



WITHOUT PREJUDICE

Our Ref: SMA 4422E

Your Ref: SKS 6548S

15th November 2021

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

Dear Asher,

Accident Involving: SMA 4422E and SKS 6548S

Date of Accident: 24 October 2021

Location of Accident: Airport Road X Eunos X Hougang Ave 3 (Traffic)

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

Cost of Repair Inc. GST	\$ 14,926.50	\$13,950 COR + \$976.50 GST
Add Loss of Use	\$ 2,000.00	20 DAYS **2 Days PRS (25/26 Oct) + 1 Day Resurvey (27 Oct) + 14 Repair Days Agreed + 2 Sunday (31 Oct, 7 Nov) + 1 PH (4 Nov - Deepavali)
Total	\$ 16,926.50	
Add Tow Fee	\$ 144.20	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 17,078.15	

Kindly pay the Grand Total Amount of **\$17,078.15** 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 / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

MKM Car Leasing Pte Ltd

PI Number	P2111-2428
PI Date	15-Nov-2021
Vehicle No.	SMA 4422E
Accident Date	24-Oct-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMA 4422E	COR Lump Sum		\$ 13,950.00

Notes:

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

Total Amount	\$	13,950.00
GST 7%	\$	976.50
GRAND TOTAL AMOUNT	\$	14,926.50

Authorized Signature





華 德 環 島 私 人 有 限 公 司

ISLAND RECOVERY SERVICES PTE LTD

Address: 26 Chia Ping Road Singapore 619977

Telephone: 6747 7400 Email: admin@islandrecovery.com.sg

Facsimile: 6844 7233 Web: www.islandrecovery.com.sg

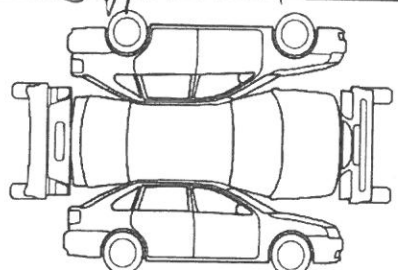
Co. Reg. No: 202114296E GST Reg. No: 202114296E

CASH SALES / WORK ORDER

NO: 1271826

DATE: 24/10/21

ACCOUNT OF: Cash

WORK DETAILS Time of Order: _____ Time Reached Location: _____ Time Left: _____ Time End: _____ Waiting Time: _____	VEHICLE DETAILS Vehicle No: <u>SMA 4422Z</u> Make & Model: <u>Audi A4 4HYB</u> LOCATION FROM <u>Ari Puri Res</u> 2ND TRIP LOCATION TO <u>176 Sin m. road 04-08</u>
TOWING / ROADSIDE ASSISTANCE Additional Charges <input type="checkbox"/> Using King Dolly <input type="checkbox"/> Basement / Multi Carpark <input type="checkbox"/> Midnight / Sunday / PH <input type="checkbox"/> Exotic / Luxury Vehicle <input type="checkbox"/> Crane Up / Winch Out <input type="checkbox"/> Open Door <input type="checkbox"/> Jump Start / Change Tyres / Change Battery <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Loaded / Equipment <input type="checkbox"/> Box <input type="checkbox"/> ERP / Carpark: _____ <input type="checkbox"/> Dismantle Shaft / Brake <input type="checkbox"/> Restricted Zone <input type="checkbox"/> Others: _____	TRANSPORTATION <input type="checkbox"/> Using Car Carrier <input type="checkbox"/> Using King Dolly <input type="checkbox"/> Restricted Zone 

REMARKS: _____

ACCEPTANCE

AMOUNT S\$ 60

GST S\$ 4.2

TOTAL S\$ 64.2

Driver / Owner Handled Over By
(Name & Signature)

Taken Over By
(Name & Signature)

Island Recovery Services Pte Ltd
(Driver)

Disclaimer: Island Recovery Services Pte Ltd and its staff and/or any person associated therewith cannot be held liable for any loss or damage that is incurred or may be incurred by any person as a direct or indirect result of the use of Island Recovery Services Pte Ltd's service



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. 30896

Date : 25/10/21



M/S

Team Auto

Vehicle No

SMA4422E

Model

T/Prime

From

Autocare @ sm # 04-08

Call Time

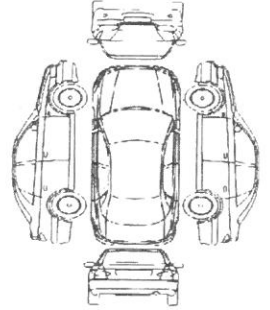
To

Autocity @ sm # 07-14

Time Arrival

Remarks

Arrival Workshop :



- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Change Tyres / Patch Tyre | <input type="checkbox"/> Accident | <input type="checkbox"/> Use Car Carrier | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door | <input type="checkbox"/> Jump Start |
| <input checked="" type="checkbox"/> Using King Dolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | |

Accident
Claim

AMOUNT S\$ 80/2

[Signature]

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.

> Back to OneMotoring



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

Print Date/Time : 25 Oct 2021 / 14:11:52

Receipt Date/Time : 25 Oct 2021 / 14:11:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211025-002157

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 - SKS6548S				
As at 24 Oct 2021/08:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKS6548S Enquiry Fee 20211025141055718808	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.: SMA4422E
and SKS6548S and
and and
@ AIRPORT ROAD X EUNOS LINK X HOUGANG AVE 3 (TRAFFIC)
dated 24/10/2021.

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)

25/10/21

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	25/10/2021 16:51 (SGT)
Date of Accident	24/10/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT ROAD X EUNOS LINK X HOUGANG AVE 3 (TRAFFIC)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4422E
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INSURED/POLICYHOLDER

Is company?	Yes
Name of Registered Owner	MKM CAR LEASING PT ELTD
Company Reg No	2XXXXX734R
Email Address	RINA@MKMCARLEASING.COM.SG
Mobile Phone No	(Phone) +65-67476880
Alternative Phone No	(Office) +65-67476880

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SPMF1000000476
Cover Note Number	SPMF1000000476

DRIVER

Name of Driver	LOW KWANG POH
NRIC No	SXXXX289C

Date Of Birth	22/01/1964
Occupation	Outdoor
Date Of Driving Pass	29/08/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80281289
Alt. Phone Number	-
Email Address	RINA@MKMCARLEASING.COM.SG
Address	APT BLK 446A JALAN KAYU
Address complement	#10-308
Postcode	791446
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	Collision - Cross Junction
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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS6548S
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)	-


Describe Circumstances of the Accident

On the stated date and time, I Vehicle 'A' was travelling straight, Time traffic light green so i straight going, Suddenly vehicle 'B' hit my front right make me lost control and my vehicle moving to the left, That All...

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

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

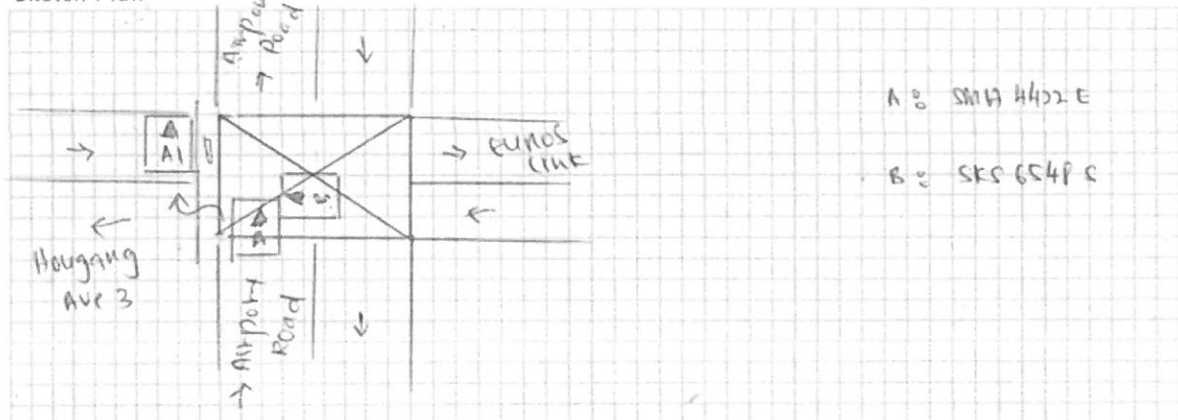
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 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



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SPMF1000000476
Date of Issue : 04 August 2021
Coverage : COMPREHENSIVE
Policyholder : MKM CAR LEASING PTE LTD
Finance Company : -
Period of Insurance : 17 August 2021 To 16 August 2022 (both dates inclusive)
Registration Number : SMA4422E
Chassis Number of Vehicle : ZVW400029163

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 the his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use^:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
(b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
(c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.


[^] Limitation rendered inoperative by Section 8 of 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

04 August 2021
Issue Date


Hicham Raissi
Chief Executive Officer
Allianz Insurance Singapore Pte. Ltd.

6162898



NRIC No. **S1651289C**



Date of issue

03-04-2019

APT BLK 446A JALAN KAYU #10-308

SINGAPORE 791446

NRIC No: XXXXX289C

Date of change: 03/10/2020

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1651289C**



Name

LOW KWANG POH

刘 光 宝

Race

CHINESE

Date of birth

22-01-1964

Sex

M

Country/Place of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE

29 Aug 1981



Licence No: S1651289C

NP 428A

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

Type	Description	Issue Date
02	TAXI VL	01/2017



REPUBLIC OF SINGAPORE DRIVING LICENCE

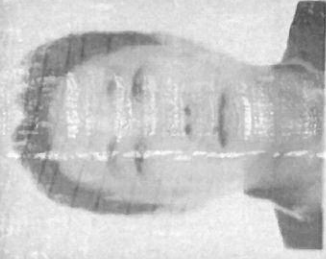
Licence Number: S1651289C

Name:

LOW KWANG POH

Birth Date: 22 Jan 1964

Issue Date: 04 Mar 2016



002543879D

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1651289C

Name: LOW KWANG POH

Issue Date: 25/1/2017



Please visit www.lta.gov.sg to check the status of this vocational licence