



Date : 08/02/2023
Your Ref : SH6991H
To : AXA INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJU4771C & SH6991H ON 31/12/2022 AT PREMISES OF JURONG POINT SHOPPING MALL DROP OFF POINT TOWARDS JURONG WEST CENTRAL 3.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238003 @ S\$4,644.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,600.00 (8 Days x S\$200)
- 3) LTA Search @ S\$26.75
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

*The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8% from 1st January 2023.***

Thank You.

Yours faithfully,


Co. Reg No. 201538764H
Co's Stamp & Authorised Signature

HP: 8121 1373
E-mail: ca3services@gmail.com

CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Avenue 4, AAS Kaki Bukit Centre, #04-01 Singapore 415933

Tel: (65) 6243 1373 Fax: (65) 6243 1376

GST Reg. No. 201538764H

PROFORMA BILL

Bill To:

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O. BOX 1094

SINGAPORE 902144

Invoice No. : 238003

Date : 08-February-2023

Vehicle Number : **SJU 4771C**

ATTN : MOTOR CLAIMS DEPARTMENT

NO	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,300.00
SUB-TOTAL		4,300.00
8% GST		344.00
TOTAL		\$ 4,644.00

Tax Invoice will be issue upon amount finalised.

The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8% from 1st January 2023**.

Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.


Co. Reg No. 201538764H

Co's stamp & Authorised Signature



MOTOR CLAIM DISCHARGE

INSURED: YONG CHEE CHUEN

CAR / LORRY / CYCLE: REG NO: SJU 4771C POLICY NO: _____

ACCIDENT CLAIM NO: _____

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SJU 4771C from the

repairers, Messrs CHIA AUTO SERVICES PTE LTD

And that all repairs necessary as a result of an accident in which the said vehicle was

involved on or about the 31 day of 12 2022 have been completed

to my / our satisfaction, and that I / we have no further claim on the above company in

Respect thereof.

Date : _____

Signature : [Signature]

Co's Stamp : _____

NRIC No : _____

03/01/2023 - PRI

08/01/2023 - Sunday

Vehicle In - 03/01/2023

Vehicle Out - 10/01/2023

Low - 8 days x \$ 200

= \$1,600

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Jan 2023 / 10:18:43

Receipt Date/Time : 03 Jan 2023 / 10:18:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230103-000816

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 - SH6991H

As at 31 Dec 2022/09:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SH6991H

Enquiry Fee

20230103101748776499

24.77 1.98 26.75

Sub-Total 24.77 1.98 26.75

Total Before Rounding 24.77 1.98 26.75

Rounding Difference 0.00

Total Amount Payable 26.75

Paid By

20230103101758215

Direct Debit: eNETS Debit
(Internet Banking)

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.

LETTER OF AUTHORITY

Name : YONG CHEE CHUEN
Address : BLK 728 CHOA CHU KANG CENTRAL
#03-117 S (680 228)
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJU 4771C AND SH 699TH
ON 31/12/2022 AT/ALONG PREMISES OF JURONG POINT SHOPPING
MALL DROP OFF POINT TOWARDS JURONG WEST CENTRAL 3.

I/We, YONG CHEE CHUEN, am/are the registered
owner of motor car no. SJU 4771C


Please note that I have assigned all compensations monies due to me/us in the above said
accident to **M/S CHIA AUTO SERVICES PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-
mentioned accident to **M/S CHIA AUTO SERVICES PTE LTD** and forward your settlement
cheque to **M/S CHIA AUTO SERVICES PTE LTD** whom I had authorized to collect the said
compensation monies.

Thank you.



Signature of Claimant



Witness By

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT

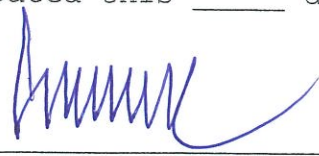
I, YONG CHEE CHUEN ("the third party claimant")
of BLK 228 CHOA CHU KANG CENTRAL #03-117 S(680228) (address),
owner of SJU 4771C (vehicle no.) hereby authorize
CHIA AUTO SERVICES PTE LTD

("The workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my Vehicle No. SJU 4771C that was damaged pursuant to the accident which occurred on 31/12/2022 (date) along PREMISES OF JURONG POINT SHOPPING MALL DROP OFF POINT TOWARDS JURONG WEST CENTRAL 3 (location) involving Vehicle No/s SH 6991H
("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Co. Reg No. 201538764N
Signed by "the workshop"

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	03/01/2023 12:47 (SGT)
Reported by	Both
Date of Accident	31/12/2022 09:00 (SGT)
Exact Location of Accident	Near 01-18 Jurong West Central 3, Singapore
Additional Location Information	PREMISES OF JURONG POINT SHOPPING MALL DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4771C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YONG CHEE CHUEN
NRIC No	SXXXX176C
Email Address	SEANYONG54@GMAIL.COM
Mobile Phone No	(Phone) +65-98561563
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0010280

DRIVER

Name of Driver	YONG CHEE CHUEN
NRIC No	SXXXX176C
Date Of Birth	13/11/1954

Occupation	Outdoor
Date Of Driving Pass	03/11/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98561563
Alt. Phone Number	-
Email Address	SEANYONG54@GMAIL.COM
Address	BLK 228 CHOA CHU KANG CENTRAL #03-117
Address complement	-
Postcode	680228
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 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?	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 SKETCH PLAN

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	SH6991H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	YONG CHEE CHUEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SJU4771C
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 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' 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.

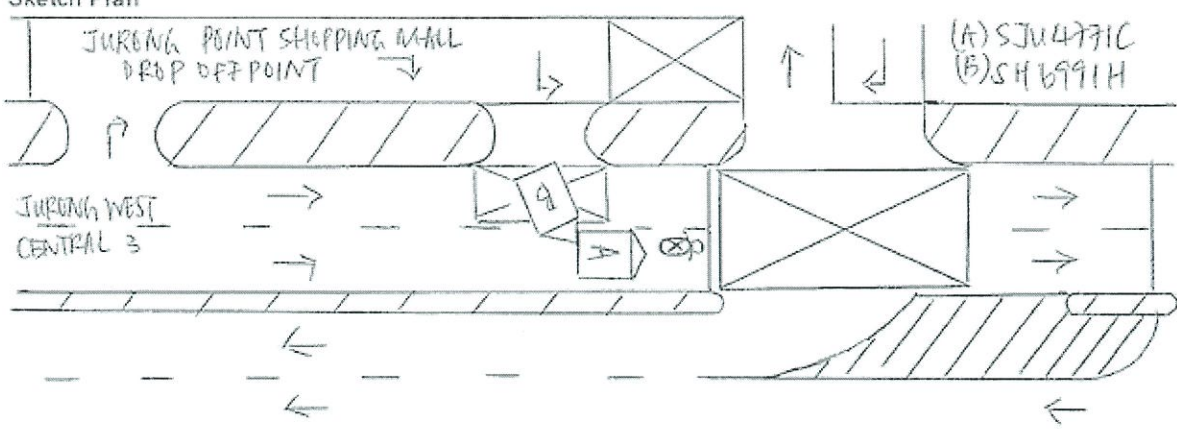
(collectively the "Purposes")

(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.

 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 of the Accident

PLEASE REFER TO POLICE REPORT

No: T/20221231/7025.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Pravnu

Policyholder's Signature / Date &
Time

humm

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221231/7025

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

1 of 3

Report No. T/20221231/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2022 11:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG CHEE CHUEN			Address: 228 CHOA CHU KANG CENTRAL #03-117 SINGAPORE 680228		
ID Type / ID No.: NRIC NO / S0106176C			Contact No.: Home/Office: Mobile: 98561563		
Nationality: SINGAPORE CITIZEN			Email: SEANYONG54@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 13/11/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2022 09:00	Type of Location: MINOR TO MAJOR ROAD
Location: PREMISES OF JURONG POINT SHOPPING MALL DROP OFF POINT TOWARDS JURONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH6991H	Car					0
SJU4771C	Car	HONDA	FREED 1.5G A	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20221231/7025

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

2 of 3

Report No. T/20221231/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU4771C	INDIA INTERNATIONAL INSURANCE PTE LTD	D22MPC0010280	11/12/2022	10/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YONG CHEE CHUEN	ID No.	S0106176C
Related Vehicle	SJU4771C (Car)	Contact No.	98561563
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/12/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 31/12/2022 AT ABOUT 0900HRS, I WAS EXITING OUT FROM PREMISES OF JURONG POINT SHOPPING MALL DROP OFF POINT TOWARDS JURONG WEST CENTRAL 3. I SLOW DOWN AND CAME TO A COMPLETE STOP DUE TO 'RED' TRAFFIC LIGHT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: SJU4771C

VEHICLE B: SH6991H



**SINGAPORE
POLICE FORCE**



T/20221231/7025

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

3 of 3

Report No. T/20221231/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/12/2022 11:41

Classification Of Case: