



WITHOUT PREJUDICE

Our Ref: SLR 6983L

Your Ref: PC 1458B - D21002820MFBP

2nd November 2021

MS First Capital Insurance Ltd

Attn: Motor Claim Department

Dear Sir/Mdm,

Accident Involving: SLR 6983L and PC 1458B

Date of Accident: 9 October 2021

Location of Accident: BKE towards Woodlands @PIE Exit to BKE

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

Cost of Repair as agreed	\$ 6,206.00	\$5800 COR + \$406 GST 7%
Add Loss of Rental	\$ 1,620.00	9 Days - Inv#2110.2536 ***2 Days PRS + 1 Day Resurvey + 6 Repair Days Agreed + 1 Sunday
Total	\$ 7,826.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 7,833.45	

Kindly pay the Grand Total Amount of **\$7,833.45** 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: teamautooffice@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: teamautooffice@gmail.com / teamautoprl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Velosamy Nilavalaki Mrs. Harikrishan Serangam

PI Number	P2111-2417
PI Date	2-Nov-2021
Vehicle No.	SLR 6983L
Accident Date	9-Oct-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLR 6983L	COR Lump Sum		\$ 5,800.00

Notes:

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

Total Amount	\$	5,800.00
GST 7%	\$	406.00
GRAND TOTAL AMOUNT	\$	6,206.00

Authorized Signature





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AUTO**

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THIS IS YOUR INVOICE

Bill To:
Velosamy Nilavalaki Mrs. Harikrishan Serangam
340 Woodlands Ave 1 #11-585
S'6730340

Date:	19 Oct 2021
Invoice Number:	2110.2536
Vehicle Number:	SLR 6983L
Rental Vehicle Number:	SGY 3731P

S/N	Description	Unit Price	Quantity	Amount
1	Leasing of Vehicle Number: SGY 3731P Rental Rate Per Day: \$180.00 Rental Duration: 9 Commencement Date: 10-10-2021 Ceasement Date: 19-10-2021 * DRIVER: Mangala Dharshini D/O Harikrishan of S9227244C	\$180.00	9	\$1,620.00

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: \$1,620.00

Discount: \$0.00

Total Nett Amount Due: \$1,620.00



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



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

Print Date/Time : 10 Oct 2021 / 12:22:05

Receipt Date/Time : 10 Oct 2021 / 12:22:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211010-000460

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 - PC1458B				
As at 09 Oct 2021/14:25:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - PC1458B Enquiry Fee 20211010122132660772	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.: SLR 6983 L
and PC 1458 B and
and and
@ BKE towards Woodland @ PIE Exit To BKE
dated 09/10/2021

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	11/10/2021 16:17 (SGT)
Date of Accident	09/10/2021 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TWDS WOODLANDS @PIE EXIT TO BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6983L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VELOSAMY NILAVALAKI MRS.HARIKRISHAN SERANGAM
NRIC No	SXXXX894E
Email Address	NILAVALAKI21@GMAIL.COM
Mobile Phone No	(Phone) +65-97107544
Alternative Phone No	(Home) +65-97107544

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SLR6983L
Cover Note Number	-

DRIVER

Name of Driver	MANGALA DHARSHINI D/O HARIKRISHAN
NRIC No	SXXXX244C

Date Of Birth	31/07/1992
Occupation	Indoor
Date Of Driving Pass	14/08/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97301602
Alt. Phone Number	-
Email Address	NILAVALAKI21@GMAIL.COM
Address	BLK 340 WOODLANDS AVE 1 #11-585
Address complement	-
Postcode	730340
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

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	PC1458B
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

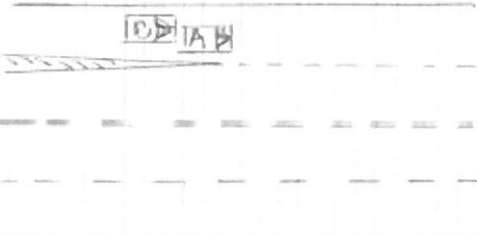
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 being 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.
 - (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

Bike Toward Woodlands @ PIE Exit to BKE * Vehicle A: SLR 6983 L
 * Vehicle B: PG 1458 B

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated
Venue. As I was driving in my lane and suddenly I heard a loud 'bang'
sound and I realised that vehicle B has collided with the rear of my vehicle.

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
[Signature]

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: 5093510096-04

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SLR6983L |
| Chassis Number | : ZSU600083364 |
| 2. Name of Policyholder | : VELOSAMY NILAVALAKI MRS. HARIKRISHAN SERANGAM |
| 3. Effective Date of Insurance | : 24 Aug 2021 |
| 4. Expiry Date of Insurance | : 23 Aug 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HARIKRISHAN S/O SERANGAM
NAMED DRIVER (1)	: MANGALA DHARSHINI D/O HARIKRISHAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 26 Jul 2021 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1553894E



Name
VELOSAMY NILAVALAKI
MRS HARIKRISHAN SERANGAM
வே நிலவழகி

Race
INDIAN


Date of birth
21-07-1962

Sex
F

Country/Place of birth
SINGAPORE

S1553894E

5925302



NRIC No. S1553894E



Date of issue
27-04-2018

Address
APT BLK 340 WOODLANDS AVENUE 1
#11-585
SINGAPORE 730340


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9227244C





Name
MANGALA DHARSHINI D/O
HARIKRISHAN
மங்கள தர்ஷினி
Race
INDIAN
Date of birth
31-07-1992
Sex
F
Country/Place of birth
SINGAPORE



5698682



MRIC No S9227244C



Date of issue
19-01-2017

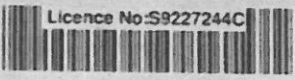
Address
APT BLK 340 WOODLANDS AVENUE 1
#11-585
SINGAPORE 730340

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	14 Aug 2017

NP 426A

Licence No: S9227244C



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9227244C

Name: MANGALA DHARSHINI D/O HARIKRISHAN

Birth Date: 31 Jul 1992
Issue Date: 14 Aug 2017

