



HD PERFECT  
AUTOWORK PTE LTD

**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: hdperfectautowork@gmail.com

Our Ref.: PC7522J

Your Ref.: SCU2727C

Date: 09.12.2024

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: PC7522J & SCU2727C

Date of Accident: 18.10.2024 @ 13.45 HR

Location: 17 MARTIA ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 5,177.50</u>
Loss of Use:	
(\$280.00 X 7 Days):	<u>\$ 1,960.00 (06Repair Days+1Sunday)</u>
LTA Search	<u>\$ 27.25</u>
<b>Grand Total:</b>	<b><u>\$ 7,164.75</u></b>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

Thank You,

Joanne

82979787



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

### Authorisation To Act

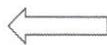
I, Perfectgoh Limo. ("the third party claimant") of  
19 Bedok Reservoir View #14-01 Aquarius by the Park 478935  
(address), owner of PC7522J (vehicle no.)  
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. PC7522J that was  
damaged pursuant to the accident which occurred on 18/10/2024 (date)  
at/along 17 martia Road  
(location) involving vehicle no/s SCU2727C ("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 10 (month) 20 24 (year)



Signed by "the third party claimant"

Signed by "the workshop"



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HD Perfect Autowork Pte. Ltd.

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

### Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC7522J and SCU2727C on 18/10/2024  
at/along 17 Martia Road

1. I/We, the Owner of motor vehicle no PC7522J hereby instruct and authorise HD 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 18 day of 10 2024

Signature of vehicle owner \_\_\_\_\_

Name: Perfectgoh Limo

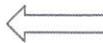
IC/UEN No: 53134498C

(Company stamp, if applicable)

Address: 19 Bedok Reservoir View

#14-01 Aquarius by the Park - 4789351

Tel: 83829927



Witnessed by:

JO





My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, Perfect Goh Limo ("the third party claimant")  
of 19 Bedok Reservoir View H14-D1 Aquarius by the Park 478935 (address),  
owner of PC7522J (vehicle no.) hereby authorize  
HD 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. PC7522J that was damaged pursuant to the  
accident which occurred on 18/10/24 (date) along  
17 Martia Road (location)

involving vehicle no/s SCU2727C  
("the accident").

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

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

Dated this 18 day of 10 (month) 20 24 (year)

Signed by "the third party claimant"

Signed by "the workshop"  
(with chop)  
  
**HD PERFECT  
AUTOWORK PTE LTD  
UEN: 202136904Z**

# TAX INVOICE

**HD PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



**HD PERFECT  
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
09.12.2024	HDP202412-00970	PC7522J

## **AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 4,750.00
Total	\$ 4,750.00
Add: 9% GST	\$ 427.50
Total	\$ 5,177.50

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Oct 2024 / 09:42:46

Receipt Date/Time : 19 Oct 2024 / 09:42:46

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-241019-000478

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 - SCU2727C As at 18 Oct 2024/13:45:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SCU2727C Enquiry Fee 20241019094131008816	25.00	2.25	27.25
	<b>Sub-Total</b>	25.00	2.25	27.25
	<b>Total Before Rounding</b>	25.00	2.25	27.25
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			27.25
	<b>Paid By</b>			
	512972XXXXXX5672		eNETS Credit Card	27.25
	<b>Total</b>			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	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.

# 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	21/10/2024 15:11 (SGT)
Reported by	Actual Driver
Date of Accident	18/10/2024 13:45 (SGT)
Contact Location of Accident	17 Martia Rd, Singapore 424821
Additional Location Information	CHIJ KATONG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7522J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PERFECTGOH LIMO
Company Reg No	53134498C
Email Address	simonlaw76@gmail.com
Mobile Phone No	(Phone) +65-83829927
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00006772300

## DRIVER

Name of Driver	MOHAMAD RIDUAN BIN JAAFAR
NRIC No	S1828697A
Date Of Birth	09/10/1967
Occupation	Outdoor
Driving Pass Date	20/02/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89448081
Alt. Phone Number	-
Email Address	simonlaw76@gmail.com
Address	BLK 196 C PUNGGOL FOELD #06-495
Address complement	-
Postcode	823196
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SCU2727C
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)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	MOHAMAD RIDUAN BIN JAAFAR
Gender	Male
Phone No	(Phone) +65-89448081
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC7522J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 rescind policy validity.
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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 issuing 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.



*[Handwritten Signature]*

*[Handwritten Signature]*  
27/10/2024

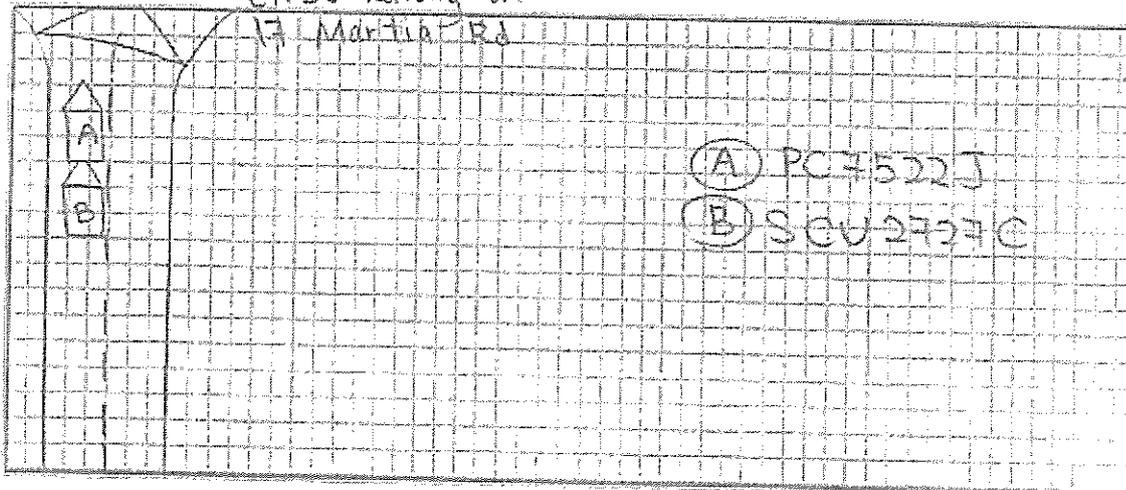
Policyholder's Signature (Date & Time)

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

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

Sketch Plan

CHIJ Katong at  
17 Martia Rd



Describe Circumstance of the Accident

At the stated date and time,

my vehicle was stationary on CHIJ Katong at 17  
Martia Rd.

Suddenly I heard a loud bang and felt a impact from  
behind.

I alighted and realise is vehicle SCV2727C hit onto  
my rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature - Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
21/10/2024

Witnessed by Reporting Centre Personnel

Driver

PC7522J

REPUBLIC OF SINGAPORE  
NATIONAL DIGITAL IDENTITY CARD



NAME

MOHAMAD RIDUAN BIN JAAFAR

NRIC NO.

S1828697A

DATE OF BIRTH

09 OCT 1967

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

14 OCT 2022

ADDRESS

196C PUNGGOL FIELD

#06-495

SINGAPORE 823196

^ Hide details



Last updated on 19 Oct 2024



**DRIVING LICENCE**  
REPUBLIC OF SINGAPORE



LICENCE NO.

**S1828697A**

CLASS AND ISSUE DATE

**2B • 14 JUL 1989**

**3 • 20 FEB 2006**

CERTIFICATE OF MERIT

**NOT ELIGIBLE**

DEMERIT POINTS

**0**

CARD SERIAL NO.

**000661256C**

^ Hide details



Last updated on 19 Oct 2024

Show NRIC

Driver

PC 7522 J

09:35



**VOCATIONAL LICENCE**  
LAND TRANSPORT AUTHORITY

LICENCE NO.

**G01271261**

LICENCE TYPE • EXPIRY DATE • LICENCE STATUS

**BUS ATTENDANT • 08 SEP 2027 • ACTIVE**

**BUS DRIVER • 08 SEP 2027 • ACTIVE**

NOTES

You can check the status of your non-active licences via the Vocational Licence Status Enquiry function at OneMotoring website.

^ Hide details

Last updated on 19 Oct 2024

 Show NRIC

Motor Bus

MZ601

**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)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

E SN

AN0679A

Cov. Type:C

CERTIFICATE No.	DMB1SNW00006772300	Engine No.: 1GD8341293 Cha. No.:GDH223200987
1. Index Mark and Registration Number of Vehicle	PC7522J	AUTOSAFE =====
2. Name of Policy Holder	PERFECTGOH LIMO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/05/2023 (00:00:00)	Excess Sect. I.    S\$1,500.00 Excess Sect. II   S\$3,000.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	28/11/2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.</p>	
6. Limitations as to use:*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>HIRE PURCHASE CO. : MOTOR CREDIT PTE LTD * 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.</p>		

**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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: \_\_\_\_\_  
ABWIN PTE LTD  
Authorised Officer

\_\_\_\_\_   
Authorised Signatory