

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

Attn: **Motor Claims Department**

Date: 6th September 2024

Dear Sir/Madam,

Claimant: **Ang Cham Lark**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 28/08/2024 at along Upper Serangoon Road x Hougang Avenue 10 involving our client's vehicle registration number SLJ 9349 R and vehicle registration number SLU 6762 S driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your 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:

1) Vehicle Repair Costs	\$3,400.00
2) Loss of Rental (SGD\$120.00 x 5Days)	\$600.00
3) Insurance Search	\$2.18

Total : **\$4,002.18**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- Insurance Search Receipt

Please send us an acknowledgement of receipt within 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.

Yours faithfully,

Elin Cai

Zoom Autowerks Pte Ltd

130 Bedok Reservoir Road

#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

PF No. : ZP0000955
Date : 6/9/2024
VRN : SLJ 9349 R
Make & Model : Mazda CX-8
DOA : 28/8/2024
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,400.00
2	Loss of Rental (SGD\$120.00 x 5Days)			600.00
3	Insurance Search Fee			2.18

TOTAL : **\$4,002.18**

All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(by Zoom Autowerks Pte Ltd)

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 First Submission	29/08/2024 16:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/08/2024 18:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS HOUGANG AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9349R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG CHAM LARK
NRIC No	S7337166Z
Email Address	chamlark@gmail.com
Mobile Phone No	(Phone) +65-90184117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX8
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	2488
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070150201

DRIVER

Name of Driver	ANG CHAM LARK
NRIC No	S7337166Z
Date Of Birth	20/10/1973
Occupation	Indoor
Driving Pass Date	21/03/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90184117
Alt. Phone Number	-
Email Address	chamlark@gmail.com
Address	BLK 302D ANCHORVALE LINK #10-20
Address complement	-
Postcode	544302
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?	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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

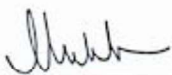
Vehicle Registration Number	SLU6762S
Vehicle Manufacturer	-


Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR GOH
Contact Number	(Phone) +65-97309067
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

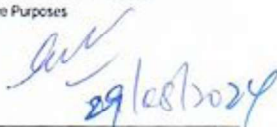
SKETCH PLAN

IMPORTANT NOTICE

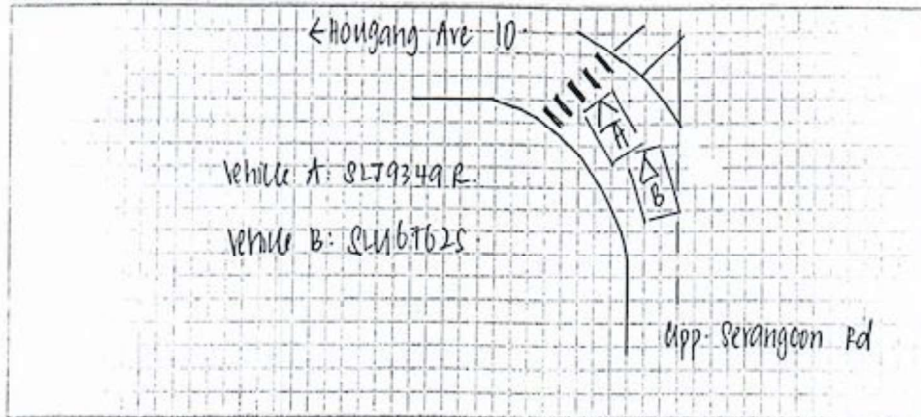
1. Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Actual Driver.
2. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
4. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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.
5. 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.
6. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (i) 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
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (ii) 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
 - (iii) 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

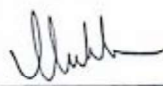


Describe Circumstance of the Accident

On the stated date and time, I, vehicle 'A',
was traveling along the stated route. As there were
pedestrians crossing, I stopped my vehicle. Vehicle 'B'
couldn't stop in time and collided onto my vehicle's
rear portion.

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)























ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 28/08/24 @ 18:30 along Upp Serangoon Rd X Hongang Ave 10
Involving vehicles SLJ9349R and SLU6762S

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLJ9349R at my request, I/We, Ang Cham Lark ("the claimant") of _____ (address) bearing NRIC No S7337166Z the owner of motor vehicle no SLJ9349R, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 29 day of Oct (month) 20 24 (year)

Signed by "the claimant"

Name: Ang Cham Lark

NRIC No: S7337166Z



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

slu6762s

Date of Accident

28/08/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **11/12/2023 - 10/12/2024**Requested By **Elin Cai (Zoom Autowerks Pte ...**Requested Date **29/08/2024 13:12****Payment details**Request Amount: **S\$2**GST Amount: **S\$0.18**Total Amount Due (GST Inclusive): **S\$2.18****General Insurance Association**

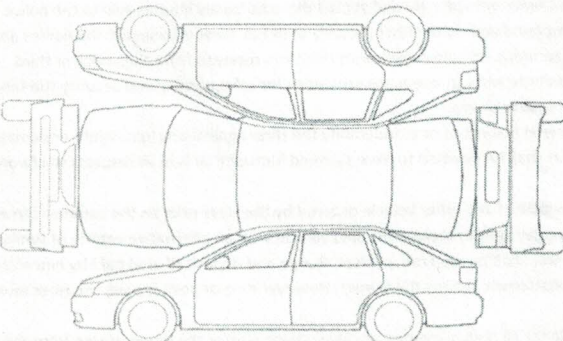

Records Management Centre

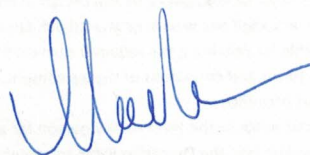

GST Registration No: **M400017735**



Zoom Autowerks Pte Ltd
Registration No.: 201725603G
E-mail: zoomautowerks@gmail.com

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL											
Name:	Ang cham lark	Vehicle No.:	SLK 1567 A										
NRIC/Passport No.:	S7337166Z	Vehicle Make/Model:	Honda VEZEL										
Address:		Date/Time Out:	29/08/24										
		Date/Time In:	03/09/24										
Tel:	9018 4117	<table border="1"><tr><td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td></tr></table>	E	¼	½	¾	F	<table border="1"><tr><td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td></tr></table>	E	¼	½	¾	F
E	¼	½	¾	F									
E	¼	½	¾	F									
Driving License No./Exp.:		OUT	IN										
ADDITIONAL DRIVER'S PARTICULAR		Mileage:											
Name:													
NRIC/Passport No.:													
Address:													
Tel:													
Driving License No./Exp.:													
(A) - Accident (D) - Dent (S) - Scratch													
													
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT											
Singapore - Own Damage	S\$3,000.00												
Singapore - 3rd Party	S\$3,000.00												
Malaysia*	S\$8,000.00												
For Drivers aged < 22 or > 65 and/or less than 2 years driving experience regardless of age	S\$3,000.00 (Additional)												
IMPORT NOTE:													
1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE													
2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Autowerks Pte Ltd													
3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.													
4. In case of accident, the hirer shall report to Zoom Autowerks Pte Ltd immediately.													
													

RENTAL CHARGES			
Hours	@	per hour	
5 Days	@ \$120	per day	\$600
Weeks	@	per week	
Months	@	per month	
Other Charges			
Petrol Top-Up			
Sub-total			
TOTAL CHARGES			\$600
PRE-PAYMENT			
Downpayment and Deposit			
Amount Refunded Due			
I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.			
			
Hirer's Signature / Date .			
			
Owner's Signature / Date			