



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.: SKW5832G

Your Ref.: SNL4208M

Date: 09.12.2024

ATTN: Motor Claims Department

INS: **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: SKW5832G & SNL4208M

Date of Accident: 25.10.24 @ 11.40 HOURS

Location: SHEARES X MARINA BLVD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 5,395.50</u>	
Loss of Use:		
(\$180.00 X 12 Days)	<u>\$ 2,160.00</u>	(9 Repair Days + 1 PH + 2 Sunday)
LTA Search	<u>\$ 27.25</u>	PH = Deepavali
3P GIA Report	<u>\$ 31.00</u>	
Grand Total:	<u>\$ 7,613.75</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



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

Authorisation To Act

I, Tang Kai Foo, ("the third party claimant") of
38 Dover Rise #10-06 S.138684.
(address), owner of SKW 5832G (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. SKW 5832G that was
damaged pursuant to the accident which occurred on 25.10.24 (date)
at/along Sheares Ave x Junction Marina Blvd.
(location) involving vehicle no/s SNL4208M ("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 25 day of 10 (month) 20 24 (year)

Tang

Signed by "the third party claimant"



Signed by "the workshop"



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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

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKW5832G and SNL 4208M on 25.10.24,
at/along Sheares Ave x Marina Blvd.

1. I/We the Owner of motor vehicle no. SKW5832G 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 25 day of 10 2024

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :

Witnessed by :

Tang Kai Foo
S0010207E
38 Diner Rise #10-06
S. 138684
96 88452

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
09.12.2024	JLP202412-00799	SKW5832G

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 4,950.00
Total	\$ 4,950.00
Add: 9% GST	\$ 445.50
Total	\$ 5,395.50

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

SKW 5832
(JL)

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 25 Oct 2024 / 12:29:32

Receipt Date/Time : 25 Oct 2024 / 12:29:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241025-001849

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 - SNL4208M As at 25 Oct 2024/11:40:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SNL4208M Enquiry Fee 20241025122821046059	25.00	2.25	27.25
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	 Paid By			
	512972XXXXXX5672	eNETS Credit Card		27.25
	Total			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.



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 -
THERESA TANG CHUI LING

Invoice Number
GR-2024-007317

Invoice Issue Date
27 Oct 2024

Invoice Due Date
03 Nov 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	26/10/2024,25/10/2024,SKW5832G,SNL4208M	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.*

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	26/10/2024 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	25/10/2024 11:40 (SGT)
Exact Location of Accident	Sheares Ave, Singapore
Additional Location Information	SHEARES AVE X JUNCTION MARINA BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5832G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG KAI FOO
NRIC No	SXXXX207E
Email Address	THERESA_TANG2003@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96188452
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496
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	5129026334-01

DRIVER

Name of Driver	THERESA TANG CHUI LING
NRIC No	SXXXX556A
Date Of Birth	08/11/1973
Occupation	Outdoor
Driving Pass Date	22/06/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96188452
Alt. Phone Number	-
Email Address	THERESA_TANG2003@YAHOO.COM.SG
Address	12 HOLLAND AVE
Address complement	#11-53
Postcode	272012
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 - Cross Junction
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SNL4208M
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	THERESA TANG CHUI LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SKW5832G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

-

WEEK 5001 by Psychology Center Program
 1999-2000

A: SKW 5832 G

B: SNL 4208 M

Describe Circumstance of the Accident

Refer with Police Report No. T/20241025/7122

Declaration

It is desired to be comparing with 30.75 in every respect

1952

Amesbury, Mass. 01921



Owner
SKW 5882G



REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

TANG KAI FOO

NRIC NO.

S0010207E

DATE OF BIRTH

26 OCT 1948

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

20 MAR 1994

ADDRESS

38 DOVER RISE

#10-06

SINGAPORE 138684

^ Hide details



Last updated on 25 Oct 2024

Owner
SKW5832G



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S0010207E

CLASS AND ISSUE DATE

2B • 12 OCT 1967

2A • 12 OCT 1967

2 • 12 OCT 1967

3 • 10 JUN 1969

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

001316933F

^ Hide details



Last updated on 25 Oct 2024



Show NRIC

12:46

5G 62



REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

THERESA TANG CHUI LING
(THERESA DENG CUILING)

NRIC NO.

S7345556A

DATE OF BIRTH

08 NOV 1973

SEX

FEMALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

20 MAR 1994

ADDRESS

12 HOLLAND AVENUE

#11-53

SINGAPORE 272012

^ Hide details



SKW5832G
(JL)

Driver

Last updated on 25 Oct 2024

12:47

5G 62



SKW5832G
(JL)

Driver

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S7345556A

CLASS AND ISSUE DATE

3 • 22 JUN 2001

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

000566147E

^ Hide details



Last updated on 25 Oct 2024

Show NRIC

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: 5129026334-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW5832G**
Chassis Number : **RU11106028**
2. Name of Policyholder : **TANG KAI FOO**
3. Effective Date of Insurance : **04 Nov 2023**
4. Expiry Date of Insurance : **03 Nov 2024**
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TANG KAI FOO
NAMED DRIVER (1)	: THERESA TANG CHUI LING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : S & M ALLIANCE PTE. LTD. (00000614373)

Date of issue : 12 Oct 2023 02:35 hrs

For INCOME INSURANCE LIMITED



Chief Executive



SINGAPORE POLICE FORCE



T/20241025/7122

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20241025/7122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 17:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THERESA TANG CHUI LING			Address: 12 HOLLAND AVENUE #11-53 SINGAPORE 272012		
ID Type / ID No.: NRIC NO / S7345556A			Contact No.: Home/Office: Mobile: 96188452		
Nationality: SINGAPORE CITIZEN			Email: theresa_tang2003@yahoo.com.sg		
Sex: Female	Age: 50	Date of Birth: 08/11/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2024 11:40	Type of Location: X-Junction
Location: SHEARES AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW5832G	Motor car					0
SNL4208M	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241025/7122

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20241025/7122

CONTINUATION OF REPORT

Driver			
Name	THERESA TANG CHUI LING		ID No. S7345556A
Related Vehicle	SKW5832G (Motor car)		Contact No. 96188452
Hospital/Clinic	PARKSON MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight

Brief Details.

I was driving along the third lane of marina Boulevard, trying to turn left onto sheares Ave. Suddenly I felt a hard impact from the rear left portion of my vehicle, the hard impact then caused my vehicle to spin around.

When I alighted to check, I realised that vehicle SNL2408M, which was driving on my left hand side, had attempted to go straight instead of turning left. His lane could only turn left, while my lane could turn left or go straight.

I later went to parkway Shenton medical clinic at Republic plaza, where I received treatment for my neck, back, and shoulder injuries, received medication, and 2 days mc.



**SINGAPORE
POLICE FORCE**



T/20241025/7122

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20241025/7122

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
25/10/2024 17:29

Classification Of Case:

NP168