



**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.: SMD5241M

Your Ref.: SLQ5573Z

Date: 25.09.2024

ATTN: Motor Claims Department

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

Dear Sir/Madam,

Accident Involving: SMD5241M & SLQ5573Z

Date of Accident: 13.06.2024 @ 23.50 HOURS

Location: 30 AIRLINE RD , S 819830

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 2,616.00</u>	
Loss of Use:		
(\$180.00 X 4 Days)	<u>\$ 720.00</u>	(4 Repair Days)
3rd Party GIA Report	<u>\$ 31.00</u>	
<b>Grand Total:</b>	<u><b>\$ 3,367.00</b></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,

Ting



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, WAHIZAH BINTE WAHID ("the third party claimant") of  
BLK 894 TAMPINES STREET 81 #10-990, S 520894  
(address), owner of SMD5241M (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. SMD5241M that was  
damaged pursuant to the accident which occurred on 13/06/24 (date)  
at/along 30 Airline Rd, S 819830  
(location) involving vehicle no/s SLQ 5573Z ("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 14 day of 06 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"





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

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMD5241M and SLQ5573Z on 13/06/24  
at/along 30 AIRLINE RD, S 819830

1. I/We, the Owner of motor vehicle no. SMD5241M 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 14 day of 06 2024

Signature of vehicle owner

Name: WAHIZAH BINTE WAHID

IC/UEN No: S6926428Z

(Company stamp, if applicable)

Address: BLK 894 TAMPINES STREET

81 #10-990, S 520894

Tel: 9431 8622

Witnessed by:

Ting



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

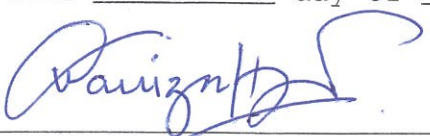
**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**


I, WAHIZAH BINTE WAHID ("the third party claimant")  
of BLK 894 TAMPINES STREET 81 #10-990, S 520894 (address),  
owner of SMD5241M (vehicle no.) hereby authorize  
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. SMD5241M that was damaged pursuant to the  
accident which occurred on 13/06/24 (date) along  
30 AIRLINE RD, S819830 (location)  
involving vehicle no/s SLQ 5573Z  
("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 14 day of 06 (month) 20 24 (year)

  
Signed by "the third party claimant"

  
Signed by "the workshop"  
(with chop)



# 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	JLP202409-00698	SMD5241M

## 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	\$ 2,400.00
Total	\$ 2,400.00
Add: 9% GST	\$ 216.00
Total	\$ 2,616.00

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](mailto:gears-support@shift-technology.com)  
GST Reg No: M400017735  
UEN: S66SS0020G

TAX INVOICE

JL Perfect Autowork Pte Ltd -  
Wahizah Binte Wahid

Invoice Number  
GR-2024-003882

Invoice Issue Date  
15 Jun 2024

Invoice Due Date  
22 Jun 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	15/06/2024,13/06/2024,SMD5241M,SLQ5573Z	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	14/06/2024 15:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/06/2024 23:50 (SGT)
Exact Location of Accident	30 Airline Rd, Singapore 819830
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5241M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WAHIZAH BINTE WAHID
NRIC No	SXXXX428Z
Email Address	WAFFI894@GMAIL.COM
Mobile Phone No	(Phone) +65-94318622
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	1600

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	AFANDI BIN AHMAD
NRIC No	SXXXX354H
Date Of Birth	03/05/1965
Occupation	Indoor

Driving Pass Date	06/05/1997
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91166023
Alt. Phone Number	-
Email Address	WAFFI894@GMAIL.COM
Address	BLK 894 TAMPINES STREET 81
Address complement	#10-990
Postcode	520894
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	Side Swipe
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
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	SLQ5573Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-



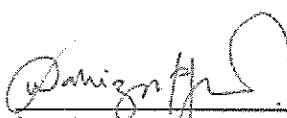
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


Describe Circumstance of the Accident

On the stated date and time, my vehicle SMD5241M was travelling up the ramp within my lane. Suddenly, vehicle SLQ5573Z came down from the ramp in a fast speed and cut into my lane hence collided onto the rear right hand side portion of my vehicle SMD5241M.

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 card)

**SKETCH PLAN**

**IMPORTANT NOTICE**

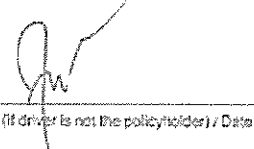
- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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=SMD5241M  
B=SLQ 5573Z

SATS Airfreight  
Terminal 5

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6926428Z



Name

WAHIZAH BINTE WAHID



واحيذا بنت واحد

Race

MALAY

Date of Birth

01-08-1969

Sex

F

Country of Birth

SINGAPORE

S6926428Z

SMD5241M

Owner

1542868



NRIC No. S6926428Z



Blood Group

O+

Date of issue

26-12-1993

APT BLK 894 TAMPINES STREET 81 #10-990  
SINGAPORE 520894

NRIC No: S6926428Z

Date: 18-08-2002 No: 4314780

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1712354H



Name

AFANDI BIN AHMAD



Race

JAVANESE

Date of birth

03-05-1965

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1712354H

Name: AFANDI BIN AHMAD

Birth Date: 03 May 1965

Issue Date: 20 Feb 2004

001129178A

SM D5241M

Driver.



NRIC No. S1712354H



Date of issue

15-02-2021

Address

APT BLK 894 TAMPINES STREET 81  
#10-990  
SINGAPORE 520894

6588752

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Mar 1991  
06 May 1997

NP 428A





**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**PRIVATE CAR  
Comprehensive Premier****Certificate No. : DMPPHQ23-007602****1. Index Mark and Registration Number of Vehicles**

SMD5241M

**2. Name of Policyholder**

WAHIZAH BINTE WAHID

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

24/08/2023

**4. Date of Expiry of Insurance**

23/08/2024

**5. Person 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 permission.

Premier Plan - Any Workshop

Form: MX2

Excess:

Insured&amp;Named Driver S\$500.00(Section 1 - Own Damage)

Unnamed Driver S\$1,000.00(Section 1 - Own Damage)

YEIDR Additional S\$3,000.00

WindScreen S\$100.00

EQI Motor Accident  
Hotline**6311 3211**

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials 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 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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Maybank

A000308/Strides Automotive Services Pte Ltd

Date of Issue : 10/08/2023 15:41

Authorised Signatory  
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.