

**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 : C23010022
Your Ref : SHD3808B

01/03/2023

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: HSBC LIFE INSURANCE

Dear Sir/Madam

CLAIMANT: LOUIS LER

RE: ACCIDENT INVOLVING VEHICLES SML3999G AND SHD3808B AT PIE TWDS JURONG BEFORE SIMEI EXIT ON 18/01/2023 AT ABOUT 14:20.

We refer to the above matter.

Please find our claims as follows:-

1. COST OF REPAIR (\$3250 BEFORE GST)	\$	3510.00
2. LOSS OF USE FOR 5 DAYS @\$90 PER DAY	\$	450.00
3. LTA SEARCH	\$	26.75
Total	\$	<u>3,986.75</u>

Pre-repair inspection arranged on 20/02/2023 and was surveyed on 20/02/2023.

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

**FORZA AUTOHAUS PTE LTD**

39 WOODLANDS CLOSE, #01-34/35, MEGA@WOODLANDS
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. : DI23030002
Date : 01 Mar 2023
Ref :
Currency : SGD
Terms : COD
Veh No. : SML3999G

#	Description	Qty	UOM	U/P	Disc	Amt
1	GLOBAL SUM	1.00		3,250.00	0.00	3,250.00

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\$ 3,250.00
GST 8.0% : S\$ 260.00
Total : S\$ 3,510.00

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	19/01/2023 12:13 (SGT)
Reported by	Both
Date of Accident	18/01/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS JURONG BEFORE SIMEI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3999G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOUIS LER LEONG KEE
NRIC No	SXXXX582J
Email Address	swim_louis@hotmail.com
Mobile Phone No	(Phone) +65-98213455
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	SELTOS 1.4
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1353

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23000305

DRIVER

Name of Driver	LOUIS LER LEONG KEE
NRIC No	SXXXX582J
Date Of Birth	19/07/1976
Occupation	Indoor

Date Of Driving Pass	01/02/2007
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98213455
Alt. Phone Number	-
Email Address	swim_louis@hotmail.com
Address	BLK 844 WOODLANDS AVE 4 #06-602
Address complement	-
Postcode	730844
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?	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3808B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DENNIS HO CHEE KEONG
NRIC No	SXXXX245D

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:

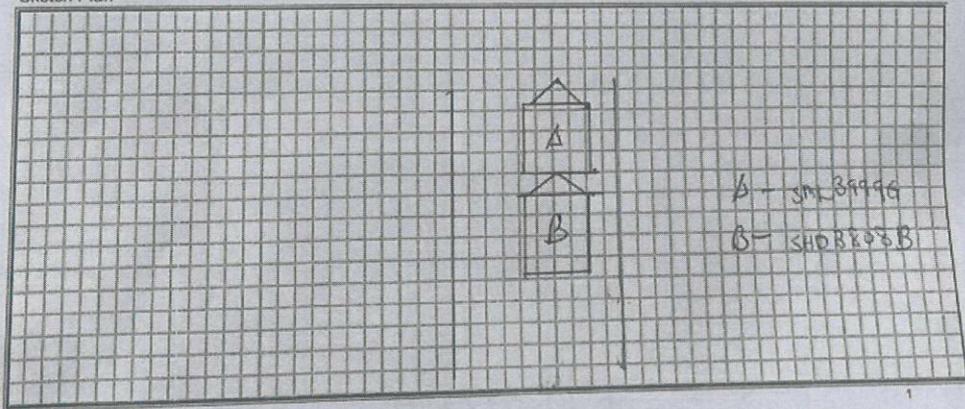
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]
Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

SSID: TP-LINK_9860
 SSID: TP-LINK_9860
 PW: 91634772
 Router PW: For3al68168

84188000

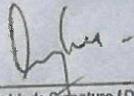
For3al68168

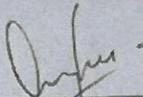
Describe Circumstance of the Accident

AS PER STATED TIME & DATE, I WAS DRIVING ALONG PEG TOWARD
 JURONG. JUST BEFORE SEMCI EXIT, THERE IS A LORRY IMPACT OF
 ME PASSING INTO MY LANE AND SUDDENLY EMERGE ON BRAKE, I HAD
 BRAKE
 ALSO EMERGE MY VEHICLE A TO SLOW DOWN MY VEHICLE, AS VEHICLE B
 CANNOT BRAKE IN TIME, THERE IT HAD REAR ENDED MY VEHICLE A.
 I HAVE SUFFER INJURYS DUE TO THE IMPACT.

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

SEID: TP_LNK_9865

SEID: TP_LNK_9866

1922015

forza032013



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Feb 2023 / 15:29:07

Receipt Date/Time : 01 Feb 2023 / 15:29:07

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230201-002369

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 - SLW9329E As at 16 Jan 2023/14:45:00 Insurance Co: INCOME INSURANCE LIMITED				
1	Insurance Enquiry - SLW9329E Enquiry Fee 20230201152737920970	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Result of Insurance Enquiry - SHD3808B As at 18 Jan 2023/14:20:00 Insurance Co: HSBC LIFE (SINGAPORE) PTE. LTD.				
2	Insurance Enquiry - SHD3808B Enquiry Fee 20230201152738033789	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		49.54	3.96	53.50
Rounding Difference				0.00
Total Amount Payable				53.50
Paid By				
	559221XXXXXX0113		eNETS Credit Card	53.50
Total				53.50
Cash Change				0.00
Tendered Amount				53.50
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.

Payment Authorisation FormDate: 08-02-2023

Attention: Motor Claims Department

HSBC LIFE (SINGAPORE) PTE LTDROBINSON ROAD POST OFFICE P.O. BOX 1538SINGAPORE 903038

Dear Sir/Madam,

Accident involving no. SML3999G and SHD3808B along
PI6 TOWARDS JURONG BEFORE SIMGI EXIT on
18/1/2023 at about 1420H

I/We, (Name) LOUIS LER LEONG K66, of (RCB/NRIC/Passport No.)
S76 215825 is the owner of vehicle no. SML3999G which was involved in the
 above mentioned accident with your insured vehicle no. SHD3808B.

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. SML 3999 G And SHD 8808 B
Along PIE TOWARDS JURONG BEFORE SIMGI Exit II
On 18/1/2023 at about 14:00H

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

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)

Certificate/Policy Number : DMPG23000305
Vehicle Registration Number : SML3999G
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : LOUIS LER LEONG KEE
Commencement Date of Insurance : 07/01/2023
Expiry Date of Insurance : 06/01/2024
Excess :
 EXCESS: (SECTION I)..... S\$ 500.00
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00
 EXCESS: WINDSCREEN S\$ 100.00
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00



24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

***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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

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

A100065	CHIA WEE BOON	
Vehicle Chassis Number : MZBEP811VLN123613, Vehicle Engine/Motor Number : G4LDLD034435 PC1, 09/12/2022 00:04		