



BODYFIX

NO. 10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT
SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 64837432
REG. NO: 53010635C

Our ref: SJG 3563 S

19 OCT 2018

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER
Singapore 068811

Attn: Motor Claims Dept.

Dear Sir / Madam

Accident involving SJG 3563 S & SHF 610 M on 29/8/2018

Our client, **ONE + ONE TRANSPORT**, whose motor vehicle **SJG 3563 S** was involved in the above-mentioned accident. He authorized us to act on his behalf in claiming for his cost of repairs, car rental, loss of income and other consequential losses.

Our client also informed us that the above accident was caused by the negligence of your insured driver of motor vehicle **SHF 610 M**.

Our client is claiming:

1. Cost of repairs	\$1016.50 (inclusive GST)
2. Loss of Rental (\$120x2days)	\$240.00
3. LTA search fee	\$7.45

We enclosed the following documents for your necessary action:

1. Letter Of Authorisation;
2. Discharge voucher;
3. Performa Invoice;
4. LTA search receipt;
5. GIA report

We appreciated that you can do a direct settlement as soon as possible.

Yours faithfully

Zhang Yuzhen



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

05.09.2018.

Our Ref : SJG 3563 S
Your Ref : SHF 610 M

ONE + ONE TRANSPORT
C/o BODYFIX

Attn: Motor Claims Department
AXA Insurance Singapore
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

Dear Sir/Mdm,

LETTER OF AUTHORITY

RE: ACCIDENT INVOLVING SJG 3563 S & SHF 610 M ON 29.08.2018.

I, ONE + ONE TRANSPORT owner of vehicle no. SJG 3563 S hereby authorize M/s BODYFIX as my authorized representative to write, negotiate and settle claim on my behalf in my claim against the owner and / or driver of vehicle Reg no. SHF 610 M in respect of the above mentioned accident.

Kindly make payment directly to BODYFIX.

Kindly contact Yuzhen at 62571289 should you have any queries regarding the above.

Yours faithfully,

ONE + ONE
TRANSPORT

TRANSPORT
ONE + ONE

ONE + ONE TRANSPORT.



BODYFIX

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SATISFACTION & DISCHARGE VOUCHER

I, ONE + ONE TRANSPORT owner of vehicle number
SJG 3563 S declare that my vehicle has been completed to my satisfaction
and was discharged from BODYFIX, at Block 10 Ang Mo Kio Industrial Park
2A, AMK Autopoint #04-06 Singapore 568047 on the 6 day of Sep 2018

Signature of Assured,

ONE + ONE
TRANSPORT

ONE + ONE TRANSPORT.

Accident Date : 29.08.2018

Name : ONE + ONE TRANSPORT

Address : BLK 731 YISHUN STREET 72 #01-47 S(760731)

BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01

AXA TOWER SINGAPORE 068811

Attention : Motor Claim Department

Contact : 3387288 Fax No. : 8804838

Proforma Invoice : PC18041

Date : 19/10/2018

Vehicle Num. : SJG 3563 S

Make/Model : TOYOTA WISH-2008

Chassis/Eng# : ZNE100405046

Accident Date : 29/08/2018

Claim No. :

Reference :

Policy No. :

Amount S\$

TO REPAIR VEHICLE AT LUMP SUM

950.00

SingDollars : One Thousand Sixteen & Cents Fifty Only

E. & O.E.

Total S\$: 950.00

GST 7% S\$: 66.50

Amount Due S\$: 1,016.50

=====


for BODYFIX

> Back to OneMotoring



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

Print Date/Time : 30 Aug 2018 / 15:28:58

Receipt Date/Time : 30 Aug 2018 / 15:28:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180830-001337

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 - SHF610M				
As at 29 Aug 2018/15:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHF610M Enquiry Fee 20180830152711844147	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx0572	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

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 Authorised 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 ability.
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 Report	30/08/2018 11:47
Date Of Accident	29/08/2018 15:30
Exact Location Of Accident	WOODLANDS CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3563S
Insured/Policyholder	
Name Of Registered Owner	ONE + ONE TRANSPORT
Co Reg No	53344369E
Email Address	STEVENSEEKN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91772165
Alternative Phone No	OFFICE-96723647
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8XE A
Exact Purpose for which vehicle was being used at time of accident	DROP OFF & PICK UP PASSENGER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103227546
Cover Note Number	
Driver	
Name of Driver	SEE KIN NAM
NRIC No	S1268659E
Date Of Birth	29/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91772165
Fax Number	
Contact Number	
EMail Address	STEVENSEEKN@GMAIL.COM

Address	BLK 731 YISHUN STREET 72 #01-47
Postcode	760731
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF610M
Vehicle Make/Model/Colour	RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

INVOICING
END - END

Policyholder's Signature
Date & Time:

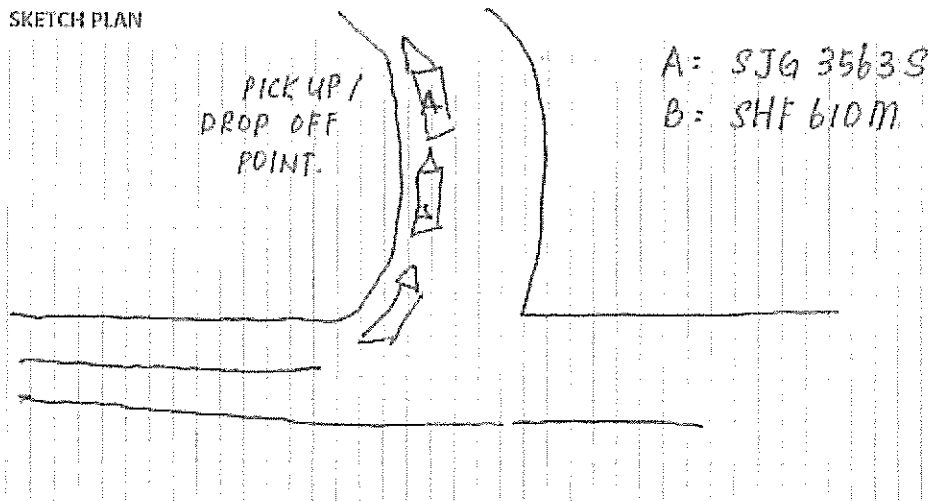
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AME AUTOPOLINT PTE LTD
30.08.2018

Sketch Plan #2

WOODLANDS CHECK POINT.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29.08.2018 @ 1530 HR, I was at woodlands
checkpoint. I was dropping my passenger at the pick up/
drop off point. while waiting for my next trip/passenger,
vehicle "B" collided onto my rear. Please note that my vehicle
was stationary. That's all.

DECLARATION

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

$\begin{array}{c} \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \end{array}$	\rightarrow	$\begin{array}{c} \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \\ \\ \text{C}_6\text{H}_5 \end{array}$
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Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Report to Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: Amk AUTOPoint PTB LTD
30.08.2018