

**FORZA AUTOHAUS PTE LTD**

39 WOODLANDS CLOSE, #01-34/35, MEGA@WOODLANDS
SINGAPORE 737856
TEL: 62781889 EMAIL: ENQUIRY@FORZAAUTO.SG
CO./GST REG: 201833292C

Our Ref : C22100005
Your Ref : SBQ7212X

06/03/2023

LONPAC INSURANCE BHD

300 BEACH ROAD 07, THE CONCOURSE #17-04
Singapore 199555

WITHOUT PREJUDICE

BY EMAIL @ mt_claim@lonpac.com

Attn:

Dear Sir/Madam

CLAIMANT: SKYWAY MOTOR PTE LTD

RE: ACCIDENT INVOLVING VEHICLES SNF4688S AND SBQ7212X AT ORCARD BLVD ON 05/10/2022 AT ABOUT 18:30.

We refer to the above matter.

Please find our claims as follows:-

1. COST OF REPAIR (\$690 BEFORE GST)	\$	745.20
2. LOSS OF USE FOR 2 DAYS @\$100 PER DAY	\$	200.00
3. LTA SEARCH	\$	2.00
Total	\$	947.20

Pre-repair inspection arranged on 10/10/2022 and was surveyed on 10/10/2022.

A copy each of the following supporting documents is enclosed:

1. GIA Report
2. Final Repair Bill
3. LTA search
4. Vehicle Registration Card
5. Insurance Certificate
6. Letter of Authority & Payment Authorisation

Yours faithfully



FORZA AUTOHAUS PTE LTD

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SINGAPORE 737856
TEL: 62781889 EMAIL: ENQUIRY@FORZAAUTO.SG
CO./GST REG: 201833292C

Invoice**LONPAC INSURANCE BHD**

300 BEACH ROAD 07, THE CONCOURSE #17-04
Singapore 199555
Tel: 62507388

Inv No. : DI23030005**Date : 06 Mar 2023****Ref : C22100005****Currency : SGD****Terms : COD****Veh No. : SNF46885**

#	Description	Qty	UOM	U/P	Disc	Amt
1	GLOBAL SUM	1.00		690.00	0.00	690.00

Remarks:

3RD PARTY CLAIM

Payment Instruction:

All cheques payable to: FORZA AUTOHAUS PTE LTD
Bank Account: UOB 374-320-954-9
PayNow UEN: 201833292C



Subtotal : S\$ 690.00
GST 8.0% : S\$ 55.20
Total : S\$ 745.20

This is a computer-generated document. No signature is required.

For Forza AutoHaus Pte Ltd

(Authorised Signature)



FORZA AUTOHAUS PTE LTD

39 WOODLANDS CLOSE, #01-34/35, WOODLANDS CLOSE
SINGAPORE 737856

TEL: 62781889

EMAIL: ENQUIRY@FORZAAUTO.SG

CO./GST REG: 201833292C

LETTER OF AUTHORITY

ACCIDENT INVOLVING VEHICLE NO. SNL46883 And SBQ 7212X
Along ORCHARO BLVD
On 05.10.2022 at about 1830HRS

1. I/ We, hereby appoint **FORZA AUTOHAUS PTE LTD.** to be my agent and I/We authorize my said agent to give you all instructions pertaining to the conduct of my **Third-Party Claim** including instructions to commence legal proceedings in court in my name against the third-party driver/or his employers, if applicable.
2. **** My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the respective insurer/owner/driver or company.**
3. I understand and agree that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.
4. **** Upon settlement of the Third-Party Claim and in case the settlement monies were sent to me/us by the insurers/owner/company, I/We undertake to make payment to FORZA AUTOHAUS PTE LTD for the costs of repairs settled and related expenses and disbursement incurred.**
5. The above-mentioned vehicle is to be repair at **FORZA AUTOHAUS PTE LTD.** on my own will Without any inducement, threat or promise.
6. In an event should my Third-Party claim being rejected by Insurance. I am liable to pay for the Repair Costs arise from the Accident Repair works done by **FORZA AUTOHAUS PTE LTD**



Signature of Owner/Company
(Company's stamp if applicable)

Name:

NRIC No:

Address



FORZA AUTOHAUS PTE LTD

39 Woodlands Close #01-34/35, Mega @ Woodlands Singapore 737856
Tel: 6278 1889 Email: enquiry@forzaauto.sg
8 Kaki Bukit Avenue 4 #07-23 Premier @ Kaki Bukit Singapore 415875
Tel: 65 6881 1772 Fax: 65 8166 5437
Registration No: 2018332920

Payment Authorisation Form

Date: 10.10.2022

Attention: Motor Claims Department

LONPAE INSURANCE PTE LTD

300 BEACH ROAD 07, THE CONCOURSE # 17-04
SINGAPORE (199555)

Dear Sir/Madam,

Accident involving no. SNF46888 and SBQ7212X along
ORCHARD BLVD
05.10.2022 at about 1830HRS on

I/We, (Name) SKYWAY MOTOR PTE LTD of (RCB/NRIC/Passport No.)
199904194N is the owner of vehicle no. SNF46888 which was involved in the
above mentioned accident with your insured vehicle no. SBQ7212X.

I/We hereby authorised any settlement payment due to me arising from the above-mentioned accident to be made payable to my appointed repairer M/s Forza AutoHaus Pte Ltd.

I/We hereby agreed to indemnify M/s Forza AutoHaus Pte Ltd against all claims and/or damages which may arise from all actions taken for and on my/our behalf.

I/We hereby affirmed that the above-mentioned statement to be true and correct.

Yours faithfully,



Signature of Owner/Company
(Company's stamp if applicable)

Name:

RCB/NRIC/Passport No :

Address:

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	06/10/2022 15:13 (SGT)
Reported by	Driver
Date of Accident	05/10/2022 18:30 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF4688S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	199904194N
Email Address	fannie@skyway.com.sg
Mobile Phone No	(Phone) +65-63336333
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0004685_02

DRIVER

Name of Driver	BOK CHEE HOU
NRIC No	S7230793C
Date Of Birth	30/08/1972
Occupation	Indoor

Date Of Driving Pass	06/04/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90991909
Alt. Phone Number	-
Email Address	rental@skyway.com.sg
Address	BLK 441D FERNVALE ROAD #19-343
Address complement	-
Postcode	764441
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 on 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	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)	2
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	-

PASSENGER 1

Name	MRS
Gender	Female

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

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBQ7212X
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-94529907
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.
 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 claim;
 - (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.

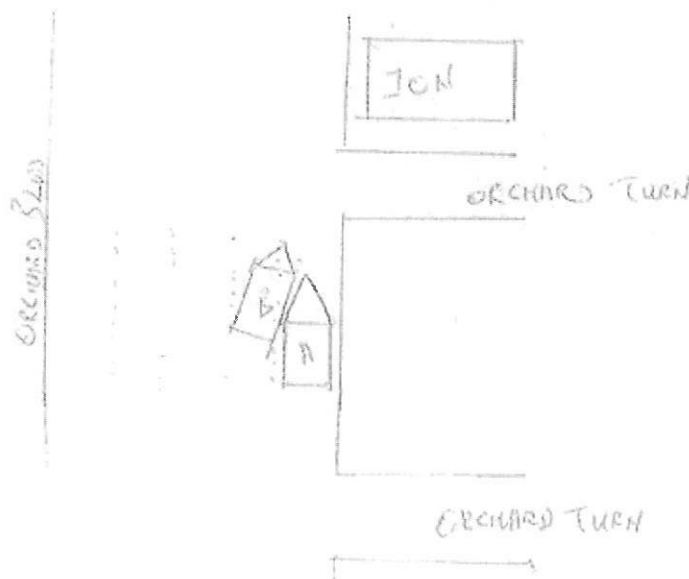
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

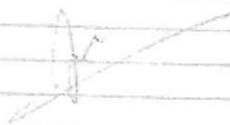
Sketch Plan

A: SKIFFERS
B: SBO 2212X



Describe Circumstances of the Accident

ON 05/10/2022 @ 1830 hrs, I WAS DRIVING 2NF46881 BOMB CROWN BOULEVARD
TOWARDS JON MALL DIRECTION. I WAS ON THE EXTREME RIGHT LANE WAITING IN QUEUE
TO TURN INTO JON MALL - WHEN NEW TRAFFIC LIGHT OF ORCHARD TURN,
THE CAR SBC7212X TRIED TO CUT INTO MY LANE FROM LEFT. AFTER MY FRONT
VEHICLE WENT FORWARD AS I, SBC7212X WENT FORWARD TO MY LANE, I
WAS STATIONARY & SBC7212X RIGHT BACK HIT MY FRONT LEFT SIDE.
WE THEN EXCHANGED CONTACT NUMBERS & TOOK SOME PHOTOS
BEFORE WE LEFT THE SCENE. NO ONE WAS INJURED IN THIS ACCIDENT. THAT'S
ALL.




Declaration

I/we declare the foregoing particulars are true in every respect.

 SKYWAY MOTOR

Policyholder's Signature / Date & Time

 06/10/2022 11/12 hrs

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



Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987037928 | GST Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 04971
 Office (65) 63476100 Email insure@ii.com.sg
 Fax (65) 62244174 Website www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0004685_02		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	:	SNF4688S
Chassis No	:	ZWR800526877
2. Name of Policyholder	:	SKYWAY MOTOR PTE LTD
3. Effective date of Insurance	:	08 Aug 2022
4. Expiry date of Insurance	:	07 Aug 2023
5. Persons or Classes of Persons entitled to drive*		
<p>Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.</p> <p>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 to that behalf from driving the Motor Vehicle</p>		
6. Limitations as to use*		
<p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (3) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>		
<p>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).</p> <p>Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD Date of Issue : 01/08/2022 15:20:19 MZ406 - Hire Car (U/G)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"> _____ Authorized Signatory </p>		

INSURER ENQUIRY

Find

insurer

Vehicle reg. no.

SBQ7212X

Date of Accident

05/10/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Lonpac Insurance Bhd

Period of Insurance 25/09/2022 - 24/09/2023

Requested By FOO MEI MEI (FORZA AUTOHA...

Requested Date 06/10/2022 16:13

Payment details

Request Amount: S\$1.87

GST Amount: S\$0.13

Total Amount Due (GST Inclusive): S\$2

General Insurance Association

Records Management Centre

GST Registration No: M400017735

(SNF4688S)

SKYWAY.

C22100005

WJ2210055