

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

Attn: **Motor Claims Department**

Date: 5th February 2022

Dear Sir/Madam,

Claimant: **Sim Suet Lin, Stephanie**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 18/10/2021 at along Moulmein Road involving our client's vehicle registration number SJZ 799 H and vehicle registration number SMJ 5860 U 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	\$23,000.00
2) Loss of Use (SGD\$80.00 x 39Days)	\$960.00
3) Towing Fee	\$308.40
4) Purchase of GIA Report	\$29.00

Total : **\$24,297.40**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Towing Chits
- 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: **AXA Insurance Pte Ltd**
8 Shenton Way #24-01
AXA Tower
Singapore 068811

PF No. : ZP0000631
Date : 5/2/2022
VRN : SJZ 7699 H
Make & Model : BMW 320i
DOA : 18/10/2021
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			23,000.00
2	Loss of Use (SGD\$80.00 x 39Days)			960.00
3	Towing Fee			308.40
4	Purchase of GIA Report			29.00

TOTAL :	\$24,297.40
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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

(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 20/10/2021 18:41 (SGT)
Date of Accident 18/10/2021 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information MOULMEIN ROAD (JUNCTION OF JLN TAN TOCK SENG)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ7699H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM SUET LIN, STEPHANIE
NRIC No SXXXX007Z
Email Address STEFFSIM@GMAIL.COM
Mobile Phone No (Phone) +65-94247444
Alternative Phone No +65-94247444

VEHICLE PARTICULARS

Manufacturer BMW
Model 320i
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120358237
Cover Note Number -

DRIVER

Name of Driver SIM SUET LIN, STEPHANIE
NRIC No SXXXX007Z

Date Of Birth	07/11/1983
Occupation	Indoor
Date Of Driving Pass	16/01/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94247444
Alt. Phone Number	+65-94247444
Email Address	STEFFSIM@GMAIL.COM
Address	79 MULBERRY AVE
Address complement	-
Postcode	348452
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	SMJ5860U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VASUDEVAN S/O NAGARAJAN
NRIC No	SXXXX213J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM SUET LIN, STEPHANIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJZ7699H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

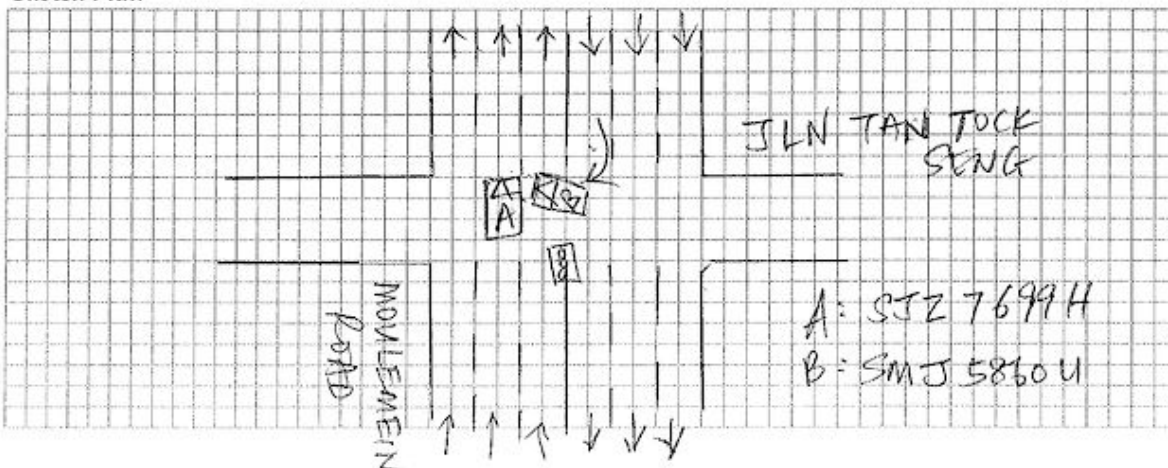
*7/9/10/2021
@ 5pm*

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

I WAS DRIVING ALONG MOULEMEIN ROAD AND TRAFFIC LIGHT IS GREEN IN MY FAVOUR.

FROM A DISTANCE APPROACHING THE JUNCTION, I ALREADY SAW 2 VEHICLES TURNING AND I SLOW DOWN AS I APPROACH THE JUNCTION JUST IN CASE SOME CARS TURN.

AS I ~~WAS~~ CROSS THE JUNCTION, VEHICLE B MADE A U-TURN INTO MY LANE. ~~OTHER~~ THERE WAS NO WAY I COULD AVOID HIM EVENTHOUGH I SWERVE LEFT AS HE WAS COMING MY WAY. HIS CAR HIT MY CAR RIGHT PORTION. MY DOOR GLASS ON BOTH SIDES SHATTERED.

I WAS INJURED AS A RESULT AND GIVEN 3 DAYS MC...

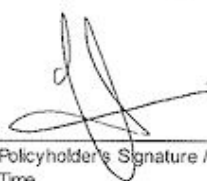
IF I DID NOT SWERVE, I WOULD HAVE BEEN BADLY INJURED.

~~HIS~~ HIS HEADLIGHTS WAS JUST AT MY DRIVER'S DOOR. I QUICKLY MADE A LEFT TURN AWAY OUT OF PURE FEAR. VEHICLE B CONTINUED ON HIS TURN DESPITE MY SWERVE AND PROCEEDED TO RAM FORCEFULLY INTO MY CAR CAUSING THE AIRBAGS TO DEPLOY. THE IMPACT OF THE CRASH CAUSED THE CAR WINDOWS TO EXPLODE, ~~AND MY CAR~~ I BRAKED AS HARD AS POSSIBLE AND THE CAR STOPPED.

PHYSICALLY I WAS THROWN VIOLENTLY TO THE LEFT IN MY CAR.

Declaration

We declare the foregoing particulars are true in every respect.

 19/10/2021
@ 5pm

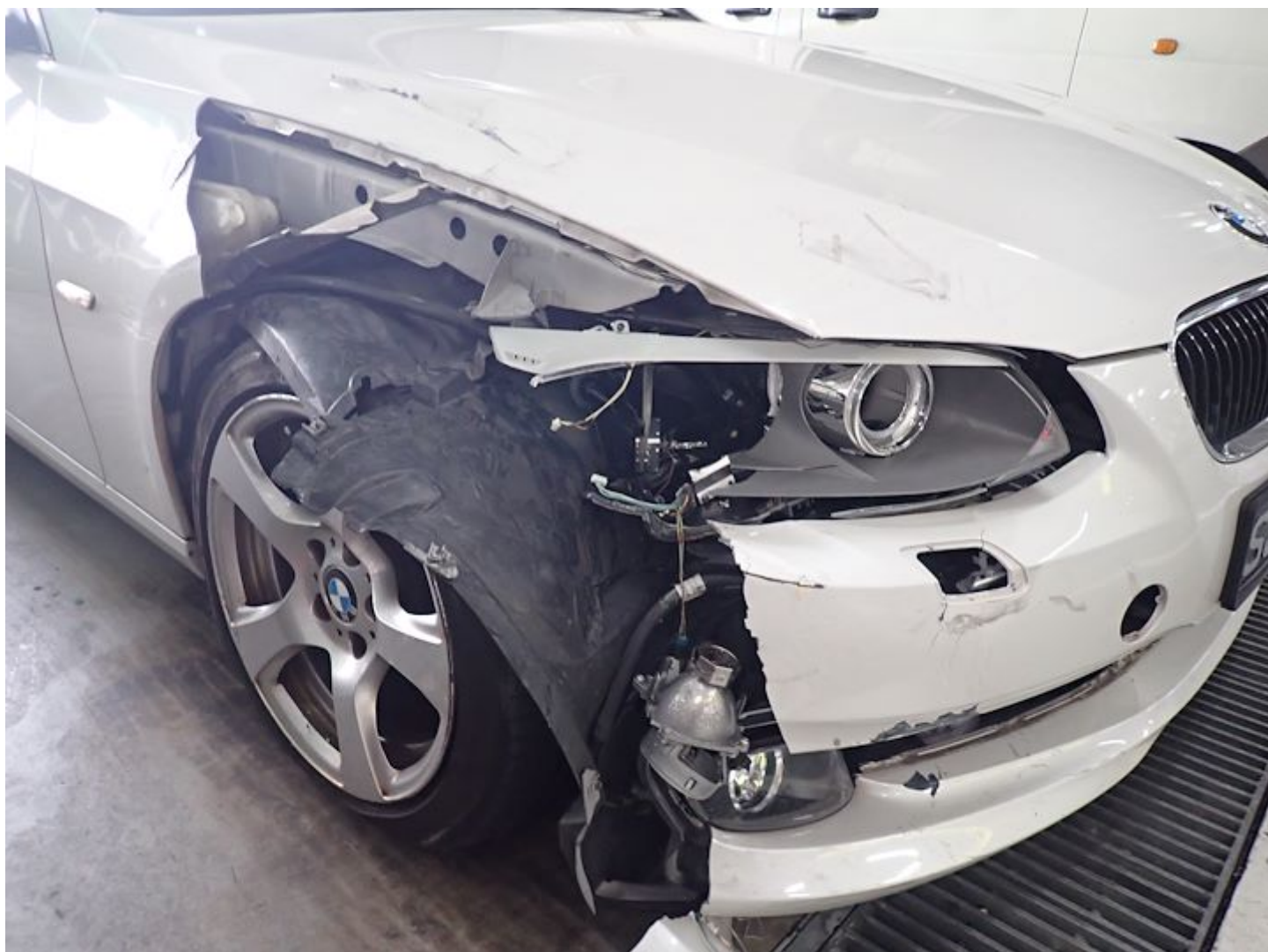
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



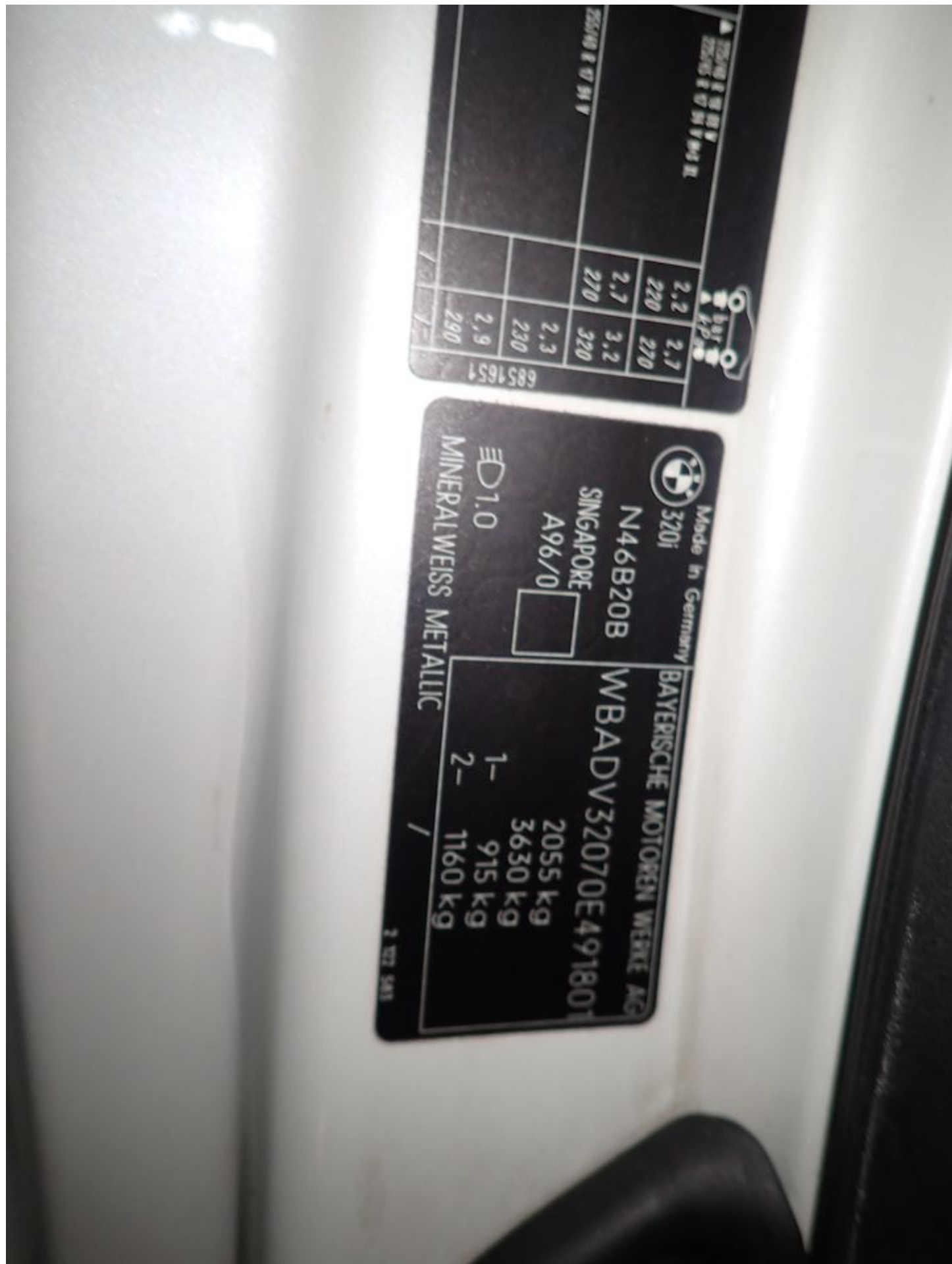
















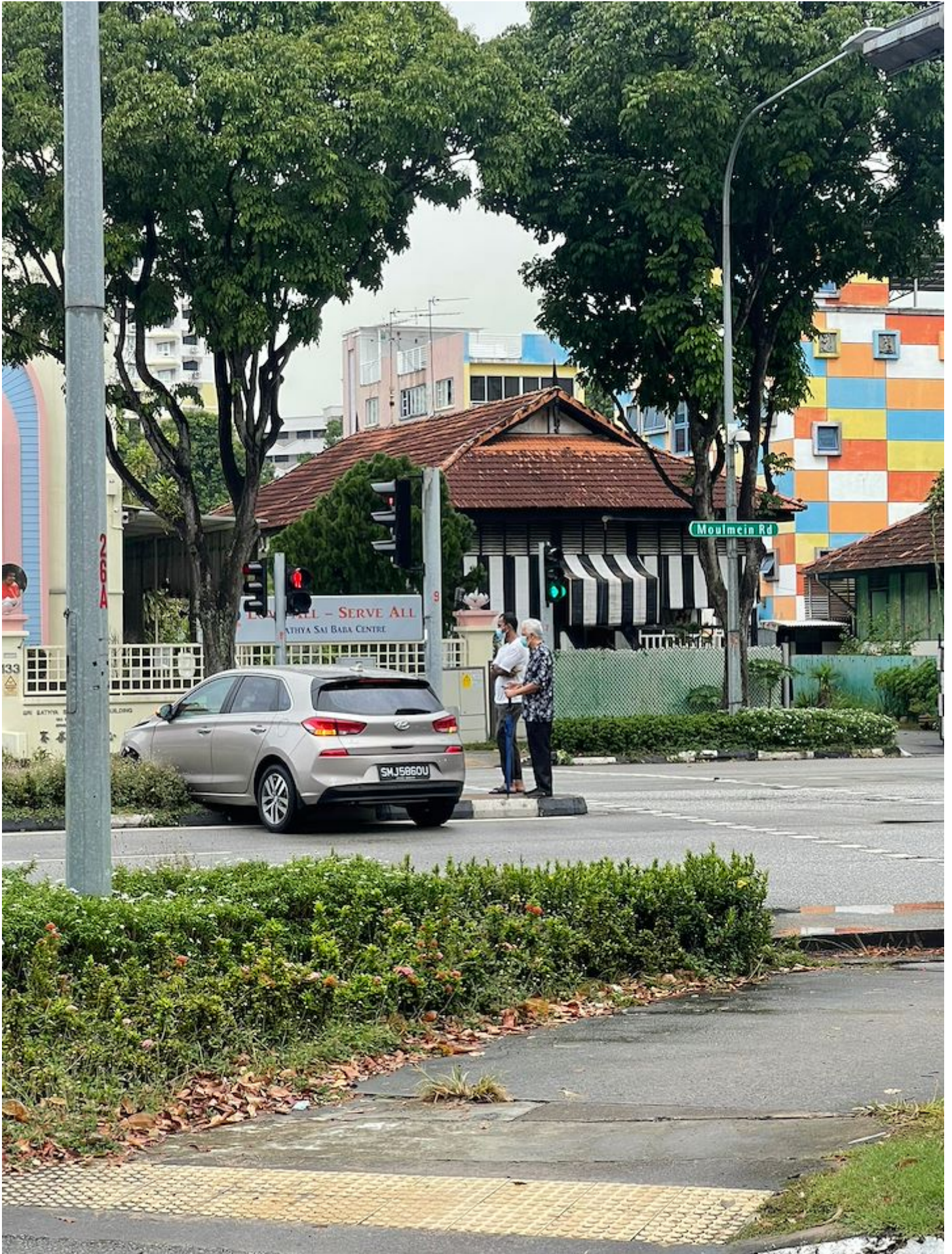















**SINGAPORE
POLICE FORCE**


T/20211019/2111

1 of 3

Report No. T/20211019/2111

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2021 23:00	Vide Report No.: E/20211018/0091	Station Diary No.: 58
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Informant's Particulars

Name of Informant: SIM SUET LIN, STEPHANIE		Address: 79 MULBERRY AVENUE SINGAPORE 348452	
ID Type / ID No.: NRIC NO / S8334007Z		Contact No.: Home/Office:	Mobile: 94247444
Nationality: SINGAPORE CITIZEN		Email: steffsim@gmail.com	
Sex: Female	Age: 37	Date of Birth: 07/11/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MEDIA SALES		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2021 14:25	Type of Location: T-Junction
Location: MOULMEIN ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ7699H	Car	BMW	320i AT ABS D/AB 2WD 2DR GAS/D	White	Seriously Damaged	0
SMJ5860U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ7699H	NTUC Income Insurance Co-Operative Limited	5120358237	27/12/2020	26/12/2021



**SINGAPORE
POLICE FORCE**



T/20211019/2111

2 of 3

Report No. T/20211019/2111

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM SUET LIN, STEPHANIE	ID No.	S8334007Z
Related Vehicle	SJZ7699H (Car)	Contact No.	94247444
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 18/10/2021 at about 2.25pm, I am driving my vehicle SJZ7699H, and was travelling in the centre lane along Moulmein Rd. As I was approaching the traffic light T-junction of Jln Tan Tock Seng, I slowed down as I saw a few vehicles turning in from the opposite direction into Jln tan Tock Seng. The traffic light was green when I approached the junction, as I passed the junction, suddenly I noticed a vehicle SMJ 5860U headlight was on my right side. The said vehicle was extremely close to my driver side. It was close enough to see the headlights. The said was making a U-turn coming into my lane and I quickly reacted and swerve to the left. The vehicle continued in its trajectory even though I swerved. I could not avoid the said vehicle on time and the said vehicle rammed against the front part of my vehicle. The impact from the vehicle causes my vehicle airbag to be deployed. The impact had burst both my vehicle side windows and I was thrown to the left partial to passenger seat. My front right side of the car was badly damaged.

I was attended by ambulance and was conveyed to Mount Elizabeth Hospital and was given 3 days MC. Due to the impact, I suffered the following injuries:

- 1) My jawline and neck feeling muscular pain and do not have full range of motion
- 2) Muscular pain at the side near both rib cage
- 3) Abrasion on my left hand
- 4) Right eye blurry vision and I can see a halo light when I look up.
- 5) There is a bump left side of my temple area

**LETTER OF AUTHORIZATION**

Accident on 18/10/2021 @ 14:30 along Moulmein Road
Involving vehicles SJZ7699H and SMJ5860U.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJZ7699H at my request, I/We, Sim Suet Lin, Stephanie ("the claimant") of _____ (address) bearing NRIC No SXXXX0077 the owner of motor vehicle no SJZ7699H, 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 18 day of 10 (month) 20 21 (year)

Signed by "the claimant"

Name: Sim Suet Lin, Stephanie

NRIC No: _____

Signed by Zoom Autowerks Pte Ltd

Name: Elin can



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: 22/10/2021

Your Ref No: SJZ7699H

Zoom Autowerks Pte Ltd

130 Bedok Reservoir Road #08-1339

Dear Sir/Madam,

Date of Accident: 18/10/2021 00:00 (SGT)

Vehicle No: SJZ7699H

Place of Accident: Near CP68+CJ 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 (\$)
SMJ5860U	Near CP68+CJ 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.

160 Sin Ming Drive, #02-20, Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 (5 Lines) Fax: 6454 9575 Email: account@kkinhin.com.sg

TAX INVOICE


GST NO. M2-0123250-3

SIM (MS)

TEL : 94247444 PG/HP/FAX :

Number	069176
Date	21.10.2021
Terms	CASH
Page	1

Car No.	SJZ7699H	Model	BMW 320I	W/O No.		Your Ref.	
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Quantity	Description	Unit Price	Amount S\$
	TOWING FEES (KING DOLLY)		120.00
	SUB-TOTAL		120.00
	ADD : GST @ 7.00 %		8.40
<div>PAID 21 OCT 2021 BY: </div>			

SINGAPORE DOLLARS : ONE HUNDRED TWENTY EIGHT AND CENTS FORTY ONLY

Total S\$ 128.40

PAYNOW: 199402370D

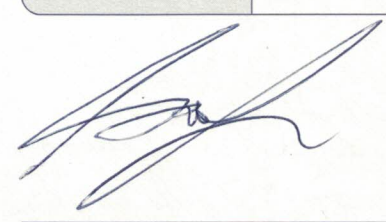
UOB A/C NO: 217-312-265-0

Cheques should be crossed and made payable to **K. Kim Hin Auto Pte Ltd.**

專修各種汽車，噴漆，代理保險，及代申請汽車保險賠償等

Specialising in Automobile Repairs, Spray Painting,

Insurance Agency And Motor Accident Claims.

Issued by 



S/N: 5762

SUNNY RECOVERY PTE LTD


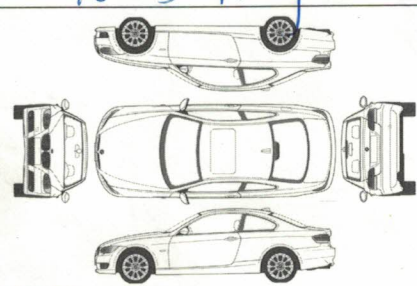
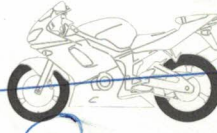

+65 9233 0609

Email : sunnyrecoverysg@gmail.com

AGENTS

CASH

24hrs Recovery Services

Job Details: Date : 21.10.21 Time Received : 11:00 Time Arrived : Time Completed : 		Car Details: Car Regn No : SJ27699H Make & Model : BMW 320 Police Force IO : ID : 		Operator Details: Driver's Name : Paul Tow Truck No : 770800 Total Mileage (KM) : Driver Signature : 	
Location From: 160 sinning			Location To: Jek's Bury		
		Indicate Damaged Areas On Vehicles   Day/Night Wet/Dry Clean/Soiled Place X On Damage Area For Scratch And Y For Dent			
<input checked="" type="checkbox"/> Accident / Breakdown <input checked="" type="checkbox"/> Multistorey / Basement / Shelter <input checked="" type="checkbox"/> Car Carrier <input checked="" type="checkbox"/> Crane Up / Winch Out <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Change Tyre / Battery		<input type="checkbox"/> Removal Of Axel <input type="checkbox"/> Go Jak <input type="checkbox"/> Collect Key / Letter <input type="checkbox"/> Transport Charge <input type="checkbox"/> Standby <input type="checkbox"/> Cashcard: Yes / No S\$			
Remarks:					
Customer Declaration <ul style="list-style-type: none">I am entitled to the service requested. In the event of this sequently not being the case, I shall be responsible for the cost of any assistance provided.I accept that any roadside repairs will be a temporary nature and that advice of a franchised dealer should be sought by me as soon as possible.In the case of forced entry, I confirm that I specifically requested that the operator to forcefully enter the vehicle and that all damages occasioned thereby is and shall be my sole responsibility. All removable item of value should be removed separately. I declare that there is no valuable items in the vehicle.I accept that any removable items left in the vehicle will not be the responsibility of the emergency service or their agents.Conditions on the use of the recovery trucks, truck cranes, etc, and the recovery of vehicle is at my own risk. Sunny Recovery Pte Ltd will not be responsible for any consequences which may arise due to breakages or other unforeseen circumstances.					
Customer Name & Signature :		Date :		Phone No :	
Agent/Dealer Declaration <ul style="list-style-type: none">I hereby represent the company and verify that the abovementioned vehicle has damages as indicated by Sunny Recovery Pte Ltd or their agents.Any damages or loss of valuable found after this acceptance of declaration will not be held against Sunny Recovery Pte Ltd or their agents.					
Release to Name & Signature :		Date :		Phone No :	
Payment Details : Cash :		Cheque :		Others : 4180	