

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19030821  
Claimant Ref: SJX7211S

We/I, ZOOM AUTOWERKS PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 180.00 (repair cost), S\$ 100.00 (loss of use/rental), S\$ - (search fee), vehicle no. SJX7211S that was damaged pursuant to the accident which occurred on 30/03/2019 (date) at CTE TOWARDS AYE (BEFORE PIE CHANGI) (location) involving vehicle no. SHC8164Y (insured vehicle). This is pursuant to the inspection conducted on 25/04/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SIM BENG CHOON ("the third party claimant") of vehicle no. SJX7211S to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SJX7211S (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 280.00 to ZOOM AUTOWERKS PTE LTD.

Dated this 04 day of August 20 20

**CLAIMANT:**

Signature: \_\_\_\_\_


Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_



Signed by "the ZOOM AUTOWERKS"

**WITNESS:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_



Signed by appointed Surveyor

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVE 1 #02-25

PAYA UBI INDUSTRIAL PARK S(408933)

**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

**INVOICE**

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

Invoice No. : ZI0000454  
Date : 4/8/2020  
VRN : SJX 7211 S  
Make & Model : VW. Scirocco  
DOA : 30/3/2019  
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			180.00
2	Loss of Use			100.00

---

**TOTAL :** **\$280.00**

---

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)

## Print Received Message

This mail is associated with :

**\*SJX7211S (MCT19030821)**  
**[SHC8164Y]**

TP

SIM BENG CHOON

Mar 30 2019 12:00AM

[COMFORT TRANSPORTATION PTE LTD]

Zoom Autowerks Pte Ltd

**From** India International Insurance Pte Ltd (HQ) (III\_SG), sent on 30/07/2020 09:28 AM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Approved (S\$300.00) - SJX7211S - Claim Handler: Bhargavi Purushothaman Dhanya

Approved:300.00:Request TP WS to issue Tax invoice for Repairs in III's favour

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

Attn: **Motor Claims Department**

Date: 21<sup>st</sup> July 2020

Dear Sir/Madam,

Claimant: **Sim Beng Choon**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 30/03/2019 at along CTE(AYE), before PIE(Changi) involving our client's vehicle registration number SJX 7211 S and vehicle registration number SHC 8164 Y 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	\$180.00
2) Loss of Use (SGD\$80.00 x 2days)	\$160.00
3) Purchase of GIA Report	\$29.00

**Total :** **\$369.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- 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

## 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	02/04/2019 16:30
Date Of Accident	30/03/2019 14:50
Exact Location Of Accident	CTE TOWARDS AYE (BEFORE PIE CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7211S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM BENG CHOON
NRIC No	S1316634Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83338879
Alternative Phone No	OFFICE-83338879

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108128217 CLASSIC
Cover Note Number	

### Driver

Name of Driver	SHEN XINGCHEN
NRIC No	S9608758F
Date Of Birth	18/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83338879
Fax Number	
Contact Number	
Email Address	XINGCHENXINGCHEN@HOTMAIL.COM

Address	BLK 229 #04-190 SIMEI STREET 4
Postcode	520229
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

REFER TO SKETCH PLAN ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8164Y
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI
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**

**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. 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:

- 2 APR 2019

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

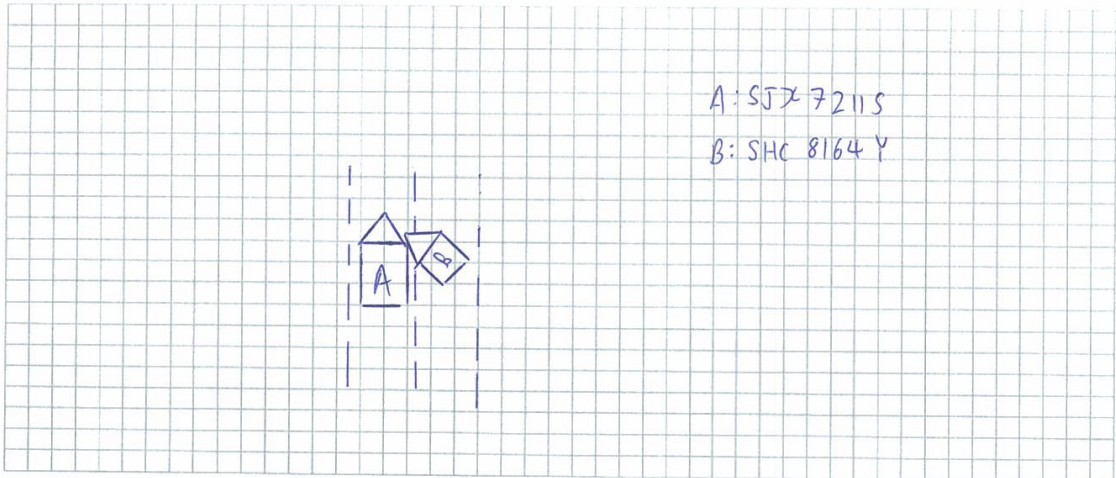
Tel: 67416697 Fax: 67492305

Email: [wackb@singapore.com.sg](mailto:wackb@singapore.com.sg)

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight in my own lane when a taxi swerved into my lane & knocked into my side mirror. Since the damages were minor, I was told by him that he would pay me for repairs. After extracting my video footage when we left the scene, his version changed & blamed me for not giving way to him, thus, the late reporting.

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:

G:\ARMC SketchPlanForm\_V3

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

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

- 2 APR 2019



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

PF No. : ZP0000436  
Date : 21/7/2020  
VRN : SJX 7211 S  
Make & Model : VW. Scirocco  
DOA : 30/3/2019  
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			180.00
2	Loss of Use (SGD\$80.00 x 2Days)			160.00
3	Purchase of GIA Report			29.00

<b>TOTAL :</b>	<b>\$369.00</b>
----------------	-----------------

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 30/03/19 @ 14:50 along (TELAYE), before PIE Changi).  
Involving vehicles 8JX 7211S and 84CB164Y

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no 8JX 7211S at my request, I/We, Sim Beng Moon ("the claimant") of (address) bearing NRIC No 813166342 the owner of motor vehicle no 8JX 7211S, 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 30 day of 03 (month) 20 19 (year)

Sim Beng Moon  
Signed by "the claimant"

Name: Sim Beng Moon

NRIC No: 813166342



Elina  
Signed by Zoom Autowerks Pte Ltd

Name: Elina