



WITHOUT PREJUDICE

Our Ref: SMG 7221S

Your Ref: SNA 9991 J <Previous Carplate SMY 6358T> - S2M03TOA

10th March 2022

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Asher,

Accident Involving: SMG 7221S and SNA 9991 J <Previous Carplate SMY 6358T>

Date of Accident: 12 February 2022

Location of Accident: Slip Road from CTE to PIE before Upper Serangoon Exit

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

Cost of Repair Inc. GST	\$ 2,300.50	\$2150 COR Agreed + \$150.50 GST
Add Loss of Rental	\$ 1,620.00	9 Days - Inv#81: 2+3 Days PRS (18/19-Sat/20-Sun/21/22 Feb) + 1 Day Resurvey (23 Feb) + 3 Repair Days Agreed
GRAND TOTAL	\$ 3,920.50	

Kindly pay the Grand Total Amount of **\$3,920.50** 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)

PROFORMA INVOICE

**ATTENTION:**

Bok Jia Yun

PI Number	P2203-2563
PI Date	10-Mar-2022
Vehicle No.	SMG 7221S
Accident Date	12-Feb-2022

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SMG 7221S	COR Lump Sum		\$ 2,150.00

Notes:

Total Amount	\$	2,150.00
GST 7%	\$	150.50
GRAND TOTAL AMOUNT	\$	2,300.50

Authorized Signature

A blue ink signature is written over a circular blue stamp. The stamp contains the text 'TEAM AUTOPRO PTE. LTD.' around the top edge, 'TEAM AUTO PRO' in the center, and 'Reg No: 201811621K' around the bottom edge.

INVOICE

Grace Auto Leasing
176 SIN MING DRIVE
#03-10 SIN MING AUTOCARE
575721
Singapore

Mobile: 92372843

BILL TO
Bok Jia-Yun
450A Sengkang West Way
#06-335
Singapore, 791450
Singapore

81187958

Invoice Number: 81

Invoice Date: February 28, 2022

Payment Due: February 28, 2022

Amount Due (SGD): \$1,620.00

Items	Quantity	Price	Amount
SMJ5185K CLA180 Mercedes Benz CLA180 rental from 18th Feb 2022 till 27th Feb 2022 total 9 days	9	\$180.00	\$1,620.00

Total: \$1,620.00

Amount Due (SGD): \$1,620.00

GRACE AUTO LEASING

3m6 72215

BLK 176 SIN MING DRIVE #03-10 SIN MING AUTOCARE S(575712)

Reg No. 53387089E

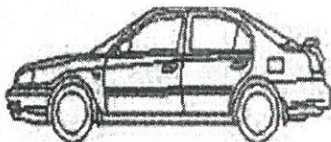
VEHICLE RENTAL AGREEMENT

Kindly fill up all of the details below

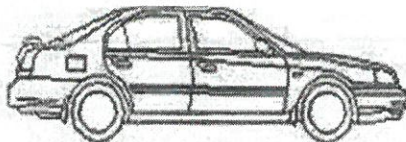
CAR MODEL/CARPLATE:	SMTS S185K (LA 180)		
HIRER'S NAME:	Bok Jia-Yun		
NRIC/PASSPORT NO.:	S 8226986Z	DOB:	07/09/1982
DRIVING LICENSE NO.:			
ADDRESS:	Blk 450A Sengkang West Way #06-335 S(791450)		
CONTACT NO.:	8118-7958	NEXT OF KIN CONTACT:	
HOME NO:			
RENTAL DEPOSIT:		UPFRONT RENTAL:	
DATE OF COMMENCE:	18/02/2022	Return Date:	27/02/2022 9 days
TIME OF COMENCE:			
EMAIL:			
RENTAL RATE:	\$180/day	Total Rental:	\$180 x 9 \$1620/-
FUEL LEVEL:			
CONTRACT VAILDITY:	(After contract, 1 week notice to return car)		
VEHICLE MILEAGE:			

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

Left Side



Right Side



REMARKS:

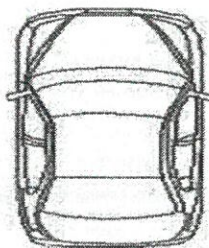
Back



Front



Top

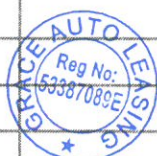


Signed by THE OWNER

Name : Lim Yeong Sin

For and behalf of

GRACE AUTO LEASING



(Signature)

Signed by THE HIRER

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.: SMG7221S
and SNA9991J and SMD9069T
and and
@ Slip Road From CTE to PIE Bef Upper Serangoon Exit
dated 12/02/2022

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	14/02/2022 19:35 (SGT)
Date of Accident	12/02/2022 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM CTE TO PIE BEF UPPER SERANGOON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7221S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BOK JIA-YUN
NRIC No	S8226986Z
Email Address	JOANN.BOK@GMAIL.COM
Mobile Phone No	(Phone) +65-81187958
Alternative Phone No	+65-81187958

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21010519
Cover Note Number	-

DRIVER

Name of Driver	BOK JIA-YUN
NRIC No	S8226986Z



Date Of Birth	07/09/1982
Occupation	Indoor
Date Of Driving Pass	28/09/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81187958
Alt. Phone Number	+65-81187958
Email Address	JOANN.BOK@GMAIL.COM
Address	BLK 450A SENGKANG WEST WAY #06-335
Address complement	-
Postcode	791450
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	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)	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

PLS 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	SNA9991J
Vehicle Manufacturer	BMW
Vehicle Model	216i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG QIU QWN TRIVIEN
NRIC No	S9820947F
Contact Number	(Phone) +65-97127290
Address	-

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


DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number	SMD9069T
Vehicle Manufacturer	Honda
Vehicle Model	Hr-v
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 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.
 (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.

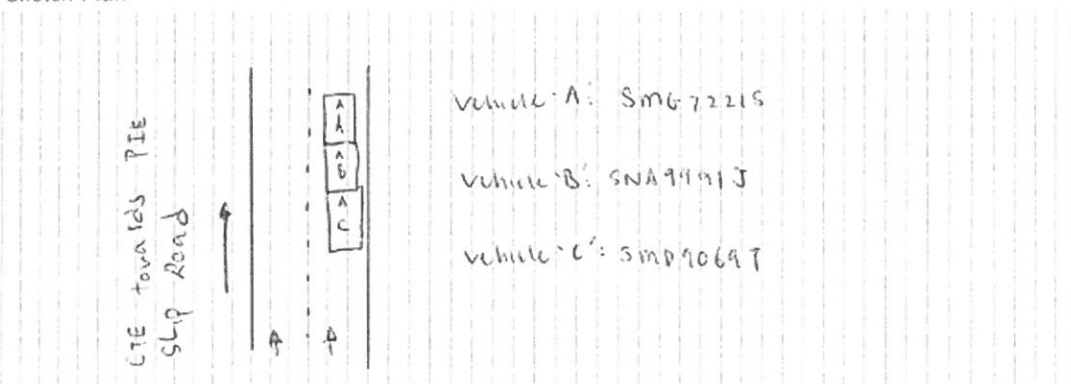
 140222
 Policyholder's Signature / Date & Time


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



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SMG7221S

Vehicle B: SNA9491J

Vehicle C: SMD9069T

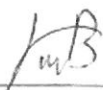
Describe Circumstances of the Accident


On the ~~stated~~ stated date and time, i vehicle 'A' was traveling along my designated lane along the slip road from CTE to PIE before upper Saigon Exit. The vehicle in front of me came to a stop, as such i followed suit. As i came to a stop and was stationary for about 3 seconds, i suddenly felt a huge impact hitting my vehicle from ~~the~~ the rear. I then got down to realised that i was involved in a 2 car chain collision. That is all.

TP claim @ other workshop

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

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)



24-Hour Helpline: 6100 1620

Certificate/Policy Number : DMPG21010519

Vehicle Registration Number : SMG7221S

Cover Type : Superior Comprehensive

Policy Type : Private Car

Name of Policyholder/Insured : BOK JIA YUN

Commencement Date of Insurance : 26/08/2021

Expiry Date of Insurance : 25/08/2022

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	S\$	300.00
		EXCESS: WINDSCREEN	S\$	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	S\$	3,000.00

Finance Company/Hire Purchase Owner : TOYOTA FINANCIAL SERVICES SINGAPORE PTE 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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) 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 (*).

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-Heinz Jung

Authorized Signature

KCB INVESTMENTS PTE LTD
Co Reg No. 198103345Z
200 Jalan Sultan
#02-36 Textile Centre
Singapore 199018
Tel: 6391 3811 Fax: 6391 3810

A000503	KCB INVESTMENTS PTE LTD	Contact Number: 63913811
Vehicle Chassis Number : WBAJG12000EN48941, Vehicle Engine Number : 36755448B38B15A		PC1, 24/08/2021 09:56

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8226986Z**

Name: **BOK JIA-YUN (MO JIAYUN)**

Birth Date: **07 Sep 1982**

Issue Date: **28 Sep 2017**

002728361K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8226986Z**

Name: **BOK JIA-YUN (MO JIAYUN)**

莫佳韵

Race: **CHINESE**

Date of birth: **07-09-1982** Sex: **F**

Country of birth: **SINGAPORE**

S8226986Z

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

	EFFECTIVE DATE
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	28 Sep 2017

Licence No: S8226986Z

NP 428A

4756134

NRIC No: **S8226986Z**

Date of issue: **19-07-2011**

APT BLK 450A SENGKANG WEST WAY #06-335
SINGAPORE 781450

NRIC No: **S8226986Z** Date: **05/02/2020**