



WITHOUT PREJUDICE

Our Ref: SLU 8753E

Your Ref: SGX 8455J

19th November 2021

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

Dear Cecilia,

Accident Involving: SLU 8753E and SGX 8455J

Date of Accident: 4 November 2021

Location of Accident: Slip Road of Choa Chu Kang Drive towards KJE (BKE)

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

Cost of Repair Inc. GST	\$ 6,473.50	\$6050 COR + \$423.50 GST
Add Loss of Rental	\$ 1,620.00	9 DAYS - Inv#2111.2738 2 Days PRS (8/9 Nov) + 2 Days Resurvey (10/11 Nov) + 5 Repair Days Agreed + 1 Sund (14 Nov)
Total	\$ 8,093.50	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 8,100.95	

Kindly pay the Grand Total Amount of **\$8,100.95** 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: teamautoffice@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: teamautoffice@gmail.com / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Andy Yeong Inn Loong

PI Number	P2111-2436
PI Date	19-Nov-2021
Vehicle No.	SLU 8753E
Accident Date	4-Nov-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLU 8753E	COR Lump Sum		\$ 6,050.00

Notes:

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

Total Amount	\$	6,050.00
GST 7%	\$	423.50
GRAND TOTAL AMOUNT	\$	6,473.50

Authorized Signature





**TEAM[®]
AUTO**

Your Team Of Automotive Professionals

THIS IS YOUR INVOICE

Bill To:
Andy Yeong Inn Loong
685A Choa Chu Kang Crescent #10-274
S'681685

Date:	18 Nov 2021
Invoice Number:	2111.2738
Vehicle Number:	SLU 8753E
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: 09-11-2021 Ceasement Date: 18-11-2021	\$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

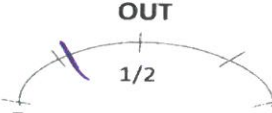
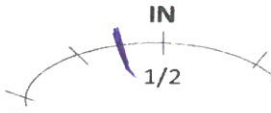
Bank Transfer / Cash / Cheque / Credit Card: _____

Date: _____

Team AutoCare Pte. Ltd. (Registration No: 202013212Z)

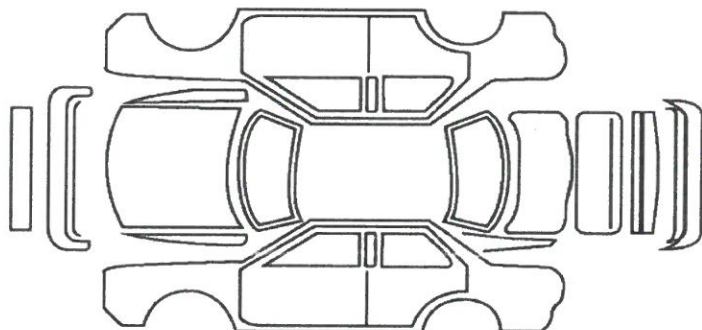
160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com

HIRER'S PARTICULAR		Vehicle No / Model	Rental Vehicle No / Model
Name: <u>Andy Yeong Lnn Loong</u>		<u>SLU 8753 E (X-Trail)</u>	<u>SGY 3731 P (Camry)</u>
NRIC/Passport No: <u>S 7702789 J</u>		Date / Time Out:	Date / Time In:
Driving Licence No: _____ Exp: _____		<u>09-11-21</u>	<u>18/11/2021 (10am)</u>
Address: <u>Blk 685A Chou Chu Kang Crescent</u> <u>#10-274 S (681685)</u>		Fuel Tank Level	
Tel: <u>8157-6066</u>		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> OUT  </div> <div style="text-align: center;"> IN  </div> </div>	

ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES		TOTAL S\$
Name: _____		Hour @ _____	per hour	
NRIC/Passport No: _____		9 Days @ <u>\$180</u>	per days	<u>\$1,620</u>
Driving Licence No: _____ Exp: _____		Weeks @ _____	per week	
Address: _____		Months @ _____	per month	
Tel: _____		Additional Payable: _____		

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES



Additional Payable: _____

SUBTOTAL Payable: \$1620 /-

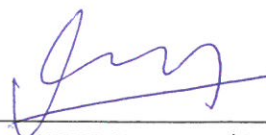
DEPOSIT AMOUNT PAID	DEPOSIT AMOUNT REFUNDED / Date
Mode of Payment	
ADDITIONAL REMARKS	

Physical Damage Excess		Acknowledgement
Singapore - Own Damage	\$2,500	
Singapore - 3rd Party Damage	\$2,500	
Malaysia (If applicable)	\$8,000	
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)	

HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.

IMPORTANT NOTE :

- The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.
- Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of Team AutoCare Pte Ltd.
- Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.
- In case of accident, the hirer shall report to Team AutoCare Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours



HIRER Signature / Date



Authorized Signatory On Behalf of Team AutoCare Pte Ltd

> Back to OneMotoring



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

Print Date/Time : 05 Nov 2021 / 14:03:14

Receipt Date/Time : 05 Nov 2021 / 14:03:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211105-002209

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 - SGX8455J				
As at 04 Nov 2021/12:54:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SGX8455J Enquiry Fee 20211105140226950258	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.: SLU 8753 E
and SGX 8455 J and
and and
@ Slip Rd of Choa Chu Kang Drive Towards KJE (BKE)
dated 04/11/2021

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	05/11/2021 16:44 (SGT)
Date of Accident	04/11/2021 12:54 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	SLIP ROAD OF CHOA CHU KANG DRIVE TOWARDS KJE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8753E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDY YEONG INN LOONG
NRIC No	SXXXX789J
Email Address	YEONGANDY@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81576066
Alternative Phone No	(Home) +65-81576066

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-004095
Cover Note Number	16/06/2021 TO 15/06/2021

DRIVER

Name of Driver	ANDY YEONG INN LOONG
NRIC No	SXXXX789J



Date Of Birth	07/02/1977
Occupation	Indoor
Date Of Driving Pass	14/07/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81576066
Alt. Phone Number	(Home) +65-81576066
Email Address	YEONGANDY@YAHOO.COM.SG
Address	BLK 685A CHOA CHU KANG CRESCENT #10-274
Address complement	-
Postcode	681685
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	SGX8455J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GIRIBABU NAGAPATIA
NRIC No	SXXXX562Z
Contact Number	(Phone) +65-91453036
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


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:

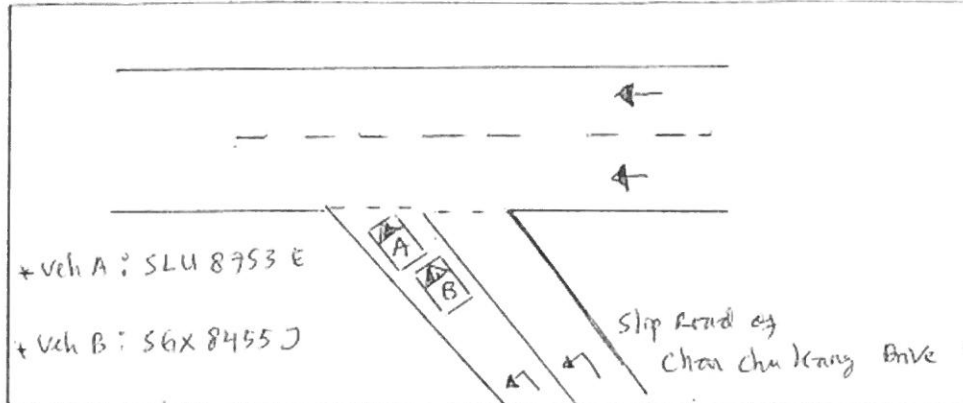
 
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 05/11/2021

GIA-454T Sketch/Plan Form 2021

Eq insurance
 Vehicle: SLU8753E
 05/11/2021

Date of accident: 04/11/2021 Time: 12:54 Location: Slip Rd of Choa Chu Kang Drive
 My Vehicle A: SLU 8753 E Vehicle B: SGX 8455 J Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along the stated venue. I braked my vehicle before coming out from the slip road as there was an oncoming vehicle at the main road and suddenly vehicle B collided onto the rear of my vehicle.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Team AutoPro Pte. Ltd.

Email address: Teamautoprot@gmail.com

& myself: Andy Yeong Inn Loong

Email address: yeongandy@yahoo.com.sg

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.:

05/11/2021

AH LIM MOTOR COMPANY

GRAPHIC SketchPlanForm_V2

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**PRIVATE CAR
Comprehensive Premier****Certificate No. : DMPPHQ21-004095**

Comprehensive Plan - Any Workshop

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLU8753E

2. Name of Policyholder

YEONG INN LOONG

3. Effective Date of the Commencement of Insurance for the purpose of the Act

16/06/2021

4. Date of Expiry of Insurance

15/06/2022

5. Person 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 permission
permission.EQI Motor Accident
Hotline**6311 3211**

* 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 regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials 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 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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : UNITED OVERSEAS BANK LIMITED

A000137/I. Insurance
Date of Issue : 24/05/2021 12:17Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ20-003534**

A Member of Citystate

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7702789J

Name: ANDY YEONG INN LOONG

Birth Date: 07 Feb 1977

Issue Date: 23 Nov 2011

002020220C

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S7702789J		
	Name	
	ANDY YEONG INN LOONG	
	Race	
	CHINESE	
Date of birth		
07-02-1977	Sex	
	M	
Country of birth		
SINGAPORE		S7702789J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	23 May 1994
Class 2A	Motorcycles between 201 cc and 400 cc	07 Jul 1995
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Jul 1999

NP 428A

Licence No: S7702789J

4586377





NRIC No. **S7702789J**

Date of Issue
27-05-2010

Address
**APT BLK 685A CHO A CHU KANG CRESCENT
#10-274
SINGAPORE 681685**