

To: **Longpac Insurance Bhd.**
300 Beach Road #17-04/07
The Concourse
Singapore 199555

Attn: **Motor Claims Department**

Date: 22nd April 2019

Dear Sir/Madam,

Claimant: **Air-Tech Conditioning & Electrical Services**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 19/03/2019 at along Tampines Road, beside Busstop: 64211 involving our client's vehicle registration number GBG 7535 S and vehicle registration number GBG 5436 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	\$4,000.00
2) Loss of Rental (SGD\$120.00 x 7Days)	\$898.80
3) LTA Search Fee	\$7.45

Total : **\$4,906.25**

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

#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 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	19/03/2019 18:43
Date Of Accident	19/03/2019 12:45
Exact Location Of Accident	TAMPINES RD BESIDE BUS STOP: 64211
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7535S
Insured/Policyholder	
Name Of Registered Owner	AIR-TECH CONDITIONING & ELECTRICAL SERVICES
Co Reg No	53095120K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82017537
Alternative Phone No	OFFICE-82017537

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095639978-01
Cover Note Number	

Driver

Name of Driver	ONG MENG HENG (WANG MINGXING)
NRIC No	S7634021H
Date Of Birth	06/11/1976
Occupation	INDOOR
Date Of Driving Pass	17/09/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82017537
Fax Number	
Contact Number	OFFICE-82017537
Email Address	NOEMAIL

Address	BLK 619B PUNGGOL DRIVE #06-765
Postcode	822619
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 (including own vehicle) 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.	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

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	GBG5436H
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

SKETCH PLAN

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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.
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 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 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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

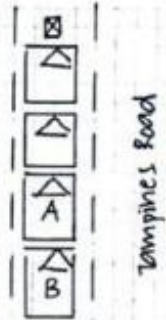
Accident Sketch Plan

SKETCH PLAN

Vehicle A: 6BG 7535S

Vehicle B: 6BG 5436H

[Busstop]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', 6BG 7535S, was travelling straight along the stated venue. As there was a box in the middle lane, the 2 vehicles in front of mine stopped. I came to a complete stop as well. Suddenly, vehicle 'B', 6BG 5436H hit onto my vehicle's rear 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Scanned by CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**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: **Lonpac Insurance Bhd.**
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Invoice No. : ZP0000219
Date : 22/4/2019
VRN : GBG 7535 S
Make & Model : Toyota Dyna
DOA : 19/3/2019
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,000.00
2	Loss of Rental (\$120.00 x 7Days)			898.80
3	LTA Search Fee			7.45

TOTAL :	\$4,906.25
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I agree to the price as listed above and confirm that
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 19/03/2019 @ 12:45 along Tampines Road Beside Bus Stop: 64211
Involving vehicles ABG 7535S and ABG 5436H

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no ABG 7535S at my request, I/We, Air-Tech Conditioning & Electrical Services ("the claimant") of _____ (address) bearing NRIC No 53095120K the owner of motor vehicle no ABG 7535S, 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 19 day of 03 (month) 20 19 (year)



Signed by "the claimant"

Name: Air-Tech Conditioning & Electrical Services

NRIC No: 53095120K



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Mar 2019 / 16:59:06

Receipt Date/Time : 19 Mar 2019 / 16:59:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190319-002930

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 - GBG5436H As at 19 Mar 2019/12:45:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - GBG5436H Enquiry Fee 20190319165816135383	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				
	xxxxxxxxxxxx0962	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.



wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896
Tel: 6344-4012 Fax: 6345-3140 Email: admin@wellcome.com.sg
Website: www.wellcome.com.sg
CO. REG. NO: 39853800W / GST REG. NO: M9-0001228-R

TAX INVOICE

Air-Tech Conditioning & Electrical Services
c/o Zoom Autowerks
15 Kaki Bukit road 4
#01-53 Barley Biz Centre
Singapore 417808

NO: 29485

DATE: 30/03/2019

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 31091	Being rental charges for One Unit Toyota Dyna (Diesel) No: GBB 8243D for period 19/03/19 to 26/03/19	7 Days x \$120	S\$ 840.00
SUB TOTAL SGD			S\$ 840.00
ADD 7% GST			S\$ 58.80
GRAND TOTAL SGD			S\$ 898.80

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made
within 7 days to WELLCOME
MOTOR AGENCIES

Authorised Signature

Thank You
For Renting



wellcome motor agencies

289 TANJONG KATONG ROAD SINGAPORE 437072

TEL: (65) 6344-4012 FAX: (65) 6345-3140

Email: wma88@singnet.com.sg Website: www.wellcome.com.sg

RA No: 31091

CO. REG. NO: 39853800W

GST REG. NO: M9-0001228-R

DATE: 19/3/19

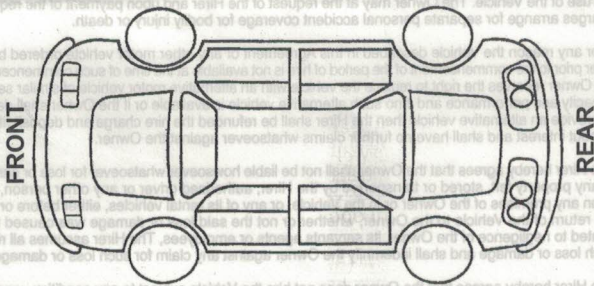
VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS

Name:	Ong Meng Heng
Address:	619B Punggol Drive #06-765 (8222619)
Name & Address of Employer:	
IC/PP No:	DL No:
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O) (R) (HP)	8201 7537

DRIVER'S PARTICULARS

Name:	
Address:	
IC/PP No:	DL No:
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O) (R) (HP)	



A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES

HIRER'S
SIGNATURE & STAMP

DRIVER'S
SIGNATURE

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

IMPORTANT

- Only persons above 24 and below 65 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000/- excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

RETURN OF VEHICLE - The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks
26/3				

VEHICLE'S PARTICULARS

VEHICLE NO:	SBB8243	REPL. VEH. NO:	
MAKE/MODEL:	Toyota Dyna	MAKE/MODEL:	
MILEAGE OUT:		MILEAGE OUT:	
DATE OUT:	19/3/19	DATE OUT:	
TIME OUT:	2:05 PM	TIME OUT:	
HIRE/PERIOD EXPIRY:			

Rental Charges

Daily	7	@ \$ 120	per day	84,000
Weekly		@ \$	per week	
Monthly		@ \$	per month	
Hours		@ \$	per hour	
Others		@ \$		
CDW		@ \$	per day/week/month	
PAI		@ \$	per day/week/month	
DELIVERY SERVICE				
SUB-TOTAL \$ \$				

PETROL/DIESEL LEVEL

OUT	E	1/4	1/2	3/4	F
IN	E	1/4	1/2	3/4	F
Extension of Rental					
Repairs/Damages					
Collection Service					
MISC					
GST @ 7%					
TOTAL CHARGES \$ \$ 89,880					

SECURITY DEPOSIT

ADVANCE RENTAL PAID					
BY:	CASH	NETS	CHEQUE	BILL	CARD
CHEQUE/CARD NO:					
EXPIRY DATE					
AMOUNT DUE			REFUND		
PAID					
REFUND RECEIVED \$ \$			BY RECEIVER		