

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

Attn: **Motor Claims Department**

Date: 1<sup>st</sup> May 2021

Dear Sir/Madam,

Claimant: **Hitachi Capital Asia Pacific Pte Ltd**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 07/04/2021 at along TPE(PIE), before Pasir Ris Drive 8 involving our client's vehicle registration number SLG 4947 M and vehicle registration number EP 640 J 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 Rental (SGD\$120.00 x 6Days)	\$720.00
3) Coating	\$400.00

**Total :** **\$6,720.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- Coating 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,

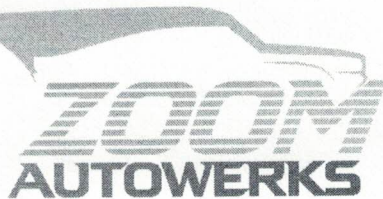
***Elin Cai***

**Zoom Autowerks Pte Ltd**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com



## 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 07/04/2021 @ 9:50 along TPELPIE, before Pasir. Ris Drive B.  
Involving vehicles SLG4947M and EP 640J.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLG4947M at my request, I/We, Hitachi Capital Asia Pacific P/L ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No \_\_\_\_\_ the owner of motor vehicle no SLG4947M, 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 07 day of 04 (month) 20 21 (year)

HITACHI  
CAPITAL  
ASIA  
PACIFIC

Signed by "the claimant"

Name: Hitachi Capital Asia Pacific P/L

NRIC No: \_\_\_\_\_



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai





### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	EP 640J (Insd veh)	Model: HONDA VEZEL 1496CC
	SLG 4947M (TP veh)	
Date of Accident/ Time:	07/04/2021 09:50	

Repair Estimate	: \$	18,003.44	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,500.00	(GLOBAL SUM)
Payee Name : Zoom Autowerks Pte Ltd			
Is Third Party Workshop GIA Registered? [ ] YES [✓] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

#### NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp  
Name of Representative:  
Date: 07/10/2021



Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Cai Bian Wen, Tim.  
Date: 07/10/2021

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 07/10/2021

**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

**INVOICE**

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

Invoice No. : ZI0000689  
Date : 7/10/2021  
VRN : SLG 4947 M  
Make & Model : Honda Vezel  
DOA : 7/4/2021  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			5,600.00
2	Loss of Use Coating			900.00

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<b>TOTAL :</b>	<b>\$6,500.00</b>
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All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD**"

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(by Zoom Autowerks Pte Ltd)



# 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 #: E2104110

Date: 15-04-21

1

**Bill To:**

Zoom Autowerks

For the account of:

Mohd Ridzwan Bin Abdul Rahman

S1514280D

610 Elias Road

#03-160

**Ship To:**

Zoom Autowerks

For the account of:

Mohd Ridzwan Bin Abdul Rahman

S1514280D

610 Elias Road

#03-160

Description	Amount	Job No.
Vehicle Rental for Period 07.04.2021 to 13.04.2021 (Billing for days 6 X \$120.00/per day) (Vehicle No.: SLG4947M)	\$720.00	SLQ2228R SR

Your Order #: E17961

		Terms: Net 30th after		GST:		\$47.10
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	\$720.00
	SR	7%	\$47.10	\$672.90	Amount Applied:	\$0.00
					Balance Due:	\$720.00





# 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

ZOOM


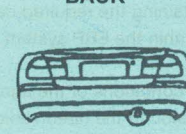
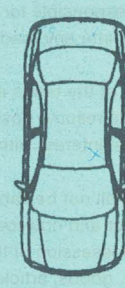

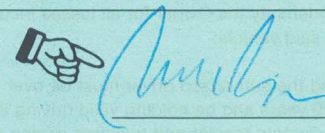
No: E 17961

E 2104 110

3194947M

No: 201609732N

## VEHICLE RENTAL AGREEMENT


<b>HIRER'S PARTICULAR</b>		Vehicle No: <u>SLQ 2228R</u> Replace Veh No:	
Name: (as in I/C) <u>Mohd Ridzwan Bin Abdul Rahman</u>		Mileage out:	
NRIC/PASSPORT No: <u>S1514280D</u>		Make & Model: <u>H. ELANTRA</u> <u>Auto</u> / Manual	
Date of Birth: _____		OUT : Date <u>07/04/21</u> Time: <u>13.00 PM</u>	
Address (Res): <u>610 Elias Road #03-160</u> <u>S(510610)</u>		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>93637957</u>		<b>CHARGES</b>	
<b>Company Name:</b> _____		Daily <u>6</u> @\$ <u>120</u> per day <u>720</u> <u>00</u>	
Company UEN: _____		Weekly @\$ _____ per week	
Company Address: _____		Monthly @\$ _____ per month	
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Others @\$ _____	
Name: (as in I/C) _____		Delivery Service	
NRIC/PASSPORT No: _____		GST	
Date of Birth: _____		<b>SUB-TOTAL \$</b>	
Address (Res): _____		<b>PETROL LEVEL</b>	
Driving Licence No: _____ D/L Type: Local / International		Out E 1/4 <u>1/2</u> 3/4 F	
Issue Date: _____		In E 1/4 1/2 3/4 F	
Tel: (O) _____ HP _____		EXTENSION	
<b>VEHICLE CHECK LIST</b>		Misc.	
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><p>INDICATE : D - DENTS S - SCRATCHES A - ACCIDENTS</p><p>RIGHT</p></div><div style="text-align: center;"><p>BACK</p><p>FRONT</p></div><div style="text-align: center;"><p>TOP</p><p>LEFT</p></div><div style="text-align: center;"><p>LEFT</p></div></div>		GST <u>included</u>	
		<b>TOTAL CHARGES</b> <u>720</u> <u>00</u>	
		Rented out by :	
		Hirer's Signature 	
		Addition Driver's Signature _____	

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	HIRER'S SIGNATURE
13/04	1400				





# INVOICE

# CAC20210416-002

Date: Apr 16, 2021

Payment Terms: COD

Cars Aesthetic Concepts Pte Ltd

Bill To:

SLG4947M

**Balance Due: SGD 400.00**

Item	Quantity	Rate	Amount
Re-Coat	1	SGD 400.00	SGD 400.00

Total: SGD 400.00

## Jasper Chua (LKK Auto)

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**From:** Jasper Chua (LKK Auto)  
**Sent:** June 2, 2021 2:05 PM  
**To:** ja\_design\_print@hotmail.com  
**Subject:** ACCIDENT INVOLVING EP 640J & SLG 4947M ALONG TPE (PIE) BEFORE PASIR RIS DRIVE 8 ON 07/04/2021

02 JUNE 2021

ANG LENG SENG

Dear Sir/ Madam,

**OUR REF : CC4/ASM21004508/Ubs3**  
**YOUR REF : EP 640J**

**ACCIDENT INVOLVING EP 640J & SLG 4947M ALONG TPE (PIE) BEFORE PASIR RIS DRIVE 8 ON 07/04/2021**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from ZOOM AUTOWERKS PTE LTD acting on behalf of the owner of SLG 4947M against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

As Insurers, they shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.



This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact as at 6841 2928 or [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) . Please quote our claim reference when you contact us that we can assist you more effectively.

**Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.**

Best Regards,

**Jasper Chua** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2928 | email: [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*



Re:RE: Re:RE: DS

Type

 Information

Message

Hi Pls proceed, tks-VO

Reply





RE: Re:RE: DS

Type

 Information

Message

HI , TP vehicle had existing coating prior to accident. And due to the repairs carried out, has to do a re-coat.  
COR : \$5,600.00 + LOR : \$600.0 + Coating : \$400.00 = \$6,600.00. Kindly let us have your approval/instruction.  
Jasper Chua – 14/07/2021

[Reply](#)



redefining / standards

## GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment Service fees will be credited directly into the Service Provider's designated bank account stated below. The Service Provider has to complete all fields of Section A and the completed form must be returned by post/hand to:

AXA Insurance Pte Ltd  
8 Shenton Way #27-01 AXA Tower, Singapore 068811  
Attn:

### Section A: Service Provider Details (To be completed by the Service Provider of AXA Insurance Pte Ltd)

Name of Service Provider (Company):	ZOOM AUTOWERKS PTE LTD
Contact Person:	ELIN CAI
Telephone:	9450 7920
Email Address:	zoomautowerks@gmail.com
(An auto-prompt email from the bank will be sent to this email address once this form has been processed by AXA Insurance Singapore Pte Ltd and the payment has been credited)	

### Particulars of Service Provider Bank Account (Bank code and Branch code can be found at the bottom of cheque)

Name of Bank:	Oversea-Chinese Banking Corporation, Limited
Bank Code:	7339
Bank Branch Code:	550
Bank Account Number:	623326998001
Name of Account Holder:	Zoom Autowerks Pte Ltd

I/We hereby authorize AXA Insurance Pte Ltd to credit service payments due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand, any sum which should not have been credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such service payments once such amounts are credited into above bank account.

This authorization shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.



Authorised Signature & Company Stamp (as in bank records)

Date

13/11/2020





### PAYNOW AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete **all fields** of this form and return to:

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

<b>Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)</b>	
Name of Policyholder/Claimant :	Zoom Autowerks Pte Ltd
Contact Person :	Elin Cai
Contact Number :	9450 7920
Email Address :	zoomautowerks@gmail.com
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	

<b>Payee's Paynow Details (Please tick <u>only 1 option</u> &amp; provide the Paynow Details)</b>	
Payee's name as per bank account :	Zoom Autowerks Pte Ltd
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	201725603G

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the bank account linked to above Paynow account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such Paynow account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the bank account linked to above Paynow account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of PayNow details, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").



Authorised Signature & Company Stamp (as per bank records)

13/11/2020  
Date (DD/MM/YYYY)