

**DYNAMIC AUTOWORK PTE. LTD.**

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201436361C

Letter of Demand

Re : Accident involving my vehicle no. SLF 8488A and vehicle no. SGV 188T on 08/10/2018 at 08:45 HRS PM/AM along Guillimard Crescent

We refer to the above matter.

Attach copies of the following for your kind perusal :

Vehicle Repair cost / <del>Excess</del>	\$	7169.00
Vehicle Rental Fee for <u>—</u> days @		
\$ <u>—</u> per day	\$	—
Loss of use for <u>—</u> days @		
\$ <u>—</u> per day	\$	—
Police search fee/police report fee/LTA search fees	\$	—
Others	\$	—
Total :	\$	7169.00

Yours faithfully,

*ABBY*



ABBY

HP : 9856 4815

E-mail: [dynamicautowork@gmail.com](mailto:dynamicautowork@gmail.com)

## Authorization To Act

I, Chng Mui Hoon Giselle ("Name of Owner") of  
BLK 171 Bedok South Road #12-403 Singapore 460171  
(address), owner of SLF 8488A (vehicle no.) hereby  
authorize Dynamic Autowork Pte. Ltd.  
("the workshop") to act for me with respect to my OD claim for  
repair costs ("claim") for my vehicle no. SLF 8488A that was  
damaged pursuant to the accident which occurred on 08/10/2018  
(date) along Guillimard Crescent (location)  
involving vehicle no/s SGV188T ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that  
they deem fit and the workshop is further authorized to receive payment further to  
settlement of my claim with payment cheque/s being made in favour of the workshop.

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 the  
driver/owner/insurers of the other vehicle/s is concerned.

Dated this 19 day of 10 (month) 20 18 (year)



Signed by "Owner"



Signed by "the workshop"

Date: 19/10/2018

To: FWD Singapore Pte Ltd  
6 Temasek Boulevard  
#18-01 Suntec Tower 4  
Singapore 038986

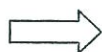
Dear Sir / Mdm,

**RE : LETTER OF AUTHORISATION**

I, Chng Mui Hoon Giselle ("Name of Owner") of  
Blk 171 Bedok South Road #12-403 Singapore 460171  
(address), owner of SLF 8488A (vehicle no.) hereby  
authorize Dynamic Autowork Pte. Ltd.  
("the workshop") to act for me with respect to my OD claim for  
repair costs ("claim") for my vehicle no. SLF 8488A that was  
damaged pursuant to the accident which occurred  
on 09/10/2018 (date) along Guillimard Crescent  
(location)  
involving vehicle no/s SGV 188T ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that  
they deem fit and the workshop is further authorized to receive payment further to  
settlement of my claim with payment cheque/s being made in favour of the workshop.

Yours sincerely,



Name : Chng Mui Hoon Giselle

NRIC No: S87070002

HP: 82233366

To: MOTOR CLAIM DEPARTMENT

Claim No: .....

Date : .....

**SATISFACTION & DISCHARGE VOUCHER**

I/we hereby declare that the repairs to my/our

Chng Mui Hoon Giselle No. SLF8498A have been completed

to my/our Satisfaction and I/we agree that the payment of the

amount of \$ 7169.00 (Dollars Seven Thousand One Hundred and) Sixty-Nine only

paid to M/S Dynamic Autowork Pte. Ltd.

for such repairs are in full discharge of my/our claim under Policy

No. PNPV2018-00011312 in respect of the damages caused in the

Accident which occurred on the 08 day of 10 2018



.....  
Signature of Assured



# Dynamic Autowork Pte.Ltd.

8 Kaki Bukit Ave 4, #08-09, Premier@Kaki Bukit

Singapore 415875

Tel : 6341 6789

Fax : 6341 6778

ROC / GST REG NO.: 201436361C

Email : dynamicautowork@gmail.com



## TAX INVOICE

Invoice # : 00000747

Date : 30.11.18

Vehicle No : SLF8488A

Bill To:

### FWD SINGAPORE PTE LTD

6 TEMASEK BOULEVARD

#18-01 SUNTEC TOWER FOUR

SINGAPORE 038986

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,200.00
	Less: Excess	\$ (500.00)
Sub Total		\$ 6,700.00
Add GST 7%		\$ 469.00
Total Amount		\$ 7,169.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO  
' DYNAMIC AUTOWORK PTE.LTD. '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

ABBY

Authorised Signature

## 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 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 Report	08/10/2018 21:37
Date Of Accident	08/10/2018 08:45
Exact Location Of Accident	ALONG GUILLIMARD CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8488A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG MUI HOON GISELLE
Passport No/FIN	S8707000Z
Email Address	XINGFULADY@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-82233366
Alternative Phone No	OFFICE-82233366

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X

Exact Purpose for which vehicle was being used at time of accident	PRIVATE
--	---------

Are you claiming under your own insurance policy for repair to your vehicle?	YES
--	-----

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-000111312
Cover Note Number	

### Driver

Name of Driver	CHNG MUI HOON GISELLE
Passport No/FIN	S8707000Z
Date Of Birth	09/03/1987
Occupation	INDOOR
Date Of Driving Pass	03/03/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82233366
Fax Number	
Contact Number	OFFICE-82233366
EMail Address	XINGFULADY@LIVE.COM.SG

Address	NA
Postcode	
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : GRATUS
	GENDER: : MALE
Passenger 2	NAME: : GRACIA
	GENDER: : FEMALE

### 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN I ACCIDENTALLY HIT THE REAR OF VEHICLE B. THE IMPACT PUSHED VEHICLE B FORWARD AND HIT VEHICLE C. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT. VEHICLE C : NO DETAIL

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV188T
Vehicle Make/Model/Colour	HONDA AIRWAVE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEPHANIE HO SU FEN
NRIC/Passport Number	S7937701E
Contact Number	97682251
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category

PRIVATE CAR

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

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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.

*[Signature]*  
Policyholder's Signature / Date & Time

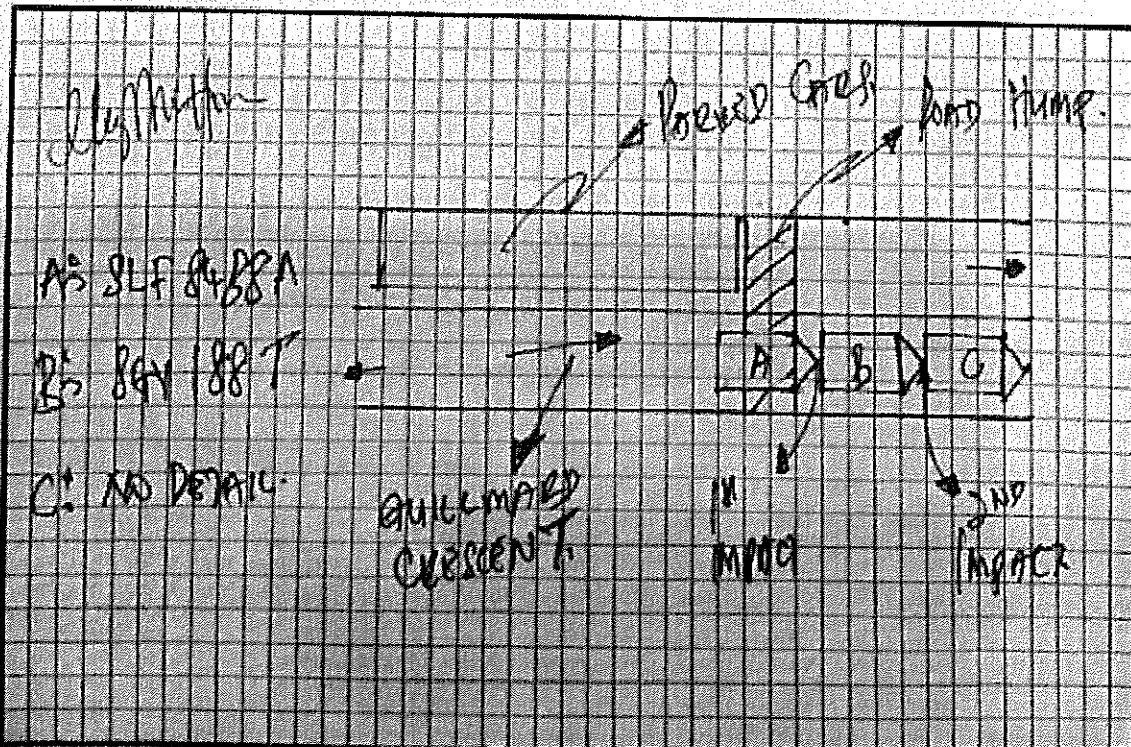
Driver's Signature (If driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim

Witnessed by Reporting Centre  
Personnel

081018

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN I ACCIDENTALLY HIT THE REAR OF VEHICLE B. THE IMPACT PUSHED VEHICLE B FORWARD AND HIT VEHICLE C. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

VEHICLE C : NO DETAIL

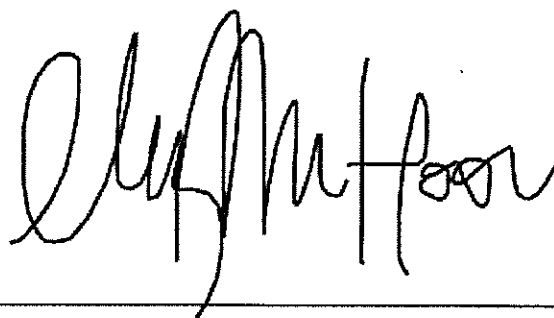
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 October 2018 at 5:03 PM

Date/Time:

8 October 2018 at 5:03 PM

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8707000Z

Name: CHNG MUI HOON (ZHUANG MEIYUN)

Birth Date: 09 Mar 1987

Issue Date: 03 Mar 2006

001403538B



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8707000Z



Name  
CHNG MUI HOON GISELLE  
(ZHUANG MEIYUN)  
MRS AW-CHNG MUI HOON

(cont'd)

Race  
CHINESE

Date of birth  
09-03-1987

Sex  
F

Country/Place of birth  
SINGAPORE

S8707000Z

SLF 8488A

owner & driver

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

03 Mar 2006

NP 428A



Licence No: S8707000Z

5877606



NRIC No: S8707000Z  
GISELLE

莊 娛 雲

Date of issue  
23-02-2018

Address

APT BLK 171 BEDOK SOUTH ROAD  
#12-403  
SINGAPORE 460171



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00011312 (Comprehensive - Classic Plan)**

Car plate number: SLF8488A

Your name (As the policyholder): Chng Mui Hoon

Coverage start date: 13/09/2018

Coverage end date: 12/09/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: HL Bank

---

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 28/08/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.