



WITHOUT PREJUDICE

Our Ref: SJN 5810D

Your Ref: SMD 6360X

28th December 2021

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

Dear Asher,

Accident Involving: SJN 5810D and SMD 6360X
Date of Accident: 13 November 2021
Location of Accident: Slip Road fr Bt Panjang Ring Rd to Bt Panjang Rd

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

Cost of Repair Inc. GST	\$	3,691.50	\$3450 COR + \$241.5 GST
Add Loss of Use	\$	720.00	9 DAYS - 2 Days PRS (15/16 Nov) + 1 Day Resurvey (17 Nov) + 5 Repair Days Agreed + 1 Sunday (21 Nov)
Total	\$	4,411.50	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	4,418.95	

Kindly pay the Grand Total Amount of **\$4,418.95** 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: teamautooffice@gmail.com

Thank you.



Regards
Adel (Ms)

PROFORMA INVOICE

**ATTENTION:**

NGS Motorsport Pte Ltd

PI Number	P2112-2479
PI Date	28-Dec-2021
Vehicle No.	SJN 5810D
Accident Date	13-Nov-2021

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJN 5810D	COR Lump Sum		\$ 3,450.00

Notes:

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

Total Amount	\$	3,450.00
GST 7%	\$	241.50
GRAND TOTAL AMOUNT	\$	3,691.50

Authorized Signature





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

Print Date/Time : 15 Nov 2021 / 17:01:05

Receipt Date/Time : 15 Nov 2021 / 17:01:05

81N 5810D

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211115-003282

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SMD6360X As at 13 Nov 2021/09:15:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMD6360X Enquiry Fee 20211115165950100364	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				
436324XXXXX5381		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.: SJN 5810 D
and SMD 6360 X and
and and
@ Slip road from Bukit panjang ring road to Bukit panjang road
dated 13/11/2021.

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	15/11/2021 17:22 (SGT)
Date of Accident	13/11/2021 09:15 (SGT)
Exact Location of Accident	Bukit Panjang Ring Rd, Singapore
Additional Location Information	slip road from Bukit Panjang Ring Road to Bukit Panjang Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5810D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NGS Motorsport Pte Ltd
Company Reg No	201812604N
Email Address	ngsmotorsportaccident@gmail.com
Mobile Phone No	(Phone) +65-88283773
Alternative Phone No	(Home) +65-88283773

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Commercial vehicle
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VFX/P2353908
Cover Note Number	-

DRIVER

Name of Driver	Muhammad Nurhalim Bin Rahman
NRIC No	S9321355F

Date Of Birth	23/06/1993
Occupation	Outdoor
Date Of Driving Pass	23/04/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88283773
Alt. Phone Number	-
Email Address	ngsmotorsportaccident@gmail.com
Address	10 Ang Mo Kio Ind Park 2A #02-01
Address complement	-
Postcode	568047
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police 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	SMD6360X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Muhammad Nurhalim Bin Rahman
Gender	Male
Phone No	(Phone) +65-88283773
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJN5810D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to Police report

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

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 willful 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 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.
- (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.

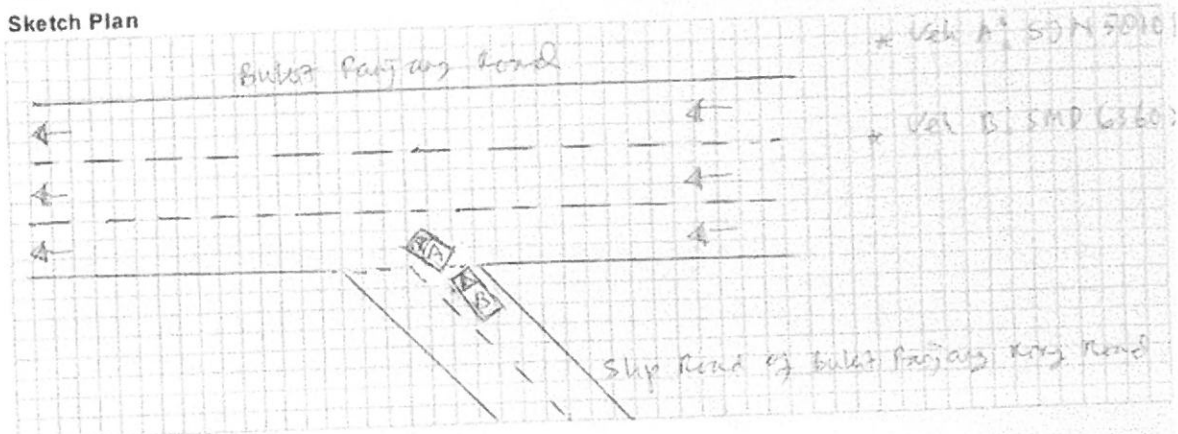


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20211115/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211115/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2021 15:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NURHALIM BIN RAHMAN			Address: 55 LORONG 5 TOA PAYOH #07-174 SINGAPORE 310055		
ID Type / ID No.: NRIC NO / S9321355F			Contact No.: Home/Office: Mobile: 88283773		
Nationality: SINGAPORE CITIZEN			Email: racerloverboy7@gmail.com		
Sex: Male	Age: 28	Date of Birth: 23/06/1993	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2021 09:15	Type of Location: Slip Road
Location: Slip road from Bukit Panjang Ring Road to Bukit Panjang Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN5810D	Car					0
SMD6360X	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211115/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211115/7036

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NURHALIM BIN RAHMAN	ID No.	S9321355F
Related Vehicle	SJN5810D (Car)	Contact No.	88283773
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I (SJN 5810 D) was travelling along the stated venue. As I proceeded to turn into Bukit Panjang Road, I noticed one vehicle travelled at a fast speed and I quickly braked to stop. When I have come to a complete halt, suddenly vehicle bearing no: SMD 6360 X collided onto the rear of my vehicle. After the accident, both of us alighted and took some pictures. I felt unwell, discomfort on my neck and shoulder. I then went to visit a doctor and was given a 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20211115/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211115/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/11/2021 15:39

Classification Of Case:

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



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)

CERTIFICATE NO. : VFX/P2353908 Account No. : 03926
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : NGS MOTORSPORT PTE LTD
Vehicle Registration No. : SJN5810D
Period of Insurance : From 05/12/2020 To 04/12/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. ANY AUTHORISED DRIVER

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.

LIMITATIONS AS TO USE*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(b) Use for social, domestic and pleasure purposes.

The Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

EXCESS :

Sect II-Used In Singapore Only : SGD 1,500.00

Sect II-Driven Outside S'pore : SGD 3,000.00

* 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).

AXA INSURANCE PTE LTD


Authorized Signature

Issued by - SGOVKRS2 on 30/11/2020

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S9321355F**

Name: **MUHAMMAD NURHALIM BIN RAHMAN**

Birth Date: **23 Jun 1993**

Issue Date: **23 Apr 2012**

D02062409J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9321355F**

Name: **MUHAMMAD NURHALIM BIN RAHMAN**

Race: **MALAY**

Date of birth: **23-06-1993**

Country/Place of birth: **SINGAPORE**

Sex: **M**





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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	04 Oct 2012
Class 2A	Motorcycles between 201 CC and 400 CC	06 Jun 2014
Class 2	Motorcycles > 400 CC	15 Dec 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	23 Apr 2012

S9321355F **S / No.9000311835**

Licence No. **S9321355F**

NP 428A

5564083

S9321355F

NRIC No. **S9321355F**

Date of issue: **20-02-2016**

Address: **APT BLK 55 LORONG 5 TOA PAYOH #07-174 SINGAPORE 310055**

