

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autoteltd@gmail.com

COMPANY / GST REG NO: 201316380R

Proforma Invoice

M/S TECK CHANG AIR CONDITIONER AND REFRIGERATOR

LONPAC INSURANCE BHD
MOTOR CLAIMS DEPARTMENT
300 Beach Road, #17-04/06
The Concourse, Singapore 199555

Ref. No. : 22/PI0061/5674TP

Date : 02.11.2022

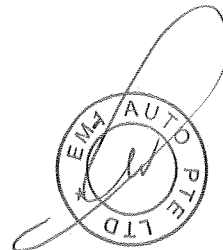
Date of Accident 19.08.2022
Our Vehicle Number GBK 9364J
Model TOYOTA HIACE
Your Insured YN 2668R

WITHOUT PREJUDICE

DESCRIPTION	SUB AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Taufikh)	2,200.00	154.00	2,354.00
GIA Fee	28.97	2.03	31.00
Loss of (Rental/Use)(4 Days x \$150/day)	600.00		600.00
Pre-Inspection Day (2 Days x \$150/day)	300.00		300.00

Total Amount : \$ 3,285.00

Singapore Dollars : Three Thousand Two Hundred Eighty Five only.



LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) GBK 9364J and YN 2668R ,
ON 19/8/2022 ALONG Anthony Road Car Park (A0035)

I, Teck Chang Air Conditioner And Refrigerator, NRIC No. / Company Reg. No.
50972900B of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
GBK 9364J hereby authorise your workshop EM-1 Auto Pte Ltd (Company No. : 201316380R) Blk 8

#01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: _____
Company Stamp: _____
(if applicable)

Name: Teck Chang Air Conditioner And Refrigerator
NRIC No: 50972900B
Contact No: 83648691
Date: 20/8/2022

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 Actual 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	20/08/2022 13:31 (SGT)
Reported by	Driver
Date of Accident	19/08/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANTHONY RD CAR PARK (A0035)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9364J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TECK CHANG AIR CONDITIONER AND REFRIGERATOR
Company Reg No	-
Email Address	RAYTAN699@GMAIL.COM
Mobile Phone No	(Phone) +65-83648691
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120626927-01

DRIVER

Name of Driver	LEE WEI KWONG
Work Permit No	FXXXX654L
Date Of Birth	14/02/1970
Occupation	Outdoor

Date Of Driving Pass	28/04/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83648691
Alt. Phone Number	-
Email Address	raytan699@gmail.com
Address	BLK404, ANG MO KIO AVE 10, #04-663
Address complement	-
Postcode	560404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2668R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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 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.

9. 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.

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6459 1235 Fax: 6453 7944
Witnessed by Reporting Centre Personnel (Claims Section)

Sketch Plan

Anthony Red Car parked

Lot 30

No. A0035

Vehicle B Reverse

(A) GBK 9364-J


(B) YN 2668-R

Describe Circumstances of the Accident

I parked my vehicle at Anthony Rot Car park lot 30 (NO. A0035) at 9am. I left the carpark and went to work. At 8:55am, I came back to the carpark to collect things. I walk to my Van and saw a lorry (vehicle B) reversing and hit onto my van Right Hand Side portion.

Declaration

We declare the foregoing particulars are true in every respect.


 TUCK CHANG HOON CHUAN & CO. (PVT) LTD
 61, CCK 3075 TAMKINES ST 05 702-01
 SINGAPORE 520044

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

CITY AUTO PTE LTD
 81k & Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575843
 Tel: 6453 1235 Fax: 6453 7944
 Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1N228K0004 Vehicle Registration No: G15K 9364
 Name (as shown in NRIC): Lee Wei Kwong NRIC/FIN/Passport No: F16666542
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8364 8691
 Email Address: raytan699@gmail.com
 Date of Accident: 19/08/2022 Time of Accident: 04:25
 Place of Accident: Along Anthony Rd car park (A0635)
 Insurance Company: NWC INTOME INSURANCE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

* Amend driver's email address
 * Amend driver's name

Policyholder / Driver's Signature
 Date:

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1228 Fax: 6453 7944
 (City Auto Section)
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

GEARMC Addendum Form



RECORD MANAGEMENT CENTRE

**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: 30/08/2022

Your Ref No: GBK9364J

EM-1 AUTO PTE LTD

Dear Sir/Madam,

Date of Accident: 19/08/2022 00:00 (SGT)

Vehicle No: GBK9364J

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 (\$\$)	QTY	AMOUNT (\$\$)
YN2668R	Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.