



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

22 Dec 2018

Our reference: 1710-39

Your reference: SJC4514Z

ECICS Limited
10 Eunos Road 8
#09-04A Singapore Post Centre
Singapore 408600
Attn: Motor Claims Department

BY EMAIL

Dear Sir/ Madam,

Claimant : LOY JIA XIN NICHOLAS
Address : BLK 101 HENDERSON CRES #02-16 S(150101)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **17 OCT 2017** along **NORTH BRIDGE RD B4 COLEMAN ST** involving our client's vehicle registration number **SFU9300T** and vehicle registrations number **SJC4514Z** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$5,350.00
Loss of Rental	:	\$720.00
LTA Search Fee	:	\$5.35
Total	:	\$6,075.35

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report ;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Performa Invoice;
- f) LTA Search Invoice;
- g) Rental Form & Rental Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

A handwritten signature in black ink is written over a blue circular stamp. The stamp contains the text "TEAMWORK GARAGE PTE LTD" around the perimeter and a star in the center.

.....
Teamwork Garage Pte Ltd

Encl.

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 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 ability.
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 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 Report	17/10/2017 17:11
Date Of Accident	17/10/2017 14:15
Exact Location Of Accident	NORTH BRIDGE RD B4 COLEMAN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU9300T
Insured/Policyholder	
Name Of Registered Owner	LOY JIA XIN, NICHOLAS
NRIC No	S8719345D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96575957
Alternative Phone No	OFFICE-96575957

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076932114-01
Cover Note Number	-

Driver

Name of Driver	LOY JIA XIN, NICHOLAS
NRIC No	S8719345D
Date Of Birth	17/06/1987
Occupation	INDOOR
Date Of Driving Pass	13/09/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96575957
Fax Number	
Contact Number	OFFICE-96575957
EMail Address	NOEMAIL

Address	BLK 101 HENDERSON CRES #02-16
Postcode	150101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC4514Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LOY JIA XIN, NICHOLAS
Approximate Age	

Injuries Sustain	BODY
Injured person in which vehicle?	SFU9300T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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2. This form must be completed by the Policyholder and/or the Authorized 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 rescind 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 report may be referred to the Police for investigation.
6. The 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 lodging 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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 claim (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/are 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 based outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information to be collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
ID No./IN No.:

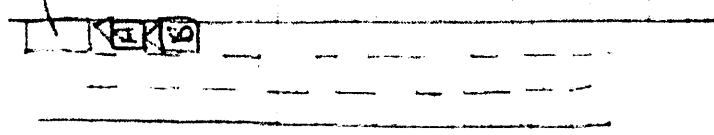
Accident Sketch Plan

SKETCH PLAN

100

A. L. No 93257

B. SJC 45142



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along North Bridge Rd heading eastwards at my own pace, the extreme right lane. As I was approaching the roadworks ahead, I slowed down and stop. Suddenly, I felt a huge impact from the rear. I got down & realized vehicle B (SSC4942) hit into the rear portion of my vehicle.

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

Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	09 Jun 2006
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Sep 2010
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	13 Sep 2010

NP 428A



5799721



IRIC No: S8719345D



Date of issue
14-09-2017

Address

APT BLK 101 HENDERSON CRESCENT
#02-16
SINGAPORE 150101

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S8719345D

LOI JIA XIN, NICHOLAS

Birth Date: 17 Jun 1987
Issue Date: 14 Sep 2017

002723623A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8719345D



Name

LOI JIA XIN, NICHOLAS

黎佳新

Race

CHINESE

Date of birth

17-06-1987

Country/Place of birth

SINGAPORE

Sex

M

19948

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	9345D

Vehicle Details

Vehicle No.	SFU9300T
Vehicle to be Exported	Yes
Intended De-registration Date	19 Oct 2017
Vehicle Make	VOLKSWAGEN
Vehicle Model	SCIROCCO 1.4L AT TSI 1372Q5
Primary Colour	Red
Manufacturing Year	2010
Engine No.	CAV234011
Chassis No.	WVWZZZ13ZBV015660
Maximum Power Output	118.0 kW (158 bhp)
Open Market Value	\$24,937.00
Original Registration Date	28 Dec 2010
First Registration Date	28 Dec 2010
Transfer Count	1
Actual ARF Paid	\$24,937.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Dec 2020
PARF Rebate Amount	\$16,209.00

Intended COE Rebate Details

COE Expiry Date	27 Dec 2020
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$32,104.00
COE Rebate Amount	\$10,235.00
Total Rebate Amount	\$26,444.00

The information contained herein is correct as at 19 Oct 2017

OK



TeamWork Garage Pte Ltd
53 Ubi Avenue 1 #01-24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475 Fax : 6844 2474
E-mail : claims@teamworkgarage.com
GST registered number : 201015366H

PROFOMA INVOICE - PI-2418

LOY JIA XIN NICHOLAS
C/O 53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park
Singapore 408934

Date : 22-Dec-18
Vehicle number : SFU9300T
Make Model : VOLKSWAGEN SCIROCCO
Accident date : 17-Oct-17
Reference number : 1710-39

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	5000.00
7% GST	:	350.00
Grand total	:	5350.00
Singdollars: SEVEN THOUSAND SEVEN HUNDRED AND FOUR DOLLARS		



Teamwork Garage Pte Ltd



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Oct 2017 / 12:11:14

Receipt Date/Time : 19 Oct 2017 / 12:11:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171019-000727

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SJC4514Z

As at 17 Oct 2017/14:15:00

Insurance Co: ECICS LIMITED

1 Insurance Enquiry - SJC4514Z

Enquiry Fee

5.00 0.35 5.35

20171019121035959973

Sub-Total

5.00 0.35 5.35

Result of Insurance Enquiry - GBA2636Z

As at 17 Oct 2017/07:25:00

Insurance Co: EQ INSURANCE COMPANY LTD

2 Insurance Enquiry - GBA2636Z

Enquiry Fee

5.00 0.35 5.35

20171019121035996476

Sub-Total

5.00 0.35 5.35

Total Before Rounding

10.00 0.70 10.70

Rounding Difference

0.00

Total Amount Payable

10.70

Paid By

xxxxxxxxxxxx0343	Credit Card:	10.70
	Visa/MasterCard	

Total 10.70

Cash Change 0.00

Tendered Amount 10.70

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.

SATISFACTION & DISCHARGE OF VEHICLE (AFTER REPAIR)

I/We, Loy Jia Yen Nicholas owner/driver* of vehicle no. SPU 93007

declare that the repairs of my/our vehicle has been completed and to my/our satisfaction and I/we agree that I/We hereby irrevocable absolutely accept the settlement amount and the liability from the 3rd party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be release and payment to Teamwork Garage Pte Ltd. for such repairs are in full

discharge of my/our claim in respect of the damages caused in the accident at/along North Bridge Road before Coleman Street on
17 Oct 2017 with PIC 45142

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

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Dated this 06 day of Nov (month) 20 17 (year)

Signature of owner/ *driver (on behalf of owner vehicle) : [Signature]

Name of owner of vehicle / *driver (on behalf of owner vehicle) : Loy Jia Yen Nicholas

NRIC Number of owner/ *driver (on behalf of owner vehicle): 887193450

* Please note that by signing of this document, the driver's signature will represent the decision/approval and on behalf of the owner which is final and irrevocable.

* Any amendments made in this form will not be valid unless approved and endorsed by the management of the workshop

K & t Cars

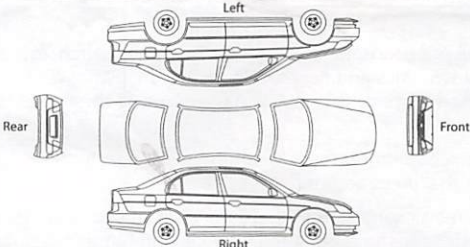
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-03098

Veh. No.: <u>SKT90108</u>	Replace Veh. No.: <u>SPU193007</u>
Veh. M / M: <u>mazda 3</u>	Replace Veh. M / M: <u>Volkswagen Scrocco</u>

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR	
Name: <u>Lay Jia Yen Nicholas</u>	Name:			
Address: <u>Block 101 Henderson Crescent</u> <u>#02-16 Singapore 150101</u>	Address:			
I/C: <u>587193450</u>	D.O.B: <u>17 June 1987</u>	I/C:	D.O.B:	
Contact: <u>9657 5957</u>	Pass Date: <u>13 Sept 2010</u>	Contact:	Pass Date:	

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	



RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>31/10/17</u>		Date In	<u>06 Nov 2017</u>	
Time Out	<u>11:30am</u>		Time In	<u>1850</u>	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>120</u>	<u>6</u> Days @ \$ <u>720</u>	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ <u>720</u>				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934

Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com

Biz Reg. No.: 53208965X

No.: 2289

OFFICIAL RECEIPT

Date: 08 NOV 2017

Received from Loy Jia Yen Nicholas

The Sum of Dollars Seven hundred Twenty

Being payment of S\$190103 31/ Oct to 06/ Nov

\$ 190103.00

K & t Cars



Cheque No.: _____

Authorised Signature