

VISION 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. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. SDW 7070 H and vehicle no. YP 5565Z on 16/05/2019 at 09:00 HRS PM/AM along Joan Road towards Andrew Road (outside 8 Joan Road).

We refer to the above matter.

Attached copies of the following for your kind perusal :

Vehicle Repair cost / Excess	\$ 9630-00
Vehicle Rental Fee for <u>—</u> days @	
\$ <u>—</u> per day	\$ —
Loss of use for <u>15</u> days @	
\$ <u>100-00</u> per day	\$ 1500-00
Police search fee/police report fee/LTA search fees	\$ 7-45
Others	\$ —
Total :	\$ 11,137-45

Yours faithfully,

ABBY



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

Authorization To Act

I, Xu Zhiling Joel ("the third party claimant") of
Blk 205 Clementi Avenue 6 #12-77 Singapore 120205
(address), owner of SDW 70704 (vehicle no.) hereby
authorize Vision Autowork Pte Ltd.
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. SDW 70704 that was damaged pursuant to the accident which
occurred on 16/05/2019 (date) along Joan Road towards
Andrew Road (Outside 8, Joan Road) (location) involving
vehicle no/s YP5565Z
("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 16 day of 05 (month) 20 19 (year)



Signed by "the third party claimant"



Signed by "the workshop"

VISION 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. : 201500371E

Letter of Authorisation & Indemnity

Accident Involving Vehicle no. SDW7070H and YP 5565Z On 16/05/2014

At Joan Road towards Andrew Road (Outside 8, Joan Road).

1. I/We, the owner of vehicle no. SDW7070H hereby instruct and authorize Vision Autowork Pte Ltd. ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 16 day of 05 2014

Signature of vehicle owner _____

Name - Xu Zhiling Joel

IC No : 58114843J

(Company stamp, if applicable)

Address : Bik 205 Clementi Ave

6, #12-77 Singapore 120205

Tel : 9858 5586

Witnessed by :

Abmy

VISION 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.: 201500371E

Email : visionautowork@gmail.com

TAX INVOICE

INVOICE No **TI V16947**

Date : 14.07.19

Vehicle Number : **SDW7070H**

Bill To:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 9,000.00
Sub Total		\$ 9,000.00
Add GST 7%		\$ 630.00
Total Amount		\$ 9,630.00

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

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

Abby



Co's stamp & Authorised Signature

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 16 May 2019 / 11:40:47

Receipt Date/Time : 16 May 2019 / 11:40:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190516-001182

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 - YP5565Z				
As at 16 May 2019/09:00:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - YP5565Z			
	Enquiry Fee	7.00	0.49	7.49
	20190516114015304360			
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				
	xxxxxxxxxxxx1359	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.

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	16/05/2019 16:44
Date Of Accident	16/05/2019 09:00
Exact Location Of Accident	JOAN RD TWRDS ANDREW RD (OUTSIDE 8 JOAN RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW7070H
Insured/Policyholder	
Name Of Registered Owner	XU ZHILING JOEL
NRIC No	S8114843J
Email Address	BLACKIE6848@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98585586
Alternative Phone No	OTHERS-98585586
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5 SR HID
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106161429
Cover Note Number	

Driver

Name of Driver	XU ZHILING JOEL
NRIC No	S8114843J
Date Of Birth	21/05/1981
Occupation	INDOOR
Date Of Driving Pass	07/01/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98585586
Fax Number	
Contact Number	OTHERS-98585586
EMail Address	BLACKIE6848@YAHOO.COM

Address	BLK 205 #12-77 CLEMENTI AVENUE 6
Postcode	120205
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	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?	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: : LAISON
	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

REFER TO BELOW STATEMENT/SKETCH PLAN:

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	YP5565Z
Vehicle Make/Model/Colour	ISUZU FVR34SUQDC
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)	

DETAILS OF INJURED PERSON 1

Name	XU ZHILING JOEL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDW7070H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 205 #12-77 CLEMENTI AVENUE 6
Postcode	120205

Accident 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 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 (c) 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.

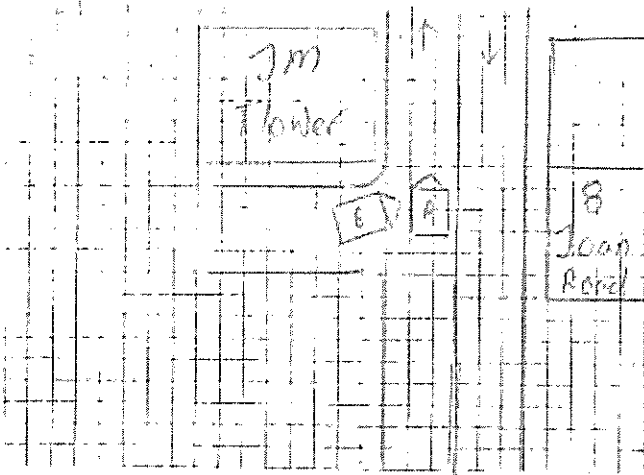
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Name: _____
NRIC/Pass No: _____
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN



A = SDW7070.H

B = JP556SZ

Joan Road

to road

Archie Road

Corner of 8, Joan Road;

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415935
Tel: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Accident Sketch Plan

On 16/05/19 at about 09:00 hours along Joan Road towards Andrew Road (Outside 8, Joan Road). While I was travelling straight, suddenly I felt a huge impact from my left.

When I alighted, I realised that vehicle (B) had exited from JM Flower car park exit without checking and collided into the rear left portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have one passenger inside my vehicle (A).

Vehicle (A): SDW7070H

Vehicle (B): YP5565Z

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8114843J



Name

XU ZHILING JOEL

许智灵

Race

CHINESE

Date of birth

21-05-1981

Sex

M

Country of birth

SINGAPORE

S8114843J

SDW 70704

Owner SDN

4767905



NRIC No S8114843J



Date of issue

06-09-2011



Address

APT BLK 205 CLEMENTI AVENUE 6
#12-77
SINGAPORE 120205

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8114843 J**
 Name: **XU ZHILING JOEL**
 Birth Date: **21 May 1981**
 Issue Date: **21 Jun 2003**

000588602B

SPW 7070H


Owner & driver

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Aug 1999
Class 2A	Motorcycles between 201 cc and 400 cc	26 Sep 2000
Class 2	Motorcycles exceeding 400 cc	23 Oct 2001
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jan 2000

NP 428A

Licence No: S8114843J



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106161429

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SDW7070H
Chassis Number : VVWZZZ13ZBV015272
2. Name of Policyholder : XU ZHILING JOEL
3. Effective Date of Insurance : 11 Jan 2019
4. Expiry Date of Insurance : 10 Jan 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: XU ZHILING JOEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ALL INS AGENCY PTE. LTD. (00000571908)

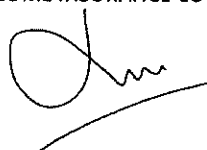
Date of Issue : 10 Dec 2018 12:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive