To: India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building Singapore 049711

Attn: Motor Claims Department

Date: 14th June 2021

Dear Sir/Madam,

Claimant: Nur Irfan Syafiq Bin Nahar

5 Riverina View Singapore 518357

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 17/05/2021 at along 5 Riverina View involving our client's vehicle registration number SMX 6786 X and vehicle registration number SLM 1497 H 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	\$3,700.00
2)	Loss of Rental (SGD\$170.00 x 8days)	\$1,360.00
3)	LTA Search Fee	\$7.45
4)	Purchase of GIA Report	\$29.00

Total: \$5,096.45

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement & Invoice
- LTA Search Fee Receipt
- Purchase of GIA Report 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

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 18/05/2021 15:40 (SGT) Date of Accident 17/05/2021 13:45 (SGT) Exact Location of Accident 5 Riverina View, Singapore 518357 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMX6786X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NUR IRFAN SYAFIQ BIN NAHAR NRIC No. SXXXX917C Email Address IRFANSYAFIQ10@GMAIL.COM Mobile Phone No (Phone) +65-81985338 Alternative Phone No (Home) +65-81985338

VEHICLE PARTICULARS

Manufacturer

Model А3 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 Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120921534 Cover Note Number

DRIVER

Name of Driver NUR IRFAN SYAFIQ BIN NAHAR NRIC No. SXXXX917C

Date Of Birth 20/12/1993 Occupation Indoor Date Of Driving Pass 19/06/2015 Driving experience 5 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81985338 Alt. Phone Number (Home) +65-81985338 Email Address IRFANSYAFIQ10@GMAIL.COM Address **5 RIVERINA VIEW** Address complement Postcode 518357 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLM1497H Vehicle Manufacturer Vehicle Model

Commercial vehicle

Address complement	
Accident report	SA1E215I0002

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address

Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident - No. Of Passenger (Including Driver) -



IMPORTANT NOTICE

- 1 Pease report correctly the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded by the insurers of the GM Records Management Centre established by the General Insurance Association of Singeocine (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- Sy the leagement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer my w crkshop 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 ;
- the processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- in investigating the accident and/or my claims;
- in I carrying out and/or dealing with my instructions or responding to any enquiries by me;
- two starting my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve assissure of pertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages) and/or
- (ii) 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' law yers/law firms, may/are permitted to collect. use disclose and/or process my Personal Information for one or more of the above Purposes; and
- ic 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

(5 Rivering View)

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE A: SJM 6786 X VENTUL B: SUM1497H

Scanned with CamScanner

7

Describe Circumstances of the Accident vehicle Ar, SJM 6786X ON stated time, date along the Stated venue. Vehicle Subsequently onto my white's portion entire left tru cand driver to WENT accident and came inform he tre bact 10

Declaration

IWe declare the foregoing particulars are true in every respect.

Folicyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Scanned with CamScanner





















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1E21510002 Vehicle Registration No: SMX6486X NAHAR Name (as shown in NRIC): NUR IRFAN SYAFIQ SIN NRIC/FIN/Passport No: _\$9544917C (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 5 RIVERINA VIEW ____ Singapore (518357) ____ Mobile No.: 8198 5538 Contact (Tel):____ Email Address: IRFANSYAFIQ10@GMAIL.COM Date of Accident: 17 05 2021 Time of Accident: _____13:45 Place of Accident: 5 RIVERINA VIEW Insurance Company: _ (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: wish to make the following changes 'IRFANSYAFIRI EGHAIL.com' to Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:



64 Cecil Street #04/#05

IOB Building

Singapore 049711

goods are received in good condition.

To: India International Insurance Pte Ltd

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

PF No. : ZP0000541 : 14/6/2021 Date VRN : SMX 6786 X Make & Model: Audi A3 : 17/5/2021

: COD Terms

DOA

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,700.00
2	Loss of Rental (SGD\$170.00 x 8Days)			1,360.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

IUIAL:	\$5,096.45
I agree to the price as listed above and confirm that	

(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

extstyle extstyle extstyle zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 1+ 05 2021 & 13-43 long 5 KIVEYIVIA VIEW	141110711
Involving vehicles SMX 6786 X and SI	M1497H
In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road 470130, repairing my/our motor vehicle no SMX6788 NUV INFAN SUCTION BIN NANOV ("the claimant") of C (518357) (address) bearing NRIC No S9347915 no Settle payable by the insurance company or third party or commence I loss of use and etc to any of their appointed solicitors to act for me/us in and all the amount claimed or settled shall belong and make payable to company of the third party. I/We further authorized them to give an all and to sign discharge voucher(s) and any other documents necessary disposal of my/our above claims.	at my request; I/We, 5 fivenial New the owner of motor vehicle ettle and receive whatever amount egal proceeding for cost of repairs, respect of the said accident/claim them absolutely by the insurance osolute discharge on my/our behalf
I/We further agree to fully co-operate and attend all court hearings the claims maintained by Zoom Autowerks Pte Ltd .	nat are necessary to prosecute the
I/We further agree and undertake to indemnify them against my/our cla	im for costs which arise therewith.
In the event that my/our claim is unsuccessful, I/we undertake to pay to of repairs to my/our vehicle.	Zoom Autowerks Pte Ltd the cost
In the event that settlement cheque were to be drawn in my/our instructions to clear the said cheque on my/our behalf by presenting to zoom Autowerks Pte Ltd account. Upon clearance of the said check Autowerks Pte Ltd and/or their appointed law firm to utilize the monies reference to me. I confirm that the payment to Zoom Autowerks Pte Ltd and/or their appointed law firm's obligation monies.	the same for payment directly into que, I/we further authorize Zoom to pay their charges without further a shall amount to a good discharge
Dated this	(year)
Signed by "the claimant" Signed Signed Signed	ZOON UTOWERKS d by Zeom Autowerks Pte Ltd
	Elin Cai
NIPIC NO: (03479170)	

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 May 2021 / 23:47:36

Receipt Date/Time: 18 May 2021 / 23:47:36

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210518-004389

Previous Receipt No. :

Previous Receipt No. :				
S/N Item Description/		Amount Before	GST	Amount After GST
Business Transaction Reference No.		GST (S\$)	Amount (S\$)	(S\$)
		331 (34)	. (04)	(04)
Result of Insurance Enquiry - SHD1108B As at 18 May 2021/19:29:00				
Insurance Co: NTUC INCOME INS CO-OI	PLTD			
1 Insurance Enquiry - SHD1108B				
Enquiry Fee		7.00	0.49	7.49
20210518234647263089				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - XE4112Z				
As at 18 May 2021/11:04:00	D. L.T.D.			
Insurance Co: NTUC INCOME INS CO-O	PLID			
2 Insurance Enquiry - XE4112Z Enquiry Fee		7.00	0.49	7.49
20210518234647415592				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SLM1497H				
As at 17 May 2021/13:45:00				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGA	APORE) PTE LTD			
3 Insurance Enquiry - SLM1497H Enquiry Fee		7.00	0.49	7.49
20210518234647508052		7.00	0.40	7.40
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	21.00	1.47	22.47
	Rounding Difference			-0.02
	Total Amount Payable			22.45
	Paid By			
	dxh5639d- -44569299W2166193P		Credit Card	22.45
	Total			22.45
	Cash Change			0.00
	Tendered Amount			22.45
	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.



KIRALY PTE LTD

UEN No. 201412081C 8 Kaki Bukit Avenue 4 #06-43 Premier @ Kaki Bukit Singapore 415875

Tel: 3159 4125

Email: kiralypl@gmail.com

INVOICE TO:

NUR IRFAN SYAFIQ BIN NAHAR S9347917C INVOICE DATE INVOICE NO.

27/05/2021 1151

Item 1 DESCRIPTION
BEING RENTAL OF VEHICLE SJU9344U
18/5 12PM - 25/5 8PM
REPLACEMENT FOR SMX6786X

UNIT PRICE (S\$) 170.00

AMOUNT (S\$) 1,360.00

AMOUNT DUE

\$1,360.00

KIRALY PTE LTD



Name (as in I/C): NUT

Total	day @\$	per day	
Security Depo	sit:		By:

VEHICLE HIRING AGREEMENT

24 HOURS HOTLINE: 9869 3087 / 9423 3975

	Rented Vehicle No.: \\\ \begin{align*} \displaystyle{1} & \displaystyl		
Hira Signature A Y 2nd Daver's Signal	Hirer's Own Vehicle No.:		
Make & Model: Date/Time Out:	Andi A4. 8105 Mileage:		

NRIC/Passport No.: Date of Birth: Address: Name & Address of Employer Occupation:

HIRER / DRIVER 'S PARTICULARS

Driving Exp: Passed Date:

Driving License No.: D/L Type: Local / International / Others:

8198 5338 Tel. (0)

I have given to Kiraly Group in connection with this agreement is true.

I have read and agree to the terms and condition on both sides of this agreement. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to your account. All information that

· Mileage:

1. Only persons above 23 & below 65 yrs of age with more than 2 yrs driving experience authorised licensed and signing this agreement may drive this vehicle.

Petrol Level Out: E / 1/4

Date/Time In: 25 05

Petrol Level In: E / 1/4 / 1/2 / 3/4 / F

- 2. All vehicles are supplied with petrol and should be returned with petrol level likewise. A service charge of \$10 on top of the petrol price surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- 3. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as full day rental.
- 4. Use of vehicle for illegal purpose (For instance: in connection with theft, drug pedalling or trafficking, smuggling) is strictly
- 5. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of Kiraly Group. The hirer is liable for a penalty fee of \$200 in additional to the appropriate insurance top up in the case of nondisclosure of Malaysia usage.
- 6. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines, and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- 7. The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount to be paid immediately in the event of an accident.
- 8. Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200-\$400.
- 9. Any punctured tyres, empty petrol tank, loss of vehicle's key or locked key inside a vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-hours Emergency Service is called upon to respond to such occurrence, the hirer shall bear the cost of such response at \$100.00 per trip.
- 10. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- 11. The hirer/driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by
- 12. Deposit will refund within 1day (24hrs) via PayNow after return the vehicle. No cash refund.
- 13. I understand and agree to the personal data collection statement.

Hirer's Signature



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

Date of Request: 29/05/2021 Your Ref No: SMX6786X

Zoom Autowerks Pte Ltd

Dear Sir/Madam,

Date of Accident: 17/05/2021 00:00 (SGT)

Vehicle No: SMX6786X

Place of Accident: 8 Riverina View, Singapore 518360

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLM1497H 8 Riverina View, Singapore 518360		(29.00)	1	(27.10)
GST Amount				
Total Amount Due (GS	(29.00)			

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.