

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

Attn: **Motor Claims Department**

Date: 9th March 2021

Dear Sir/Madam,

Claimant: **Chen Jianglin**

“WITHOUT PREJUDICE”

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 21/02/2021 at along CTE(SLE), after Braddell involving our client’s vehicle registration number SLE 3489 K and vehicle registration number SMW 5699 B 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	\$6,000.00
2) Loss of Rental (SGD\$120.00 x 8Days)	\$960.00
3) Towing	\$100.00

Total : **\$7,060.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- Towing Chit

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 Submission 23/02/2021 16:22 (SGT)
Date of Accident 21/02/2021 16:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE3489K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN JIANGLIN
NRIC No SXXXX869G
Email Address JAMESJL88@GMAIL.COM
Mobile Phone No (Phone) +65-96438791
Alternative Phone No +65-96438791

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900072711
Cover Note Number -

DRIVER

Name of Driver LIN NIMEI DIANA
NRIC No SXXXX363B
Date Of Birth 28/03/1987
Occupation Indoor

Date Of Driving Pass	30/06/2006
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96438791
Alt. Phone Number	-
Email Address	JAMESCJL88@GMAIL.COM
Address	BLK 194B BUKIT BATOK WEST AVE 6 #13-229
Address complement	-
Postcode	652194
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

PASSENGER 3

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMW5699B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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:

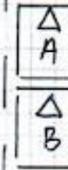
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

vehicle A: SLE 3489K

vehicle B: SMW 5699B.



CTE(SLE) after Braddell

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A,
 SLE3489K, was traveling along the stated venue.
 As there was an accident ahead, I stopped
 my vehicle. suddenly, vehicle B, SMW5699B,
 collided onto my vehicle's rear portion. we initially
 wanted for private settlement but could not agree,
 thus the late reporting.

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.:























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09212N000D Vehicle Registration No: SLE 3489K
 Name (as shown in NRIC) : Lin Nimes Diana NRIC/FIN/Passport No : SXXXX 363B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 96438791
 Email Address : _____
 Date of Accident : 21/2/21 Time of Accident : 16:15
 Place of Accident : CTE
 Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Relationship between owner and ~~Driver~~ Driver
to hirer

 Policyholder / Driver's Signature
 Date:

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

**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. : ZP0000496
Date : 9/3/2021
VRN : SLE 3489 K
Make & Model : Mit. Attrage
DOA : 21/2/2021
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			6,000.00
2	Loss of Rental (\$120.00 x 8Days)			960.00
3	Towing Fee			100.00

TOTAL : **\$7,060.00**

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 21/02/2021 @ 16:15 along CTE(SLE) after Braddell.
Involving vehicles SLE3489K and SMW5699B.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLE3489K. at my request, I/We, Chen Jianglin ("the claimant") of _____ (address) bearing NRIC No S2644869G the owner of motor vehicle no SLE3489K., 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 21 day of 02 (month) 20 21 (year)

[Signature]
Signed by "the claimant"

Name: Chen Jianglin

NRIC No: S2644869G



[Signature]
Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

CARS FOR RENT (2016) PTE LTD

Mailing Address:
 10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874
 Tel Nos.: +65 6970 9119 / 6789 5155
 Co. Reg'n No.: 201609732N
 GST Reg'n No.: 201609732N

Tax Invoice #: E2103063
 Date: 08-03-21

Bill To:

Zoom Autowerks
 For the account of:
 Chen JiangLin
 S2644869G
 Blk 243 Jurong East Street 24
 #07-643

Ship To:

Zoom Autowerks
 For the account of:
 Chen JiangLin
 S2644869G
 Blk 243 Jurong East Street 24
 #07-643

1

Description	Amount	Job No.
Vehicle Rental for Period 22.02.2021 to 02.03.2021 (Billing for days 8 X \$120.00/per day) (Vehicle No.: SLE3489K)	\$960.00	SLC8735C SR

Your Order #: E17694

		Terms: Net 30th after	GST:	\$62.80
COMMENT	CODE	RATE	GST SALE AMOUNT	Total Inv Amt: \$960.00
	SR	7%	\$62.80 \$897.20	Amount Applied: \$0.00
				Balance Due: \$960.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874
Tel: 6970 9119 Fax: 6970 9961
Website: www.carsforrent2016.com

No: E 17694

E2103063
200mp

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>SLC 8735C</u> Replace Veh No: <u>SLF3989K</u>	
Name: (as in I/C) <u>Chen Jianguin</u>		Mileage out: _____	
NRIC/PASSPORT No: <u>S2644869G</u>		Make & Model: <u>Toyota vios</u> <input checked="" type="radio"/> Auto / <input type="radio"/> Manual	
Date of Birth: _____		OUT : Date <u>22/02/21</u> Time: <u>11:45 AM</u>	
Address (Res): _____		HIRE PERIOD	
Driving Licence No: _____ D/L Type: Local / International		OWN DAMAGE CLAIM Excess S\$ <u>2000</u>	
Issue Date: _____		THIRD PARTY CLAIM Excess S\$ <u>1500</u>	
Tel: (O) _____ HP <u>96438791</u>		CHARGES	
Company Name: _____		Daily <u>8</u> @\$ <u>120</u> per day <u>960</u> <u>us</u>	
Company UEN: _____		Weekly @\$ per week	
Company Address: _____		Monthly @\$ per month	
ADDITIONAL DRIVER'S PARTICULARS		Others @\$	
Name: (as in I/C) _____		Delivery Service	
NRIC/PASSPORT No: _____		GST	
Date of Birth: _____		SUB-TOTAL \$	
Address (Res): _____		PETROL LEVEL	
Driving Licence No: _____ D/L Type: Local / International		Out E <input checked="" type="radio"/> 1/4 1/2 3/4 F	
Issue Date: _____		In E 1/4 1/2 3/4 F	
Tel: (O) _____ HP _____		EXTENSION	
VEHICLE CHECK LIST		Misc. _____	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS	BACK	GST _____	
		TOTAL CHARGES <u>960</u> <u>included.</u>	
		Rented out by: _____	
		Hirer's Signature	
RIGHT		Addition Driver's Signature _____	
FRONT			
TOP			
LEFT			

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY, IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS
<u>02/03/2021</u>				

HIRER'S SIGNATURE



No. 0008199

SUNNY RECOVERY PTE LTD
 WhatsApp : 97872158
 Email : sunnyrecoverysg@gmail.com

AGENTS
 CSY

24hrs Recovery Services

Job Details: Date : 22.2.21 Time Received : 11:30 Time Arrived : Time Completed :	Car Details: Car Regn No : SLE34P1C Make & Model :	Operator Details: Driver's Name : [Signature] Tow Truck No : 41287 Total Mileage (KM) :
	Police Force ID : ID :	Driver Signature : [Signature]

Location From: Tukong Location To: Jalan Puri

Indicate Damaged Areas On Vehicles

Day/Night Wet/Dry Clean/Soiled
 Place X On Damage Area For Scratch And Y For Dent

<input checked="" type="checkbox"/> Accident / Breakdown <input type="checkbox"/> Multi-storey / Basement / Shelter <input type="checkbox"/> Car Carrier <input type="checkbox"/> Crane Up / Winch Out <input type="checkbox"/> King Dolly <input type="checkbox"/> Change Tyre / Battery	<input type="checkbox"/> Removal Of Axel <input type="checkbox"/> Go Jak <input type="checkbox"/> Collect Key/ Letter <input type="checkbox"/> Transport Charge <input type="checkbox"/> Standb <input type="checkbox"/> Cashcard: Yes/No S\$
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Remarks :

Customer Name & Signature: Date: Phone No:

Release to Name & Signature : Date : Phone No :

Payment Details : Cash Cheque : Others

\$100