

# T K LEE AUTOMOTIVE PTE.LTD.

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY  
SINGAPORE 417883 Co.Reg. No. : 201210266Z  
TEL: 6509 5521 / 6509 5524 FAX: 6509 5523

Attn: The Motor Claims Department  
AXA INSURANCE SINGAPORE PTE LTD  
ROBINSON ROAD  
P.O. BOX 1094  
SINGAPORE 902144

Yrs Ref.: SHD3719A  
Our Ref.: TKL09-3221  
Date.: 30.09.2022

Accident involving SNE7619C And SHD3719A On 19.09.2022 At 1332 HRS Along  
WOODLANDS AVENUE 12 TOWARDS GAMBAS

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                         | S\$ 7,000.00        |
| 2. Loss of Use (10 days @ S\$180 Per Day) | S\$ 1,800.00        |
| 3. Towing                                 | S\$ -               |
| 4. LTA Search Fee                         | S\$ 7.45            |
| 5. E-File Search Fee                      | S\$ -               |
| Claim Amount                              | <u>S\$ 8,807.45</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 & Inv            | <input type="checkbox"/> Rental Agreement / Receipt / Towing       |
| <input type="checkbox"/> Original Photographs of [ SNE7619C ]    | <input checked="" type="checkbox"/> E-File Search Fee/ LTA Receipt |
| <input checked="" type="checkbox"/> GIAS Reports of [ SNE7619C ] | <input checked="" 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,  
T K Lee Automotive Pte. Ltd.

  
tklee0247@gmail.com

# T K LEE AUTOMOTIVE PTE LTD

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

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

Co. Reg. : 201200623R

## INVOICE

**1053**

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

Claim No. : TKL0922-3221

Acc. Date : 19.09.2022

Veh. No./Model : SNE7619C TOYOTA CAMRY

Date : 30.09.2022

| QTY | DESCRIPTIONS  | AMOUNT             |
|-----|---|--------------------|
|     | <b>Repair Cost :</b><br>Inclusive of supply parts, panel beating, spray painting<br>and labour. | 7,000.00           |
|     |   | <b>\$ 7,000.00</b> |

E. & O.E.

\* Please make all payments to " T K Lee Automotive Pte Ltd "

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



**T K Lee 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 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              | 22/09/2022 17:54 (SGT)         |
| Reported by                     | Driver                         |
| Date of Accident                | 19/09/2022 13:32 (SGT)         |
| Exact Location of Accident      | Woodlands Ave 12, Singapore    |
| Additional Location Information | WOODLANDS AVE 12 TOWARD GAMBAS |
| Country/State of Loss           | Singapore                      |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | SNE7619C                               |
| INSURED/POLICYHOLDER        |  |
| Is company?                 | Yes                                    |
| Name Of Registered Owner    | NATIONAL CAR RENTALS (PRIVATE) LIMITED |
| Company Reg No              | 1XXXXX157E                             |
| Email Address               | FLEET@AVIS.COM.SG                      |
| Mobile Phone No             | (Phone) +65-94871051                   |
| Alternative Phone No        | -                                      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Camry                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| 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         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5113954130-02            |

### DRIVER

|                 |                   |
|-----------------|-------------------|
| Name of Driver  | KONING JUDITH EVA |
| Passport No/FIN | MXXXX893J         |
| Date Of Birth   | 04/10/1977        |
| Occupation      | Indoor            |



|  |  |
|--|--|
| Date Of Driving Pass .....   | 17/01/2018                                 |
| Driving experience .....   | 4 YEARS AND 8 MONTHS                       |
| Gender .....   | Female                                     |
| Mobile Number .....  | (Phone) +65-97586963                       |
| Alt. Phone Number .....  | -  |
| Email Address .....  | JSCHRYRERKONING@GMAIL.COM                  |
| Address .....  | 390A HAVELOCK ROAD #01-07 WATERFRONT PLAZA |
| Address complement .....   | -  |
| Postcode .....   | 169664                                     |
| 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 .....       | 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  |
| 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 TO ATTACHMENT

##### ATTACHMENT(S)

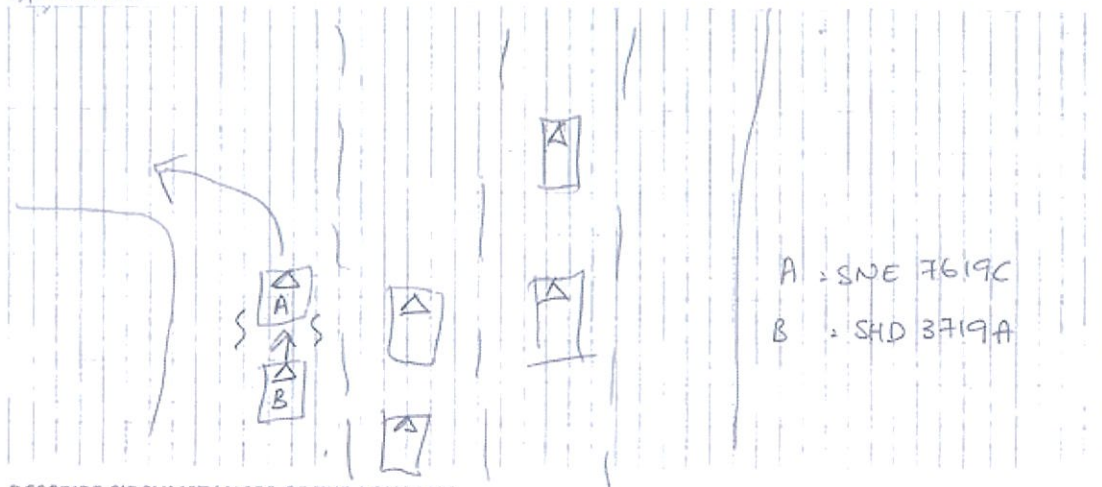
|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                      |
|-----------------------------------|----------------------|
| Vehicle Registration Number ..... | SHD3719A             |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Private car          |
| Name of Driver .....              | ESTHEN TAN           |
| Contact Number .....              | (Phone) +65-90617003 |

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I took a left and a car (taxi) just hit me out of no way, he drove very hard.

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.

## 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 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/FIN No.:

Accident Report Form (Form 1)



## 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:** 5113954130-02-000305

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SNE7619C**  
 Chassis Number : JTNB23HK503112944
2. Name of Policyholder : NATIONAL CAR RENTALS (PRIVATE) LIMITED
3. Effective Date of Insurance : 07 Apr 2022
4. Expiry Date of Insurance : 06 Apr 2023
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)                   | : N/A    |
| EXCESS (SECTION 2)                   | : S\$500 |
| ADDITIONAL EXCESS                    | : N/A    |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO     |
| INSURE WITH COE                      | : N/A    |
| NCD PROTECTION                       | : NO     |
| PRIMARY DRIVER                       | : N/A    |
| NAMED DRIVER (1)                     | : N/A    |
| NAMED DRIVER (2)                     | : N/A    |
| HIRE PURCHASE COMPANY                | : N/A    |
| SUM INSURED                          | : N/A    |

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 : AON SINGAPORE PTE LTD (00000690339)  
 Date of Issue : 20 Dec 2021 10:25 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



## Authorisation Third Party Claim Demand

Date:

To: AXA Insurance Singapore Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE No.: SNE7619C and SHD3719A

AT / ALONG Woodlands Avenue 12 towards Gambas

ON 19/09/2022

I/We, National Car Rentals (Private) Limited of (NRIC No. / ROC No.)

196100157E of 390 A Havelock Road #01-07 Singapore 169664

owner of vehicle no. SNE7619C in consideration of M/S  
TK Lee Automotive Pte Ltd repairing my/our vehicle SNE7619C at  
my/our instruction and hereby authorise M/S TK Lee 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: .....



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Sep 2022 / 13:03:17

Receipt Date/Time : 22 Sep 2022 / 13:03:17

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220922-001731

Previous Receipt No. :

| S/N                                    | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$)                   | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|--|---|---|------------------------|------------------------------|
| Result of Insurance Enquiry - SHD3719A |   |   |                        |                              |
| As at 19 Sep 2022/13:32:00             |   |   |                        |                              |
| Insurance Co: AXA INSURANCE PTE LTD    |   |   |                        |                              |
| 1                                      | Insurance Enquiry - SHD3719A<br>Enquiry Fee<br>20220922130159060403 | 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                                |   |   |                        |                              |
| 20220922130208229                      |   | Direct Debit: eNETS Debit<br>(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.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

157E

### Vehicle Details

Vehicle No.:

SNE7619C

Vehicle to be Exported:

No

Intended Deregistration Date:

22 Sep 2022

Vehicle Make:

TOYOTA

Vehicle Model:

CAMRY HYBRID 4DR SEDAN (AT) STANDARD

Primary Colour:

Grey

Manufacturing Year:

2021

Engine No.:

A25A5695426

Chassis No.:

JTNB23HK503112944

Maximum Power Output:

155.0 kW (207 bhp)

Open Market Value:

\$29,509.00

Original Registration Date:

07 Apr 2022

First Registration Date:

07 Apr 2022

Transfer Count:

0

Actual ARF Paid:

\$18,313.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

06 Apr 2032

PARF Rebate Amount:

\$13,734.00

### Intended COE Rebate Details

COE Expiry Date:

06 Apr 2032

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$70,200.00

COE Rebate Amount:

\$66,976.00

Total Rebate Amount:

\$80,710.00

The information contained herein is correct as at 22 Sep 2022

OK