

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

Attn: **Motor Claims Department**

Date: 18th July 2024

Dear Sir/Madam,

Claimant: **Chen Zhi Hua, Eugene**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 04/07/2024 at along Upper Serangoon Road involving our client's vehicle registration number SMZ 3279 C and vehicle registration number SJU 6886 S driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$3,400.00
2) Loss of Rental (SGD\$200.00 x 4Days)	\$1,000.00
3) Insurance Search	\$2.18
4) Purchase of GIA Report	\$31.00

Total : **\$4,433.18**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- Insurance Search Receipt
- Purchase of GIA Report Receipt

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

Elin Cai

Zoom Autowerks Pte Ltd

130 Bedok Reservoir Road
#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

PF No. : ZP0000926
Date : 18/7/2024
VRN : SMZ 3279 C
Make & Model : BMW Z4
DOA : 4/7/2024
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,400.00
2	Loss of Rental (SGD\$200.00 x 4Days)			1,000.00
3	Insurance Search Fee			2.18
4	Purchase of GIA Report			31.00

TOTAL : **\$4,433.18**

All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(by Zoom Autowerks Pte Ltd)

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	04/07/2024 14:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2024 10:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3279C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN ZHI HUA, EUGENE
NRIC No	SXXXX712H
Email Address	EUGENECHEN1@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91126107
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
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	1997

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	CHEN ZHI HUA, EUGENE
NRIC No	SXXXX712H
Date Of Birth	11/12/1987
Occupation	Indoor

Driving Pass Date	02/03/2012
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91126107
Alt. Phone Number	-
Email Address	EUGENECHEN1@YAHOO.COM.SG
Address	41 SEMBAWANG CRESCENT
Address complement	#08-42
Postcode	756988
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	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
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	SJU6886S
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

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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/are 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

Describe Circumstance of the Accident

I was travelling within my lane along Upper
Serrangon Road when vehicle B, who was on my
left, moved into my lane and grazed onto my vehicle's
left portion.

Declaration

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 NPICID card)













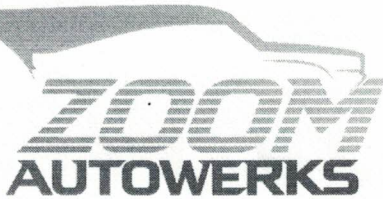












ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 04/07/24 @ 10:15 along UPP Serangoon Road
Involving vehicles SM73279C and 8JU6886S

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SM73279C at my request, I/We, Chen Zhi Hua, Eugene ("the claimant") of _____ (address) bearing NRIC No S8740712H the owner of motor vehicle no SM73279C, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 04 day of 07 (month) 20 24 (year)

Signed by "the claimant"

Name: Chen Zhi Hua, Eugene

NRIC No: S8740712H



Signed by Zoom Autowerks Pte Ltd

Name: Lin Cai

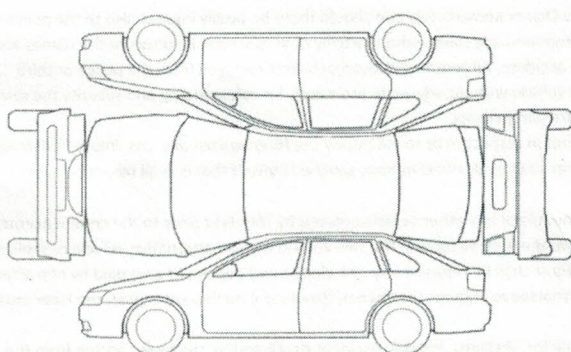





Zoom Autowerks Pte Ltd

Registration No.: 201725603G

E-mail: zoomautowerks@gmail.com

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL												
Name: <u>Chen Zhi Hua, Eugene</u>	Vehicle No.: <u>SNJ6222T</u>													
NRIC/Passport No.: <u>S8740712H</u>	Vehicle Make/Model: <u>BMW X5</u>													
Address:	Date/Time Out: <u>8/7/24</u>													
	Date/Time In: <u>12/07/24</u>													
Tel: <u>9112 6107</u>	<table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td><u>1</u></td><td>F</td></tr></table>	E	1/4	1/2	3/4	<u>1</u>	F	<table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	
E	1/4	1/2	3/4	<u>1</u>	F									
E	1/4	1/2	3/4	F										
Driving License No./Exp.:	OUT	IN												
ADDITIONAL DRIVER'S PARTICULAR		Mileage: <u>144945</u>												
Name:	Mileage:													
NRIC/Passport No.:	RENTAL CHARGES													
Address:	Hours @	per hour												
	<u>4</u> Days @ <u>\$250</u>	per day	<u>\$1000</u>											
	Weeks @	per week												
	Months @	per month												
Tel:	Other Charges													
Driving License No./Exp.:	Petrol Top-Up													
(A) - Accident (D) - Dent (S) - Scratch	Sub-total													
	TOTAL CHARGES <u>\$1000</u>													
PRE-PAYMENT														
Downpayment and Deposit														
Amount Refunded Due														
I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.														
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT												
Singapore - Own Damage	\$S3,000.00													
Singapore - 3rd Party	\$S3,000.00													
Malaysia*	\$S8,000.00													
For Drivers aged < 22 or > 65 and/or less than 2 years driving experience regardless of age	\$S3,000.00 (Additional)													
IMPORT NOTE:		Hirer's Signature / Date												
1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE		 												
2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Autowerks Pte Ltd														
3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited.														
4. In case of accident, the hirer shall report to Zoom Autowerks Pte Ltd immediately.														
		Owner's Signature / Date												



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 05/07/2024

Your Ref No: SMZ3279C

Dear Sir/Madam,

Date of Accident: 04/07/2024 10:18 (SGT)

Vehicle No: SMZ3279C

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SJU6886S	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJU6886S

Date of Accident

04/07/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **05/09/2023 - 04/09/2024**Requested By **Elin Cai (Zoom Autowerks Pte ...**Requested Date **05/07/2024 09:45****Payment details**Request Amount: **S\$2**GST Amount: **S\$0.18**Total Amount Due (GST Inclusive): **S\$2.18****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**