

**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 : C22100015

Your Ref : SH7042R

01/03/2023

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01 AXA TOWER

Singapore 068811

WITHOUT PREJUDICE**BY EMAIL @****motor.survey@axa.com.sg****Attn: AXA INSURANCE**

Dear Sir/Madam

CLAIMANT: LEON TEO**RE: ACCIDENT INVOLVING VEHICLES SGF44J AND SH7042R AT SINGAPORE, SEMBAWANG WAY TRAFFICE JUNCTION ON 26/10/2022 AT ABOUT 16:15.**

We refer to the above matter.

Please find our claims as follows:-

1. COST OF REPAIR (\$5300 BEFORE GST)	\$	5724.00
2. LOSS OF USE FOR 5 DAYS @ \$120 PER DAY	\$	600.00
3. LTA SEARCH	\$	7.45
Total	\$	<u>6,331.45</u>

Pre-repair inspection arranged on 28/10/2022 and was surveyed on 28/10/2022.

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
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Invoice**AXA INSURANCE SINGAPORE PTE LTD**

8 SHENTON WAY #27-01 AXA TOWER
Singapore 068811
Tel: 68804888

Inv No. : DI23030001

Date : 01 Mar 2023

Ref : C22100015

Currency : SGD

Terms : COD

Veh No. : SGF44J

#	Description	Qty	UOM	U/P	Disc	Amt
1	GLOBAL SUM	1.00		5,300.00	0.00	5,300.00

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\$ 5,300.00
GST 8.0% : S\$ 424.00
Total : S\$ 5,724.00

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

*For Forza AutoHaus Pte Ltd*

(Authorised Signature)

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	27/10/2022 17:02 (SGT)
Reported by	Both
Date of Accident	26/10/2022 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF44J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO LI YOU
NRIC No	SXXXX300D
Email Address	LI_YOU_94@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92329611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	5127844352

DRIVER

Name of Driver	TEO LI YOU
NRIC No	SXXXX300D
Date Of Birth	19/04/1994
Occupation	Indoor

Date Of Driving Pass	18/10/2013
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-92329611
Alt. Phone Number	-
Email Address	LI_YOU_94@HOTMAIL.COM
Address	BLK 15 MARINE TERRACE #12-02
Address complement	-
Postcode	440015
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	Collision - Head on collision
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE ATTACHMENT.

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	SH7042R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-94313997

Address -
Address complement -
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	TEO LI YOU
Gender	Male
Phone No	(Phone) +65-92329611
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGF44J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I was approaching junction when its green light. And the taxi showed
On the opposite direction turning right and hit on to my front
right portion, when I am going toward straight.
The impact was great and I feel pain head & shoulder.

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

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

(SGF 44J.) BMW

Print Date/Time : 27 Oct 2022 / 15:03:51

Receipt Date/Time : 27 Oct 2022 / 15:03:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221027-002463

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH7042R As at 26 Oct 2022/16:12:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH7042R Enquiry Fee 20221027150218426320	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				
	559221XXXXXX0113		eNETS Credit Card	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.

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: 5127844352

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGF44J |
| Chassis Number | : WBAXG12040DX53193 |
| 2. Name of Policyholder | : TEO LI YOU |
| 3. Effective Date of Insurance | : 03 Jun 2022 |
| 4. Expiry Date of Insurance | : 02 Jun 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: TEO LI YOU
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 : CAR INSURANCE AGENCY PTE. LTD. (00000573840)

Date of Issue : 03 Jun 2022 16:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



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. SGF44J And SH7042R
Along SEMBAWANG WAY
On 26.10.2022 at about SH7042R

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



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.: 202893292C

Payment Authorisation Form

Date: 27.10.2022

Attention: Motor Claims Department

AXA INSURANCE SINGAPORE PTE LTD
8 SVENTON WAY #27-01 AXA TOWER
SINGAPORE 068811

Dear Sir/Madam,

Accident involving no. SGF44J and SH7042R along
SEMBAWANG WAY TRAFFIC JUNCTION on
26.10.2022 at about 1615hrs.

I/We, (Name) TEO LI YUN of (RCB/NRIC/Passport No.)
S94143000 is the owner of vehicle no. SGF44J which was involved in the
above mentioned accident with your insured vehicle no. SH7042R.

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: