

LEE BROTHERS AUTOMOTIVE PTE.LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

SINGAPORE 417883

TEL: 6509 5521 FAX: 6509 5523 GST Reg. No. : 201101880C

ATTN:THE MOTOR CLAIMS DEPARTMENT

CHINA TAIPING INSURANCE (S) PTE LTD

3 ANSON ROAD #16-00

SPRINGLEAF TOWER

SINGAPORE 079909

Yrs Ref. : SMM649G

Our Ref. : LB0222-3087

Date: : 01.04.2022

Accident involving SMA4367G and SMM649G on 30.01.2022 at 1910HRS along Toa Payoh Lorong 6 x Toa Payoh East

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have suffered loss and expenses.

We are instructed by our client to make a property damages claims as:-

	<u>Amount</u>
1. Cost of repair (Inc GST)	S\$ 2,140.00
2. Loss of Rental (5 Days @ S\$160 PerDay)	S\$ 800.00
3. Towing	S\$ -
5. LTA Search fee	S\$ 7.45
4. E-File Serach fee	S\$ 29.00
Claim Amount	S\$ <u><u>2,976.45</u></u>

Enclosed are the following documents for your perusal.

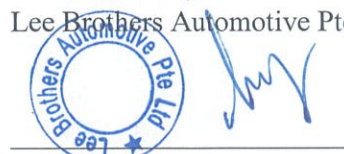
<input checked="" type="checkbox"/> Original Final repair Bill	<input checked="" type="checkbox"/> Letter of Authority
<input type="checkbox"/> Original Survey Report & Invoice	<input checked="" type="checkbox"/> Rental Agreement /Receipt
<input type="checkbox"/> Original Photographs of [SMA4367G]	<input checked="" type="checkbox"/> E-File Search Fee/LTA Receipt
<input checked="" type="checkbox"/> GIAS Reports of [SMA4367G]	<input type="checkbox"/> Vehicle Registration Card
<input checked="" type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Driver's Driving License / Identity Card
<input type="checkbox"/> Report Of A Traffic Accident	

Your prompt action will be greatly appreciated.

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours faithfully,

Lee Brothers Automotive Pte.Ltd



admin@leebrothers.com.sg

LEE BROTHERS AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883

Tel : (65) 6509 5521 Fax : (65) 6509 5523

Email : sales@leebrothers.com.sg

Co. Reg. : 201101880C

GST Reg. No. : 201101880C

TAX INVOICE

10101

Messrs : **CHINA TAIPING INSURANCE (S) PTE LTD**
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Claim No. : LB0222-3087

Acc. Date : 30.01.2022

Veh. No./Model : SMA4367G / HONDA CIVIC

Date : 01.04.2022

QTY	DESCRIPTIONS	AMOUNT
	Repair Cost : Inclusive of supply parts, panel beating, spray painting and labour.	2,000.00
	Sub-total	\$ 2,000.00
	Add GST 7%	\$ 140.00
	Total Amount	\$ 2,140.00

E. & O.E.

* Please make all payments to " Lee Brothers Automotive Pte Ltd "

* All service and repairing are in good order & conditions.



Customer Sign & Chop

Lee Brothers Automotive Pte Ltd

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	07/02/2022 20:10 (SGT)
Date of Accident	30/01/2022 19:10 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4367G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP SI MIN ESTHER
NRIC No	SXXXX060D
Email Address	SLIVERDOG91@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98504472
Alternative Phone No	(Home) +65-98504472

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117572741-01
Cover Note Number	-

DRIVER

Name of Driver	LEE BANG ZHENG, JASON
NRIC No	SXXXX784E

Date Of Birth	11/10/1991
Occupation	Indoor
Date Of Driving Pass	24/05/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96511606
Alt. Phone Number	-
Email Address	SLIVERDOG91@HOTMAIL.COM
Address	APT BLK 626 ANG MO KIO AVE 4 #11-1076
Address complement	-
Postcode	560626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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 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	SMM649G
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)	-

SKETCH PLANIMPORTANT 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.
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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:

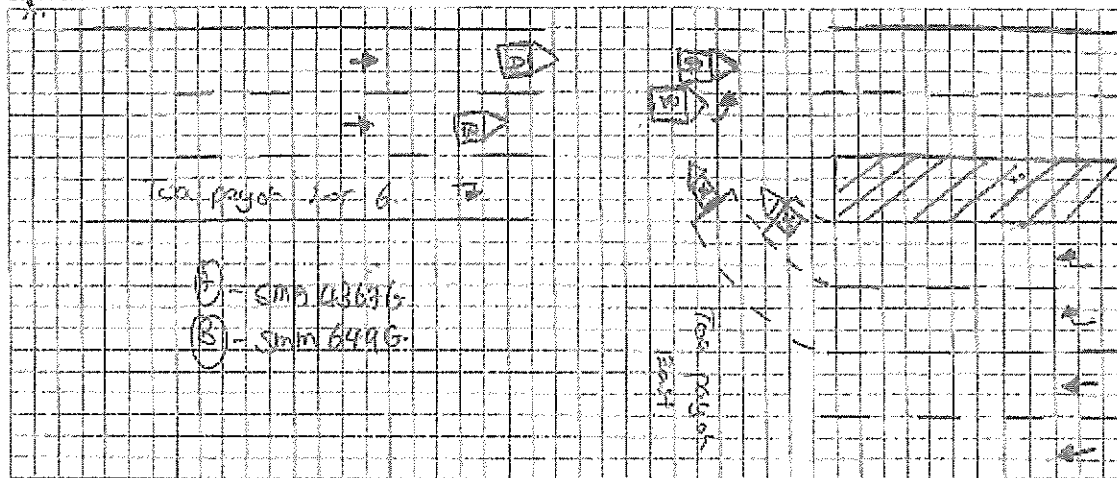


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along Toa payoh lor 6 towards PZB. As I cross the cross Junction, I suddenly felt an impact on my right. I came down from my vehicle and exchange details with vehicle B. Vehicle B driver told me that opposite vehicle, come out too much and scare hit onto their vehicle as such move left however hit onto my vehicle. We exchange contact and was told to make report for insurance settle.

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.:

Accident Report Form 22

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: 5117572741-01 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMA4367G
Chassis Number : MRHFC1660JT000054
2. Name of Policyholder : YAP SI MIN ESTHER
3. Effective Date of Insurance : 07 Jun 2021
4. Expiry Date of Insurance : 06 Jun 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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YAP SI MIN ESTHER
NAMED DRIVER (1)	: N/A
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 : INN-SHI (HOLDINGS) PTE. LTD. (01000614389)

Date of Issue : 17 May 2021 15:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Authorisation Third Party Claim Demand

Date:

To: CHINA TAIPING INSURANCE (S) PTE LTD

RE: ACCIDENT INVOLVING VEHICLE No.: SMA 4367G & SMM 649 G

AT / ALONG Toa Payoh Lorong 6 X Toa Payoh East

ON 30/01/2022

I/We, Yap Si Min, Esther of (NRIC No. / ROC No.)

S9231060D of B1K 214 Lorong 8 Toa Payoh, #07-737 B) 310214

owner of vehicle no. SMA 4367G in consideration of M/S

Lee Brothers Automotive P/L repairing my/our vehicle SMA 4367G at

my/our instruction and hereby authorise M/S Lee Brothers Automotive Pte Ltd to


demand claim settle receive whatever amount settled / payable by the insurance company and / or

third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs,

car rental and / or less of use, etc. and to their appointing solicitor to act for me / us in respect of

the said accident / claim and all claimed and / or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above mentioned claim costs which may arisen therewith.

Signature of Owner: 

Date:

CARZ RENTAL PTE. LTD.

1 Kaki Bukit Avenue 6, #02-47 Autobay,
Singapore 417883
Tel: (65) 6509 5521 Fax: (65) 6509 5523

VEHICLE RENTAL AGREEMENT

SMA 4367G

ROC NO: 201312119K

RA NO: 4109

Hirer Particulars -		Veh. No. <u>SLP6069L</u>		Replace veh. No.	
Name	<u>Lee Bangzheng</u>	Make / Model	<u>Toyota Sienta</u>		Auto/Manual
Address	<u>B1K 626, Ang Mo Kio Ave 4</u>	Date/Time Out	<u>23/02/2022 5:30pm</u>		KM Out
	<u>#11-1076 (S) 560626</u>	Date/Time In	<u>28/02/2022 10:00am</u>		KM In
NRIC/Passport	<u>89137784E</u>	Mobile	<u>96511606</u>		Estimated Date/Time Return
Tel (O)		Fax			Rental charges -
				S\$	S\$
Authorised Driver's Particulars -		Hours	@	Per Hour	
Name	<u>Lee Bangzheng, Jason</u>	<u>05</u>	Days	@	<u>160:00</u>
Address	<u>B1K 626 Ang Mo Kio Ave 4</u>	Weeks	@	Per Week	<u>\$800.00</u>
	<u>#11-1076 (S) 560626</u>	Months	@	Per Month	
NRIC/Passport	<u>89137784E</u>	Nationality	<u>S'porean</u>		Sub-Total
Date of Birth	<u>11/10/1991</u>	Occupation			Less Discount
D/Licence No.	<u>24/05/2010</u>	Mobile	<u>96511606</u>		Sub-Total
Expiry Date	<u>pass</u>	Tel (O)			Optional Charges -
Country of Issue	<u>Singapore.</u>	Tel (H)			Delivery @ Per Trip
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Collection @ Per Trip			Others
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT</p> </div> <div style="text-align: center;"> <p>LEFT</p> </div> <div style="text-align: center;"> <p>RIGHT</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>REAR</p> </div>		Sub-Total			
		Add 7% GST			
		(A) Estimated Total Rental			
		Extension -			
		Extension Rental	X		
Surcharge (Malaysia)	X				
P.A.I.	X				
	X				
Others -					
Misc :					
Cash/Nets/Cheque/VISA/MC Card No:					
Sub-Total		<u>\$800.00</u>			
Add 7% GST					
(B) Extension/others Total					
(A) + (B) Grand Total Rental Charges					
Less Prepayment					
Balance Due					
Deposit	Deposit Refunded				
Amount					
Remarks:		Received by			
<p>IMPORTANT NOTE:</p> <ol style="list-style-type: none"> Only persons aged 24 and above or below 65 with 2 years or more driving experience, authorized, licensed and signing this agreement may drive the vehicle. In case of accident, the Hirer shall report to rental office immediately. If there is any bodily injury, a police report must be made within 24 hours. Vehicle is strictly for SINGAPORE USE ONLY, and may not be driven out of Singapore without prior consent of Carz Rental Pte. Ltd. Unauthorised drivers, drivers who did not fulfill the above requirement are liable for the full cost & other losses suffered by Carz Rental Pte. Ltd. should the vehicle is damaged or stolen. 		<p>The hirer hereby read and understood all terms and conditions stated on this page and overleaf :</p> <p>for Carz Rental Pte. Ltd.</p> <p></p> <p>Hirer Signature/Co's Stamp/Date</p> <p></p> <p>Authorised Signature/Date</p>			

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Feb 2022 / 13:37:18

Receipt Date/Time : 04 Feb 2022 / 13:37:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220204-001676

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 - SMM649G				
As at 30 Jan 2022/19:00:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SMM649G Enquiry Fee 20220204133627970908	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				
20220204133640286		Direct Debit: eNETS Debit (Internet Banking)		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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Date of Request: 10/02/2022

Your Ref No: SMA4367G

LEE BROTHERS AUTOMOTIVE PTE LTD

Dear Sir/Madam,

Date of Accident: 30/01/2022 00:00 (SGT)

Vehicle No: SMA4367G

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMM649G	Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.