To: AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#07-16

Singapore 079120

Attn: Motor Claims Department

Date: 10th September 2021

Dear Sir/Madam,

Claimant: Suparto Bin Hussein

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 05/08/2021 at along Blk 337 Clementi Avenue 2 Car Park involving our client's vehicle registration number SKW 9336 X and vehicle registration number SLW 2670 P 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	\$6,100.00
2)	Loss of Rental (SGD\$120.00 x 8Days)	\$960.00
3)	LTA Search	\$7.45
4)	Purchase of GIA Report	\$29.00

Total: \$7,096.45

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Search 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 #08-1339 Singapore 470130

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



To: AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

Singapore 079120

#07-16

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. : ZP0000567

Date : 10/9/2021

VRN : SKW 9336 X

Make & Model : Citroen C4

DOA : 5/8/2021

Terms : COD

U/P Description Qty Amt Repair & Respray Accident Affected Portions 6,100.00 1 2 Loss of Rental (SGD\$120.00 x 8Days) 960.00 3 LTA Search 7.45 4 Purchase of GIA Report 29.00

TOTAL: \$7,096.45

All crossed cheques must be made to "ZOOM AUTOWERKS PTE LTD"

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001 Paynow UEN: 201725603G

(by Zoom Autowerks Pte Ltd)

SA1E21850001 / Abwin Service Pte Ltd ENTRY DATE & TIME: 05/08/2021 15:49 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (05/08/2021 15:49 (SGT))

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 05/08/2021 15:49 (SGT) Date of Accident 05/08/2021 08:18 (SGT) Exact Location of Accident 337 Clementi Ave 2, Singapore Additional Location Information CARPARK OF BLK 337 CLEMENTI AVENUE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1560

Vehicle Registration Number SKW9336X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUPARTO BIN HUSSEIN NRIC No. SXXXX833Z Email Address khuza.suparto@gmail.com Mobile Phone No (Phone) +65-92717018 Alternative Phone No (Home) +65-92717018

VEHICLE PARTICULARS

Manufacturer Citroen Model C4 picasso 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

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ21-003850 Cover Note Number

DRIVER

CC

Name of Driver SUPARTO BIN HUSSEIN NRIC No. SXXXX833Z

Date Of Birth 03/10/1955 Occupation Indoor Date Of Driving Pass 12/03/1983 Driving experience 38 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-92717018 Alt. Phone Number (Home) +65-92717018 Email Address khuza.suparto@gmail.com Address BLK 234 JURONG EAST STREET 21 Address complement #08-302 Postcode 600234 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 Collision - Head on collision 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **PASSENGER** 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 SKETCH PLAN ATTACHED 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 **SLW2670P** Vehicle Manufacturer

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-91810487
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report <u>correctly</u> 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 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 The 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.
- 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.
- 3 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

Lat My insurer in 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 process 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 haurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

or crocessing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

- envestigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- ... 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims.
- collectively the "Purposes")

Disall 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

ting 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.

Policyholder's Signature / Date &

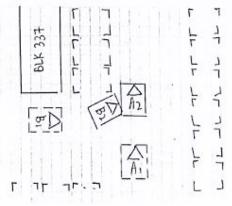
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

vehicle A: SKW 9336X

VOLICLE B: 82W 2670P.



Scanned with CamScanner

Describe Circ	cumstand	es of th	e Accident						
	on	The	stated	dale k	time,	<u> </u>	vehicle	· Y.,	SKW9336X
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				0.700					SLW2670P,
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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

Witnessed by Reporting Centre Personnel

Scanned with CamScanner

















EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ21-003850

1. Index Mark and Registration Number of Vehicles

SKW9336X

2. Name of Policyholder

SUPARTO BIN HUSSEIN

3. Effective Date of the Commencement of Insurance for the purpose of the Act 23/05/2021

4. Date of Expiry of Insurance

22/05/2022

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any

trade or business

(d) use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

A000193/Joanne Ng Xin Ling Date of Issue: 14/05/2021 15:51

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ20-003440





Classic Plan - EQ Authorised Workshop Only

EQI Motor Accident

Hotline

6311 3211

\$\$500.00

S\$1,000.00 S\$3,000.00

Excess

Insured/Named Driver:

Unnamed Drivers: YEID Additional:





Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 05 Aug 2021 / 10:45:24

Receipt Date/Time: 05 Aug 2021 / 10:45:13

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210805-000856

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 - SLW2670P As at 05 Aug 2021/08:18:00 Insurance Co: AIG ASIA PACIFIC INSURANCE 1 Insurance Enquiry - SLW2670P	PTE. LTD.				
Enquiry Fee 20210805104407856216		7.00	0.49	7.49	
	Sub-Total	7.00	0.49	7.49	
	Total Before Rounding	7.00	0.49	7.49	
	Rounding Difference			0.04	
			7.45		
	Paid By				
	526471XXXXXX0962	eNETS (eNETS Credit Card		
	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.



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: 06/08/2021 Your Ref No: SKW9336X

Zoom Autowerks Pte Ltd

Dear Sir/Madam,

Date of Accident: 05/08/2021 00:00 (SGT)

Vehicle No: SKW9336X

Place of Accident: Clementi Ave 2, Singapore

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

DOCUMENTS	PER DOC (S\$)	QTY	AMOUNT (S\$)			
SLW2670P	(29.00)	(27.10)				
GST Amount						
Total Amount Due (GST Inclusive)						

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.



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 05/08/2021 @ 08:18 along 337 Clementi Ave J Carpark. Involving vehicles SFW 9336X and SLW 2670P
Involving vehicles SFW 9336X and SLW 2670P
In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130, repairing my/our motor vehicle no
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 day of (month) 20 (year)
Signed by "the claimant" Signed by Zoom Autowerks Pte' Ltd
Name: Suparto Bin Hussein Name: Elin (ai
NRIC No: \$11448337.

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 #: E2108121

Date: 17-08-21

Bill To:

Zoom Autowerks For the account of: Mohamad Zaidi Bin Borhan S7610289I Blk 834 Jurong East St 21 #08-302

Ship To:

Zoom Autowerks For the account of: Mohamad Zaidi Bin Borhan S7610289I Blk 834 Jurong East St 21 #08-302

Description

Amount Job No.

Vehicle Rental for Period 05.08.2021 to 13.08.2021 (Billing for days 8 X \$120.00/per day) (Vehicle No.: SKW9336X)

\$960.00 SMM2103B SR

Your Order #: E18491

COMMENT

CODE

Terms: Net 30th after

GST:

\$62.80

RATE

\$62.80

GST SALE AMOUNT Total Inv Amt:

SR

\$897.20 Amount Applied:

\$960.00 \$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

ZOOM No: E 18491 182108121, SKW9336X.

2/00T N- 001000720N

VEHICLE RENTAL AGREEMENT

00/031110. 20100070211	THE RESERVE			-	71				
HIRER'S PARTICULAR	Vehicle No: Replace Veh No:								
Name: (as in I/O) MAN AND ZAIVI BIN	Mileage out: SMM 2103 B								
DE MIN	Make 8	& Mode	1: H	OND	a V	EZEL	_ (A	Auto / Manua	ıl
NRIC/PASSPORT No:			26-1	001		T	1/	30 PM	
Date of Birth: Address (Res): NK 834 JUROVG EAST & 21 406-301	OUT:	Date	77/	001	<u> </u>	Time	: 10.	SOPM	
Address (Hes):	HIRE F	PERIOD							
Driving Licence No:D/L Type: Local / International	OWN I	DAMAG	E CLA	М	Exces	s S\$		200	
Issue Date:	THIRD	PARTY	CLAIN	Λ	Exces	s S\$		1500)
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Company Name:	Daily	8	@\$	120		per da	y	960	00
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ADDITIONAL DRIVER'S PARTICULARS			@\$					Name of the	
Name: (as in I/C)	Others								
NRIC/PASSPORT No:	Delive	ry Serv	ice				in Secretary of		
Date of Birth:	GST		X 200						
Address (Res):						SUB-T	OTAL \$		
	PETR	OL LE	/EL	0					
Driving Licence No: D/L Type: Local / International	Out	Е	1/4	1/2	3/4	F			
Issue Date:	In	E	1/4	1/2	3/4	F			
Tel: (O) HP	FXTE	NSION							
VEHICLE CHECK LIST			-				dendor	d description	
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SCHAILS SCHAILS	TOTAL CHARGES 960 00								
00 H H H	Rented out by :								
	Hirer's Signature								
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RIGHT FRONT TOP LEFT	Addi	tion Dr	iver's S	Signatu	re _				
							Sept.		ant Laure
Last sides of the	agraam	ont If	have	resent	ed a c	harge/	credit ca	rd for paym	ent, i agree

I have read and agree to the terms and condition on both sides of ths 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.

- 1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE. 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- 4. 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.
- 5. 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	The state of the s	
13/8:	3900				HIRER'S SIGNATURE	