

To: **China Taiping Insurance (Singapore) Pte. Ltd.**
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: **Motor Claims Department**

Date: 3rd October 2021

Dear Sir/Madam,

Claimant: **Lim Chong Seng**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 06/09/2021 at along Yio Chu Kang Road x Begonia Road Junction involving our client's vehicle registration number SJH 7050 Z and vehicle registration number SLR 7735 E 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	\$4,000.00
2) Loss of Rental (SGD\$150.00 x 8Days)	\$1,200.00
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$5,236.45**

A copy each of the following supporting documents is enclosed:

- GIA Report
- 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

**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: **China Taiping Insurance (Singapore) Pte Ltd**
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

PF No. : ZP0000580
Date : 3/10/2021
VRN : SJH 7050 Z
Make & Model : Toyota Allion
DOA : 6/9/2021
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,000.00
2	Loss of Rental (SGD\$150.00 x 8Days)			1,200.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL : **\$5,236.45**

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)

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 08/09/2021 09:47 (SGT)
Date of Accident 06/09/2021 23:15 (SGT)
Exact Location of Accident Yio Chu Kang Rd & Begonia Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH7050Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHONG SENG (LIN ZHONGCHENG)
NRIC No SXXXX778Z
Email Address AHSENG38@GMAIL.COM
Mobile Phone No (Phone) +65-90606347
Alternative Phone No (Home) +65-90606347

VEHICLE PARTICULARS

Manufacturer Toyota
Model Allion
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113350007-02
Cover Note Number -

DRIVER

Name of Driver LIM CHONG SENG (LIN ZHONGCHENG)
NRIC No SXXXX778Z

Date Of Birth	01/12/1986
Occupation	Indoor
Date Of Driving Pass	12/11/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90606347
Alt. Phone Number	(Home) +65-90606347
Email Address	AHSENG38@GMAIL.COM
Address	BLK 512A YISHUN STREET 51
Address complement	#12-515
Postcode	761512
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 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOSHUA PANG FU KAI
Gender	Male

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR7735E
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)	1

SKETCH PLAN


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. 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.
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.
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' law yers/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.
- (b) 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 
Policyholder's Signature / Date & Time

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

 
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: SJH7050Z

VEH B: SLR7735E



Describe Circumstances of the Accident

ON 7th of SEPT 2021 @ about 11:23hrs I was travelling along Yio Chu Kang Rd towards CTE. While approaching the junction of Begonia Rd the traffic light was RED as such I came to a complete stop. Out of Sudden I felt a strong impact from the rear of my vehicle. I alight & realize a vehicle SLR7735E had fail to stop & collided onto my vehicle. We exchange particulars & left the scene. We were discussing about doing a private settlement but due ~~to~~ to cost, third party decided to process with insurance claim. My vehicle suffer damage ~~to~~ on the rear of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

X
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Co Reg No 2013188659















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 06/09/2021 @ 2315 along Yio Chu Kang Rd X Begonia Road
Involving vehicles SJH7050Z and SJR7735E

In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130, repairing my/our motor vehicle no SJH7050Z at my request, I/We, Lim Chong Seng ("the claimant") of (address) bearing NRIC No 86635778Z the owner of motor vehicle no SJH7050Z, 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 09 (month) 20 21 (year)


Signed by "the claimant"

Name: Lim Chong Seng

NRIC No: 86635778Z


Signed Etin Cai Zoom Autowerks Pte Ltd
Name: Etin Cai



RECORD MANAGEMENT CENTRE

**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: 12/09/2021

Your Ref No: SJH7050Z

Zoom Autowerks Pte Ltd

Dear Sir/Madam,

Date of Accident: 06/09/2021 00:00 (SGT)

Vehicle No: SJH7050Z

Place of Accident: Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SLR7735E	Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(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.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Sep 2021 / 23:41:12

Receipt Date/Time : 07 Sep 2021 / 23:41:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210907-004315

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SFD119A				
As at 07 Sep 2021/18:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SFD119A Enquiry Fee 20210907233945061388	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLR7735E				
As at 06 Sep 2021/23:15:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
2	Insurance Enquiry - SLR7735E Enquiry Fee 20210907233945136211	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		14.00	0.98	14.98
Rounding Difference				0.03
Total Amount Payable				14.95
Paid By				
526471XXXXXX0962		eNETS Credit Card		14.95
Total				14.95
Cash Change				0.00
Tendered Amount				14.95
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.

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. : **INV0000636**

Date : 3/10/2021

Ref : SGY 4943 M

Your Ref : SJH 7050 Z

Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SGY 4943 M (07/09/2021 to 15/09/2021)	\$150.00	8 Days	\$1,200.00

C/O Lim Chong Seng

512A Yishun Street 51

#12-515 Singapore 761512

Contact: 90160 6347

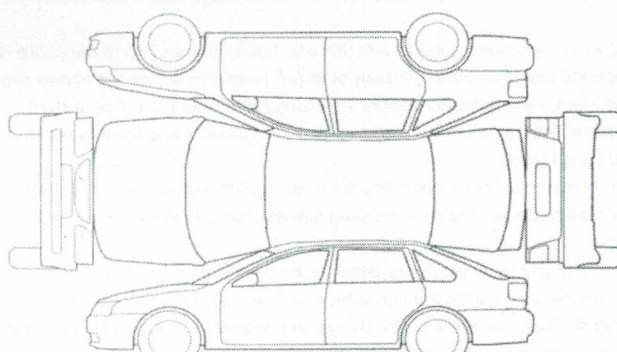
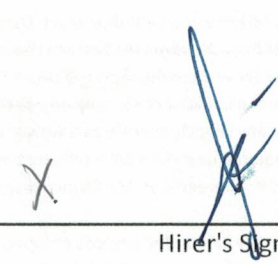

Total : \$1,200.00

(Customer's Signature/Stamp)

**ZOOM CAR
LEASING**

(For Zoom Car Leasing)

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name: <u>Lim Chong Seng</u>		Vehicle No.: <u>SGY 4943M</u>																					
NRIC/Passport No.: <u>S8635778Z</u>		Vehicle Make/Model: <u>Toyota Mark X</u>																					
Address: <u>512A Yishun St 51,</u> <u>#12-515 S(761572).</u>		Date/Time Out: <u>07/09/2021</u>																					
Tel: <u>9060 6347</u>		Date/Time In: <u>15/09/2021</u>																					
Driving License No./Exp.:		<table border="1"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>		E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN				
E	¼	½	¾	F	E	¼	½	¾	F														
OUT					IN																		
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		Mileage: Mileage:																					
NRIC/Passport No.:		<table border="1"> <tr> <td>Hours</td><td>@</td><td>per hour</td><td></td> </tr> <tr> <td><u>8</u> Days</td><td>@ <u>\$150</u></td><td>per day</td><td><u>\$1200</u></td> </tr> <tr> <td>Weeks</td><td>@</td><td>per week</td><td></td> </tr> <tr> <td>Months</td><td>@</td><td>per month</td><td></td> </tr> </table>		Hours	@	per hour		<u>8</u> Days	@ <u>\$150</u>	per day	<u>\$1200</u>	Weeks	@	per week		Months	@	per month					
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Weeks	@	per week																					
Months	@	per month																					
Address:		Other Charges																					
Tel:		Petrol Top-Up																					
Driving License No./Exp.:		Sub-total																					
(A) - Accident (D) - Dent (S) - Scratch		TOTAL CHARGES <u>\$1200</u>																					
		PRE-PAYMENT																					
		Downpayment and Deposit																					
		Amount Refunded Due																					
		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.																					
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT																					
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)																						
IMPORT NOTE:		<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>Hirer's Signature / Date</p> <p>Owner's Signature / Date</p>																					