

DYNAMIC 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. : 201436361C

Letter of Demand

Re : Accident involving my vehicle no. SLS6912L and vehicle no. SMM2007X on 20/02/2020 at 10:55 HRS PM/AM at/along Orchard Road (Before Scotts Road)

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair cost / Excess	\$ 3852.00
Vehicle Rental Fee for <u>—</u> days @	
\$ <u>—</u> per day	\$ —
Loss of use for <u>5</u> days @	
\$ <u>180.00</u> per day	\$ 900.00
Police search fee/police report fee /LTA search fees	\$ 7.45
Others	\$ —
Total :	\$ 4759.45

Yours faithfully,

ABBY



ABBY
HP : 9856 4815
E-mail: dynamicautowork@gmail.com

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Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201436361C

Authorisation To Act

I, Unigulus Credit Leasing Private Limited ("the third party claimant") of
B. Vbi Road 2, #02-05, Zervex, SC408538
(address), owner of SLS 6912L (vehicle no.) hereby
authorise Dynamic 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. SLS 6912L that was damaged pursuant to the accident which
occurred on 20/02/20 (date) at/along Orchard Road (Before
Scotts Road) (location) involving
vehicle no/s 5MM 2007X
("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

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 any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 20 day of 02 (month) 20 20 (year)



Signed by "the third party claimant"



N

Signed by "the workshop"



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8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875
Tel: 6341 6789 Fax: 6341 6778
Co. Reg. No. : 201436361C

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SL56912L and Jmm2007X on 20/02/20
at/along Orchard Road (Before Scotts Road)

1. I/We, the Owner of motor vehicle no. SL56912L hereby instruct and authorise Dynamic Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. 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 authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully 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 authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to 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.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. 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 20 day of 02 2020

Signature of vehicle owner _____



N

Name - Uniquus Credit Leasing Private Limited

Witnessed by :

IC/UEN No : 2010007902
(Company stamp, if applicable)

Almy

Address : 8, Ubi Road 2, #02-05,

Zervex, SC 408538)

Tel : 6844 3588





"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Uniquus Credit Leasing Private Limited ("the third party claimant")
of B, Ubi Road 2, #02-05, Zervex, 5(408538) (address),

owner of SLS 6912 L (vehicle no.) hereby authorize

Dynamic 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. SLS 6912 L that was damaged pursuant to the

accident which occurred on 20/02/20 (date) along Orchard

Road (Before Scotts Road) (location)

involving vehicle no/s 5mm 2007A

("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 insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 20 day of 02 (month) 20 20 (year)

Signed by "the third party claimant"



Signed by "the workshop"
(with chop)



Dynamic 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.: 201436361C

Email : dynamicautowork@gmail.com



TAX INVOICE

Invoice # : 00001100

Date : 08.04.20

Vehicle No : SLS6912L

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 3,600.00
Sub Total		\$ 3,600.00
Add GST 7%		\$ 252.00
Total Amount		\$ 3,852.00

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

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

ABBY

Authorised Signature



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

Print Date/Time : 20 Feb 2020 / 11:49:50

Receipt Date/Time : 20 Feb 2020 / 11:49:50

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200220-001196

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 - SMM2007X				
As at 20 Feb 2020/10:55:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMM2007X			
	Enquiry Fee	7.00	0.49	7.49
	20200220114925920159			
	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	20/02/2020 18:34
Date Of Accident	20/02/2020 10:55
Exact Location Of Accident	ORCHARD ROAD(BEFORE SCOTTS ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6912L
Insured/Policyholder	
Name Of Registered Owner	UNIQULUS CREDIT LEASING PRIVATE LIMITED
Co Reg No	2XXXXX790Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68443588

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT

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	5103816632-01
Cover Note Number	

Driver

Name of Driver	CHUA MING SENG
NRIC No	SXXXX726E
Date Of Birth	01/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82823807
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 291E BUKIT BATOK STREET 24 #18-01
Postcode	654291
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	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)	2
Passenger 1	NAME: : GOJEK PASSENGER
	GENDER: : MALE

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 ATTACHED;

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	SMM2007X
Vehicle Make/Model/Colour	TOYOTA / COROLLA ALTIS 1.6 ELEGANCE (AUTO)
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)	

SKETCH PLAN

1. The report must correctly reflect the data and follow the format specified on the above pages.
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 willful misrepresentation, withholding of material facts, may allow insurance companies to repudiate policy liability.
4. The make and acceptance of this form, your and/or authorised driver's admission of liability is the part of the insuring company's.
5. Any false reporting may be referred to the Police for investigation
6. The report will be forwarded by the insurers of this Motor Vehicle Management Unit to the established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the judgment 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 at the said.

I understand and acknowledge your office and consent that

- (a) My insurer(s) by workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in the (form) and any other personal information provided to me or possessed by my insurer(s) collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (if Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer(s)"; the Insurer(s)' lawyers/law firms, the Monetary Authority of Singapore or any relevant government agency/body or any third party for the purpose(s) of:
- (i) processing and/or doing any dealing with me, in fulfilling the various roles of the Insurer(s) as may be necessary in order to be able to do the above;
 - (ii) conducting the vehicle third party claims;
 - (iii) carrying out and/or dealing with any claim(s) for or disposing of my vehicle(s) and;
 - (iv) administering my claims including the making of correspondence, statements, receipts, reports and notes to me, which could involve disclosure of certain personal data about me to the relevant authority of the same as well as to the external insurers of the involved third party(ies) and/or;
 - (v) complying with applicable law, to administer, regulate, fulfil and/or discharge its obligations with respect to only the (Purposes);
- (b) My insurer(s) may have incurred vehicle(s) involved in this accident and if the Insurer(s) have not found the Insurer(s) with whom to file a claim, then the Insurer(s) may file a claim with the Insurer(s) for whom I have filed a claim, and;
- (c) The Insurer(s) may use my personal data/personal information for the purpose(s) of: (i) processing and/or doing any dealing with me, in fulfilling the various roles of the Insurer(s) as may be necessary in order to be able to do the above;

(ii) conducting the vehicle third party claims;

(iii) carrying out and/or dealing with any claim(s) for or disposing of my vehicle(s) and;

(iv) administering my claims including the making of correspondence, statements, receipts, reports and notes to me, which could involve disclosure of certain personal data about me to the relevant authority of the same as well as to the external insurers of the involved third party(ies) and/or;

(v) complying with applicable law, to administer, regulate, fulfil and/or discharge its obligations with respect to only the (Purposes);

1. AD CARL BUKIT (VAG)
2. AD CARL BUKIT (VAG)
3. AD CARL BUKIT (VAG)
4. AD CARL BUKIT (VAG)

Accident Sketch Plan

On 20.02.2020 at about 10:55 hours along Orchard Road (Before Scotts Road). I was travelling straight on lane 3, suddenly I heard a loud bang and felt an impact. When I alighted I realised vehicle (B) was from my right cut into my lane and collided onto right hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SLS 6912L

Vehicle (B): SMM 2007X

Handwritten signature



REPUBLIC OF SINGAPORE
IDENTITY CARD NO S9304726E



Name

CHUA MING SENG

蔡 敏 盛

Race

CHINESE

Date of birth

01-02-1993

Sex

M

S9304726E

Country of birth

SINGAPORE

SLS6912L

driver

4176357



NRIC No. S9304726E



Date of issue

18-02-2008

Address

APT BLK 291E BUKIT BATOK STREET 24
#18-01
SINGAPORE 654291

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9304726E**
Name: **CHUA MING SENG**

Birth Date: **01 Feb 1993**
Issue Date: **14 Nov 2011**

002017373F

SLS 6912L
driver

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 14 Nov 2011

NP 428A



Name: CHUA MING SENG NRIC: S9304726E

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).
20 DEC 2019

PDVL Commencement Date: _____

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.
You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car thereafter. Otherwise, your PDVL may be revoked.

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore

This Temporary PDVL is handed to you by _____
(centre officer designation), of _____
(centre name).



SLS 6912L
driver

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5103816632-01
The Policyholder	: UNIQLUS CREDIT LEASING PRIVATE LIMITED 8 UBI ROAD 2 #02-05 ZERVEX SINGAPORE 408538

Period of Insurance	: 30 Sep 2019 To 29 Sep 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,464.27

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1800cc
Primary Driver	: N/A	Registration Year	: 2017
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/C-HR	NCD Entitlement	: 10%
Registration Number	: SLS6912L	NCD Protection	: No
Chassis Number	: ZYX102046469		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$2,000		
Excess (Section 2)	: S\$1,500		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: SING INVESTMENTS & FINANCE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 24 Sep 2019 14:56 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive