

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

Attn: **Motor Claims Department**

Date: 27th December 2021

Dear Sir/Madam,

Claimant: **Lee Yuan Zheng**
83 Branksome Road
Singapore 439654

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 03/12/2021 at along Newton Road involving our client's vehicle registration number SMY 8101 D and vehicle registration number SKQ 3821 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	\$4,000.00
2) Loss of Rental (SGD\$120.00 x 8Days)	\$960.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$29.00

Total : **\$4,991.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- Insurance Search Fee Receipt
- Purchase of GIA Report Receipts

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. : ZP0000607
Date : 27/12/2021
VRN : SMY 8101 D
Make & Model : MG HS
DOA : 3/12/2021
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,000.00
2	Loss of Rental (SGD\$120.00 x 8Days)			960.00
3	Insurance Search			2.00
4	Purchase of GIA Report			29.00

TOTAL :	\$4,991.00
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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	03/12/2021 17:30 (SGT)
Date of Accident	03/12/2021 13:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEWTON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8101D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ms Lee Yuan Zheng
NRIC No	S8513592I
Email Address	lee.yuanzheng@gmail.com
Mobile Phone No	(Phone) +65-91515534
Alternative Phone No	+65-91515534

VEHICLE PARTICULARS

Manufacturer	MG
Model	HS
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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	Ms Lee Yuan Zheng
NRIC No	S8513592I

Date Of Birth	13/02/1985
Occupation	Indoor
Date Of Driving Pass	12/12/2003
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-91515534
Alt. Phone Number	+65-91515534
Email Address	lee.yuanzheng@gmail.com
Address	83 Branksome Road
Address complement	-
Postcode	439654
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)	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?	No
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?	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	SKQ3821H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YUNG WAIYIN, AMBROSE
NRIC No	S7561981B
Contact Number	(Phone) +65-91284898
Address	-

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

SKETCH PLANIMPORTANT 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 lodgment 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:

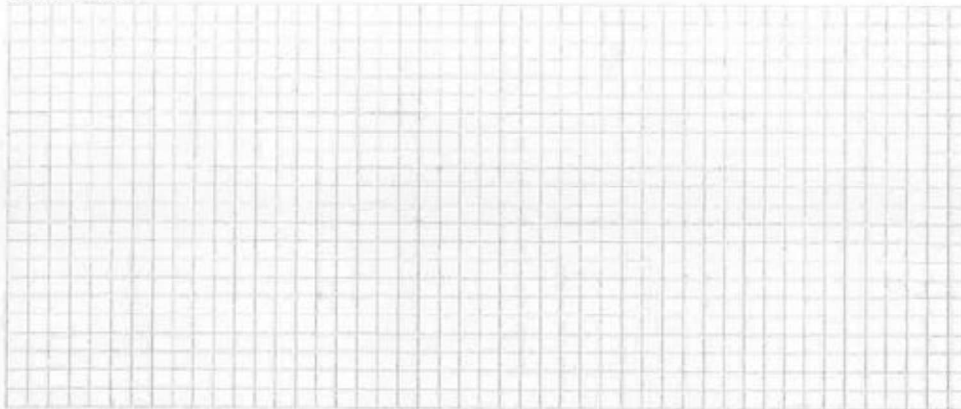
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Insuring Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I got hit from the back at a traffic light.

I was waiting at the traffic junction for the light to turn green and SKQ 3821H hit me from the back. He pulled up at the intersection while I drove to the side of the curb. We exited the vehicle and exchanged contact.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



























**LETTER OF AUTHORIZATION**

Accident on 03/12/2021 @ 13:48 along Newton Road
Involving vehicles SMY8101D and SFQ3821H

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMY8101D at my request, I/We, Lee Yuan Zheng ("the claimant") of _____ (address) bearing NRIC No 885135921 the owner of motor vehicle no SMY8101D, 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.

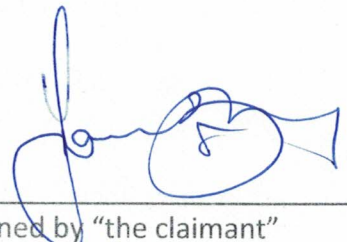
I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

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 03 day of 12 (month) 20 21 (year)


Signed by "the claimant"

Name: Lee Yuan Zheng

NRIC No: 885135921




Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SKQ3821H

Date of Accident

03/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance AXA Insurance Pte Ltd

Period of Insurance 08/02/2021 - 07/02/2022

Requested By Elin Cai (Zoom Autowerks Pte ...

Requested Date 07/12/2021 19:23

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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: 07/12/2021

Your Ref No: SMY8101D

Dear Sir/Madam,

Date of Accident: 03/12/2021 00:00 (SGT)

Vehicle No: SMY8101D

Place of Accident: Near 200 Newton Rd, Singapore 307983

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\$)
SKQ3821H	Near 200 Newton Rd, Singapore 307983	(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 CAR LEASING

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

Zoom Autowerks Pte Ltd

Tel: 9450 7920

RENTAL INVOICE

Invoice No. : INV0000654

Date : 27/12/2021

Ref : SKP 1847 C

Your Ref : SMUY 8101 D

Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (07/12/2021 to 15/12/2021)	\$120.00	8 Days	\$960.00

C/O Lee Yuan Zheng

83 Branksom Road

Singapore 439654

Contact: 9151 5534

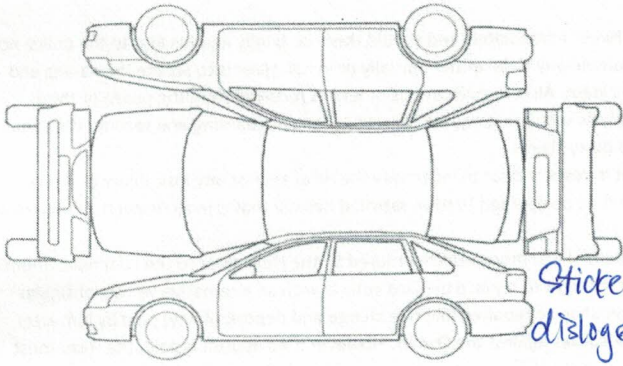
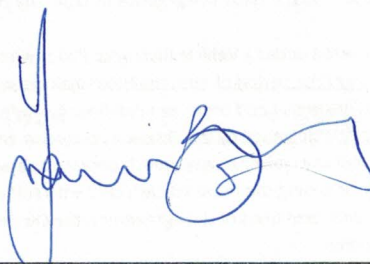

Total : \$960.00

(Customer's Signature/Stamp)

(For Zoom Car Leasing)

ZOOM CAR
LEASING

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL	
Name:	Lee Yuan Zheng	Vehicle No.:	SKP1847C
NRIC/Passport No.:	S85135921.	Vehicle Make/Model:	mazda 6
Address:	B3 Branksome Road (439654)	Date/Time Out:	07/12/2021.
		Date/Time In:	15/12/2021
Tel:	9151 5534	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">1/4</div> <div style="border: 1px solid black; padding: 2px;">1/2</div> <div style="border: 1px solid black; padding: 2px;">3/4</div> <div style="border: 1px solid black; padding: 2px;">F</div> </div> <div style="display: flex; justify-content: space-around;"> <div>OUT</div> <div>IN</div> </div>	
Driving License No./Exp.:		Mileage:	Mileage:
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES	
Name:		Hours @	per hour
NRIC/Passport No.:		8 Days @ \$120	per day \$960
Address:		Weeks @	per week
		Months @	per month
Tel:		Other Charges	
Driving License No./Exp.:		Petrol Top-Up	
(A) - Accident (D) - Dent (S) - Scratch		Sub-total	
		TOTAL CHARGES \$960	
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 style="text-align: center;">  Hirer's Signature / Date </p>	
		<p style="text-align: center;">  Owner's Signature / Date </p>	