

**Teamwork Garage Pte Ltd** 

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park

Tel: 6844 2475 Fax: 6844 2474

Email: claims@teamworkgarage.com GST Register No: 201015366H

18th August 2022

Our reference: 2206-03 Your reference: XD7893M

AXA Insurance Singapore Pte Ltd

Robinson Road P.O. Box 1094 Singapore 902144

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: SHENG KEONG CONSTRUCTION PTE LTD

Address

: 15 CHANGI NORTH STREET 1 S(498765)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on <a>01/06/2022</a> along <a>SELETAR</a> NORTH LINK involving our client's vehicle registration number **GBE7167G** and vehicle registrations number XD7893M driven by you/your insured's driver at the material time.

BY EMAIL

The accident was caused by your insured negligent driving and/or managemen. of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

\$ 6,794.50 Cost of Repair

\$2,500.00 Loss of Use (\$250 x 10 days)

\$7.49 LTA search

\$ 9,301.99 Total

### A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates:
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Tax Invoice;
- f) LTA Search Invoice;
- g) Certificate of Insurance;
- h) Satisfaction of repaired vehicle;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject 's revision if so instructed by our client.

Yours faithfully,

Teamwork Garage Pte Ltd

Encl.

SN0922620006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/06/2022 17:15 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (02/06/2022 17:15 (SGT))



# 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 witholding 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 Date of Accident **Exact Location of Accident** 

Iditional Location Information \_ountry/State of Loss

02/06/2022 17:15 (SGT) 01/06/2022 15:30 (SGT) Seletar North Link, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBE7167G** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

SHENG KEONG CONSTRUCTION PTE LTD 200202281Z ramu\_bright@yahoo.co.in (Phone) +65-69704750 (Office) +65-69704750

VEHICLE PARTICULARS

anufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

**Employment** 

Toyota

Dyna

No - Claiming third party Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Lonpac Insurance Bhd Comprehensive No Z22VC05010779

DRIVER

Name of Driver Passport No/FIN ANDIAPPAN RAMU



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

04/10/1983

17/11/2017

4 YEARS AND 7 MONTHS

(Phone) +65-91216419

ramu\_bright@yahoo.co.in

15 CHANGI NORTH ST 1

Outdoor

498765

**Employee** 

No

Dry

No

No

Yes

1

No

2 Yes

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

-

IRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

XD7893M

-

-

Commercial vehicle

-

-

-

-

Accident report SN0922620006

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	ANDIAPPAN RAMU
Gender	Male
Phone No	•
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	<b>NECK &amp; BACK</b>
Injured person in which vehicle?	GBE7167G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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 wishholding of material facts may above 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 aforesoid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 clams.
- (a) carrying out and/or dealing with my instructions or responding to any onquiries by me.
- (iv) administering my claims (including the making 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

(colectively 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 Info hation may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law films), which may be sited outside of Singapore, for one or more—the above Purposes.

Policyholder's Signature / Date 8

Sketch Plan

Driver's Signature (F driver is not the policyholder) / Date

& Time

SECCIAR NORTH LINK

A. GBE 71676

Personnel

B: xD7893M

#### Describe Circumstances of the Accident

	J	was .	travelling	along	}	seletar	North	n Link	01
the	- 1624								
vels	the thre	Q(2	meta 1	pole	lying	υΛ	the	road. I	then
slo	a down	<b>†</b> 5	awid	hitting.	٥٨	to :1	. Но	wever,	vehick
ß	didn't	manage	ł,	stop	۲,	time	and	collided	onto
My	which	llur	right	portion					
·	· · · · · · · · · · · · · · · · · · ·								
	<del></del>		·						
			<del></del>						

#### Declaration

IWe declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

#### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

**Vehicle Owner Particulars** 

Owner ID Type:

Owner ID: Vehicle No.:

**Vehicle Details** 

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

**Primary Colour:** 

Manufacturing Year:

Engine No.:

Chassis No.:

**Maximum Power Output:** 

Open Market Value:

**Original Registration Date:** 

First Registration Date:

**Transfer Count:** 

**Actual ARF Paid:** 

**Intended PARF Rebate Details** 

PARF Eligibility:

PARF Eligibility Expiry Date:

**PARF Rebate Amount:** 

**Intended COE Rebate Details** 

**COE Expiry Date:** 

**COE Category:** 

COE Period(Years):

PQP Paid:

**COE Rebate Amount:** 

**Total Rebate Amount:** 

The information contained herein is correct as at 02 Jun 2022

Company

281Z

**GBE7167G** 

Yes

02 Jun 2022

TOYOTA

**TOYOTA DYNA 150 MANUAL** 

Silver 2015

1KD2582822

JTFAT35Y80K205881

\$24,944.00

14 Mar 2016

14 Mar 2016

0

\$1,248.00

No

\$0.00

13 Mar 2026

C - Goods Vehicle & Bus

10

\$20,588.00

\$7,773.00

\$7,773.00

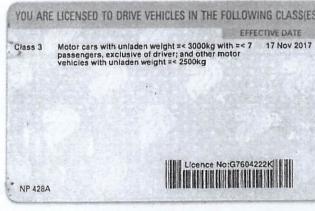


or Insurance Purposes

Customer Name:

Signature:

Date:



# LETTER OF AUTHORIZATION

To AXA AND teamwork gavage the Hd (Third party insurance & Workshop)
Claimant : Sheng Leong Construction pte 40
Dear Sirs,
I/We, Sheng teory Got conflyution, owner of vehicle no GBF7112 G
Dear Sirs,  I/We, Sheng teory Got construction, owner of vehicle no GBE7167 G  hereby authorize my/our repairer, teamwore gavage pte Hd  act as my/our agent and proceed on behalf for in the last of
ast as my/our agent and proceed on benair for me/us with respect to my/our claim for repair costs and/or rest-1.
loss of use ("claim") for my/our vehicle no.  OBE 71676  that was damage pursuant to the
accident which occurred at/along
Seletar north Line
involving vehicle nos. XD 7893M
I/We hereby irrevocably assign absolutely to you that I/we lead to the lead of
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
the above mentioned accident due to me/us to my/our repairer/solicitors    +eamwort gavage pte 42   . I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to any feet and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors  team work garage pte uto pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.
I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein
should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.
C. CONSTRUC
Thank you.
Dated this day of
Dated this day of (month) 20 (year)  Signature of owner vehicle (claimant):
Name of owner of vehicle (claimant):
NRIC Number (claimant):



**TEAMWORK GARAGE PTE LTD** 

BLK 53 UBI AVE 1 #01-24/34 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 TEL:

90119989 / 83389989

(TEL) (65) 6844 2475 (FAX) (65) 6844 2474

(E-MAIL) claims@teamworkgarage.com

UEN No. 201015366H GST Reg No: 201015366H

#### Bill To:

AXA INSURANCE PTE LTD ROBINSON ROAD P.O. BOX 1094 SINGAPORE 902144

# **Tax Invoice**

Invoice number:

TI-9878

Date:

18/8/2022

Terms:

C.O.D.

Vehicle number:

GBE7167G

Make / Model:

TOYOTA DYNA

Description		Amount (S\$)
CCIDENT INVOLVING GBE7167G / XD7893M ON 01/06/2022 @ SELETAR NORTH LI	NK	
NCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING		
UMP SUM REPAIR		\$6,350.00
1		
Thank you for your business and have a nice day!		
Reference: 2206-03	Subtotal	\$6,350.00
Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD	Add: GST 7%	\$444.50
AYNOW UEN: 201015366H	Total Inc GST 7%	\$6,794.50
* Please ensure that your vehicle is of good condition upon the point of collection.	Less: Deposit	\$0.00
. & O. E	Balance Due	\$6,794.50







# > Back to OneMotoring

Authority Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

02 Jun 2022 / 12:38:51

Receipt Date/Time: 02 Jun 2022 / 12:38:51

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-220602-001612

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.  Result of Insurance Enquiry - XD7893M		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at 01 Jun 2022/15:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1 Insurance Enquiry - XD7893M				
Enquiry Fee 20220602123804303680		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - PC3269S As at 02 Jun 2022/09:00:00 Insurance Co: NTUC INCOME INS CO-OP	LTD			
2 Insurance Enquiry - PC3269S				
Enquiry Fee 20220602123804370150		7.00	0.49	7.49
202200212000	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	14.00	0.49	14.98
	Rounding Difference	14.00	0.96	-0.03
	Total Amount Payable			14.95
	Paid By			
	540191XXXXXX6572	eNETS (	Credit Card	14.95
	Total			14.95
	Cash Change			0.00
	Tendered Amount			14.95
	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.

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

G8T Reg No.: F0-0005635-C

#### **CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05010779

Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA TOYOTA DYNA 150 MANUAL

- GBE7167G

Name of Policy Holder

SHENG KEONG CONSTRUCTION PTE LTD

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

14/03/2022

Date of Expiry of the Insurance

13/03/2023

Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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 discualified 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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

**Excess** 

: \$\$ 600.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE (Singapore Branch)

User ID: 7HANGNAN Date Issued: 12/03/2022

# SATISFACTION OF REPAIRED VEHICLE

I/We, ANDIAPPAN RAMU, owner/driver of
vehicle No. GBE 767 declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.
I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.
I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.  I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in
a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.
Dated this 11 day of 06 (month) 20 22 (year)  @ 14 hrs 15 mins

Name and Signature