



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

13st December 2022

Our reference: 1704-12

Your reference: SHD5535A

AXA Insurance Singapore Pte Ltd

Robinson Road
P.O. Box 1094
Singapore 902144

Attn: Motor Claims Department

BY EMAIL

Dear Sir/ Madam,

Claimant : STORMBOX

Address : BLK 354 CHOA CHU KANG CENTRAL #12-329 (680354)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **07/04/2017** along **SLE TWDS BKE** involving our client's vehicle registration number **PC797D** and vehicle registrations number **SHD5535A** 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	:	\$ 11,342.00
Loss of Use (\$250 x 7 Days)	:	\$ 1,750.00
LTA Search	:	\$ 5.35
Purchase 3P Report	:	\$29.00
Total	:	\$ 13,126.35

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

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Performa Invoice;
- f) LTA search Invoice;
- g) Certificate of Insurance;
- h) Purchase 3P Report;

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,



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	10/04/2017 09:59
Date Of Accident	07/04/2017 07:45
Exact Location Of Accident	ALONG SLE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC797D
Insured/Policyholder	
Name Of Registered Owner	STORMBOX
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98274737

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI16V13376/VBS/R04
Cover Note Number	-

Driver

Name of Driver	TOH KHOON SEONG
NRIC No	S1284733E
Date Of Birth	16/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1979
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98274737
Fax Number	
Contact Number	OFFICE-98274737
EEmail Address	NOEMAIL

Address BLK 354 CHOA CHU KANG CENTRAL #12-329
 Postcode 680354
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION- CHANGE/CROSS LANE
 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? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7629999 - FAX NO: 67636615
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SHD5535A
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC8516L

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 TOH KHOON SEONG

Approximate Age

Injuries Sustain NECK & BACK & VOMITING

Injured person in which vehicle? PC797D

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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 Authorised Driver.
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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 lodgment 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.

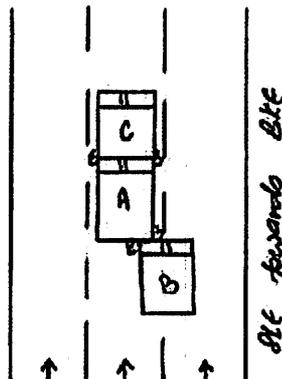


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: PC 7970

B: 8HD 5535A

C: G6C 8516L

Accident Sketch Plan

Describe Circumstances of the Accident

Refer to Traffic Police Report
T/ 20170408 / 2054

Declaration

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170408/2054

1 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20170408/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2017 12:18		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: TOH KHOON SEONG			Address: APT BLK 354 CHOA CHU KANG CENTRAL #12-329 SINGAPORE 680354		
ID Type / ID No.: NRIC NO / S1284733E			Contact No.: Home/Office:		Mobile: 98274737
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 16/03/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COACH DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2017 07:45	Type of Location: Bend	
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY BUKIT TIMAH EXPRESSWAY ALONG SLE TOWARDS BKE					
Weather: Clear		Road Surface: UNSURE		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8516L	Van					0
PC797D	Bus/Coach/Mi nibus					0
SHD5535A	Taxi					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170408/2054

2 of 3

Report No. T/20170408/2054

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH KHOON SEONG	ID No.	S1284733E
Related Vehicle	PC797D (Bus/Coach/Minibus)	Contact No.	98274737
Hospital/Clinic	THE HOUSECELL GP 	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	08/04/2017	Date Discharge	08/04/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 08/04/2017 at about 0745hrs, I was travelling along SLE towards BKE and I was on the second lane. As the traffic was slow and the all the vehicles from the front has come to a stop and my vehicle also come to a stop. Suddenly, there is a taxi (SHD5535A) changed lane from the first lane to the second lane and due to insufficient space, it hit onto the rear of my vehicle. Due to the impact, my vehicle hit onto the rear of a van (GBC8516L). After the taxi driver hit onto my vehicle, the taxi driver immediate reversed his taxi. There is no car recorder installed on my vehicle. As I felt pain on my neck area, I went to seek medical attention and I was given 03 days of MC from 07/04/2017 to 09/04/2017.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20170408/2054

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

3 of 3

Report No T/20170408/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Staff Sgt TOH ZHENG YAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2017 12:18
Officer In Charge Of Case: IP / AEIT / SSI 2 YEO GEAK ENG GECILIA Contact No: 65476404 SN 120 Authentication Stamp NP168 Singapore Police Force	Classification Of Case:


ONE MOTORING
 Your Fast Track To Complete Motoring

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 7349E

Vehicle Details

Vehicle No.: PC797D

Vehicle to be Exported: Yes

Intended De-registration Date: 10 Apr 2017

Vehicle Make: TOYOTA

Vehicle Model: TOYOTA HIACE HIROOF AUTO 14 SEATER

Primary Colour: White

Manufacturing Year: 2011

Engine No.: 1KD2107916

Chassis No.: JTFST22P100011084

Maximum Power Output: -

Open Market Value: \$37,122.00

Original Registration Date: 01 Aug 2011

First Registration Date: 01 Aug 2011

Transfer Count: 1

Actual ARF Paid: \$1,857.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Jul 2021

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$31,089.00

COE Rebate Amount: \$13,388.00

Total Rebate Amount: \$13,388.00

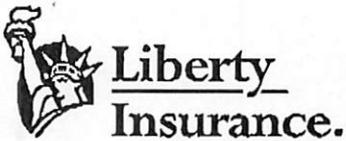
The information contained herein is correct as at 10 Apr 2017

OK


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Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SI16V13376 /VBS /R04
Form	MZ603A
Date Of Issue	01-AUG-2016
1.Index Mark and Registration No. of Vehicle:	PC797D
2.Chassis number of Vehicle:	JTFST22P100011084
3.Name of Policyholder:	STORMBOX
4.Effective date of Commencement of Insurance for the purpose of the Act:	13-AUG-2016 00:00 AM
5.Date of Expiry of Insurance:	12-AUG-2017 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	

Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.

7.Limitations as to use*:

- A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.
- B) Use only in the Republic of Singapore.

8.Policy does not cover:

- A) Use for racing, pace-making, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) 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) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

 Authorised Signature

For Information only:

COVERAGE :	Comprehensive,Windscreen Limit S\$1500.00 (No Reinstatement allowed)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2000,Section II S\$2500,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000,Windscreen Excess S\$200
FINANCE COMPANY:	MV CREDIT PTE LTD
PRODUCER NAME:	E TAY TRADING COMPANY

SCCA 20170410

Ver.1.260705

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1284733E**
 Name: **TOH KHOON SEONG**

Birth Date: **16 Mar 1958**
 Issue Date: **12 May 2016**

002566501A



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1284733E**

Name
TOH KHOON SEONG

Race
CHINESE

Date of birth
16-03-1958

Country/Place of birth
SINGAPORE

Sex
M

S1284733E




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	10 Oct 1983
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	08 Jun 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	23 Apr 1981
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	01 Jul 1981
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A



Licence No: S1284733E

5602082

NRIC No: **S1284733E**

Date of issue
23-05-2016

Address
**APT BLK 354 CHOA CHU KANG CENTRAL
 #12-329
 SINGAPORE 680354**




Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SHD5535A	07 Apr 2017 / 07:45:00	AXA INSURANCE SINGAPORE PTE LTD

Print

OK

Save as PDF

Land Transport Authority

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Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Apr 2017 / 09:53:40

Receipt Date/Time : 10 Apr 2017 / 09:53:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-170410-000349

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 - SHD5535A As at 07 Apr 2017/07:45:00 Insurance Co: AXA INSURANCE SINGAPORE PTE LTD			
1	Insurance Enquiry - SHD5535A Enquiry Fee 20170410095303864349	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	20170410095307544	Direct Debit: eNETS Debit (Internet Banking)		5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

AUTHORIZATION TO CAR REPAIR WORKSHOP

1. I/We, Stormbox (claimant), owner of vehicle no. PC 797 0 hereby unconditionally appoint authorize my repairer, _____ to act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use and/or admin fees ("claim") for my/our vehicle no. PC 797 0 that was damage pursuant to the accident which occurred at/along SLE towards BKE on 07 Apr 2017 with SHD5535A & GBC 8516L

2. I/We hereby irrevocably assign absolutely and authorize the workshop as mentioned in Para 1 line 3 to proceed on with the repairs of my/our damage vehicle as mentioned in Para 1 line 2 and in particular appointing a surveyor on my/our behalf to protect their interest. Since I/we would not be able to pay for the repairs, I/we further authorized my/our repairer to claim on all costs and expenses caused to my/our vehicle damages on the above mentioned accident. With that, my/our repairer will settle the claim in a manner that they deem fit from the 3rd party involved in the above mentioned accident. My/Our repairer is then further authorized on my/our behalf to execute the Discharge Voucher and to receive payment with regards of my/our claim with payment cheque(s) being made in favour to my/our repairer _____ from the 3rd party insurers. I/We further acknowledge that any settlement and liability my/our repairer 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 and I/We will unconditionally accept any settlement on costs and liability my/our repairer reached on behalf for me/us with the 3rd party insurers which are final and agree to release all payment to my/our repairer without delay.

3. I/We authorize my/our repairer and/or solicitors to be appointed by me/us to communicate and quantify my/our claim against the negligent party and/or his insurers and unconditionally settle all claims and liability on my/our behalf. I/We also undertake that I/we will give attend at the office of the my/our repair workshop/solicitors appointed by me/us to execute the Warrant To Act, Authorize to Act, Discharge Voucher and all other necessary documents which is needed to be sign by me/us and in connection with my/our claim. If I/we fail or refuse to do so thus jeopardize the claim, my/our repairer will reserve their rights to proceed legal action and demand all the repairs costs and all other incidental charges including of interest charges/fees as well as solicitor cost & disbursement involved from me/us, that will be immediately charge to me/us and that I/we will have to made payable to my/our repairer and/or solicitors within (7) seven working days of the bills handed to me/us without any conditions at all.

.....
Signature of owner of vehicle no. PC 797 0.

**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-186339

Date of Request: 12/12/2017

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: PC797D

Date of Accident: 07/04/2017

Place of Accident: SLE TWDS BKE

Involving Vehicle No: SHD5535A,GBC8516L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-186340
Date of Request: 12/12/2017

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 07/04/2017
Vehicle No: PC797D
Place of Accident: ALONG SLE TWDS BKE
Involving Vehicle No: GBC8516L

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBC8516L	ALONG SLE TWDS BKE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



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-2412

STORM BOX
 C/O 53 Ubi Avenue 1 #01-24
 Paya Ubi Industrial Park
 Singapore 408934

Date : 13-Dec-22
 Vehicle number : PC797D
 Make Model : TOYOTA HIACE
 Accident date : 7-Apr-17
 Reference number : 1704-12

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	10600.00
7% GST	:	742.00
Grand total	:	11342.00
Singdollars: ELEVEN THOUSAND THREE HUNDRED FORTY-TWO DOLLARS		



Teamwork Garage Pte Ltd