

Revolution Automotive Pte Ltd

No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-49 Singapore 415875

Tel: +65 6452 4457 | Fax: +65 6452 4584

Co. Reg. No.: 201907652D

LEE BUCK CHYE

Contact: 9880 5040

Rental Invoice

Invoice No.

: L23010020

Date

: 05/01/2023

Ref No.

: SNB 694 X

Currency

: SGD

Terms

: COD

RA No. Veh No.

No

10

: SJQ 689 E

Rental Period

1. Rental (27/12/2022 1000hrs to 05/01/2023 1700hrs)

Rate \$ 200.00 Disc 0.00 Amt 2000.00

Total: \$2,000.00 Amount Due: \$2,000.00

For Revolution Automotive Pte Ltd

UTION ALL

(Authorised Signature)



8 Kaki Bukit Ave 4 Premier @ Kaki Bukit

#01-49 Singapore 415875

Tel: 6452 4457 Fax: 6452 4584 Email: enquiry@revoauto.com.sg

Co. Reg. No.: 201907652D

RENTAL AGREEMENT

R00030

KENTAL AGKE	TIAITIAI			100030	
HIRER'S PARTICULAR	Veh. No/	Model: Sw	BEALX	TOYOTA CO	ROLLA
Name: LEE BUCK CHIE				E/ TOYOTA	
VRIC/Passport No: S (6 37289 9	Date/Tim	ie Out: て	7/12/22	1 1000 /1	S
Address:	Date/Tim	ie In: 05	101/23	/ (706HI	25
ILLA TELOK BLANGAH CRESCENT #07-300		OUT	<	IN 1/D	\checkmark
Tel: 98805040	1	1/2	> \	1/2	7
Oriving license No: Exp:	E		FE		F
ADDITIONAL DRIVER'S PARTICULAR	Milage:		N	1ilage:	
Name:	Rental Ch	arges	S\$		S\$
NRIC/Passport No:		Hours @		per hour	
\ddress:		Days @	000	per day	6005
		Weeks @		per week	
	****	Months@		per month	
		-		Subtotal	
el:				GST @ 7%	
Priving license No: Exp:	Others				
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES			TOT	AL CHARGES	
	Mode of I	Payment:			
	Cash/Net:	s/Cheque/C	redit Card:		
	Deposit		Deposit		
	Amount Remarks:		Refunded		
				Receive	ed by
	1/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ad to the to	ems and cond	itions above o	worloof and

hysical Damage Excess Acknowledgement \$\$5,000 ngapore - Own Damage \$\$5,000 ngapore - 3rd Party Damage \$\$10,000 lalaysia (if applicable) or Driver aged < 27 or above 65 and/or \$\$3,000 ss than 2 yrs driving experience (Additional) gardless of age

1PORTANT NOTE:

ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR ORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE HE VEHICLE.

Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without e prior written consent of Revolution Automotive Pte Ltd.

Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or afficking, smuggling) is strictly prohibited.

In case of accident, the hirer shall report to Revolution Automotive Pte Ltd immediately.

Deposit	Deposit	
Amount	Refunded	
Remarks:		Received by

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.



Carine Kek Phei Ser

From: Claims Dept <claims_rar@bifrostauto.com>

Sent: Monday, 15 May 2023 12:20 pm

To: III (Letter of Demand)

Subject: [EXTERNAL] - LOD SUBMISSION: OUR REF: SNB 694 X ; YOUR REF: SLK 7549 M ; DOA:

23/12/2022

Attachments: SNB 694 X - PROFORMA INVOICE.pdf; SNB 694 X - RENTAL INVOICE 23.12.22.pdf; SNB

694 X - LTA SEARCH 23.12.22.pdf; SNB 694 X - LOA 23.12.22.pdf; SNB 694 X - GIA

23.12.22.pdf

Follow Up Flag: Follow up Flag Status: Flagged

WITHOUT PREJUDICE

Our Ref: SNB694X Your Ref: SLK7549M

15/05/2023

India International Insurance Pte Ltd 64 Cecil Street #04/ #05 IOB Building Singapore 049711

Attention: Motor Claims Department

Dear Sir/Madam,

Accident on 23/12/2022 along CORPORATION RD involving vehicles SNB 694 X and SLK 7549 M

We refer to the above-mentioned accident.

We are claiming as per below:-

Repair Cost \$ 4,212.00
 Loss of Rental for 10 Days x \$200/- per day \$ 2,000.00
 LTA/GIA Search fee \$ 26.75

TOTAL \$ 6,238.75

Enclosed herewith a copy of each relevant GIA report, LTA, Proforma Tax invoice, Rental Agreement/Tax invoice and Letter of Authorization for your attention. Kindly let us have your reply within the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at claims@bifrostauto.com

Yours faithfully,

Cristina BIFROST AUTO PTE. LTD.

NOTE: # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer generated letter and does not need a signature.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

GST at 8% is chargeable if applicable

ENTRY DATE & TIME: 23/12/2022 17:23 (SGT)

SUBMITTED BY: TOH LEI MING VERSION: 1 (23/12/2022 17:23 (SGT))



IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 23/12/2022 17:23 (SGT) Reported by Driver Date of Accident 23/12/2022 04:10 (SGT) Exact Location of Accident Singapore Additional Location Information CORPORATION ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SNB694X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH CHIAH LAN NRIC No S1734298C Email Address JAEYLEE0809@GMAIL.COM Mobile Phone No (Phone) +65-90709443 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Corolla

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 Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5123080674-01

DRIVER

Name of Driver LEE BUCK CHYE NRIC No S1637289G Date Of Birth 02/11/1964 Occupation Indoor





Date Of Driving Pass	25/07/1989
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98805040
Alt. Phone Number	-
Email Address	JAEYLEE0809@GMAIL.COM
Address	14A TELOK BLANGAH CRESCENT #07-300
Address complement	
Postcode	091014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Spouse
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle registration runiber of Other verlicle 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	Raining
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
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	SLK7549M
Vehicle Manufacturer Vehicle Model	

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE BUCK CHYE
Gender	-
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	
Injuries Sustained	_
Injured person in which vehicle?	_
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

Lunderstand, 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")

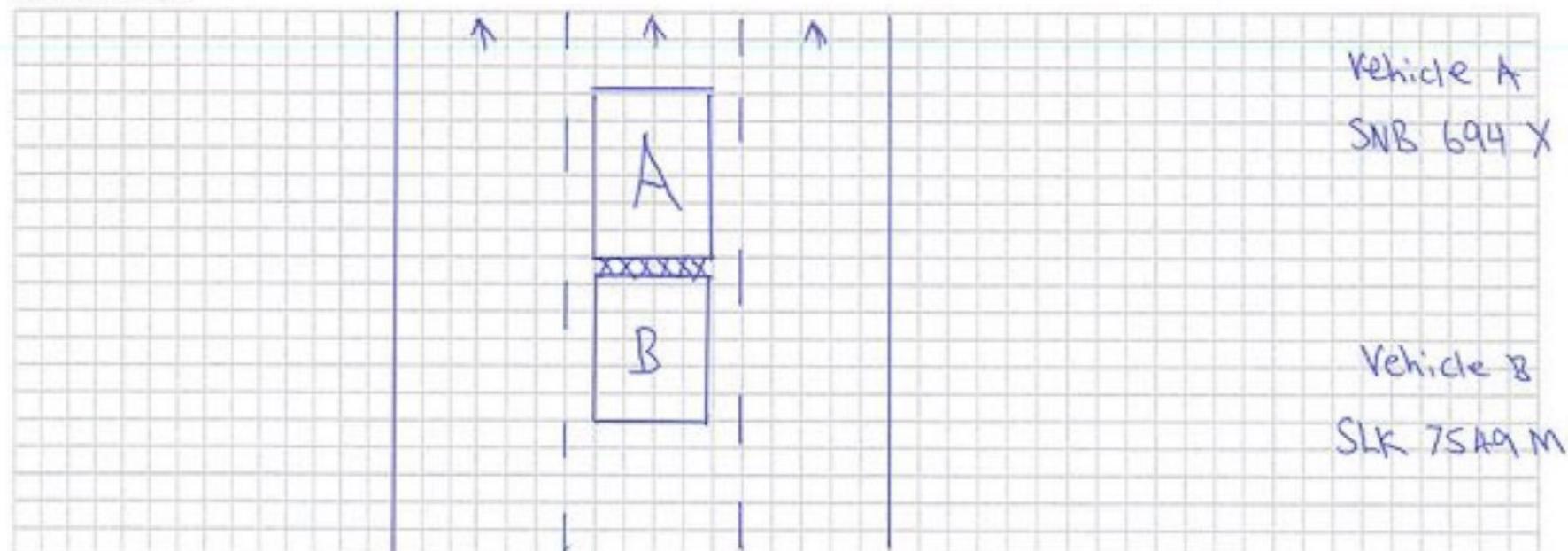
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances o	f the Accident
	On the stated date and time
	I Veh A was stationary at
	traffic Junction while the traffic
	Light is red, Sudden I felt a huge
	impact on my vehicle rear portion.
	I come down and check Veh B
	rear ended my veh rear portion
	I Wish to State that suffer next
	and lower back after the accident

Declaration

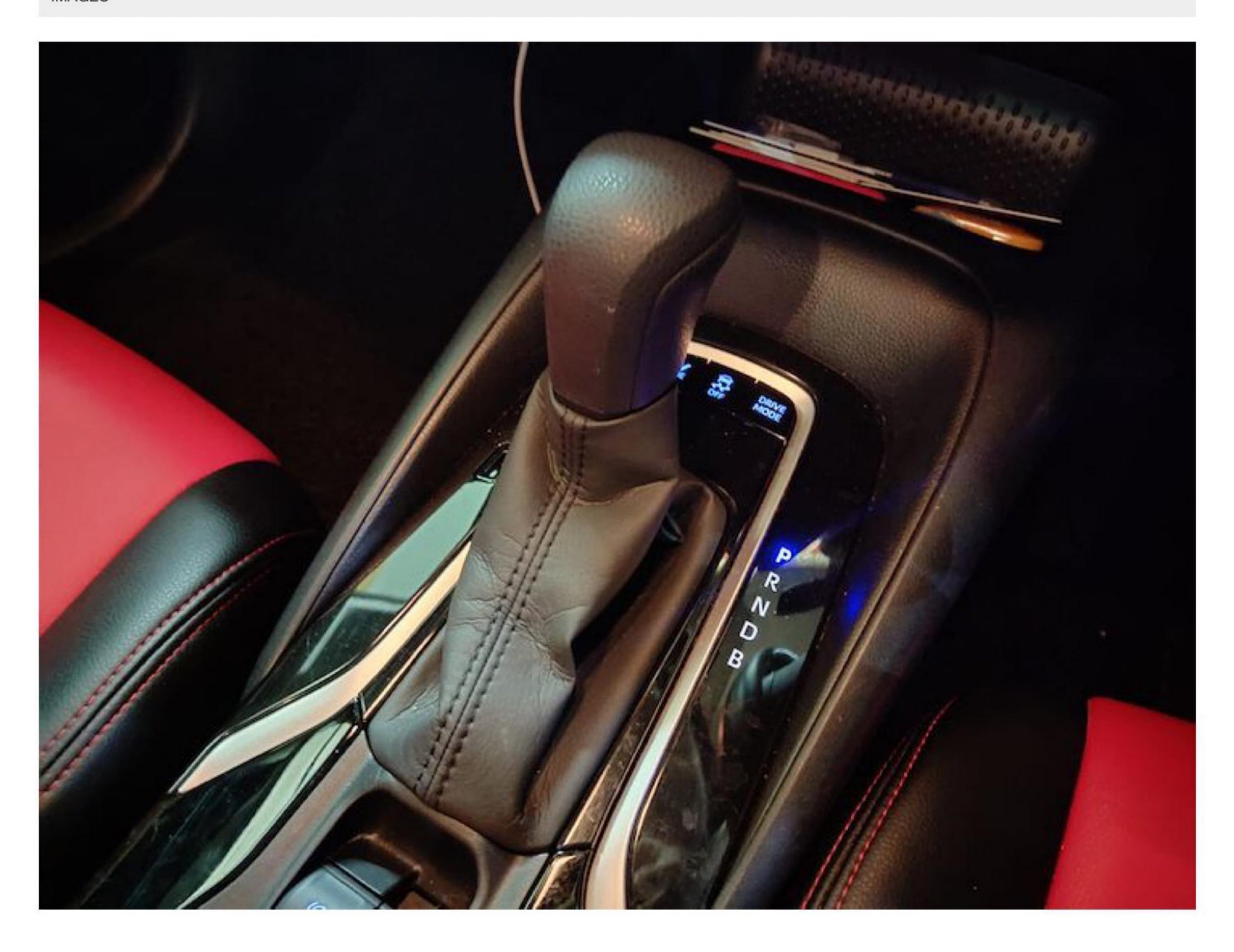
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

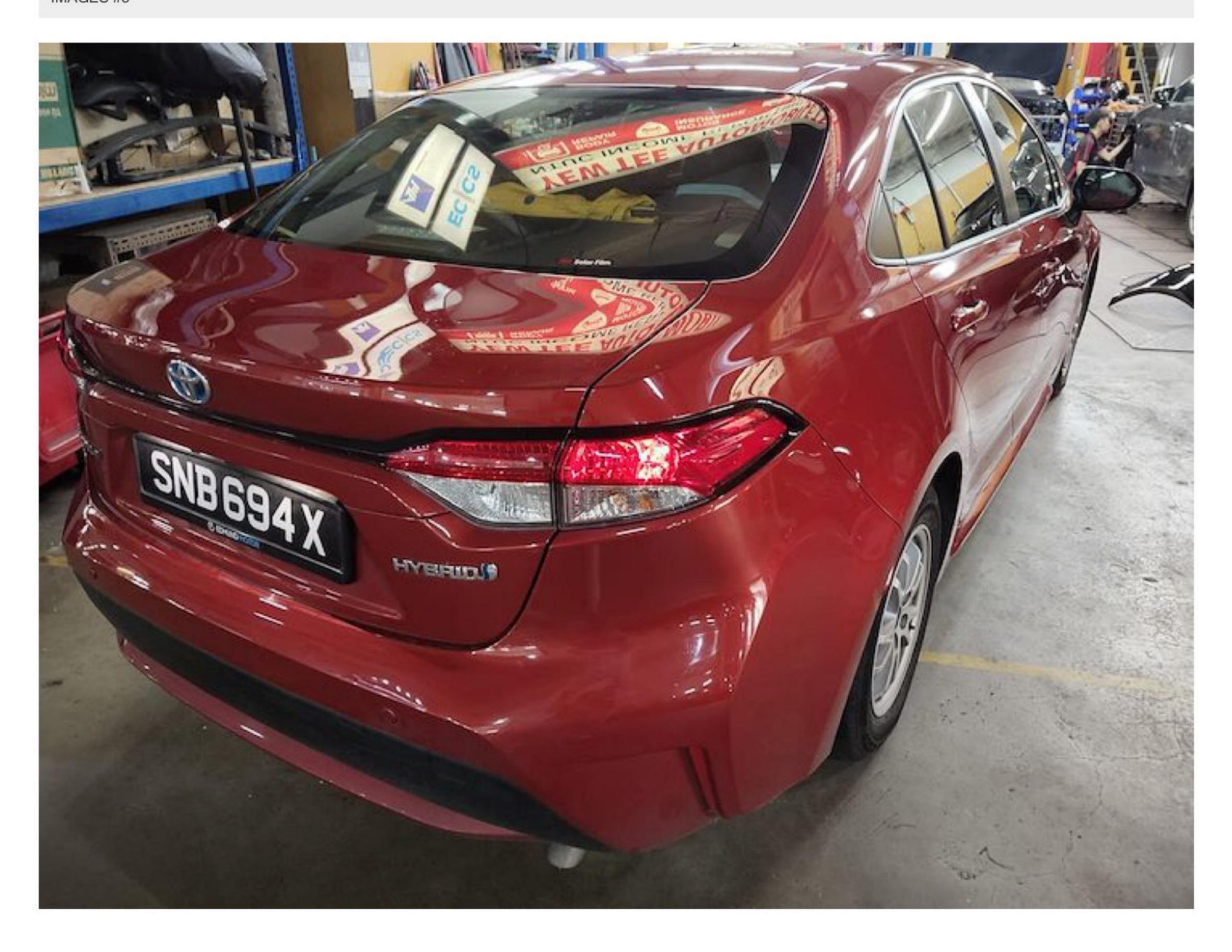
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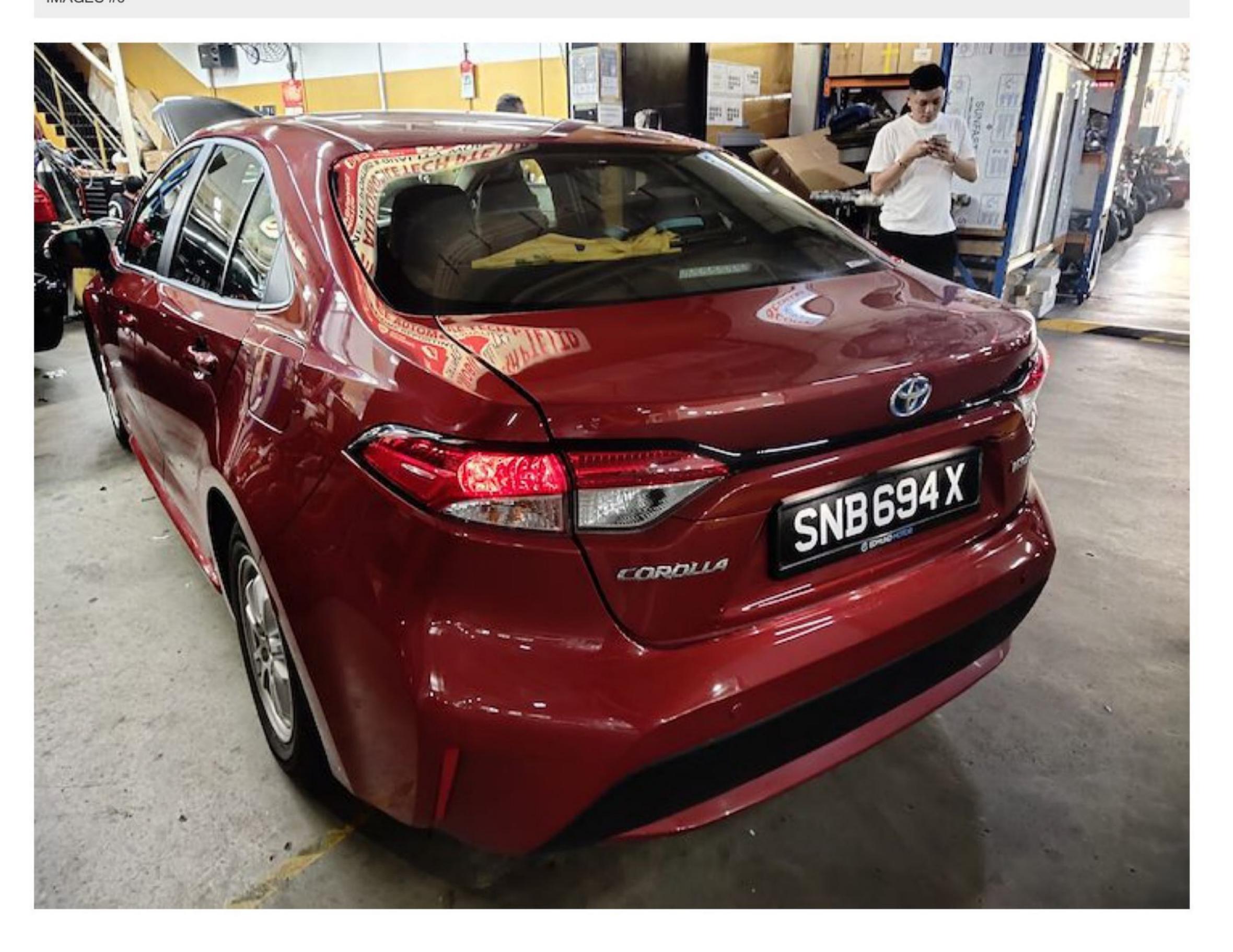




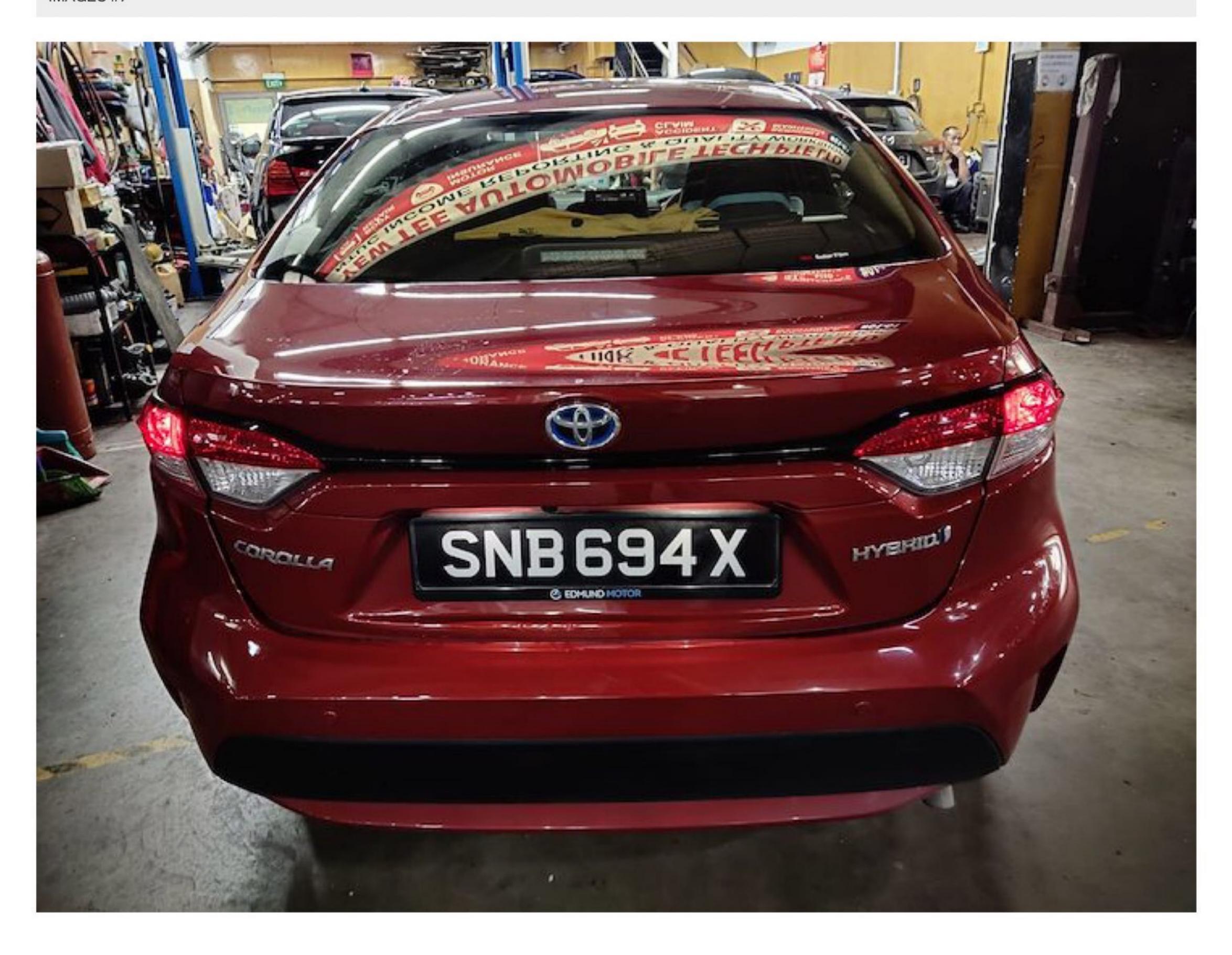


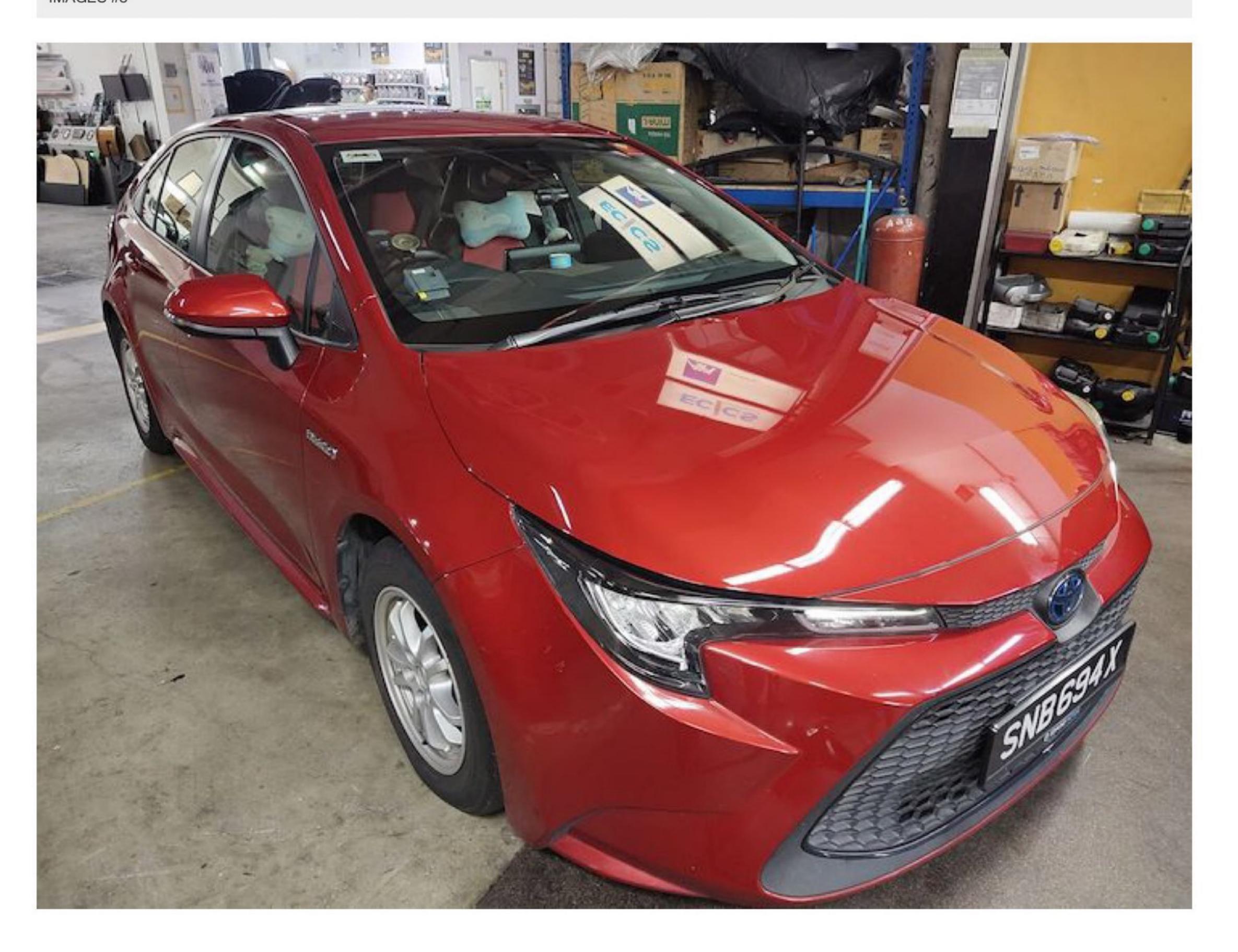


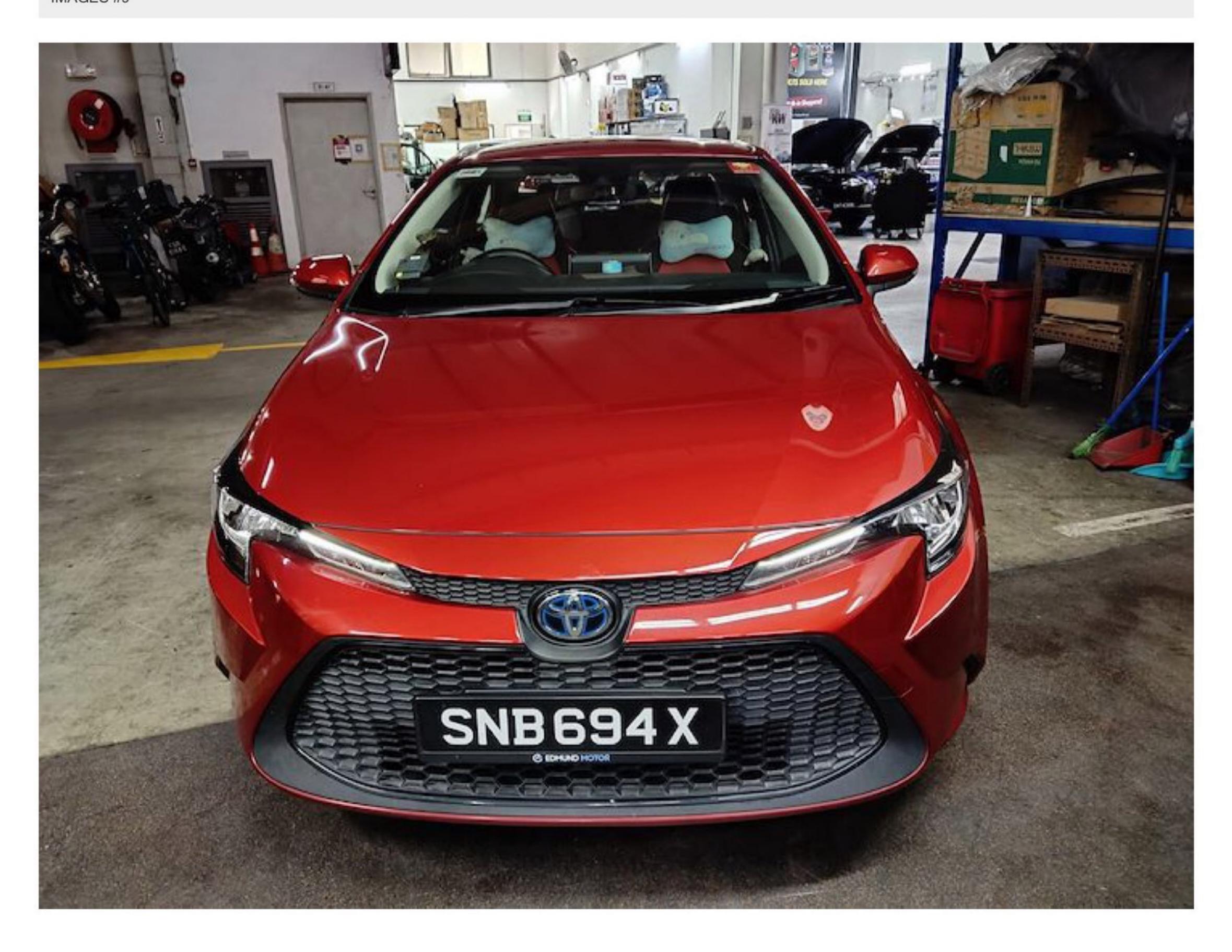




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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20221223/7039

1 of 3

Report No. T/20221223/7039

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 23/12/2022 15:30		Vide Report No.: Station Diary N		
Informa	nt's Particu	ulars			
	Informant: CK CHYE		Address: 14A TELOK BLANGAH CRE 091014	SCENT #07-300 SINGAPORE	
ID Type / NRIC NO	ID No.: 0 / S163728	89G	Contact No.: Home/Office:	Mobile: 98805040	
Nationali SINGAP	onality: Email: GAPORE CITIZEN jackleebc64@gmail.com				
Sex: Male	Age: 58	Date of Birth: 02/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	
Occupation:			Driving Licence Information:	Date of Expiry:	

Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 23/12/2022 04:00	Type of Location: Straight Road
Location: CORPORATI	ON ROAD			
Weather:		Road Surface:		Road Speed Limit:
Drizzling		Wet		50 Km/h
		Traffic Control: Traffic Light - Wo	rking	50 Km/h Traffic Volume: No Traffic

Details of Vo	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLK7549M	Car			Black		0
SNB694X	Car			Red	Seriously	0







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221223/7039

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestriar	Cross	ing: NA
Driver						
Name	LEE BUCK CHYE		ID No	·.	S1637289G	
Related Vehicle	SNB694X (Car)		Conta	ct No.	98805040	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3 Date of Expiry: NIL
Date	23/12/2022		Date		-	/2022
No. of Days gran	ted Medical Leave	Degree o	of	Serio	us	

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER SNB694X WAS STATIONARY AT THE TRAFFIC JUNCTION WHILE IS RED, SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE.

I COME DOWN AND CHECK VEHICLE PLATE NUMBER SLK7549M COLLIDED ONTO MU VEHICLE REAR PORTION.

AFTER THE ACCIDENT I WENT TO KOVAN INTEMEDICAL CLINIC TO CONSULT DOCTOR CAUSE I FELT PAIN ON MY NECK AND AND LOWER BACK GIVEN 5 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20221223/7039

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2022 15:30
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	

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BIFROST AUTO PTE. LTD.

Co. Reg. No.: 201929175W

LETTER OF AUTHORISATION

Accident on 23/12/22 along COPORAT	ION RD
involving vehicles	SLK 7549 M
In consideration of Bifrost Auto Pte Ltd, 600. Singapore 199589, repairing my/our motor vehice Solt CHIAH LAN	1 Beach Road #22-01, Golden Mile Towe cle no SNB694x at my request, I/W ("the claimant") o
the owner of motor veh them to demand claim, settle and receive whate company or third party or commence legal procesto any of their appointed solicitors to act for me, all the amount claimed or settled shall belong a insurance company of the third party. I/We ful discharge on my/our behalf and to sign discharge on my/our behalf	icle no <u>SMB 644x</u> , hereby authorized and the insurance ever amount settle payable by the insurance eding for cost of repairs, loss of use and etc. It is in respect of the said accident/claim and make payable to them absolutely by the other authorized them to give an absolute arge voucher(s) and any other documents
I/We further agree to fully co-operate and atter prosecute the claims maintained by Bifrost Auto P I/We further agree and undertake to indemnify tarise therewith.	te Ltd.
In the event that my/our claim is unsuccessful, I/w the cost of repairs to my/our vehicle.	ve undertake to pay to Bifrost Auto Pte Ltd
In the event that settlement cheque were to be my/our instructions to clear the said cheque on a payment directly into Bifrost Auto Pte Ltd account further authorize Bifrost Auto Pte Ltd and/or their pay their charges without further reference to me. Pte Ltd shall amount to a good discharge of Bifrost firm's obligation to me in respect of the settlement	my/our behalf by presenting the same for t. Upon clearance of the said cheque, I/we appointed law firm to utilize the monies to I confirm that the payment to Bifrost Auto t Auto Pte Ltd and/or their appointed law
Dated this 27 day of 12	6
SOH	Co. Reg. No. 201929175W
Signed by "the claimant"	Signed by Bifrost Auto Pte Ltd
Name: SOH CHLAH LAN	Name: DENIV ZS
NRIC No: 2986	

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 23 Dec 2022 / 13:31:10

Receipt Date/Time : 23 Dec 2022 / 13:31:10

Tax Invoice/Receipt

Receipt No.: ITNET-00000-221223-002527

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 - SLK7549M As at 23 Dec 2022/06:00:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SLK7549M				
Enquiry Fee 20221223133022600645		25.00	1.75	26.75
	Sub-Total	25.00	1.75	26.75
	Total Before Rounding	25.00	1.75	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
	Paid By			
	526471XXXXXX1912	eNETS	Credit Card	26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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.

BIFROST AUTO PTE. LTD.

GST. Reg. No.: 201929175W

Proforma Invoice

India International Insurance Pte Ltd

64 Cecil Street

#04/ #05 IOB Building Singapore 049711 Inv. No.: PF.RA.2305034 Inv. Date: 15-05-2023

Ref: 15-05-2023 **23**/12/2022

Terms: 14 Days Veh. No.: SNB694X

Make & Model : TOYOTA

COROLLA

#	Description	Qty	Rate	Total	Tax
	REPAIR COSTS	1.0	\$3,900.00	\$3,900.00	\$312.00

Remarks: SNB694X

Subtotal for invoice : S\$3,900.00

Prevailing GST : S\$312.00

Total : S\$4,212.00

I agree to the price as listed above and affirm that the goods are received in good condition.

On behalf of BIFROST AUTO PTE. LTD.

(Customer's Signature and Company Stamp)

(Authorised Signature)

email: claims@bifrostauto.com

Please make cheque payable to "BIFROST AUTO PTE LTD" and mail to 6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589 or direct bank transfer to DBS Bank Current Account 070-902-886-1.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

Prevailing GST is charged where applicable