

**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 : C23020002
Your Ref : SHC363S

13/02/2023

HSBC LIFE (SINGAPORE) PTE LTD
ROBINSON ROAD POST OFFICE P.O.BOX 1538
Singapore 903038

WITHOUT PREJUDICE

BY EMAIL @ e-surance@hsbc.com.sg

Attn:

Dear Sir/Madam

CLAIMANT: HONG RUI CONSTRUCTION PTE LTD

**RE: ACCIDENT INVOLVING VEHICLES GBF4406G KIA AND SHC363S AT SLE/TPE TWDS WOODLANDS
DIRECTION ON 03/02/2023 AT ABOUT 18:20.**

We refer to the above matter.

Please find our claims as follows:-

1. COST OF REPAIR (\$1900 BEFORE GST)	\$	2052.00
2. LOSS OF USE FOR 3 DAYS @\$100 PER DAY	\$	300.00
3. LTA SEARCH	\$	26.75
Total	\$	<u>2,378.75</u>

Pre-repair inspection arranged on 07/02/2023 and was surveyed on 07/02/2023.

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
CO./GST REG: 201833292C

Invoice**HSBC LIFE (SINGAPORE) PTE LTD**

ROBINSON ROAD POST OFFICE P.O.BOX 1538
Singapore 903038
Tel: 68804888

Inv No. : DI23020003**Date :** 15 Feb 2023**Ref :** C23020002**Currency :** SGD**Terms :** COD**Veh No. :** GBF4406G KIA

#	Description	Qty	UOM	U/P	Disc	Amt
1	GLOBAL SUM	1.00		1,900.00	0.00	1,900.00

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\$ 1,900.00
GST 8.0% : S\$ 152.00
Total : S\$ 2,052.00

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	06/02/2023 11:51 (SGT)
Reported by	Driver
Date of Accident	03/02/2023 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE/TPE TWDS WOODLANDS DIRECTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4406G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG RUI CONSTRUCTION PTE LTD
Company Reg No	2XXXXX619D
Email Address	hongruicon@gmail.com
Mobile Phone No	(Phone) +65-98573149
Alternative Phone No	+65-96443443

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
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	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22013860

DRIVER

Name of Driver	MISHEL ISHAK HOSSAIN
Work Permit No	GXXXX536X
Date Of Birth	04/05/1983
Occupation	Outdoor

Date Of Driving Pass	27/03/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90814552
Alt. Phone Number	-
Email Address	hongruicon@gmail.com
Address	180 WOODLANDS E5 #03-28
Address complement	-
Postcode	757512
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	-

PASSENGER 1

Name	COLLEAGE A
Gender	Male

PASSENGER 2

Name	COLLEAGE B
Gender	Male

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 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	SHC363S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN HOCK ANN JOHN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

Describe Circumstance of the Accident

On the date and time mention, I was traveling along SLE/TPE EXPRESS DIRECTION TOWARDS WOODLANDS. Heavy traffic at the moment when the incident took place. Vehicle B (SHC 363S) taxi collided onto my rear portion of vehicle A (GBF 4406G), I alight and check the scene and it a chain collision of 3 vehicles. No injury and we exchange particular and left the scene.

Vehicle A GBF 4406G.

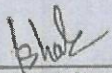
Vehicle B SHC 363S.

Vehicle C unknown.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

vJun2022

2

FORZA - WIFI LINK


SSID: TP-LINK_9B60

SSID: TP-LINK_9B60


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

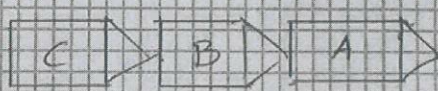


Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

ORZA WIFI LINK

SSID: TP-LINK_9B60

BSSID: TP-LINK_9B60-B

IP: 192.168.1.1

**ERGO****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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

FLASH
Fast-Response Accident Reporting Hotline™**24-Hour Helpline: 6100 1620**

Certificate/Policy Number : DMCG22013860
Vehicle Registration Number : GBF4406G
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : HONG RUI CONSTRUCTION PTE LTD
Commencement Date of Insurance : 28/10/2022
Expiry Date of Insurance : 27/10/2023
Excess :
EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

Finance Company/Hire Purchase Owner : HL BANK

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A000503	KCB INVESTMENTS PTE LTD	Contact Number: 63913811
Vehicle Chassis Number : KNCSJX76LG7096921, Vehicle Engine/Motor Number : D4CBG052728		CP1, 03/10/2022 10:19

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
GBF4406G

Make / Model
KIA / K2500 6M/T

Vehicle Type :
B31 - Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Attachment 1 :
No Attachment

Vehicle Scheme :
Normal

Chassis No. :
KNCSJX76LG7096921

Propellant :
Diesel

Engine No. :
D4CBG052728

Motor No. :
-



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Feb 2023 / 15:17:22

Receipt Date/Time : 06 Feb 2023 / 15:17:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230206-002293

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 - SHC363S As at 03 Feb 2023/18:20:00 Insurance Co: HSBC LIFE (SINGAPORE) PTE. LTD.				
1	Insurance Enquiry - SHC363S Enquiry Fee 20230206151528205051	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
(GBF4406G.)				
Paid By				
559221XXXXXX0113		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.

**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. G1BF4406 G And SHC363 S
Along SLE/TPE TWDS WOODLANDS DIRECTION
On 03.02.2023 at about 1820 hrs

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

FORZA AUTOHAUS

FORZA AUTOHAUS PTE LTD

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.: 2018932920

Payment Authorisation Form

Date: 06.02.2023

Attention: Motor Claims Department

H8BC LIFE (SINGAPORE) PTE LTD

ROBINSON ROAD POST OFFICE P.O. BOX 1538

SINGAPORE 903038

Dear Sir/Madam,

Accident involving no. GBF4406G and SHC363S along
SLE/TPE TWDS WOODLANDS DIRECTION on
03.02.2023 at about 1820 HRS

I/We, (Name) HONG RUI CONSTRUCTION PTE LTD of (RCB/NRIC/Passport No.)
201230619D is the owner of vehicle no. GBF4406G which was involved in the
above mentioned accident with your insured vehicle no. SHC363S

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: