

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

Attn: **Motor Claims Department**

Date: 13th July 2024

Dear Sir/Madam,

Claimant: **Chen Yong**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 07/06/2024 at along New Bridge Road x Upper Cross Street involving our client's vehicle registration number SJY 6436 L and vehicle registration number SNJ 4648 L 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	\$1,600.00
2) Loss of Use (SGD\$80.00 x 3Days)	\$240.00
3) Insurance Search	\$2.18

Total : **\$1,842.18**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Insurance Search 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, Eunoss 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. : ZP0000922
Date : 13/7/2024
VRN : SJY 6436 L
Make & Model : Toyota Altis
DOA : 7/6/2024
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			1,600.00
2	Loss of Use (SGD\$80.00 x 3Days)			240.00
3	Insurance Search Fee			2.18

TOTAL :

\$1,842.18

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	10/06/2024 15:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2024 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW BRIDGE RD X UPPER CROSS ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6436L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN YONG
NRIC No	SXXXX347G
Email Address	CHENYONG.RUIGE@GMAIL.COM
Mobile Phone No	(Phone) +65-87561686
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133358750-01

DRIVER

Name of Driver	CHEN YONG
NRIC No	SXXXX347G
Date Of Birth	28/05/1993
Occupation	Indoor

Driving Pass Date	09/01/2023
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87561686
Alt. Phone Number	-
Email Address	CHENYONG.RUIGE@GMAIL.COM
Address	BLK 225A COMPASSVALE WALK
Address complement	#10-331
Postcode	541225
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)	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	PASSENGER 1
Gender	Male

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	SNJ4648L
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/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

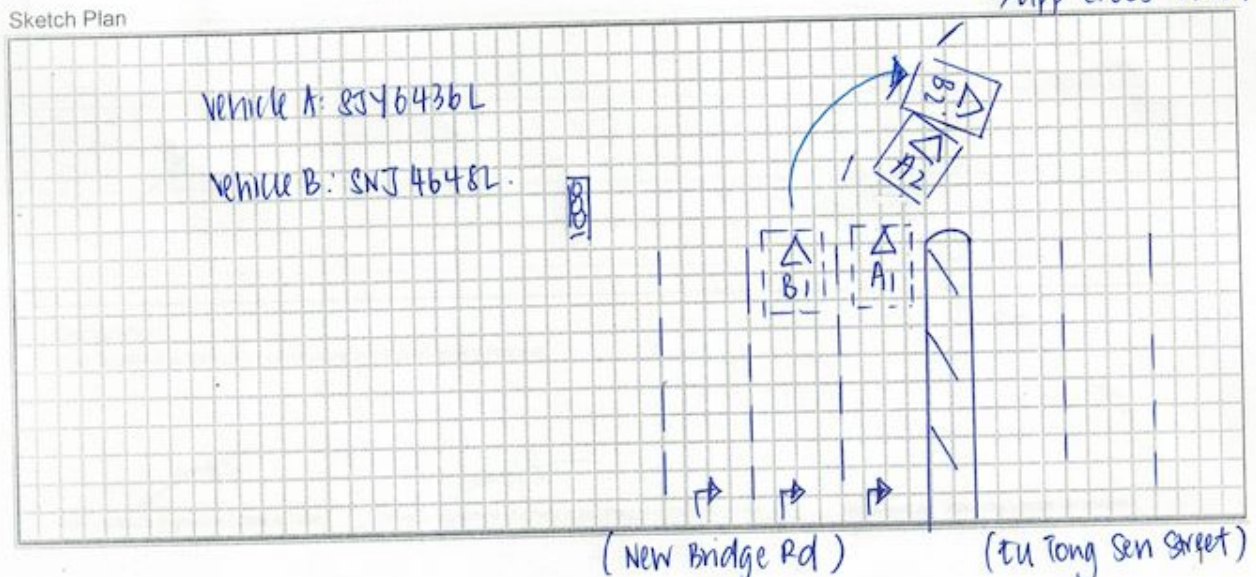
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

- Refer to Police Report -

Declaration

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

Policyholder's Signature / Date & Time

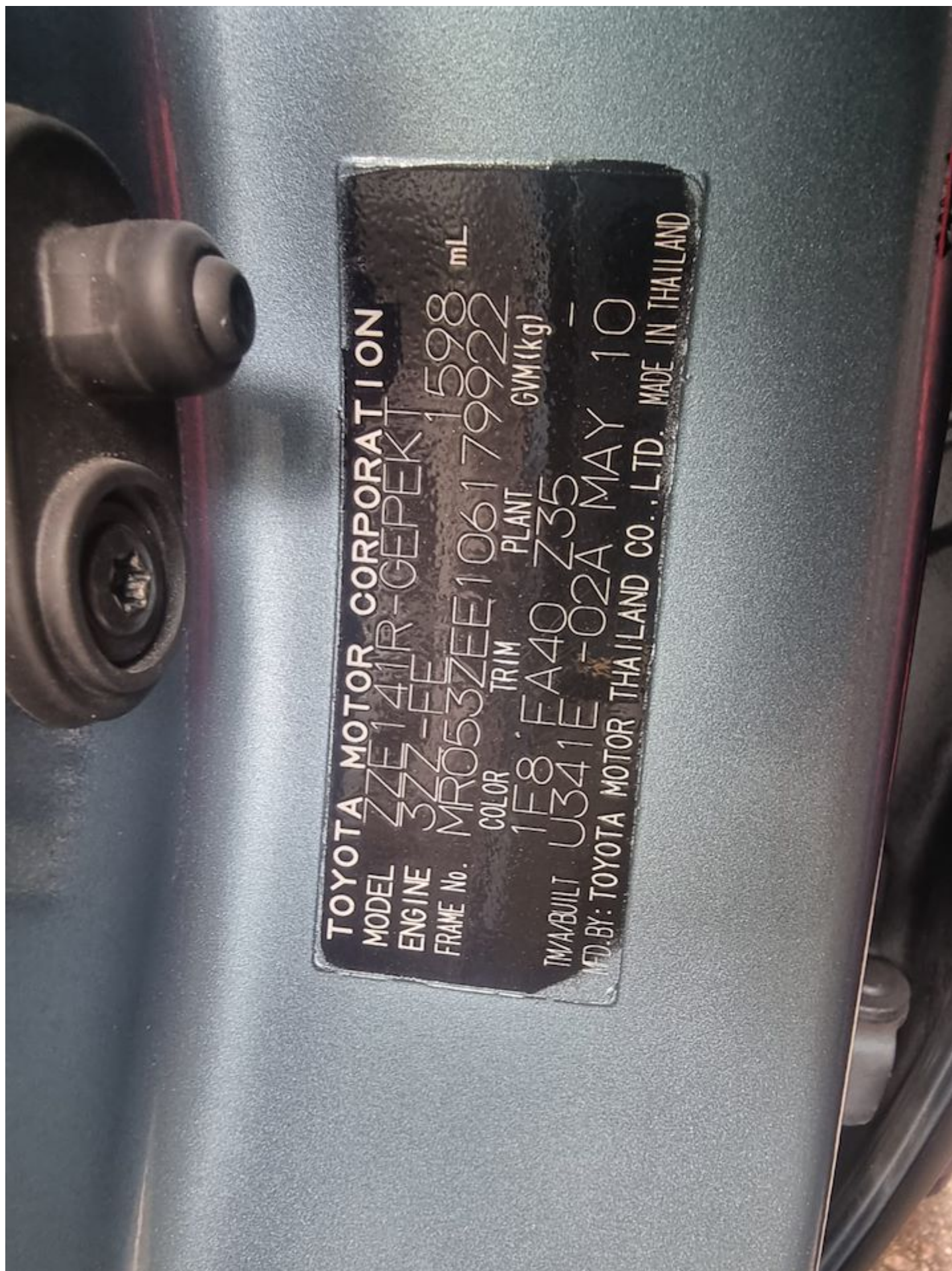
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20240607/7051

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

1 of 3

Report No. T/20240607/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2024 15:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN YONG			Address: 225A COMPASSVALE WALK #10-331 SINGAPORE 541225		
ID Type / ID No.: NRIC NO / S9380347G			Contact No.: Home/Office: Mobile: 87561686		
Nationality: SINGAPORE CITIZEN			Email: CHENYONG.RUIGE@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 28/05/1993	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Quantity surveyor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	No	Date/Time of Accident:	07/06/2024 12:40	Type of Location:	X-Junction
Location: NEW BRIDGE ROAD							
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
SJY6436L	Motor van	TOYOTA	Altis	Blue	Seriously Damaged	1
SNJ4648L	Motor car			Red	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240607/7051

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

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Report No. T/20240607/7051

CONTINUATION OF REPORT

Driver			
Name	CHEN YONG	ID No.	S9380347G
Related Vehicle	SJY6436L (Motor van)	Contact No.	87561686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 07/06/2024 at about 12:40hr, I was driving my vehicle - SJY6436L, along New Bridge Road on the extreme right lane. As the traffic light turned green in my favour, I proceeded to turn right onto Upper Cross Street. Vehicle Number - SNJ4648L, who was on my left, suddenly made a U-Turn illegally and collided onto my vehicle's front left portion. The said vehicle then sped off and left.



**SINGAPORE
POLICE FORCE**

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



T/20240607/7051

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Report No. T/20240607/7051

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2024 15:09
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:

NP168



ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 07/06/24 @ 12:40 along New Bridge Road x Upp. Cross Street.
Involving vehicles SJY6436L and SNJ4648L.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJY6436L at my request, I/We, Chen Yong ("the claimant") of _____ (address) bearing NRIC No S93803426, the owner of motor vehicle no SJY6436L, 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 07 day of 06 (month) 20 24 (year)


Signed by "the claimant"

Name: Chen Yong.

NRIC No: S93803426.


Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SNJ4648L

Date of Accident

07/06/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**
Period of Insurance **30/01/2024 - 29/01/2025**
Requested By **Elin Cai (Zoom Autowerks Pte ...**
Requested Date **07/06/2024 22:00**

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**