

19/11/2021



VFIX AUTO PTE LTD

7 Penjuru Close Level 1

Singapore 608779

E-mail: wskoh@vfixauto.com.sg

Tel: 64552957 Fax: 68628669

UEN/GST Reg. No.: 201830761R

Our Ref. No. : VFIX-TP20210845

**MOTOR CLAIMS DEPT  
LONPAC INSURANCE BHD**

300 BEACH ROAD  
#17-04/07 THE CONCOURSE  
SINGAPORE 199555

**WITHOUT PREJUDICE**

Dear Sir / Madam

**PROPERTY CLAIM ONLY**

**Accident involving XD9336S AND YP355X on 03/09/2021  
AT TUAS FLYOVER (LAMP POST 48854) TOWARDS PIE**

We refer to the above-mentioned accident.

We are writing on behalf of **PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD** the registered owner of motor vehicle number **XD9336S** which was involved in the above accident.

We are instructed that the above accident was caused by the negligence and management of your insured's vehicle number **YP355X**. As a result of the above accident, our client's vehicle was damaged and our client's has been put to loss and expense, particulars of which are as follows :-

1	Cost of Repair	:S\$	2,835.50
2	Loss of Use (\$250 x 4days)	:S\$	1,000.00
4	LTA Fees	:S\$	7.45
<b>TOTAL AMOUNTS</b>		<b>:S\$</b>	<b>3,842.95</b>

We enclosed a list of the supporting documents :-

- (a) Original Final Repair Bill
- (b) LTA Tax Invoice
- (c) GIA / Police Report lodged by Our Client
- (d) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

**Any settlement reached is strictly without prejudice to and shall not affect any other claims arising from this accident. Settlement is solely for the items claimed only.**

Yours Faithfully,

VFIX AUTO PTE LTD

*Ken Tan*

**Ken Tan**

Operation Director





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### FINAL REPAIR BILL

LONPAC INSURANCE BHD  
300 BEACH ROAD  
#17-04/07 THE CONCOURSE  
SINGAPORE 199555

DATE : 19/11/2021  
VEHICLE NO : XD9336S  
MAKE/MODEL : ISUZU FX77  
ACC DATE : 03-09-2021  
CLAIM NO : VFIX-TP20210854  
POLICY NO :

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AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	2,650.00
7% GST	185.50
Total	<b>2,835.50</b>

SINGAPORE DOLLARS : TWO THOUSAND EIGHT  
HUNDRED THIRTY FIVE AND FIFTY CENT ONLY

VFIX AUTO PTE LTD

*Ken Tan*

**Ken Tan**

Operation Director



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Sep 2021 / 17:01:55

Receipt Date/Time : 28 Sep 2021 / 17:01:38

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210928-003233

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 - YP355X As at 03 Sep 2021/18:05:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - YP355X Enquiry Fee 20210928170017640522	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	20210928170032262	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.

## 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	07/09/2021 09:52 (SGT)
Date of Accident	03/09/2021 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS FLYOVER TOWARDS PIR LAMP POST 48854 T
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9336S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD
Company Reg No	2XXXXX394R
Email Address	WSKOH@VFIXAUTO.COM.SG
Mobile Phone No	(Phone) +65-64552957
Alternative Phone No	+65-64552957

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fxz77m
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	9839

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMFG21008402
Cover Note Number	-

#### DRIVER

Name of Driver	MUTHUSAMY KANDIYAR VIJAYKUMAR
Work Permit No	GXXXX104K

Date Of Birth	19/11/1967
Occupation	Outdoor
Date Of Driving Pass	28/07/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83426104
Alt. Phone Number	-
Email Address	WSKOH@VFIXAUTO.COM.SG
Address	TAGORE 8 TAGORE INDUSTRIAL AVE
Address complement	#04-06
Postcode	787805
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	Collision - Head to Rear
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)	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 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	YP355X
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**

**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 for 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 reassess 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 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 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' law firms/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 investigation 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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims 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 required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time

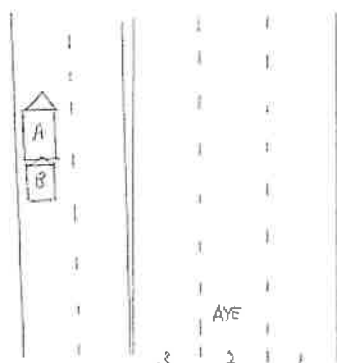


Driver's Signature  
(If driver is not the policyholder)  
Date & Time



Reporting Centre Personnel's Signature  
Name  
NRIC/IN ID.

### SKETCH PLAN



VEHICLE A: XD9365

VERKLE B YP 355X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: XD9376S / YP355X	ACCIDENT DATE & TIME: 3/9/2021 1805hrs
CONTACT NUMBER 6455 2597	E-MAIL ADDRESS cgsnwi@qflycrauto.com.sg
LOCATION: Tans Flyover (Lump Post 48834) Towards PIE	
On 3/9/2021 around 1805hrs Vehicle A at Tans Flyover (Lump Post 48834) Towards PIE suddenly Vehicle B collided Vehicle A	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim OD/TP at cover workshop	<input type="checkbox"/> Reporting Only

## 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)

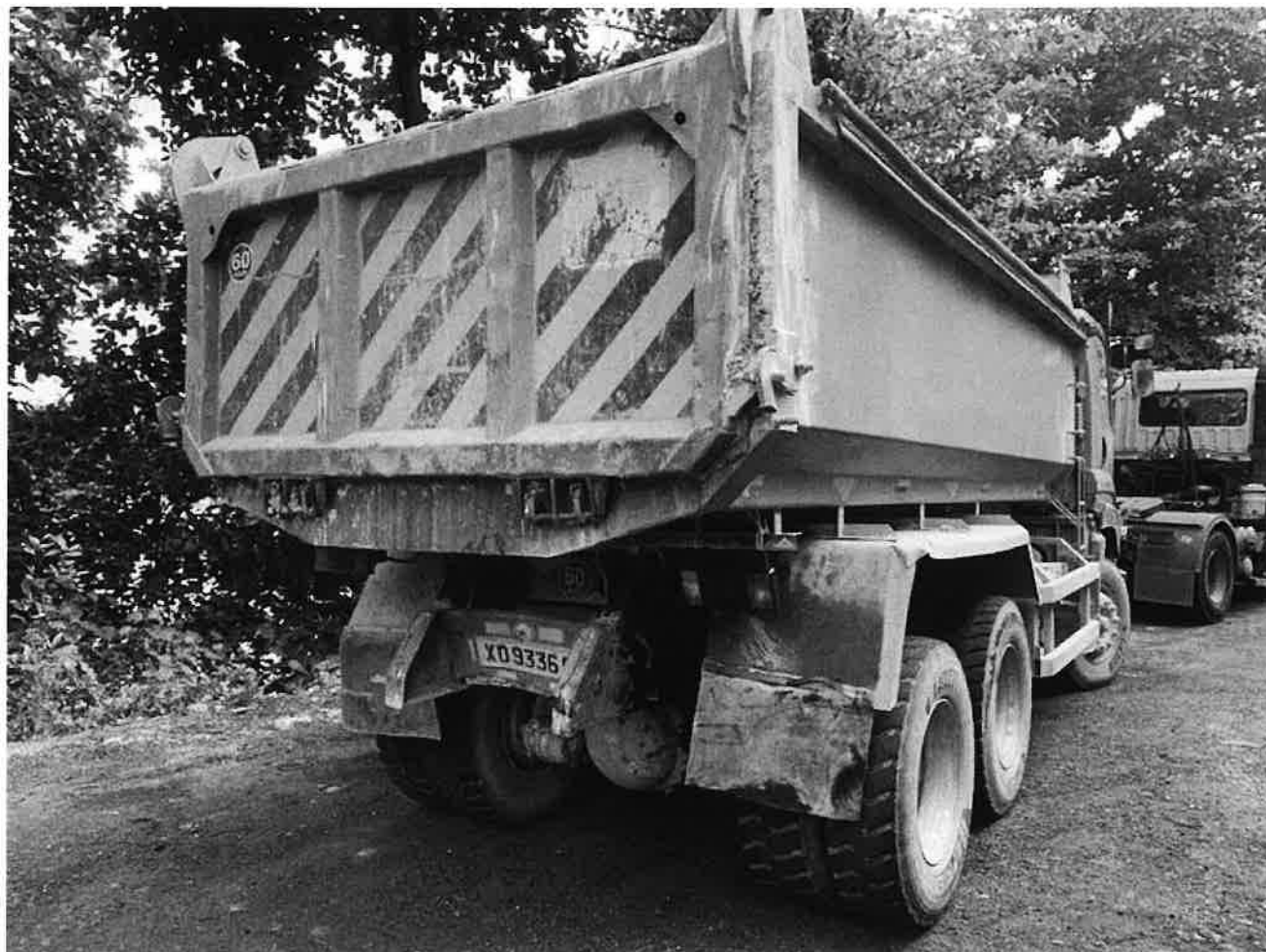
Reporting Centre Personnel's Signature

















To: LONPAC Insurance Bhd  
300, Beach Road, 07 The Concourse  
#17-04, 199555

Dear Sir / Madam,

Claimant:

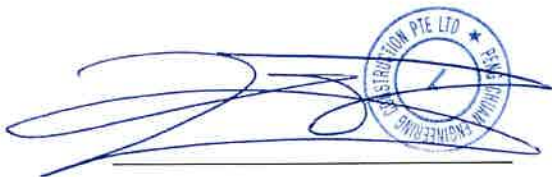
ACCIDENT INVOLVING XD 9336S AND YP 355X ON 3/9/2021 AT  
TUAS FLYOVER TOWARDS PIE

I/We, Peng Chau Engineering Construction Pte Ltd, am/are the registered owner of  
motor car no. XD 9336S

Please be informed that I have assigned all compensation monies due to me/us in the above  
accident to VFIX AUTO PTE LTD.

I/We hereby authorized you to release all monies pertaining to the above mentioned accident to  
VFIX AUTO PTE LTD and forward the settlement cheque to VFIX AUTO PTE LTD whom I/we  
have authorized to collect the said compensation monies.

Thank you,



Signature of Claimant &

Company Stamp if applicable

IC No.: 2 XX XX X394R

Date: 19/11/21



Signature of Witness

IC No.: 9018 30761R

Date: 19/11/21