

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

Attn: **Motor Claims Department**

Date: 3rd October 2021

Dear Sir/Madam,

Claimant: **Teo Ee Ling**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 11/09/2021 at along Slip Road from Pioneer Road North to AYE(City) involving our client's vehicle registration number SJT 9411 P and vehicle registration number GBK 4160 M 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\$150.00 x 11Days)	\$1,650.00
3) LTA Search	\$7.45
4) Purchase of GIA Report	\$29.00

Total : **\$7,686.45**

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

**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. : ZP0000579
Date : 3/10/2021
VRN : SJT 9411 P
Make & Model : Daihatsu Terios
DOA : 11/9/2021
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			6,000.00
2	Loss of Rental (SGD\$150.00 x 11Days)			1,650.00
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

TOTAL : **\$7,686.45**

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 11/09/2021 12:08 (SGT)
Date of Accident 11/09/2021 09:45 (SGT)
Exact Location of Accident Near 247 Jln Ahmad Ibrahim, 629145 Jln. Ahmad Ibrahim, Singapore 629145
Additional Location Information SLIP RD FROM PIONEER RD NORTH TO AYE(CITY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT9411P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO EE LING
NRIC No SXXXX794H
Email Address GNILEE@GMAIL.COM
Mobile Phone No (Phone) +65-98172662
Alternative Phone No (Home) +65-98172662

VEHICLE PARTICULARS

Manufacturer Daihatsu
Model Terios
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 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10555564R00
Cover Note Number -

DRIVER

Name of Driver TEO EE LING

NRIC No	SXXXX794H
Date Of Birth	10/10/1978
Occupation	Indoor
Date Of Driving Pass	01/09/2000
Driving experience	21 YEARS
Gender	Female
Mobile Number	(Phone) +65-98172662
Alt. Phone Number	(Home) +65-98172662
Email Address	GNILEE@GMAIL.COM
Address	914 JURONG WEST ST 91 #08-208
Address complement	-
Postcode	640914
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ONG
Gender	Female

PASSENGER 2

Name	SEAH
Gender	Female

PASSENGER 3

Name	TEO
Gender	Female

PASSENGER 4

Name	KANG
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 ACCIDENT REPORT

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	GBK4160M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	(Phone) +65-91072913
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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' 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")

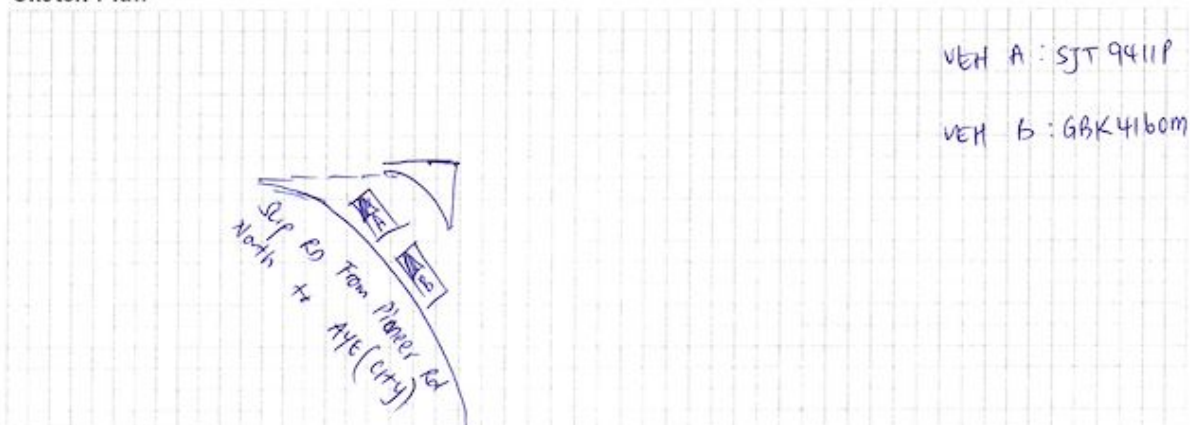
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date / time, I was travelling on the stated venue -
As I was checking for on-coming traffic, I stopped at the "give way"
line. Moments later, veh B (6BK 4160M) could not stop in time and hit onto
me, causing damages.

Declaration

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















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: 27/09/2021

Your Ref No: SJT9411P

Zoom Autowerks Pte Ltd

Dear Sir/Madam,

Date of Accident: 11/09/2021 00:00 (SGT)

Vehicle No: SJT9411P

Place of Accident: Pioneer Rd, 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 (\$)
GBK4160M	Pioneer Rd, 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.



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 11/09/2021 @ 09:45 along Slip Road from Pioneer Road North to AYE (city).
Involving vehicles SJT9411P and 6BK4160M.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJT9411P at my request, I/We, TEO EE ling ("the claimant") of _____ (address) bearing NRIC No SXXXX794H the owner of motor vehicle no SJT9411P, 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 11 day of 09 (month) 20 21 (year)

Signed by "the claimant"

Name: TEO EE ling

NRIC No: SXXXX794H



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 12 Sep 2021 / 10:26:29

Receipt Date/Time : 12 Sep 2021 / 10:26:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210912-000242

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 - GBK4160M

As at 11 Sep 2021/09:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

Insurance Enquiry - GBK4160M

Enquiry Fee

20210912102530190408

7.00

0.49

7.49

Sub-Total

7.00

0.49

7.49

Result of Insurance Enquiry - GBD8576H

As at 11 Sep 2021/13:55:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

2 Insurance Enquiry - GBD8576H

Enquiry Fee

20210912102530266203

7.00

0.49

7.49

Sub-Total

7.00

0.49

7.49

Result of Insurance Enquiry - SLH8836T

As at 10 Sep 2021/20:00:00

Insurance Co: NTUC INCOME INS CO-OP LTD

3 Insurance Enquiry - SLH8836T

Enquiry Fee

20210912102530338265

7.00

0.49

7.49

Sub-Total

7.00

0.49

7.49

Result of Insurance Enquiry - SHD6743J

As at 09 Sep 2021/19:25:00

Insurance Co: AXA INSURANCE PTE LTD

4 Insurance Enquiry - SHD6743J

Enquiry Fee

20210912102530400985

7.00

0.49

7.49

Sub-Total

7.00

0.49

7.49

Result of Insurance Enquiry - GBJ7572T

As at 10 Sep 2021/14:19:00

Insurance Co: GREAT EASTERN GENERAL INSURANCE LIMITED

5 Insurance Enquiry - GBJ7572T

Enquiry Fee

20210912102530475358

7.00

0.49

7.49

Sub-Total

7.00

0.49

7.49

Total Before Rounding

35.00

2.45

37.45

Rounding Difference

0.00

Total Amount Payable

37.45

Paid By

526471XXXXXX0962

eNETS Credit Card

37.45

Total

37.45

Cash Change

0.00

Tendered Amount

37.45

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. : **INV0000638**
Date : 3/10/2021
Ref : SKP 1847
Your Ref : *SJT 9411 P*
Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SJT 9411 P (11/09/2021 to 22/09/2021)	\$150.00	11 Days	\$1,650.00

C/O Teo Ee Ling

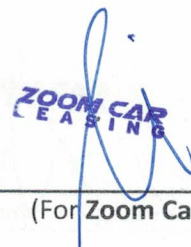
914 Jurong West Street 91

#08-208 Singapore 640914

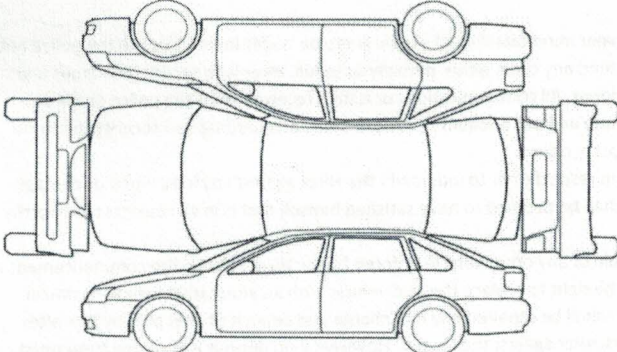
Contact: 9817 2662

Total : \$1,650.00

(Customer's Signature/Stamp)


(For Zoom Car Leasing)

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL									
Name:	Teo Ee Ling	Vehicle No.:	SFP1847C								
NRIC/Passport No.:	SXXXXX794H	Vehicle Make/Model:	Mazda 6								
Address:	914 Jurong West St 91, #08-208 S(640914).	Date/Time Out:	11/09/2021								
Tel:	9817 2662.	Date/Time In:	22/09/2021								
Driving License No./Exp.:		<div> <div>E</div> <div>$\frac{1}{4}$</div> <div>$\frac{1}{2}$</div> <div>$\frac{3}{4}$</div> <div>F</div> </div> <div>OUT</div>	<div> <div>E</div> <div>$\frac{1}{4}$</div> <div>$\frac{1}{2}$</div> <div>$\frac{3}{4}$</div> <div>F</div> </div> <div>IN</div>								
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES									
Name:		Hours @	per hour								
NRIC/Passport No.:		11 Days @	\$150 per day								
Address:		Weeks @	per week								
Tel:		Months @	per month								
Driving License No./Exp.:		Other Charges									
(A) - Accident (D) - Dent (S) - Scratch		Petrol Top-Up									
		Sub-total									
		TOTAL CHARGES	\$1650								
		PRE-PAYMENT									
		Downpayment and Deposit									
		Amount Refunded Due									
<p>IMPORT NOTE:</p> <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>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.</p>									
<p>PHYSICAL DAMAGE EXCESS</p> <table border="1"> <tr> <td>Singapore - Own Damage</td> <td>S\$2,000.00</td> </tr> <tr> <td>Singapore - 3rd Party</td> <td>S\$2,000.00</td> </tr> <tr> <td>Malaysia*</td> <td>S\$8,000.00</td> </tr> <tr> <td>For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age</td> <td>S\$3,000.00 (Additional)</td> </tr> </table>		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)	<p>ACKNOWLEDGEMENT</p> <p><i>[Signature]</i></p>	
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)										
		<p>Hirer's Signature / Date</p>									
		<p>ZOOM CAR LEASING</p> <p><i>[Signature]</i></p> <p>Owner's Signature / Date</p>									