

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

Attn: **Motor Claims Department**

Date: 1st November 2019

Dear Sir/Madam,

Claimant: **Cheng Jing Hua**
297B Compassvale Street
#14-02 Singapore 542297

“WITHOUT PREJUDICE”

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 17/10/2019 at along Sengkang East Road Entrance to TPE(PIE) involving our client’s vehicle registration SKM 7636 X and vehicle registration number SHC 2602 P 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	\$5,600.00
2) Loss of Use (SGD\$80.00 x 9days)	\$720.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$6,356.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- LTA Search Fee Receipt
- 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	18/10/2019 15:19
Date Of Accident	17/10/2019 19:40
Exact Location Of Accident	SENGKANG EAST RD ENTRANCE TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7636X
Insured/Policyholder	
Name Of Registered Owner	CHEN JING HUA
NRIC No	S8084244I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97615035
Alternative Phone No	OFFICE-97615035

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G AUTO
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	5109855384
Cover Note Number	

Driver

Name of Driver	CHEN JINGHUA
NRIC No	S8084244I
Date Of Birth	04/12/1980
Occupation	INDOOR
Date Of Driving Pass	15/03/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97615035
Fax Number	
Contact Number	OFFICE-97615035
Email Address	NOEMAIL

Address	BLK 297B COMPASSVALE STREET #14-02
Postcode	542297
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)	3
Passenger 1	NAME: : YAP CHEE MENG GENDER: : MALE
Passenger 2	NAME: : YAP EN LING 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 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	SHC2602P
Vehicle Make/Model/Colour	
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)

1

Accident Sketch Plan

SKETCH PLAN

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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:



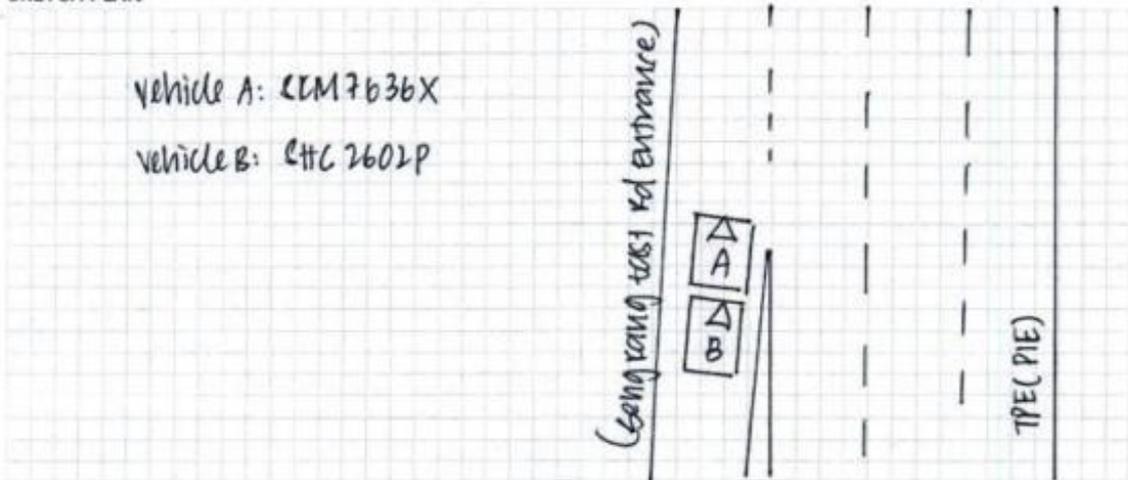
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', CCM7636X, was travelling along the stated venue. Front vehicle braked & I brake as well. About 1-2 seconds later, vehicle B, CFC2602P, hit into my stationary vehicle's rear portion.

my passengers: 1) Yap Chee Meng
 S1686867A

2) Yap En Ling
 T0719961E

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Karen
 Policyholder's Signature
 Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



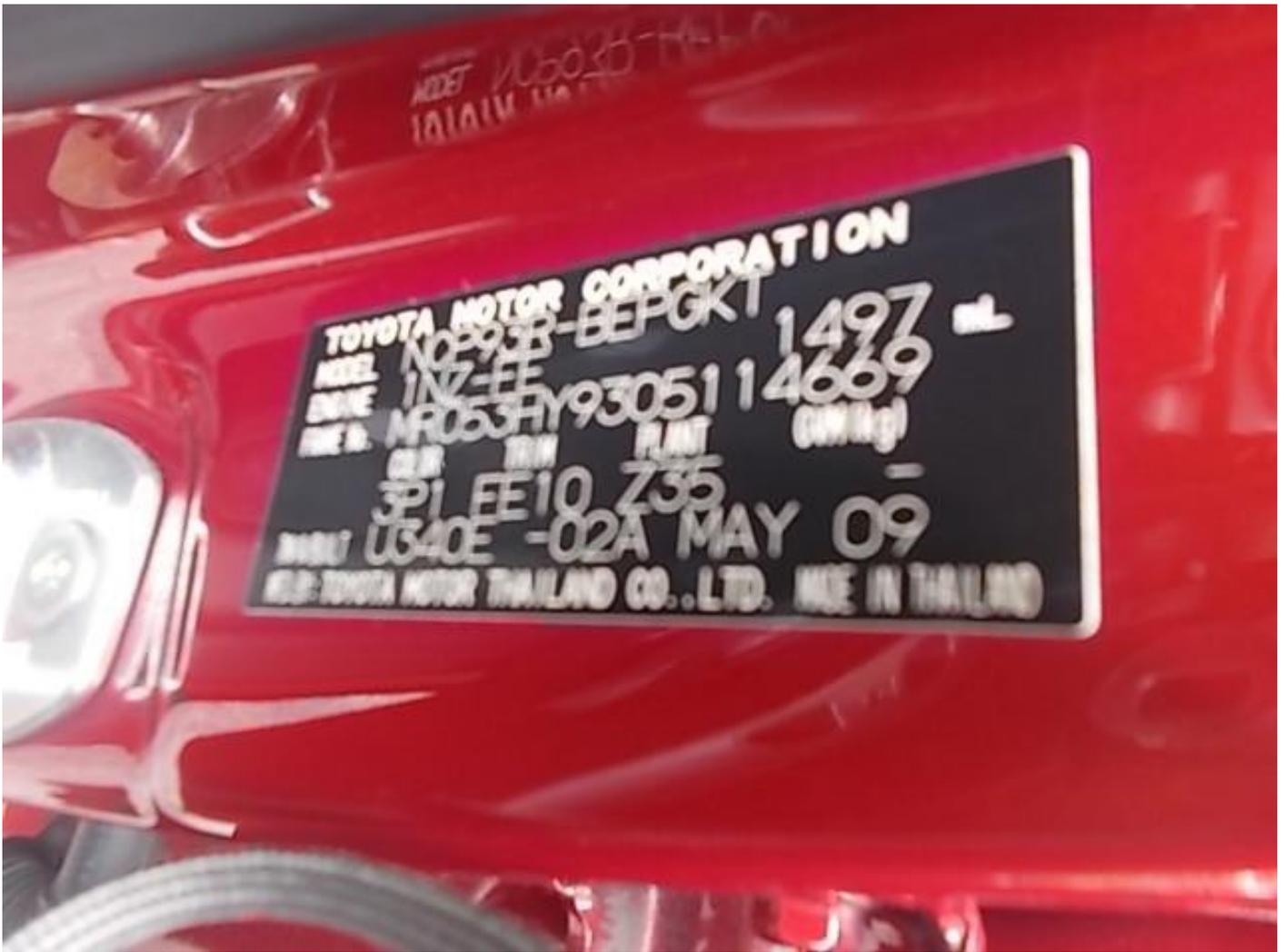
Accident Photo



Accident Photo



Accident Photo



Accident Photo





ZOOM AUTOWERKS PTE LTD

130 Bedok Reservoir Road

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **AXA Insurance Pte Ltd**
8 Shenton Way #24-01
AXA Tower
Singapore 068811

PF No. : ZP0000318
Date : 1/11/2019
VRN : SMJ 580 K
Make & Model : Kia Cerato
DOA : 30/9/2019
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			5,100.00
2	Loss of Rental (SGD\$150.00 x 7Days)			1,050.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL : **\$6,186.45**

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 7/10/19 @ 19:40 along Sengkang East Rd Entrance to TPECPIE
Involving vehicles SKM 7636X + STC 2602P

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SKM7636X at my request, I/We, Chen Jing Hua ("the claimant") of 297B Campasivale St #14-02 S(542297) (address) bearing NRIC No S8084244I the owner of motor vehicle no SKM7636X, 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 17 day of 10 (month) 20 19 (year)

Karen

Signed by "the claimant"

Name: Chen Jing Hua

NRIC No: S8084244I



Signed by Zoom Autowerks Pte Ltd

Name: Bin Cai



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

Print Date/Time : 18 Oct 2019 / 10:48:37

Receipt Date/Time : 18 Oct 2019 / 10:48:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191018-000849

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 - SLN4802K As at 17 Oct 2019/23:10:00 Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SLN4802K Enquiry Fee 20191018104716466997	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHC2602P As at 17 Oct 2019/19:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
2	Insurance Enquiry - SHC2602P Enquiry Fee 20191018104716514677	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMJ1606P As at 16 Oct 2019/20:15:00 Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SMJ1606P Enquiry Fee 20191018104716557005	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
xxxxxxxxxxxx0962		Credit Card: Visa/MasterCard		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
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.

SATISFACTION VOUCHER

I / We, Chen Jing Hua hereby confirm that repairs to my / our
vehicle no. SKM7636X have been completed to my / our satisfaction and
that I / we have collected my / our said vehicle on the under-mentioned date.

Date in: 17/10/19

Date out: 26/10/2019

Kasen

Owner's Signature

Name: Chen Jing Hua

NRIC No.: S8084244I

Date:

Time:



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-174788
Date of Request: 23/10/2019

Your Ref No: WALK IN ELIN

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

Dear Sir/Madam,

Your Vehicle No: SKM7636X
Date of Accident: 17/10/2019
Place of Accident: SENGKANG EAST RD
Involving Vehicle No: SHC2602P

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-174789
Date of Request: 23/10/2019

Your Ref No: WALK IN ELIN

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

Dear Sir/Madam,

Date of Accident: 17/10/2019
Vehicle No: SKM7636X
Place of Accident: SENGKANG EAST RD ENTRANCE TWDS TPE (PIE)
Involving Vehicle No: SHC2602P

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\$)
SHC2602P	SENGKANG EAST RD ENTRANCE TWDS TPE (PIE)	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 [X] Cash [] Cheque