

To: **EQ Insurance Company Limited**
5 Maxwell Road
#17-00 Tower Block MND Complex
Singapore 069110

Attn: **Motor Claims Department**

Date: 11th May 2019

Dear Sir/Madam,

Claimant: **Jin & Wei Enterprises**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 22/04/2019 at along CTE(SLE), Moulmein Exit involving our client's vehicle registration number SLS 8343 R and vehicle registration number SKS 952 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	\$3,050.00
2) Loss of Rental (SGD\$120.00 x 7Days)	\$840.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$3,926.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipts

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	23/04/2019 18:56
Date Of Accident	22/04/2019 18:45
Exact Location Of Accident	CTE (SLE), MOULMEIN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8343R
Insured/Policyholder	
Name Of Registered Owner	JIN & WEI ENTERPRISES
Co Reg No	52998339K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994251
Cover Note Number	

Driver

Name of Driver	MOHAMMED HAMKA BIN ABDUL RAHMAN
NRIC No	S9225378C
Date Of Birth	17/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94885213
Fax Number	
Contact Number	OFFICE-94885213
Email Address	NOEMAIL

Address	BLK 238 JURONG EAST STREET 21 #21-384
Postcode	600238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/7007.

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	SKS952Y
Vehicle Make/Model/Colour	
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) 1

DETAILS OF INJURED PERSON 1

Name MOHAMMED HAMKA BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS8343R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


Accident Sketch Plan

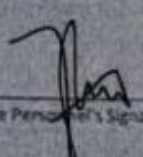
SKETCH PLAN

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.
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 signing of this report to the insurers, you hereby consent to the archiving of this report at the centre and its 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 vehicles involved in this accident (all insurer(s) who have insured vehicles 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 internal 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 vehicles 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:

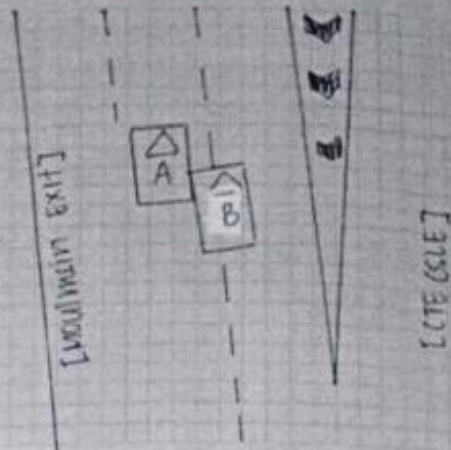

Reporting Centre Person's Signature
Name:
NIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SLS 8343R

Vehicle B: SKS 952Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLS8343R, was travelling within my lane along the stated venue. Suddenly, vehicle 'B', SKS 952Y, came into my lane, and collided into my vehicle's rear right portion.

DECLARATION



I declare the foregoing particulars are true in every respect.

Signature

Driver's Signature

(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190423/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 14:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMED HAMKA BIN ABDUL RAHMAN			Address: APT BLK 238 JURONG EAST STREET 21 #21-384 SINGAPORE 600238		
ID Type / ID No.: NRIC NO / S9225378C			Contact No.: Home/Office: Mobile: 94885213		
Nationality: SINGAPORE CITIZEN			Email: mohammed_hamka@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 17/07/1992	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information: Of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2019 18:45	Type of Location: Bend
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS952Y	Car	MAZDA			Slightly Damaged	1
SLS8343R	Car	HONDA	VEZEL	White	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190423/7007

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED HAMKA BIN ABDUL RAHMAN	ID No.	S9225378C
Related Vehicle	SLS8343R (Car)	Contact No.	94885213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/04/2019	Date Discharge	23/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 22/04/2019 AT ABOUT 19:44HR, I WAS TRAVELLING WITHIN MY LANE ALONG THE EXIT OF MOULMEIN ROAD, FROM CTE(SLE). SUDDENLY, VEHICLE NUMBER - SKS952Y, CAME ONTO MY LANE AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION.

I THEN SEEK MEDICAL ATTENTION AT ACCESS MEDICAL (JURONG WEST) AFTER I FELT DISCOMFORT & WAS GIVEN 3 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190423/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/04/2019 14:22

Classification Of Case:

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: **EQ Insurance Company Limited**
5 Maxwell Road
#17-00 Tower Block MND Complex
Singapore 069110

Invoice No. : ZP0000233
Date : 11/5/2019
VRN : SLS 8343 R
Make & Model : Honda Vezel
DOA : 22/4/2019
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,050.00
2	Loss of Rental (\$120.00 x 7Days)			840.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL :	\$3,926.45
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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 22/04/19 @ 18:45 along CTE (SUE) Moulmein Exit.
Involving vehicles SLS8343R and SKS952Y.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLS8343R. at my request, I/We, JIN & WEI ENTERPRISES. ("the claimant") of _____ (address) bearing NRIC No 52998339K. the owner of motor vehicle no SLS8343R., 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 22 day of 04 (month) 20 19 (year)


Signed by "the claimant"

Name: JIN & WEI ENTERPRISES.

NRIC No: 52998339K


Signed by Zoom Autowerks Pte Ltd

Name: Tim Can

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Apr 2019 / 14:29:00

Receipt Date/Time : 23 Apr 2019 / 14:28:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190423-002019

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 - SKS952Y As at 22 Apr 2019/18:44:00 Insurance Co: EQ INSURANCE COMPANY LTD				
1	Insurance Enquiry - SKS952Y Enquiry Fee 20190423142800639646	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				
	xxxxxxxxxxx0962	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.

RENTAL AGREEMENT

WJ CAR RENTAL PTE LTD

6001 Beach Road, Golden Mile Tower #08-06 SINGAPORE 199589

ROC: 2016079702

OFFICE : 8838 0101 | 8808 6135 | 8666 0101
FAX :
EMAIL :

INVOICE :
DATE :

Company Name **ZOOM AUTOWERKS PTE LTD.**
Company Address
Hirer's Name **MOTAMED HAMKA BIN ABDUL RAHMAN**
Hirer's Address **23B JURONG EAST ST 21, #21-384, S(600738)**
NRIC/Passport No. **S92253786**
Driving License No. **9488 5213**
Local Contact **9488 5213**

SIN
TP

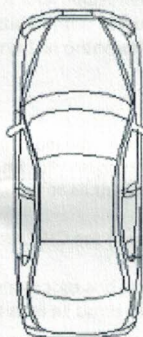
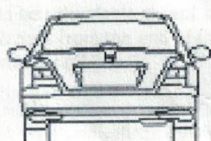
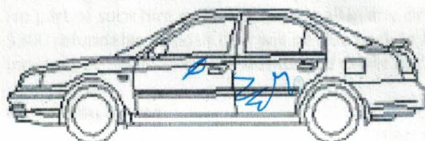
DOB

Issue By



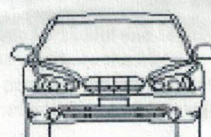
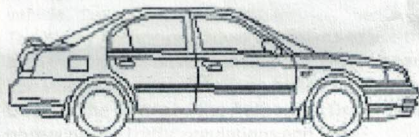
Left Side

Back



Right Side

Front



Top

Model **HONDA VEZEL 1.5X**
Licence Plate **SLC8375H**
Colour

* Rates do not include Petrol.

Taken

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
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Return

E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
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* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks : D = Dent S = Scratches C = Chips R = Rust M = Missing

RENTAL DETAILS

Start Date **23-Apr-19** Start Time **1130**
Return Date **30-APR-19** Return Time

	RATES	QTY	TOTAL
Rental Amount	\$120	7	\$840
Additional Driver			
Malaysia Usage)			
Rental of GPS			
Rental of P-Plate			\$840

Total Cost Of Rental

Remarks:



Hirer's Signature

TAX INVOICE

Our Ref No: GR-19-069639

Date of Request: 03/05/2019

Your Ref No: WALK IN SHEN

ZOOM AUTOWERKS PTE LTD
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339
SINGAPORE 470130

Dear Sir/Madam,

Your Vehicle No: SLS8343R

Date of Accident: 22/04/2019

Place of Accident: CTE (SLS) MOUTHERN RD EXIT

Involving Vehicle No: SKS952Y

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-069640

Date of Request: 03/05/2019

Your Ref No: WALK IN SHEN

ZOOM AUTOWERKS PTE LTD
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339
SINGAPORE 470130

Dear Sir/Madam,

Date of Accident: 22/04/2019

Vehicle No: SLS8343R

Place of Accident: CTE (SLE), MOULMEIN RD EXIT

Involving Vehicle No: SKS952Y

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKS952Y	CTE (SLE), MOULMEIN RD EXIT	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque