



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Date: 01.02.2025

ATTN: Motor Claims Department

INS : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SDS448U & YN4831X

Date of Accident: 16.09.2024

Location: SENNETT AVE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 3,433.50</u>
Loss of Use:	
(\$180.00 X 4 Days)	<u>\$ 720.00 (4 Repair Days)</u>
3P GIA Report	<u>\$ 31.00</u>
Grand Total:	<u>\$ 4,184.50</u>

motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Joanne @ 97231055, or email to jlperfectautowork@gmail.com

Thank You,


Joanne



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#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, Foong Thai Wu. ("the third party claimant") of
54 Sennett Ave.
(address), owner of SDS 448U. (vehicle no.)
hereby authorise JL Perfect Autowork Pte Ltd. ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SDS 448U. that was
damaged pursuant to the accident which occurred on 16.9.2024 (date)
at/along Sennett Ave.
(location) involving vehicle no/s YN 4831X. ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 16 day of 9 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SDS 4484 and YN 4831 X on 16.9.24
at/along Sennett Ave.

1. I/We the Owner of motor vehicle no. SDS4484 hereby instruct and authorise JL Perfect Autowork Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 16 day of 9 2024.

Signature of vehicle owner

Name: Joong Thai Wu

IC/UEN No: S25537602

(Company stamp, if applicable)

Address: 54 Sennett Ave.
S. 467062.

Tel: 97555690

Witnessed by:

JO

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

GST Reg. No. : 202136905K



Date	Invoice Number	Vehicle Number
01.02.2025	JLP202502-00838	SDS448U

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 3,150.00
Total	\$ 3,150.00
Add: 9% GST	\$ 283.50
Total	\$ 3,433.50

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
9 Temasek Boulevard #42-01b, Singapore 038989
Email: gears-support@shift-technology.com
GST Reg No: M400017735
UEN: S66SS0020G

TAX INVOICE

JL Perfect Autowork Pte Ltd - Foong
Thai Wu

Invoice Number
GR-2024-006499

Invoice Issue Date
24 Sep 2024

Invoice Due Date
01 Oct 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	24/09/2024,16/09/2024,SDS448U,YN4831Y	28.44	2.56	31.00
		Total Amount (S\$)		28.44
		Total GST 9.00% (S\$)		2.56
		Total Amount Incl. of GST (S\$)		31.00

*This is a computer generated document.
No signature is required.*

17/9/24 - GP GIA report purchase.
Ah ~~H~~ (JL)
Loo

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	17/09/2024 17:56 (SGT)
Reported by	Actual Driver
Date of Accident	16/09/2024 16:00 (SGT)
Actual Location of Accident	Singapore
Additional Location Information	OUTSIDE OF 54 SENNETT AVE S467062
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS448U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOONG THAI WU
NRIC No	SXXXXX760B
Email Address	THAIWUFOONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97555690
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136542745-01

DRIVER

Name of Driver	LUM SIEW FUN
NRIC No	SXXXX493A
Date Of Birth	09/07/1952
Occupation	Indoor
Driving Pass Date	30/12/1972
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	51 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93982967
Alt. Phone Number	-
Email Address	THAIWUFOONG@YAHOO.COM.SG
Address	54 SENNETT AVE
Address complement	-
Postcode	467062
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	0
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 ATTACH

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	YN4831Y
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)	-

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

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

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

Sketch Plan

A = SDS448U
B = YN4831Y
outside of 54 Sennett
Avenue S (461052)

Describe Circumstance of the Accident

On the stated date and time, my vehicle was parked outside of my house.

Suddenly, my husband and I heard loud sounds from outside. My husband immediately ran out to see what's going on. I also immediately take my phone and went outside. We then realised the rear door of vehicle YN4831Y was not secured properly, hence opened when passing by our vehicle and collided onto the right portion of my vehicle SDS448U.

Declaration

UWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Client's Signature (If driver is not the policyholder) : Date
& Print

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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2553760B



Name

FOONG THAI WU

馮太湖

Race

CHINESE

Date of birth

02-02-1951

Sex

M

Country of birth

MALAYSIA

S2553760B

SD S448U

Owner

8963613



NRIC No. S2553760B



Nationality

MALAYSIAN

Date of issue

11-09-2008

Address

54 SENNETT AVENUE
SINGAPORE 467062

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0137493A



Name
LUM SIEW FUN
MRS.FOONG THAI WU
林小芬

Race
CHINESE

Date of Birth
09-07-1952

Sex
F

Country of Birth
SINGAPORE

S0137493A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving License No. S0137493A

NAME
LUM SIEW FUN

DOB Date: 09 Jul 1952


Valid Date: 05 Oct 2003

S0137493A

SD S4484

Driver

1011022



NRIC No. S0137493A



Blood Group: B+ Date of Issue: 07-06-1993

54 SENNETT AVENUE
SINGAPORE 467062

NRIC No: S0137493A Date: 02/01/1980 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 30 Dec 1977

NP 429A

License No: S0137493A

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

Certificate Number: 5136542745-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SDS448U**
 Chassis Number : KMHD841CMJU726470
2. Name of Policyholder : FOONG THAI WU
3. Effective Date of Insurance : 27 Jul 2024
4. Expiry Date of Insurance : 26 Jul 2025
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: FOONG THAI WU
NAMED DRIVER (1)	: LUM SIEW FUN
NAMED DRIVER (2)	: FOONG RUBAO THELESE
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
 Date of Issue : 28 Jun 2024 17:05 hrs

For INCOME INSURANCE LIMITED



Chief Executive