

Hsiao Tong (LKKAuto)

From: Chia Sin Muk <em1autopteltd@gmail.com>
Sent: Monday, 20 March 2023 4:25 PM
To: Admin A; CS A Team
Subject: LOD - YQ 7977A, your ref. no. YN2034U, DOA : 10.01.2023 TP - LONPAC
Attachments: YQ7977A, LONPAC - LOD-20032023155942.pdf

WITHOUT PREJUDICE

Dear Sir/Madam,

COR : \$ 4,860.00
LTA : \$ 2.00
LOR : \$ 810.00 (5 days x \$150 + gst)
PRI : \$ 300.00 (2 Days x \$150)

Total : \$ 5,972.00
=====

Kindly arrange for settlement.

Thanks & Best Regards,

Karen, on behalf of,

Chia Sin Muk (Mr)

m: (65) 9666 6556 | **o:** (65) 6452 3298 | **f:** (65) 6457 5776

EM-1 Auto Pte Ltd

Blk 8 #01-68 Sin Ming Industrial Estate Sector C Singapore 575643

Co. / GST Registration Number: 201316380R

Important: This email is confidential and may be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG NO: 201316380R

Proforma Invoice

M/S JOO PTE LTD

LONPAC INSURANCE BHD
MOTOR CLAIMS DEPARTMENT
300 Beach Road, #17-04/06
The Concourse, Singapore 199555

Ref. No. : 23/PI0009/5692TP

Date : 20.03.2023

Date of Accident : 10.01.2023
Our Vehicle Number : YQ 7977A
Model : TOYOTA DYNA
Your Insured : YN 2034U

WITHOUT PREJUDICE

DESCRIPTION	SUB AMOUNT	GST	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Taufikh)	4,500.00	360.00	4,860.00
LTA Fee	1.85	0.15	2.00
Loss of (Rental/Use)(5 Days x \$150/day)	750.00	60.00	810.00
Pre-Inspection Day (2 Days x \$150/day)	300.00		300.00

Total Amount :

\$ 5,972.00

Singapore Dollars : Five Thousand Nine Hundred and Twelve only.



SS2E231B0004 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 11/01/2023 16:58 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (11/01/2023 16:58 (SGT))

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	11/01/2023 16:58 (SGT)
Reported by	Driver
Date of Accident	10/01/2023 17:15 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ7977A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Joo Pte Ltd
Company Reg No	200720361K
Email Address	joopteltd@gmail.com
Mobile Phone No	(Phone) +65-83830699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00118972200

DRIVER

Name of Driver	Lim Brendan
NRIC No	S9603842I
Date Of Birth	05/02/1996
Occupation	Outdoor

Date Of Driving Pass	14/09/2020
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83830699
Alt. Phone Number	-
Email Address	joopteltd@gmail.com
Address	Blk 148 #02-29 Potong Pasir Ave 1
Address complement	-
Postcode	350148
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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached 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	YN2034U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Habib Ahashan
Work Permit No	G6792354K

Contact Number	(Phone) +65-90524370
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

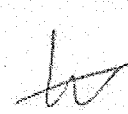
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

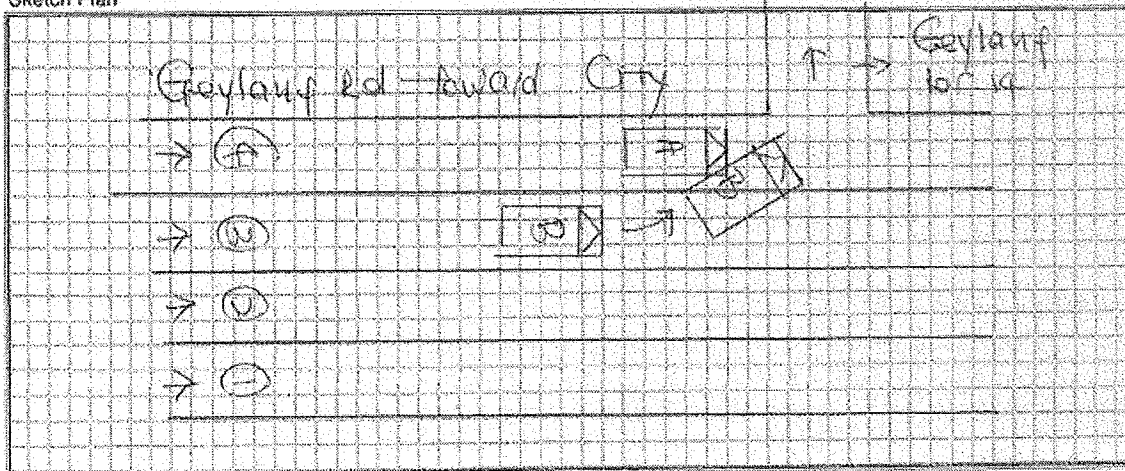
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
(Name as in NRIC/ID card)

Sketch Plan

SKETCH PLAN #2



Describe Circumstance of the Accident

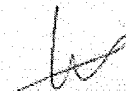
I was travelling along Geylang Rd towards city before geylang lorry 14 I turned my vehicle on the lane 4 (Extreme left). Suddenly vehicle B on my right lane 3 cut into my lane and hit onto my right hand side portion when turning into geylang lorry.




Declaration

I/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
(Name as in NRIC/ID card)

YQ 7977A


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

YN2034U

Date of Accident

10/01/2023 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **29/12/2022 - 28/12/2023**Requested By **Chew Hsiao Tong (National As...**Requested Date **11/01/2023 14:22****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



長江企業(私人)有限公司
Chiang Kang Enterprises Co. (Pte.) Ltd.

YQ 7977A
6m-1
1995 - 2003
TOTAL DEFENCE
TOTAL DEFENCE

TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg. No. 19-8304039-K

HIRER'S PARTICULARS

If Different From

Section ①

I/We

Joo Pte Ltd

of

148 Potong Pasir Ave 1

#02-29

S 350148

Tel:

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1500/= to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle. whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me or the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼		GBC 1728 m		Rental Agreement 合同號碼 No. A 94536	
Section ① Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄				租出日期及時間	
姓名 Name: Lim Brendan		地址 Address: BIK 24A Bukit Batok East Ave 5		Date & Time OUT 11-01-2023 12:40pm	
居民證/護照號碼 I/C No./Passport No: 59603842I		駕駛執照號碼 Driving Licence No: 59603842I		交車日期及時間 Date & Time IN 16-01-2023 12:25	
居民證/護照種類 Type of I/C/Passport:		Pass 日期 Pass Date: 14/09/2020		Chargeable	
出生日期 Date of Birth: 05/02/1996		發出地 Place of Issue:		Rates Amount	
三號保險底金 \$1500/=		一號保險底金 \$2000/=		天 Days @ \$	
a) Third Party Only Policy Excess \$1500/=		b) Comprehensive Policy Excess \$2000/=		星期 Weeks @ \$	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		送車/費 Delivery Fees		月 Montl. @ \$	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge		ADD 8% GST	
				8750/-	
				8800/-	
				8800/-	
				Amount Paid	
				收車費用 Collection Fees/Misc.	
				超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT		出車油箱 Fuel Tank IN		租費不包括汽油 Rates Do Not Include Fuel	
車牌號碼 Vehicle No: 1)		起 From:		添油 Refuelling	
車牌號碼 Vehicle No: 2)		起 From:		至 To:	
工具 Tools		輪胎 Spare Tyre		至 To:	
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:		加額費用 Total Additional Charges	
NOTE: 註				總計 Grand Total	
租車者或司機必須付所有停車及違反交通法例負起一切的責任。					
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.					

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期

Date: _____

租車者簽名

Signature of Hirer: _____



LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) YQ7977A and YN2034U /
ON 10/1/2023 ALONG Geylang Rd, Singapore

I, Joo Pte Ltd, NRIC No. / Company Reg. No.
200720361K of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
YQ7977A hereby authorise your workshop EM-1 Auto Pte Ltd (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten. I, further authorize that the monies to be made-payable to EM-1 Auto Pte Ltd.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: _____

Company Stamp:
(if applicable)



Name: _____

NRIC No: _____

Contact No: _____

Date: _____

Joo Pte Ltd

200720361K

83830699

11/01/2023