



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

Our Ref.: SLL1084X

Your Ref.: SJQ2963A

Date: 25.09.2024

ATTN: Motor Claims Department

INS: **LONPAC INSURANCE BHD**

Dear Sir/Madam,

Accident Involving: SLL1084X & SJQ2963A

Date of Accident: 17.06.2024 @ 13.00 HOURS

Location: LOYANG AVE 7

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$	9,210.50
Loss of Use:		
(\$180.00 X 7 Days)	\$	1,260.00 (6 Repair Days + 1 Sunday)
Grand Total:	\$	10,470.50

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,

Ting



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Singapore 415875
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Email: jlperfectautowork@gmail.com

Authorisation To Act

I, TAI KIONG LEE ("the third party claimant") of
BLK 656 WOODLANDS RING ROAD #10-348, S 730656
(address), owner of SLL1084X (vehicle no.)
hereby authorise JL PERFECT AUTOWORK P/L ("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. SLL1084X that was
damaged pursuant to the accident which occurred on 17.06.24 (date)
at/along LOYANG AVE 7
(location) involving vehicle no/s SJQ 2963A ("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.

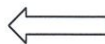
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 18 day of 06 (month) 20 24 (year)

Tay

Signed by "the third party claimant"



Signed by "the workshop"



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Letter of Authorisation & Indemnity

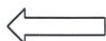
Accident involving motor vehicles no. SLL1084X and SJQ2963A on 17.06.24
at/along LOYANG AVE 7

1. I/We, the Owner of motor vehicle no. SLL1084X hereby instruct and authorise JL PERFECT AUTOWORK P/L ("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 18 day of 06 20 24

Signature of vehicle owner

Tay



Ting

Name : TAY KIONG LEE

Witnessed by :

IC/UEN No : S1453903D

Ting

(Company stamp, if applicable)

Address : BLK 656 WOODLANDS RING
ROAD #10-348, S730656

Tel : 90663276

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
25.09.2024	JLP202409-00697	SLL1084X

LONPAC INSURANCE BHD

300 BEACH ROAD

07 THE CONCOURSE #17-04

SINGAPORE 199555

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 8,450.00
Total	\$ 8,450.00
Add: 9% GST	\$ 760.50
Total	\$ 9,210.50

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

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	18/06/2024 18:12 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2024 13:00 (SGT)
Actual Location of Accident	Singapore
Additional Location Information	LOYANG AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1084X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY KIONG LEE
NRIC No	SXXXX903D
Email Address	CHLJIMMYTAY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90663276
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	999

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120881393-03

DRIVER

Name of Driver	TAY YI QIAN
NRIC No	SXXXX600B
Date Of Birth	17/08/1992
Occupation	Outdoor

Driving Pass Date	12/12/2011
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96323845
Alt. Phone Number	-
Email Address	CHLJIMMYTAY@HOTMAIL.COM
Address	BLK 656 WOODLANDS RING RD
Address complement	#10-348
Postcode	730656
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

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	SJQ2963A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 willful 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

	<p>A = SLL1084X</p> <p>B = STG 2965A</p> <p>Loyang Avenue 7</p>
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Describe Circumstance of the Accident

On the stated date and time, my vehicle SLL1084X was stationary waiting to move off. Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised vehicle SJQ2963A hit onto the rear portion of my vehicle SLL1084X.

Declaration

(We declare the foregoing particulars are true in every respect.

767

Policyholder's Signature / Date & Time


Owner's Signature (if owner is not the policyholder): Date & Time

Witnessed by Reporting Centre Personnel
(Name: as in IIR/CID card)

OWNER

SLL1084X

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1453903D






Name
TAY KIONG LEE
郑恭利

Race
CHINESE


Date of birth
12-01-1960

Country/Place of birth
SINGAPORE


Sex
M



6366691



NRIC No S1453903D



Date of issue
14-01-2020

Address
APT BLK 656 WOODLANDS RING ROAD
#10-348
SINGAPORE 730656

S9228600B



TAY YI QIAN

鄭 懿 乾

CHINESE

17-08-1992

M

SINGAPORE

Driver

SLL1084X

5828772



NRIC No. S9228600B



Valid until
31-10-2017

Address

APT BLK 656 WOODLANDS RING ROAD
#10-348
SINGAPORE 730656

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9228600B

Name: TAY YI QIAN

Birth Date: 17 Aug 1992

Issue Date: 31 Oct 2017

002735000F

Driver

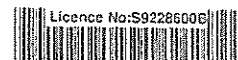
SLL1084X

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

EFFECTIVE DATE -

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 12 Dec 2011

NP 428A



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: 5120881393-03

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SLL1084X**
Chassis Number : WAUZZZ8V3H1031358
2. Name of Policyholder : TAY KIONG LEE
3. Effective Date of Insurance : 14 Feb 2024
4. Expiry Date of Insurance : 13 Feb 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)	: S\$600
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAY KIONG LEE
NAMED DRIVER (1)	: TAY YI QIAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)

Date of Issue : 05 Feb 2024 16:04 hrs

For INCOME INSURANCE LIMITED



Chief Executive