

LONPAC INSURANCE BERHAD
100 BEACH ROAD
#19-00 SHAW TOWER
SINGAPORE 189702
ATTENTION: MOTOR CLAIMS

25TH OCTOBER 2021

"WITHOUT PREJUDICE"

ACCIDENT INVOLVING VEHICLES SCU1000Y AND SLB5499J ON 01.10.2021

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses, which are set out hereunder as follows:

Repair Cost : \$4,307.02

Loss of Use : \$600.00 (5 days x \$120)

LTA search : \$2.00

Total cost : \$4909.02

A copy each of the following supporting documents is enclosed:

Repair Invoice	Certificate of Insurance
Accident report	GIA Search
Letter of authority	Discharge voucher

Please forward us an acknowledgement of receipt of this letter within 14 days of your receipt, failing which our client will have no choice but to take action against you without any further notice to you or your client.

For any clarification, you can contact us at 97637000/ fax 67411626 or email to eulindrasim@tts.com.sg Thank you.

Yours sincerely,




Ms. Eulindra Sim
Motor Claims officer
Email: eulindrasim@tts.com.sg



TTS EURO CARS pte ltd
A member of the TTS Motor Group

Company Reg. No: 200413930H
GST No: 200413930H

HQ: 383 Sin Ming Drive, TTS Centre, Singapore 575717 Sales: +65 6842 2222 Admin: +65 6757 0122 After sales service: +65 6757 2622 Fax: +65 6741 1626
Branch : 73 Mackenzie Road Lot 14 & 15 Mackenzie Car Mall Singapore 228729 Tel : +65 6462 1111 Fax: +65 6252 4834

For corporate, fleet & leasing enquiries, please contact +65 6462 1111
24 Hours Roadside Assistance: +65 8862 7000
Website : www.tts.com.sg



TAX INVOICE

LONPAC INSURANCE BHD
100 BEACH ROAD
#19-00 SHAW TOWER
SINGAPORE 189702

Document No: IN21-301351
Date : 25/10/2021

Vehicle No : SCU1000Y
TOYOTA WISH 1.8 CVT
Mileage : 0

Staff ID : EULINDRA
Account No : LONPAC
Job No : T21-102482
Page 1

Description	Quantity	U Price	Disc%	Amount
REAR BOOT	1	1,477.00		1,477.00
REAR BOOT CHROME	1	370.00		370.00
REAR BOOT LOGO (TOYOTA)	1	66.00		66.00
REAR WINDSCREEN MOULDING	1	129.00		129.00
REAR BUMPER	1	491.00		491.00
SIDE RETAINER LH	1	89.00		89.00
REAR BOOT LAMP LH	1	360.00		360.00
REAR BUMPER CLIPS	1	5.00		5.00
LESS 25%	1	-746.75		-746.75
WIRING AND CONNECTION CHECK	1	20.00		20.00
TUFF KOTE AND SPRAY ANTI RUST PROOFING	1	30.00		30.00
LABOUR CHARGES TO DISMANTLE & REFIX REAR BUMPER, REAR BOOT, REAR END PANEL, SPARE TYRE PANEL TO REPAIR & ADJUST AFFECTED PORTION TO SPECIFIC DIMENSION TO REMOVE & REFIX REAR WINDSCREEN. CONDUCT WATER LEAK TEST	1	120.00		120.00
TO SUPPLY WINDSCREEN SEALANT FOR REAR WINDSCREEN	1	40.00		40.00
INNER SEAL FOR WINDSCREEN	1	30.00		30.00
TRANSFER REAR BOOT MECHANISM, LOCKS, TRIMS, SCUFF PLATES, MOTOR AND ALL OTHER AFFECTED PARTS	1	60.00		60.00
TO SUPPLY AND INSTALL REAR NUMBER PLATE WITH HOLDER	1	45.00		45.00
TO SUPPLY AND INSTALL REAR BUMPER REVERSE SENSORS	1	50.00		50.00
TO REMOVE & REFIX REAR REVERSE CAMERA	1	50.00		50.00
TO SPRAY PAINT REAR BUMPER, REAR BOOT, REAR END PANEL, SPARE TYRE PANEL AND ALL OTHER AFFECTED PORTION	1	660.00		660.00

Total 4,025.25
0.00

* Acknowledgement by Customer *

I confirm that the goods stated in this invoice have been received by me in good working order and condition. I further confirm that all services and/or repair jobs stated in this invoice are completed and done to my satisfaction.

7.00% GST Pur 281.77
Nett Total 4,307.02
=====

TTS EUROCARS PTE LTD

Name/Signature/NRIC No/Co Stamp (where applicable)

Authorised Signature



TTS EUROCARS pte ltd
A member of the TTS Motor Group

Company Reg. No: 200413930H GST No: 20-0413930-H

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24 Hours Emergency Assistance: +65 6475 2722

Website: www.tts.com.sg

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	02/10/2021 13:11 (SGT)
Date of Accident	01/10/2021 20:40 (SGT)
Exact Location of Accident	Near BKE, Eco-Link @ BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU1000Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY LEE LING (ZHENG LILIN)
NRIC No	SXXXX645E
Email Address	TAYLEELING@GMAIL.COM
Mobile Phone No	(Phone) +65-94875626
Alternative Phone No	+65-94875626

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10431239R01
Cover Note Number	-

DRIVER

Name of Driver	NG JUNMING
NRIC No	SXXXX434A

Date Of Birth	28/08/1981
Occupation	Indoor
Date Of Driving Pass	22/06/2000
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91120117
Alt. Phone Number	-
Email Address	NGJUNMING@GMAIL.COM
Address	97 CASHEW ROAD
Address complement	#14-06
Postcode	679668
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

PLEASE REFER TO ATTACHED SKETCH & 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	SLB5499J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHERYL
Contact Number	(Phone) +65-97912113
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

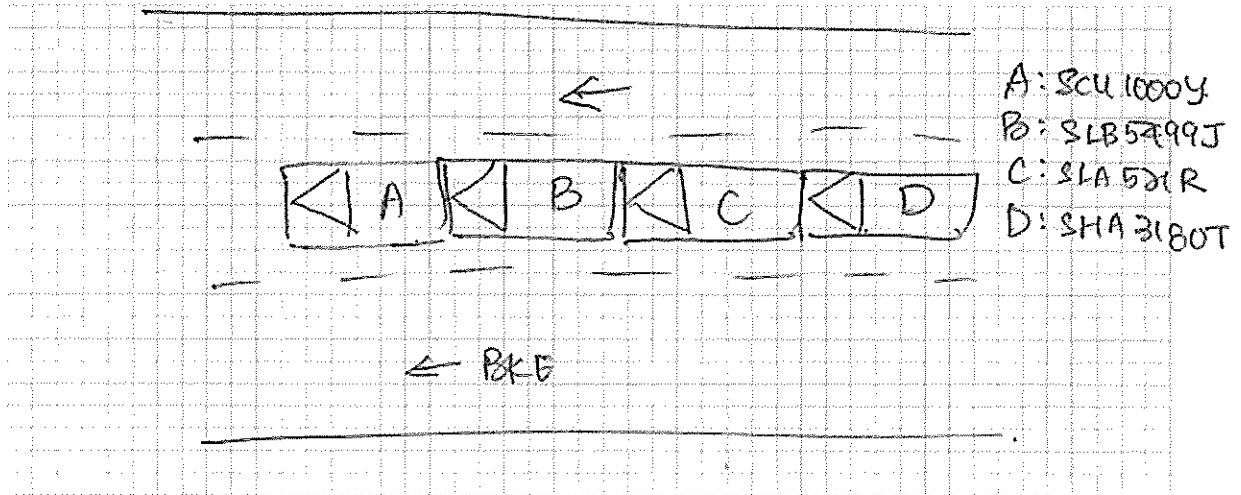
Vehicle Registration Number	SL1521R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LYDIA
Contact Number	(Phone) +65-86862378
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA3180T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WANG GIM SOON
Contact Number	(Phone) +65-92372966
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


It was around 8.40pm on 1st October 2021. I was driving along BKE towards Dairy Farm just before Eco-link bridge.

It was drizzling and traffic was heavy. I was on the 2nd lane. The car in front slowed down. I also slow down.


Traffic was almost coming to a standstill when I heard a bang from behind. After a short while, I heard another bang and this is when I felt my car being hit from behind.

DECLARATION

I/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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 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. 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' 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.
- (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/FIN No.:

DISKON (Diskon) Form 1/1

It pays to choose

**Budget
Direct**
insurance

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10431239R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10431239R01 (Comprehensive / Authorised Driver Plan / Any Workshop)

1) Vehicle Registration Number	:	SCU1000Y
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	14/09/2021 (00:00)
3) Date / Time of Expiry of Insurance	:	13/09/2022 (23:59)
4) Excess (i) Policy	:	S\$ 0.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Tay Lee Ling
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.		
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 any 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 accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Tay Lee Ling(20/05/1981)
Named Driver(s) / Date of Birth	:	Ng Junming (28/08/1981)
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
8) Finance Company	:	NA

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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
04/09/2021

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SLB5499j

Date of Accident

01/10/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **13/04/2021 - 12/04/2022**Requested By **Kavi (TTS EUROCARS PTE LTD)**Requested Date **02/10/2021 11:32****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**

Total Amount Due (GST

Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



TTS EUROCARS pte ltd

A member of the TTS Motor
Group

Company Reg. No: 200413930H

LETTER OF AUTHORISATION

ACCIDENT INVOLVING SL2521R
SCU1000Y, SLB 5799J, & SHA3180T ON 01/10/21
I, TAY LEE LING owner of Vehicle Registration No. SCU 1000Y

Hereby authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident. I further authorize TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my above claim.

I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by TTS Eurocars Pte Ltd/ TTS Motor Group Pte Ltd of the settlement amount in respect of such claim shall constitute the full discharge of the claim in respect of such loss and damage.

Signed By:

Name

NRIC No:

In the presence of:

Name EULINDRA SIM

NRIC No: S70394181

DISCHARGE VOUCHER

LONPAC INSURANCE BERHAD

NAME: TAY LEE LING

NRIC No.: S8116645E

CAR PLATE NUMBER: SCU1000Y

CLAIM TYPE: THIRD PARTY

POLICY No. : P10431239R01

INSURANCE EXCESS: NA

REPAIR COST: _____

DATE OF ACCIDENT: 01.10.2021

I hereby acknowledge having received from TTS EUROCARS PTE LTD, 383 Sin Ming Drive. TTS Centre Singapore 575717, my vehicle, which had been repaired to my satisfaction and acceptance.

I admit that payment of \$_____ account for such repairs is in full discharge of reference claim number SCU1000Y in respect of the Third Party claim to the said vehicle.

Dated this day of:



Signed by Policyholder / Insured



Signed by Workshop



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