



**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: 26.02.2025

ATTN: Motor Claims Department

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

Dear Sir/Madam,

Accident Involving: SKR93G & SFP1168M

Date of Accident: 21.11.2024

Location: SEMBAWANG ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 3,161.00</u>
Loss of Use:	
(\$350 X 4 Days)	<u>\$ 1,400.00 ( 3Repair Days + 1PRI)</u>
LTA Search	<u>\$ 27.25</u>
3P GIA REPORT	<u>\$ 31.00</u>
<b>Grand Total:</b>	<u><b>\$ 4,619.25</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

Autowork Singapore

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, Aw Wei Liang ("the third party claimant") of  
6 Jalan Malu-malu S-769624  
(address), owner of SKR93G (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. SKR93G that was  
damaged pursuant to the accident which occurred on 21/11/2024 (date)  
at/along Sembawang Rd.  
(location) involving vehicle no/s SFP1168M ("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.

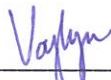
I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 21 day of 11 (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. SKR93G and SFP1168M on 21/11/24  
at/along Sembawang Rd.

1. I/We, the Owner of motor vehicle no. SKR93G 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 21 day of 11 2024

Signature of vehicle owner

Name : Aw Wei Liang

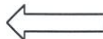
IC/UEN No : S9144108Z

(Company stamp, if applicable)

Address : 6 Jalan Malu-malu

S-769624

Tel : 91282537



Witnessed by :

30





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)**

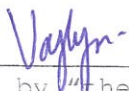
I, Aw Wei Liang ("the third party claimant")  
of 6 Jalan Malu-malu S-769624 (address),  
owner of SKR93G (vehicle no.) hereby authorize  
JL Perfect Autowork Pte Ltd.  
("the workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
vehicle no. SKR93G that was damaged pursuant to the  
accident which occurred on 21/11/24 (date) along  
Sembawang Rd. (location)  
involving vehicle no/s SFP1168M  
("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 21 day of 11 (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
26.02.2025	JLP202502-00894	SKR93G

## 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	\$ 2,900.00
Total	\$ 2,900.00
Add: 9% GST	\$ 261.00
Total	\$ 3,161.00

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

> Back to OneMotoring

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

Print Date/Time : 27 Nov 2024 / 16:43:37

Receipt Date/Time : 27 Nov 2024 / 16:43:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241127-003517

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 - SFP1168M				
As at 21 Nov 2024/15:10:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SFP1168M Enquiry Fee 20241127164305599795	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](mailto:gears-support@shift-technology.com)  
GST Reg No: M400017735  
UEN: S66SS0020G

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD -  
AW WEI LIANG

Invoice Number  
GR-2024-008182

Invoice Issue Date  
29 Nov 2024

Invoice Due Date  
06 Dec 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	28/11/2024,21/11/2024,SKR93G,SFP1168M	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	27/11/2024 22:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/11/2024 15:10 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	JUNCTION OF JALAN KEMUNING AND SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR93G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AW WEI LIANG
NRIC No	SXXXX108Z
Email Address	wahgahcatering@gmail.com
Mobile Phone No	(Phone) +65-91282537
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S500I
Variant	LUXURY SALOON
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	2999
Vehicle Fuel	Petrol-Electric
First Registration Date	30/08/2022
Chassis no	W1K2231632A015129
Effective Date/Time of Ownership	30/08/2022 00:01 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11478945

### DRIVER



Name of Driver	AW WEI LIANG
NRIC No	SXXXX108Z
Date Of Birth	25/11/1991
Occupation	Indoor
Driving Pass Date	03/05/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91282537
Alt. Phone Number	-
Email Address	wahgahcatering@gmail.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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)	2
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	-

#### PASSENGER 1

Name	LEE KHAR WEI
Gender	Female

#### 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 ATTACHED STATEMENT

#### 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	SFP1168M
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 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:

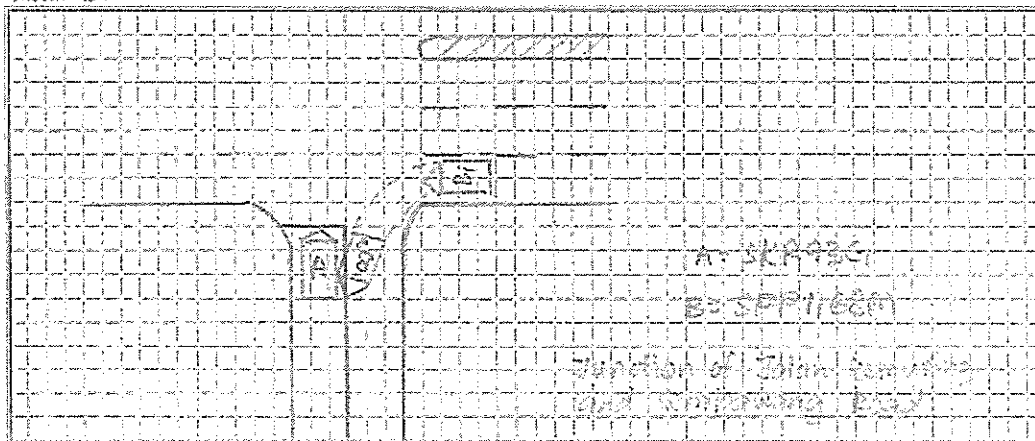
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 making of correspondence, statements, invoices, reports or notices to me which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes/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 be 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 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**




The sketch plan is a grid with handwritten details. At the top, it says "Accident". Below that, there are two boxes labeled "A" and "B". Box A contains "A: SKP42C" and Box B contains "B: SPPI/68M". Below these boxes, it says "Direction of Travel, Speed and Impeding Flow".


Describe Circumstance of the Accident


On the stated date and time, my vehicle SKR93G1 was stationary waiting to check oncoming traffic to clear before moving off. Suddenly, I heard a loud bang and felt a great impact from the rear. I then realised vehicle SFP116EM turning in from Sembawang Road with the wide angle hence collided onto the rear right hand portion of my vehicle SKR93G1.

Declaration

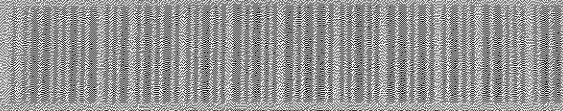
We declare the foregoing particulars are true in every respect

  
Insured Person Signature Date & Time

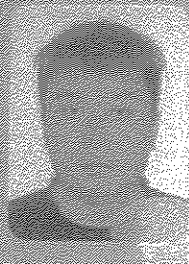
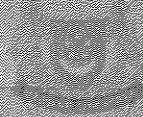
  
Driver Signature Date & Time (If not the policyholder Date & Time)

  
Representative Signature Date & Time (Name of Insurer)

Owner + Driver



REPUBLIC OF SINGAPORE  
NATIONAL DIGITAL IDENTITY CARD



NAME  
AW WEI LIANG

NRIC NO.  
S9144108Z

DATE OF BIRTH  
25 NOV 1991

SEX  
MALE

NATIONALITY / CITIZENSHIP  
SINGAPORE CITIZEN

DATE OF ISSUE  
27 APR 2022

ADDRESS  
6 JALAN MALU-MALU  
SINGAPORE 769624

Owner  
+  
Driver

SKR93G

^ Hide details

Last updated on 12 Oct 2024



Owner + Driver

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S9144108Z 

CLASS AND ISSUE DATE

3 • 03 MAY 2012

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

002064900D

Owner  
+  
Driver  
SKR93G

 Hide details

Last updated on 12 Oct 2024

DIGITAL





Singapore Life Ltd, 4 Shenton Way #01-01 SGC Centre 2 Singapore 068807 singlife.com

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1996 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1960  
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER 11478945

1) VEHICLE REGISTRATION NO.  
CHASSIS NO.  
ENGINE/MOTOR NO.

SKR93G  
WIK2231632A015129  
25693030263159

2) NAME OF INSURED

FAMILY NAME  
GIVEN NAME

As  
Wei Liang

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE  
PURPOSE OF THE ACT

19-Mar-2024 17:52hours

4) DATE OF EXPIRY OF INSURANCE

18-Mar-2025 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver

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 any 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 and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, union or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered imperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be excluded under these headings.

NAMED DRIVER

7) FINANCE COMPANY

AMS Motors Pte Ltd

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 1960 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 10-Jun-2024 at 15:05hours

Endorsement Effective Date: 21-May-2024

Singapore Life Ltd.

### IMPORTANT NOTE

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/Car/Repairs>. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

In case of accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

Pearllyn Phau  
Chief Executive Officer

ORIGINAL

Singapore Life Ltd, 4 Shenton Way #01-01 SGC Centre 2 Singapore 068807 singlife.com  
Company Reg No: 198900490K GST Reg No: MR-8500166-B