To: **EQ Insurance Company Limited** 

5 Maxwell Road

#17-00 Tower Block MND Complex

Singapore 069110

Attn: Motor Claims Department

Date: 25<sup>th</sup> March 2019

Dear Sir/Madam,

Claimant: Muhammad Izaq Fazrul Bin Sulaiman

#### "WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 103/12/2018 at along Junction of Seletar West Link & Seletar Aerospace Drive involving our client's vehicle registration number SLD 4945 J and vehicle registration number GBE 280 H 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
 \$6,050.00

 2) Loss of Rental (SGD\$150.00 x 27Days)
 \$1,050.00

 3) LTA Search Fee
 \$7.45

Total: \$7,107.45

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- LTA Search Fee 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

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	04/12/2018 18:28
Date Of Accident	03/12/2018 11:00
Exact Location Of Accident	JUNC SELETAR WET LINK & SELETAR AEROSPACE DR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4945J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD IZAQ FAZRUL BIN SULAIMAN
NRIC No	S8610527F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82366912
Alternative Phone No	OFFICE-82366912
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00494321
Cover Note Number	
Driver	

Name of Driver MUHAMMAD IZHAR FAZRIL BIN SULAIMAN

NRIC No S9445821H

Date Of Birth 14/12/1994

Occupation INDOOR

Date Of Driving Pass 06/09/2016

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98345747

Fax Number

Contact Number OFFICE-98345747

EMail Address NOEMAIL

Address BLK 899B WOODLANDS DRIVE 50

#10-266

Postcode 731899

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's CWIT

\_

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 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ·

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

2

**Circumstances of Accident** 

REFER TO STATEMENT.

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 GBE280H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### Accident Sketch Plan



CHINE WE --

#### 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.
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- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
   Association of Security (Control of Security Control of Se 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 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 height and a copies. the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 (all insurers) have firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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
- 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.
- 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.
- 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.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per sonnel's Signature Name

NRIC/FIN No.:

Scanned by CamScanner

#### **Accident Sketch Plan**

SKETCH PLAN Seletar Aerospace Drive VEHICLE A: SLD 49453 Vervice B: GBE280H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT vehicle X', SLD 4945] stated date y time, I, The Mas The traffic light, 18 tuvns. areen NIWOIS forward front THICH vehicle did not suddenly move. felt an impact on vehille's wear DOVTION. then vealised vehille THAT ABE 280H wad vehicle's rear portion collided DIMO DECLARATION I/We declare the foregoing particulars are true in every respe Driver's Signature Reporting Centre Personnel's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: Date & Time: NRIC/FIN No.:

Scanned by CamScanner































#### **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

# To: EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

# **PROFORMA INVOICE**

Invoice No. : ZP0000202

Date : 25/3/2019

VRN : SLD 4945 J

Make & Model : Honda Vezel

DOA : 3/12/2018

Terms : COD

S/N	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			6,050.00
2	Loss of Rental (\$150.00 x 7Days)			1,050.00
2	LTA Search			7.45

TOTAL: \$7,107.45

I agree to the price as listed above and confirm tha
goods are received in good condition.

(Customer's Signature)

(by Zoom Autowerks Pte Ltd)



# **ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring #08-1339 Singapore 470130 Tel: 9450 7920

⊠ zoomautowerks@gmail.com

## **LETTER OF AUTHORIZATION**

Accident on 03/12/18 @ 11:00hr along Junction of Seletar West Link X Seletar Mearospace pr. Involving vehicles SLD 4945J and GBE 280H
In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130, repairing my/our motor vehicle no
I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by <b>Zoom Autowerks Pte Ltd</b> .
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 <b>Zoom Autowerks Pte Ltd</b> 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 day of (month) 20 (year)
Signed by "the claimant"  Signed by Zoom Autowerks Pte Ltd
Name: Muhammad 1209, Fatrul Bin Sulaiman Name: Elin Cai
NRIC No: \$ 66 105)7F

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

03 Dec 2018 / 23:20:28

Receipt Date/Time: 03 Dec 2018 / 23:20:28

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-181203-003813

Previous Receipt No.:

Insurance Co: EQ INSURANCE COMPANY LTD   Insurance Enquiry - GBE280H	S/N Item Description/ Business Transaction Reference No.  Result of Insurance Enquiry - GBE280H As at 03 Dec 2018/11:00:00		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Enquiry Fee 20181203231903122749   Total   T		LTD			
Sub-Total   7.00   0.49   7.49					
Result of Insurance Enquiry - SLR3983G			7.00	0.49	7.49
As at 03 Dec 2018/17:30:00  Insurance Co: NTUC INCOME INS CO-OP LTD  Insurance Enquiry - SLR3983G Enquiry Fee		Sub-Total	7.00	0.49	7.49
Sub-Total   7.00   0.49   7.49     Total Before Rounding   14.00   0.98   14.98     Rounding Difference   0.03     Total Amount Payable   14.95     Paid By	As at 03 Dec 2018/17:30:00 Insurance Co: NTUC INCOME INS CO-OP 2 Insurance Enquiry - SLR3983G	LTD			
Total Before Rounding         14.00         0.98         14.98           Rounding Difference         0.03           Total Amount Payable         14.95           Paid By         Credit Card: Visa/MasterCard         14.95           Total         14.95           Cash Change         0.00           Tendered Amount         14.95			7.00	0.49	7.49
Rounding Difference         0.03           Total Amount Payable         14.95           Paid By         Credit Card: Visa/MasterCard         14.95           Total         14.95           Cash Change         0.00           Tendered Amount         14.95		Sub-Total	7.00	0.49	7.49
Total Amount Payable         14.95           Paid By         Credit Card: Visa/MasterCard         14.95           Total         14.95           Cash Change         0.00           Tendered Amount         14.95		<b>Total Before Rounding</b>	14.00	0.98	14.98
Paid By		Rounding Difference			
xxxxxxxxxxxx0962       Credit Card: Visa/MasterCard       14.95         Total       14.95         Cash Change       0.00         Tendered Amount       14.95		Total Amount Payable			
Total 14.95  Cash Change 0.00  Tendered Amount 14.95		Paid By			
Cash Change 0.00 Tendered Amount 14.95		xxxxxxxxxxxx0962			14.95
Tendered Amount 14.95		Total			14.95
		Cash Change			0.00
		Tendered Amount			14.95
Excess Refundable Amount 0.00		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.



**Zoom Autowerks Pte Ltd** 

Tel: 9450 7920

Zoom Car Leasing

Registration No.: 5339410M e-mail : zoomcarleasing@gmail.com

**RENTAL INVOICE** 

Invoice No.

INV0000300

Date

12/12/2018

Ref

SLE 2179 L

Your Ref

SLD 4945 J

Terms

30Days

#	Rental Period	Rate	Quantity	Amount	
1	Rental Charges for SLE 2179 L	\$150.00	7 Days	\$1,050.00	
	(03/12/2018 to 10/12/2018)				

C/O Muhammad Izhar Fazril Bin Sulaiman

**Total** 

\$1,050.00

(Customer's Signature/Stamp)

(For Zoom Car Leasing)



## **Zoom Car Leasing**

Registration No.: 53349410M

E-mail: zoomcarleasing@gmail.com

## **RENTAL AGREEMENT**

HIRER'S PARTICULAR		VEHICLE DETAIL		
Name: MUNAMMAd	than total Binsulain	Wehicle No.: SLE 2179L		
NRIC/Passport No.:	994458214	Vehicle Make/Model: Show 318 T		
Address: BIK 453	YBNUN St 41	Date/Time Out: 0?/ 12/ 2018	a supplement date	
	out symplectic most processed, most concessor the processor with most of the control of the first con-	Date/Time In: 10 12/2018	Visit Steel Co.	
control which the designation has		and the state of t	wagen as self-	
Tel: 8236 6	912	E 1/4 1/2 3/4 F E 1/4 1/2	3/4 F	
Driving License No./Exp	NAMES AND ADDRESS OF THE PARTY	OUT IN		
ADDITIONAL DRIVER'S		Mileage: Mileage:		
Name:		RENTAL CHARGES		
NRIC/Passport No.:	India (News)	Hours @ per hour	T .	
Address:		7 Days @ \$150 per day	\$1050	
Address.		Weeks @ per week	9107	
		Months @ per month	and Selfa work of	
Tel:		Other Charges		
Driving License No./Exp	CALIFORNIA MAY SWEET OR MUSICAL	Petrol Top-Up	graph of the	
		Sub-total		
(A) - Acciden	t (D) - Dent (S) - Scratch	TOTAL CHARGES	41050	
5 (1)			1 9 1090	
		PRE-PAYMENT		
Gall -		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		
PHYSICAL DAMAGE EX	CESS ACKNOWLEDGEMEN	not disqualified from driving.		
Singapore - Own Damage	S\$2,000.00 /			
Singapore - 3rd Party	\$\$2,000.00			
Malaysia*	\$\$8,000.00	and the state of t		
For Drivers aged < 27	SER COO CO	10/3		
or > 65 and/or less than 2 years driving experience	\$\$3,000.00 (Additional)	BNN		
regardless of age	MANAGER STATE OF THE STATE OF T	Hirer's Signature / Date		
IMPORT NOTE:		Till et Signature / Date		
MORE THAN 2 YEARS, AUTHORISED, I	F AGE, HOLDING A VALID SINGAPORE LICENCE FOR LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE	Z00h/~		
THE VEHICLE  2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without		CEASING V		
the prior written consent of Zoom Ca 3. Use of vehicle for illegal purposes (	r Leasing 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 Car Leasing immediately.		Owner's Signature / Date		
4. In case of accident, the filter shall report to Zoom Car Leasing immediately.		Owiger 3 Signature / Date		