

To: **First Capital Insurance Limited**
36 Robinson Road
#16-01 City House
Singapore 068877

Attn: **Motor Claims Department**

Date: 5th January 2021

Dear Sir/Madam,

Claimant: **Abdurrahman Alhamid Bin Syed Hassan**
310C Punggol Walk
#02-596 Singapore 823310

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 13/11/2020 at along Punggol Way towards TPE(PIE) involving our client's vehicle registration number SKC 1637 K and vehicle registration number SHC 657 U 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	\$2,500.00
2) Loss of Rental (SGD\$120.00 x 4Days)	\$480.00

Total : **\$2,980.00**

A copy each of the following supporting documents is enclosed:

- GIA Report
- Rental Agreement & Invoice

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	19/11/2020 16:05
Date Of Accident	13/11/2020 14:55
Exact Location Of Accident	PUNGGOL WAY TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1637K
Insured/Policyholder	
Name Of Registered Owner	ABDURRAHMAN ALHAMID BIN SYED HASSAN
NRIC No	SXXXX536H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83032007
Alternative Phone No	OFFICE-83032007

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001060-01
Cover Note Number	

Driver

Name of Driver	ABDURRAHMAN ALHAMID BIN SYED HASSAN
NRIC No	SXXXX536H
Date Of Birth	13/12/1983
Occupation	INDOOR
Date Of Driving Pass	10/07/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83032007
Fax Number	
Contact Number	OFFICE-83032007
Email Address	NOEMAIL

Address	BLK 310C PUNGGOL WALK #02-596
Postcode	823310
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - 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	SHC657U
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)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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

Vehicle A: SKC 1637K
Vehicle B: SHC 657U

Punggol Way
entrance

(TPE → PIE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SKC 1637K, was travelling straight along the stated venue. Front vehicle made an abrupt brake and I brake as well. About 1 - 2 seconds later, vehicle 'B', SHC 657U, hit onto my stationary vehicle's rear left portion.

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:

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

Scanned with CamScanner

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: **First Capital Insurance Limited**
36 Robinson Road
#16-01 City House
Singapore 068877

PF No. : ZP0000480
Date : 5/1/2021
VRN : SKC 1637 K
Make & Model : Hy. Elantra
DOA : 13/11/2020
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,500.00
2	Loss of Rental (SGD\$120.00 x 4Days)			480.00

TOTAL :	\$2,980.00
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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 13/11/2020 14.55 along PUNGGOL WAY TLOS TPE (P115)
Involving vehicles SKE 1637 K, SHC 657 U

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SKE 1637 K at my request, I/We, ABDURRAHMAN ALHAMD BIN SYED HASSAN ("the claimant") of BLK 710C PUNGGOL WALK #102-596 (S) 823310 (address) bearing NRIC No S XXXX 53614 the owner of motor vehicle no SKE 1637 K, 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 13 day of 11 (month) 20 20 (year)

Signed by "the claimant"

Signed by Zoom Autowerks Pte Ltd

Name: ABDURRAHMAN ALHAMD BIN SYED HASSAN

Name: ROHARD TIONG

NRIC No: S XXXX 53614

ZOOM CAR LEASING

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

Zoom Autowerks Pte Ltd

Tel: 9450 7920

RENTAL INVOICE

Invoice No. : **INV0000580**

Date : 5/1/2021

Ref : SGT 8972 D

Your Ref : SKC 1637 K

Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SGT 8972 D (19/11/2020 to 23/11/2020)	\$120.00	4 Days	\$480.00

C/O Abdurrahman Alhamid Bin Syed

310C Punggol Walk

#02-596 Singapore 823310

Contact: 8303 2007

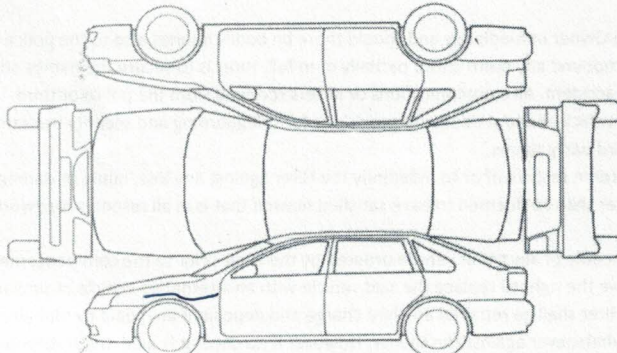
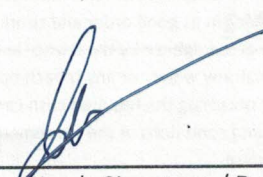

Total : \$480.00

(Customer's Signature/Stamp)

**ZOOM CAR
LEASING**

(For Zoom Car Leasing)

RENTAL AGREEMENT

HIRER'S PARTICULAR Halsan		VEHICLE DETAIL																					
Name: <u>Abdurrahman Alhamid Bin Syed A</u>		Vehicle No.: <u>S678972D</u>																					
NRIC/Passport No.: <u>S8340536H</u>		Vehicle Make/Model: <u>Kia Cerato</u>																					
Address: <u>310C Punggol Walk #02-59b</u> <u>S(623310)</u>		Date/Time Out: <u>19/11/2020</u>																					
Tel: <u>8303 2007</u>		Date/Time In: <u>23/11/2020</u>																					
Driving License No./Exp.:		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td colspan="5">OUT</td> </tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td colspan="5">IN</td> </tr> </table>		E	<u>1/4</u>	1/2	3/4	F	OUT					E	1/4	1/2	3/4	F	IN				
E	<u>1/4</u>	1/2	3/4	F																			
OUT																							
E	1/4	1/2	3/4	F																			
IN																							
ADDITIONAL DRIVER'S PARTICULAR		Mileage: Mileage:																					
Name:		RENTAL CHARGES																					
NRIC/Passport No.:		Hours @ per hour																					
Address:		<u>4</u> Days @ <u>\$120</u> per day	<u>\$480</u>																				
Tel:		Weeks @ per week																					
Driving License No./Exp.:		Months @ per month																					
(A) - Accident (D) - Dent (S) - Scratch		Other Charges																					
		Petrol Top-Up																					
		Sub-total																					
		TOTAL CHARGES <u>\$480</u>																					
PHYSICAL DAMAGE EXCESS <table border="1" style="width: 100%;"> <tr> <td>Singapore - Own Damage</td> <td>S\$2,000.00</td> </tr> <tr> <td>Singapore - 3rd Party</td> <td>S\$2,000.00</td> </tr> <tr> <td>Malaysia*</td> <td>S\$8,000.00</td> </tr> <tr> <td>For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age</td> <td>S\$3,000.00 (Additional)</td> </tr> </table>		Singapore - Own Damage	S\$2,000.00	Singapore - 3rd Party	S\$2,000.00	Malaysia*	S\$8,000.00	For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age	S\$3,000.00 (Additional)	PRE-PAYMENT													
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Downpayment and Deposit																							
Amount Refunded Due																							
IMPORT NOTE:		<p>I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.</p>																					
<p>1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE</p> <p>2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing</p> <p>3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.</p> <p>4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.</p>		<p style="text-align: center;">  Hirer's Signature / Date </p> <p style="text-align: center;">  Owner's Signature / Date </p>																					