: **12/11/2018**




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	13/03/2018

