

WITHOUT PREJUDICE

Our Ref: YQ 3625S Your Ref: GBF 9659K

1st April 2022

ATTN:

LKK Auto Consultants Pte Ltd

INSURER:

AIG Asia Pacific Insurance Pte Ltd

Dear Hsiao Tong

Accident Involving: YQ 3625S and GBF 9659K

Date of Accident:

8 October 2021

Location of Accident: Slip Road towards Upper Serangoon Road and PIE (Changi Airport)

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

GRAND TOTAL	\$	23,866.00	
Add Loss of Goods	\$	5,473.05	Inv#21780 : 66 CTN Heineken Quart 660ML (Inv attached)
Total	\$	18,392.95	
Add Search Fee	\$	7.45	
7.000 2000 01 000	*	3,700.00	+ 15 Days Repair Days Agreed + 2 Sunday
Add Loss of Use	S	3.780.00	21 DAYS - 2+2 Days PRS (9-Sat/10-Sun/11/12 Oct) + 1 Day Resurvey (13 Oct)
Cost of Repair Inc. GST	\$	14,605.50	\$13,650 COR Agreed + \$955.50 GST 7%

Kindly pay the Grand Total Amount of \$23,866.00 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: teamautoffice@gmail.com

Thank you

Regards

PROFORMA INVOICE AUTO

TTENTION:		
De Ba	r Essentials Pte Ltd	

PI Number	P2204-2591
PI Date	1-Apr-2022
Vehicle No.	YQ 3625S
Accident Date	8-Oct-2021

S/No Description	Unit Price	Quantity	Amount
Spare Parts and Labour for Accident Repair of Vehicle Nos. YQ 3625S	COR Lum	p Sum	\$ 13,650.00

Notes:

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

Total Amount	\$ 13,650.00
GST 7%	\$ 955.50
GRAND TOTAL AMOUNT	\$ 14,605.50

Authorized Signature

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

09 Oct 2021 / 13:03:45

Receipt Date/Time: 09 Oct 2021 / 13:03:45

Tax Invoice/Receipt

Receipt No.: ITNET-00000-211009-001139

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resu	t of Insurance Enquiry - GBF9659K				
As at	08 Oct 2021/14:32:00				
Insura	ance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
	Insurance Enquiry - GBF9659K				
	Enquiry Fee		7.00	0.49	7.49
	20211009130303617562				
		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.

TAX INVOICE / D.O. No.

Invoice / D.O.

: 21780

Date

: 08/10/2021

Salesperson

344456

Payment Term

: JAMES

Page

: C.O.D.

Bill To:

PLAYFAIR INCORPORATION PTE LTD

82 PLAYFAIR ROAD

S368001

#06-10 S9 Building Singapore 555859

Phone: 9389 3453

Email: sales@baressentials.com.sg Company & GST No: 201722334D

55 Serangoon North Avenue 4

Liquor License: L/LL/003814/2020/9



DE BAR ESSENTIALS PTE LTD



Attn: Tel:

Fax:

No	D			
No	Description	Quantity	Unit Price	Amount
1	HEINEKEN QUART 660ML	66	CTN 77.50	5,115.00

Remarks:

 Sub-Total
 5,115.00

 Add GST 7%
 358.05

 Total (\$\$)
 5,473.05

Notes:

1. Cheque should be crossed and made payable to "De Bar Essentials Pte Ltd".

2. DBS Current account number: 0039512112

3. Goods sold are not returnable.

4. There will be 3% interest charge per month on late invoices.

Authorised Signature

Company Stamp & Signature

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.:	YQ 3625 S
and		GB	F 9659 K			and		GBF 3404 T
and					*******	and		
@ _	Slip Roa	ad To	wards Up	per Serai	ngoon R	oad and	PIE (C	Changi Airport)
date	08/10)/202	!1					

- 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, (SENTIAL OF THE CONTROL OF THE C
Claimant Signature & Co's Stamp (if applicable)
Date:

SS0221A90005 / S & H Motor Pte Ltd ENTRY DATE & TIME: 09/10/2021 13:54 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (21/10/2021 10:27 (SGT))



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 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/10/2021 13:54 (SGT) 08/10/2021 14:32 (SGT) Upper Serangoon Rd, Singapore slip road towards Upper Serangoon Rd and PIE (Changi Airport) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ3625S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No. Alternative Phone No.

Yes De Bar Essentials Pte Ltd 201722334D kelvinchngbs@gmail.com (Phone) +65-88380838 (Home) +65-88380838

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Isuzu NPR75UH5A MT

Employment

No - Claiming third party Commercial vehicle Manual 5193

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

ERGO Insurance Pte. Ltd. Comprehensive DMCG21005138

DRIVER

Name of Driver Work Permit No Song Xiangzhang G2062147N



Date Of Birth 30/09/1990 Occupation Outdoor Date Of Driving Pass 04/09/2012 Driving experience 9 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-88380838 Alt. Phone Number **Email Address** kelvinchngbs@gmail.com Address 55 Serangoon North Ave 4 #06-10 Address complement Postcode 555859 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 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 3 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 unknown Gender Male **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 attached report. 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 GBF9659K Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver Work Permit No	Than Zaw Hlaing G5459124T
Contact Number	:=
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	200
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
3-1,-1,	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	GBF3404T -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	•
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-0
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.
- 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)

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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

On the Mater date.	and time I was truelling alo	ng the solanted
lenue. I was driving	straight on my designated lar	ne and suchdenly I
saw vehicle B which +	ravelled at the other have zell-de	d onto Vehrele C.
he to the impact, wh	ick 6 swerved to my lare and	cauting a telligion
sepween my values and	vehicle B. After the accordent,	the goods which
carried in my vehicle	e are damages.	
eclaration		
We declare the foregoing particulars are	true in every respect.	1
GENTIALO O O O O O O O O O O O O O O O O O O	Sonxunden	
	ver's Signature (If driver is not the policyholder) / Date	Witnessed by Rieporting Centre Personnel



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (6S) 6224 0010 Fax (6S) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S68550020G / GST Reg. No.: M600017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

-		with whom you submitted the O	riginal Report.	
		ADDI	ENDUM	
(A)	PARTICULARS OF	PERSONMAKINGTHEAMENDN	MENTS:	
	Original Report N	o: 550221 A 90005	Vehicle Registration No: Y& 3 (25 5	
	Name(as shownin NR	ici: De Bar Essentials fte L	NRIC/FIN/PassportNo : 2017 22334 D	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate			
	Address		RNNe 4 # 06-10	
	Contact (Tel)		Mobile No.: 8638 0838	
		: Kelvinchnybsegm		
E	Date of Accident	: 08/10/2021	Time of Accident: 14 - 32	
P	Place of Accident	: Slip Road Towards Up	per Servigion Read & Pit (Change Amport	
	nsurance Compan			
一大	The impact of the collismon also causing the left side tyre and rim of my vehicle hit onto the kerb. To add additional scene pictures			
_				
	- Carrier 1997			
	(201722.500) FG	Company of the second		
Poli Date	cyholder / Driver's	Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No:	



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

Certificate/Policy Number

DMCG21005138

Vehicle Registration Number

YQ3625S

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

DE BAR ESSENTIALS PTE LTD

Commencement Date of Insurance

23/04/2021

Expiry Date of Insurance

22/04/2022

Excess

EXCESS: (SECTION I).. ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).

S\$ S\$

500.00 300.00

EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS) ... YOUNG&INEXP DRIVERS(SECTION I)

24-Hour Helpline: 6100 1620

100.00 2,500.00

Finance Company/Hire Purchase Owner:

UNITED OVERSEAS BANK LTD

*Persons or Classes of Persons entitled to drive

- 1. The Policyholder
- 2. Any Person who is driving on the Policyholder's order or 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. 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.

* Limitations as to Use

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover:

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing 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 (Malaysia) are not to be included under these headings (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd. Approved Insurer

Karl-Keint Jun

Authorized Signature

A000606	HONG WEI VEHICLE PTE LTD	Contact Number: 64647339
Vehicle Chassis Numb	er : JAANPR75HM7100399, Vehicle Engine Number : 4HK10GX242	CP1, 23/04/2021 18:01







