



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.: SJK9171D

Your Ref.: SLP7095D

Date: 25.09.2024

ATTN: Motor Claims Department

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

Dear Sir/Madam,

Accident Involving: SJK9171D & SLP7095D

Date of Accident: 24.06.2024 @ 07.40 HOURS

Location: HOUGANG AVE 2

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 11,336.00</u>	
Loss of Use:		
(\$180.00 X 17 Days)	<u>\$ 3,060.00</u>	(15 Repair Days + 2 Sunday)
LTA Search	<u>\$ 27.25</u>	
Grand Total:	<u>\$ 14,423.25</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



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Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, LOW PEI SUNG ("the third party claimant") of
BLK 1 LORONG 5 TOA PAYOH #33-08 S 319458
(address), owner of SJK9171D (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. SJK9171D that was
damaged pursuant to the accident which occurred on 24.06.24 (date)
at/along Hougang Ave 2
(location) involving vehicle no/s SLP7095D ("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 24 day of 06 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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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. SJK 9171D and SLP7095D on 24.06.24
at/along Hougang Ave 2

1. I/We, the Owner of motor vehicle no. SJK 9171D 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 24 day of 06 20 24

Signature of vehicle owner _____

Name: LOW PEI SUNG

IC/UEN No: S7803547 A

(Company stamp, if applicable)

Address: BLK 1 LORONG 5 TOA

PAYOH #33-08 S 319458

Tel: 91382755

Witnessed by: _____

Ting

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	JLP202409-00701	SJK9171D

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	\$ 10,400.00
Total	\$ 10,400.00
Add: 9% GST	\$ 936.00
Total	\$ 11,336.00

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

Print Date/Time : 24 Jun 2024 / 10:09:08
Receipt Date/Time : 24 Jun 2024 / 10:09:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240624-000863

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 - SLP7095D				
As at 24 Jun 2024/07:40:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLP7095D Enquiry Fee 20240624100827188832	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.

Save as PDF

OK ➡

Print Receipt

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	24/06/2024 12:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2024 07:40 (SGT)
Actual Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9171D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW PEI SUNG
NRIC No	S7803547A
Email Address	SHANN_LOW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91382755
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24P00042500

DRIVER

Name of Driver	LOW PEI SUNG
NRIC No	S7803547A
Date Of Birth	26/01/1978
Occupation	Indoor

Driving Pass Date	26/06/2002
Driving experience	22 YEARS
Gender	Female
Mobile Number	(Phone) +65-91382755
Alt. Phone Number	-
Email Address	SHANN_LOW@YAHOO.COM.SG
Address	BLK 1 LORONG 5 TOA PAYOH #33-08
Address complement	-
Postcode	319458
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	Chain Collision
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	KAYDEN NG ZHE YANG
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

ON THE STATED DATE AND TIME, MY VEHICLE SKJ9171D WAS TRAVELLING STRAIGHT ON LANE 2 AND WHEN THE FRONT VEHICLE SMW2116L SLOWED DOWN AND STOPPED. HENCE, I ALSO STOPPED MY VEHICLE SKJ9171D. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE GREAT IMPACT FORCED MY VEHICLE SKJ9171D TO MOVE FORWARD AND HIT ONTO THE REAR PORTION OF THE FRONT VEHICLE SMW2116L. WHEN I ALIGHTED, I THEN REALISED VEHICLE B SLP7095D HIT ONTO THE REAR PORTION OF MY VEHICLE SKJ9171D.

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	SLP7095D
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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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMW2116L
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	VEHICLE C
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 Adjuster.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 their 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 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/postal 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 also 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 = SJK 91710</p> <p>B = CLP 30950</p> <p>C = SMW 2116L</p> <p>Hougang Avenue 2</p>
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Describe Circumstance of the Accident

On the stated date and time, my vehicle SKJ9415D was travelling straight on lane 2 and when the front vehicle SUMW216L slowed down and stopped, hence I also stopped my vehicle SKJ9415D. Suddenly, I heard a loud bang from behind and the great impact forced my vehicle SKJ9415D to move forward and hit onto the rear portion of the front vehicle SUMW216L. When I aborted, I then realised vehicle SEP1095D hit onto the rear portion of my vehicle SKJ9415D.

Declaration

I/We declare the foregoing particulars are true in every respect

[Faint handwritten notes at the bottom of the page]

The word "cystic" is derived from the word "cyst," which means a sac or bladder.

Addressed to: Reporting Centre Personnel
Name as: NRC ID Card.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7803547A



Name

LOW PEI SUNG
(LIU PEISHAN)

刘佩珊

Race

CHINESE

Date of birth

Sex

26-01-1978

F

Country of birth

SINGAPORE

S7803547A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7803547A

Name

LOW PEI SUNG
(LIU PEISHAN)

Birth Date: 26 Jan 1978

Issue Date: 21 Apr 2003



SJK9171D

Owner and Driver

4182331



NRIC No. S7803547A



Date of issue

01-03-2008

BLK 1 LORONG 5 TOA PAYOH #33-08
SINGAPORE 319458
NRIC No: XXXXX547A

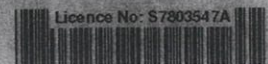
Date of change: 07/10/2020

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

26 Jun 2002



Licence No: S7803547A

NP 428A



Certificate of Insurance

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
Road Transport Act, 1987 (Malaysia)
Road Transport (Amendment) Act, 2019 (Malaysia)

MZ300

**THIRD PARTY,
FIRE & THEFT**

Certificate No.: **MPC24P00042500**

Chassis No.: **GE61117210**

Agency Name: **ASSURE (SINGAPORE) PTE. LTD.**

Engine No.: **L13A4129815**

Agency Code: **B0000888**

1. Index Mark and Registration Number of Vehicle: **SJK9171D**

2. Name of Policy Holder: **LOW PEI SUNG (LIU PEISHAN)**

3. Period of Insurance (both dates inclusive): **5/1/2024 to 9/5/2025**

4. Persons or Classes of Persons entitled to drive

a) The Insured and all the Named Drivers declared under this Policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car.

5. Limitations as to use

Use for social, domestic and pleasure purposes and for the Insured's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speedtesting, 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.

Signed for and on behalf of ECICS Limited

Authorised Signatory

Important Notice

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a Motor Vehicle without a valid insurance under the Act.
- On the sale of a Motor Vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
- The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.