

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

Attn: **Motor Claims Department**

Date: 8th December 2019

Dear Sir/Madam,

Claimant: **Ace Fleet Management Pte Ltd**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 25/10/2019 at along Terminal 4 Pick-Up Point involving our client's vehicle registration number SMP 412 G and vehicle registration number SLT 4562 X 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	\$1,800.00
2) Loss of Rental (SGD\$150.00 x 4Days)	\$600.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$2,436.45**

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
#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	29/10/2019 19:03
Date Of Accident	25/10/2019 21:05
Exact Location Of Accident	TERMINAL 4 PICK-UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP412G
Insured/Policyholder	
Name Of Registered Owner	M/S ACE FLEET MANAGEMENT PTE LTD
Co Reg No	201710914N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1930791900
Cover Note Number	

Driver

Name of Driver	TAN JOO HONG (CHEN YIHONG)
NRIC No	S7636377C
Date Of Birth	14/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90227659
Fax Number	
Contact Number	OFFICE-90227659
EEmail Address	NOEMAIL

Address	BLK 548 HOUGANG STREET 51 #02-238
Postcode	530548
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SLT4562X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAO YUAN
NRIC/Passport Number	
Contact Number	91863371
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

Accident Sketch Plan

SKETCH PLAN

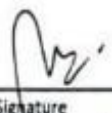
IMPORTANT NOTICE

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 (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.

X
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.:

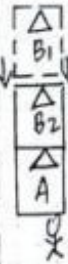


Accident Sketch Plan

SKETCH PLAN

Vehicle A: SMP4126

Vehicle B: SL74562X



Terminal 4 Arrival Pick-up

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, my vehicle was stationary as my passenger was loading his luggage onto my vehicle. Suddenly, vehicle B, SL74562X, reversed into my vehicle's front portion.

DECLARATION

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

X



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 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: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

PF No. : ZP0000342
Date : 8/12/2019
VRN : SMP 412 G
Make & Model : Toyota Noah
DOA : 25/10/2019
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			1,800.00
2	Loss of Rental (\$150.00 x 4Days)			600.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL :	\$2,436.45
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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 25/10/2019 21.05 along TERMINAL 4 PICK-UP POINT
Involving vehicles SMP 412 G, SLT 4562 X

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMP 412 G at my request, I/We, ACE FLEET MANAGEMENT PTE LTD ("the claimant") of _____ (address) bearing NRIC No 201710914 N the owner of motor vehicle no SMP 412 G, 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 25 day of 10 (month) 20 19 (year)



Signed by "the claimant"

Name: ACE FLEET MANAGEMENT PTE LTD

NRIC No: 201710914 N



Signed by Zoom Autowerks Pte Ltd

Name: ROLAND TIONG

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Nov 2019 / 17:24:10

Receipt Date/Time : 05 Nov 2019 / 17:24:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191105-002804

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 - SLT4562X				
As at 25 Oct 2019/21:05:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLT4562X Enquiry Fee 20191105172330446287	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.

ACE FLEET MANAGEMENT PTE LTD

176 Sin Ming Drive #04-14 S(575721)

Sin Ming Autocare

Tax Invoice

Company Registration Nos.: 201710914N

GST Registration Nos.: 201710914N

Email.: acefleetmanagement@gmail.com

To : ZOOM AUTOWERKS PTE LTD

Car Plate : SMP2467K

Model : Toyota Noah

Invoice Nos : 2019/C2230A

Invoice date : 18/11/2019

Payment statement for 13/11/19 - 16/11/19

Description	Unit Price (Incl. GST)	Amount (Incl. GST)
No of Days	4	
Rental per days	\$150.00	
Total rental		\$ 600.00
Remarks:		
Grand Total		\$ 600.00



**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-19-194422
Date of Request: 26/11/2019

Your Ref No: WALKIN ELIN

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

Dear Sir/Madam,

Date of Accident: 25/10/2019
Vehicle No: SMP412G
Place of Accident: TERMINAL 4 PICK-UP POINT
Involving Vehicle No: SLT4562X

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SLT4562X	TERMINAL 4 PICK-UP POINT	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

TAX INVOICE

Our Ref No: GR-19-181989

Date of Request: 05/11/2019

Your Ref No: WALKIN ELIN

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

Dear Sir/Madam,

Your Vehicle No: SMP412G
Date of Accident: 25/10/2019
Place of Accident: T4 PICK UP
Involving Vehicle No: SLT4562X (NO REPORT) VALID TILL 6-14/11

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 [X] Cash [] Cheque

Name of Driver

NRIC No

Address

Signature & Seal of the Applicant

Type Of Accident

Vehicle Condition

Driver's License

Was any damage to the vehicle involved in the accident? NO

Was any body injured in the accident? NO

Was any other motor vehicle involved in the accident? NO

Number of Passengers (including Driver)

Driver's License No

ON 25/10/19 AT ABOUT 2:40 PM, I WAS AT TERMINAL 4 PICK UP POINT, VEHICLE 5 (SMP412G) WAS BEHIND ME. JUST WHEN I WAS ABOUT TO TURN OUT OF THE PICK UP POINT, I FELT AN IMPACT ON THE REAR AND REALISED VEHICLE 2 AND MY CAR HAD COLLIDED. WE WENT OUT AND CHECKED ON OUR VEHICLE AND SAW THAT THERE WAS NO DAMAGE TO MY CAR. I FORMERLY KNEW NUMBERS AND WENT OFF TO STATE THAT THERE IS NO DAMAGE TO THE OTHER PARTY'S VEHICLE.

Has the driver been involved in any other accident? YES

Was the driver's license expired by Car Dealer? NO