

To: **India International Insurance Pte Ltd**  
64 Cecil Street #04/#05  
IOB Building  
Singapore 049711

Attn: **Motor Claims Department**

Date: 21<sup>st</sup> August 2024

Dear Sir/Madam,

Claimant: **Lin Guolin**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 02/08/2024 at along PIE(Changi) exit to Paya Lebar involving our client's vehicle registration number SNN 4226 A and vehicle registration number SJA 1125 T 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	\$2,500.00
2) Loss of Rental (SGD\$120.00 x 3Days)	\$360.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$31.00

**Total :** **\$2,893.18**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- Insurance Search Fee 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, Eunos Spring  
#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: **India International Insurance Pte Ltd**  
64 Cecil Street #04/#05  
IOB Building  
Singapore 049711

PF No. : ZP0000950  
Date : 21/8/2024  
VRN : SNN 4226 A  
Make & Model : Honda Civic  
DOA : 2/8/2024  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,500.00
2	Loss of Rental (SGD\$120.00 x 3Days)			3,600.00
3	Insurance Search Fee			2.18
4	Purchase of GIA Report			31.00

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<b>TOTAL :</b>	<b>\$6,133.18</b>
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All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD**"

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(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 .....	05/08/2024 10:44 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/08/2024 11:20 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	(CHANGI) EXIT TO PAYA LEBAR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN4226A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIN GUOLIN
NRIC No .....	SXXXX102E
Email Address .....	GUOLIN19890629@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82823136
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 hire
Transmission .....	Auto
CC .....	1597
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5146900133

### DRIVER

Name of Driver .....	LIN GUOLIN
NRIC No .....	SXXXX102E
Date Of Birth .....	26/06/1989
Occupation .....	Indoor
Driving Pass Date .....	07/08/2013
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82823136
Alt. Phone Number .....	-
Email Address .....	GUOLIN19890629@GMAIL.COM
Address .....	APT BLK 44 SIMS DRIVE
Address complement .....	#10-177
Postcode .....	380044
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 .....	SJA1125T
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

I was travelling along the left lane when vehicle 'B' suddenly filtered onto my lane and collided onto my vehicle's front right portion.

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)

**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 regudiate 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.

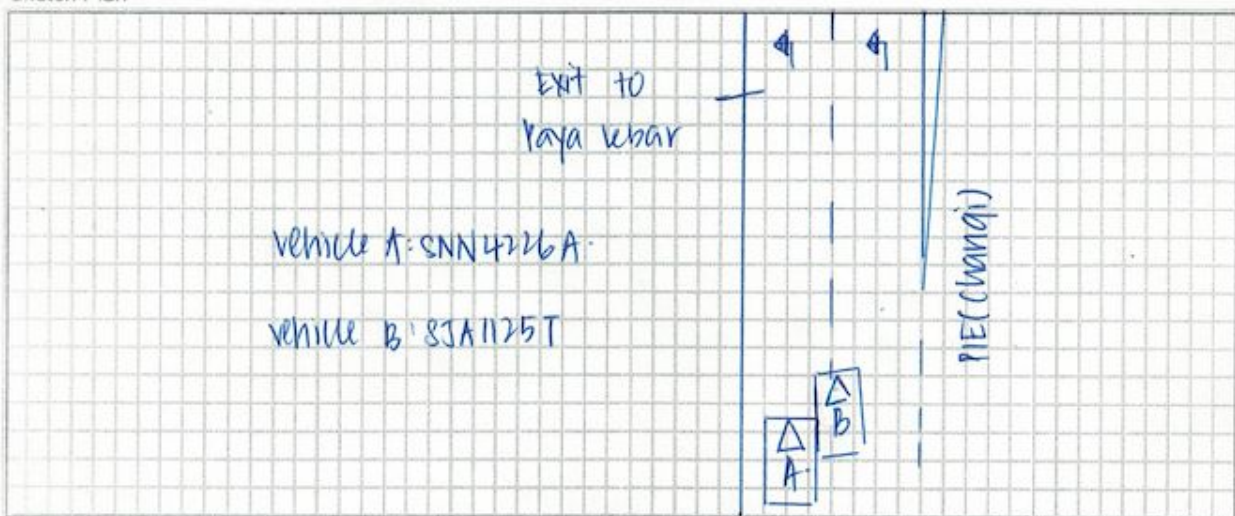


Policyholder's Signature / Date & Time

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

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

Sketch Plan




































## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SJA1125T

Date of Accident

02/08/2024 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **India International Insurance ...**Period of Insurance ..... **28/10/2023 - 27/10/2024**Requested By ..... **Elin Cai (Zoom Autowerks Pte ...**Requested Date ..... **04/08/2024 09:27****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**





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](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 05/08/2024

**Your Ref No: SNN4226A**

Dear Sir/Madam,

Date of Accident: 02/08/2024 11:20 (SGT)

Vehicle No: SNN4226A

Place of Accident: PIE, 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 (\$)
<b>SJA1125T</b>	PIE, 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.

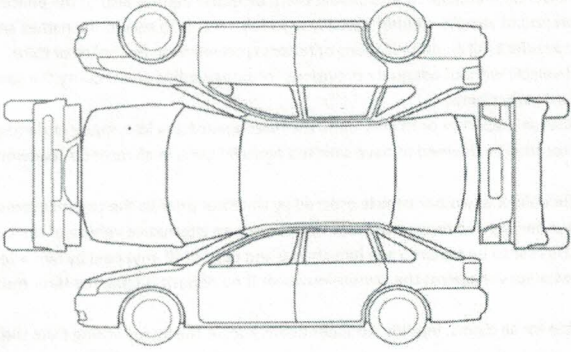

Thank you.

This is a computer generated document and requires no signature.



Zoom Autowerks Pte Ltd  
Registration No.: 201725603G  
E-mail: zoomautowerks@gmail.com

### RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name: Lin Guolin		Vehicle No.: SLK1567A																					
NRIC/Passport No.: S8974102E		Vehicle Make/Model: Honda Vezel																					
Address:		Date/Time Out: 06/08/2024																					
		Date/Time In: 08/08/2024																					
Tel: 8282 3136		<table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr><tr><td colspan="5">OUT</td></tr></table>	E	1/4	1/2	3/4	F	OUT					<table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr><tr><td colspan="5">IN</td></tr></table>	E	1/4	1/2	3/4	F	IN				
E	1/4	1/2	3/4	F																			
OUT																							
E	1/4	1/2	3/4	F																			
IN																							
Driving License No./Exp.:																							
ADDITIONAL DRIVER'S PARTICULAR		Mileage:																					
Name:		Mileage:																					
NRIC/Passport No.:		RENTAL CHARGES																					
Address:		Hours @ per hour																					
		3 Days @ \$120 per day	\$360																				
		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	\$360																				
PHYSICAL DAMAGE EXCESS		PRE-PAYMENT																					
Singapore - Own Damage	\$S3,000.00	Downpayment and Deposit																					
Singapore - 3rd Party	\$S3,000.00	Amount Refunded Due																					
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)	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.																					
ACKNOWLEDGEMENT		Hirer's Signature / Date																					
IMPORT NOTE:																							
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		Owner's Signature / Date																					
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.																							