

**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 : C22100021

Your Ref : SHD3190Z

19/05/2023

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: Floristique Pte Ltd

RE: ACCIDENT INVOLVING VEHICLES GBK8711Y AND SHD3190Z AT ALONG GRANGE ROAD ON 09/10/2022 AT ABOUT 12:20.

We refer to the above matter.

Please find our claims as follows:-

| | | |
|--|----|----------|
| 1. COST OF REPAIR (\$2550 BEFORE GST) | \$ | 2728.50 |
| 2. LOSS OF USE FOR 5 DAYS @ \$90 PER DAY | \$ | 450.00 |
| 3. LTA SEARCH | \$ | 7.45 |
| Total | \$ | 3,185.95 |

Pre-repair inspection arranged on 02/12/2022 and was surveyed on 02/12/2022.

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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CO./GST REG: 201833292C

Invoice**AXA INSURANCE SINGAPORE PTE LTD**

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

Inv No. : DI23050009**Date :** 19 May 2023**Ref :** C22100021**Currency :** SGD**Terms :** COD**Veh No. :** GBK8711Y

| # | Description | Qty | UOM | U/P | Disc | Amt |
|---|-------------|------|-----|----------|------|----------|
| 1 | GLOBAL SUM | 1.00 | | 2,550.00 | 0.00 | 2,550.00 |

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\$ 2,550.00
GST 7.0% : S\$ 178.50
Total : S\$ 2,728.50

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 | 10/10/2022 15:01 (SGT) |
| Reported by | Both |
| Date of Accident | 09/10/2022 12:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG GRANGE ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBK8711Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | FLORISTIQUE |
| Company Reg No | 2XXXXX922H |
| Email Address | wendy@floristique.sg |
| Mobile Phone No | (Phone) +65-80319620 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 2754 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMCPHQ21-004247 |

DRIVER

| | |
|----------------|--------------------------------|
| Name of Driver | MOHAMED LUKMAN HAKIM BIN KAMIS |
| NRIC No | SXXXX610G |
| Date Of Birth | 11/12/1996 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 19/08/2015 |
| Driving experience | 7 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90535788 |
| Alt. Phone Number | - |
| Email Address | wendy@floristique.sg |
| Address | BLK 29 TELOK BLANGAH RISE #03-247 |
| Address complement | - |
| Postcode | 090029 |
| 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 | Side Swipe |
| 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 |
| yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN DRAFT AND REPORT

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 | SHD3190Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | THAM KWOK CHEONG |
| NRIC No | SXXXX868C |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-96468520 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

Describe Circumstances of the Accident

AS PER STATED TIME 8 DAYS, I WAS TRAVELLING ALONG GRANGE ROAD
IN FRONT OF CINCINNATI ORCHARD, WHILE I WAS IN MY LANE, VEHICLE B TRY
TO CUT INTO MY LANE AND THEREFORE HIT TO THE LEFT SIDE OF MY VEHICLE A
WE BOTH THEN ACHT TO ACCESS OUR DAMAGE AND EXCHANGE OUR PARTICULARS.
AS NOBODY WAS INJURED DURING THE ACCIDENT, WE THEN PROCEED TO LEAVE THE
AREA.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

[Signature]

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



Witnessed by Reporting Centre Personnel

ORZA: WIFI LINK

SEID: TP-DNK_9B60

empirny@forzauto.sg - 2141 000 000
claim@forzauto.sg - 1444 000 000

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 willful 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' 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

Policyholder's Signature / Date & Time

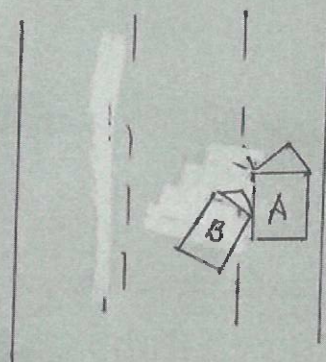
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A - 60K8711Y

B - SHD3190Z

FORZA WIFI LINK

SEID: TP-LINK_9860

SEID: TP-LINK-9860-5G

claims@forzaauto.sg - 19220118X

forza168@outlook.com - Forza89a0134

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive Classic****Certificate No. : DMCPHQ21-004247**

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess:

Section 1:

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

1. Index Mark and Registration Number of Vehicles

GBK8711Y

2. Name of Policyholder

FLORISTIQUE PTE LTD

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

24/12/2021

4. Date of Expiry of Insurance

23/12/2022

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : UNITED OVERSEAS BANK LIMITED

A000423/Car Insurance Agency Pte Ltd

Date of Issue : 22/11/2021 16:46

Authorised Signatory
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.



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: 201833292C

Payment Authorisation Form

Date: _____

Attention: Motor Claims Department

Dear Sir/Madam,

Accident involving no. G0R 8711Y and SHD 3190Y along
GRANDE ROAD on
09/10/2022 at about 1220H

I/We, (Name) FLORISTIQUE PTE LTD of (RCB/NRIC/Passport No.)
922H is the owner of vehicle no. G0R 8711Y which was involved in the
above mentioned accident with your insured vehicle no. SHD 3190Y

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:



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. GAK 8711Y And SHD 3190Z
Along GRANDE ROAD
On 09/10/22 at about 1220H

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

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

(GBK87114)

Print Date/Time : 15 Nov 2022 / 14:23:16

Receipt Date/Time : 15 Nov 2022 / 14:23:16

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221115-002254

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference

No.

Amount

Before

GST (\$\$)

GST

Amount

(\$\$)

Amount

After GST

(\$\$)

Result of Insurance Enquiry - SHD3190Z

As at 09 Oct 2022/12:20:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHD3190Z

Enquiry Fee

20221115142135556680

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.