

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

Attn: **Motor Claims Department**

Date: 23rd February 2022

Dear Sir/Madam,

Claimant: **Wendy Lauw Mei Ling**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 21/12/2021 at along Lagoon View Car Park involving our client's vehicle registration number SML 1943 E and vehicle registration number SGG 8568 G 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	\$1,200.00
2) Loss of Rental (SGD\$150.00 x 4Days)	\$600.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$29.00

Total : **\$1,831.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- Insurance 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, Eunost 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. : ZP0000635
Date : 23/2/2022
VRN : SML 1943 E
Make & Model : Nissan Sylphy
DOA : 21/12/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			1,200.00
2	Loss of Rental (SGD\$150.00 x 4Days)			600.00
3	Insurance Search Fee			2.00
4	Purchase of GIA Report			29.00

TOTAL : **\$1,831.00**

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 22/12/2021 18:03 (SGT)
Date of Accident 21/12/2021 19:45 (SGT)
Exact Location of Accident Lagoon View, Singapore
Additional Location Information LAGOON VIEW CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML1943E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAUW MEI LING WENDY
NRIC No SXXXX910A
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-96933388
Alternative Phone No (Home) +65-96933388

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109456434-02
Cover Note Number -

DRIVER

Name of Driver LAUW MEI LING WENDY
NRIC No SXXXX910A

Date Of Birth	26/05/1971
Occupation	Indoor
Date Of Driving Pass	21/12/1994
Driving experience	27 YEARS
Gender	Female
Mobile Number	(Phone) +65-96933388
Alt. Phone Number	(Home) +65-96933388
Email Address	zoomautowerks@gmail.com
Address	5000M MARINE PARADE ROAD
Address complement	#22-54
Postcode	449294
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 ATTACHED

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	SGG8568G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL8990X
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Use report correctly the details of the accident to speed up the claim process
2. The 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

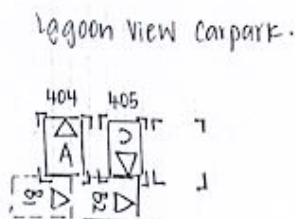
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SML1943E

Vehicle B: SGA85686

Vehicle C: RKL8990X





Describe Circumstances of the Accident

On 21/12/2021 @ about 20:20 HR, I received a call from my neighbour that vehicle B, SGG8568G, had collided onto mine & his vehicle in our residence carpark. I then checked with the owner of SGG8568G., she then advised for us to proceed with insurance claim.

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



Scanned with CamScanner









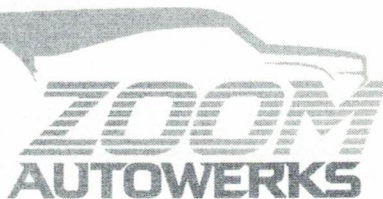










**LETTER OF AUTHORIZATION**

Accident on 21/12/2021 @ 19:45 along Lagoon View Car Park.
Involving vehicles SML 1943E X. SGG 8568 G.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SML 1943E at my request, I/We, Wendy Lauw Mei Ling ("the claimant") of _____ (address) bearing NRIC No S7134910A the owner of motor vehicle no SML 1943E, 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 21 day of 12 (month) 20 21 (year)


Signed by "the claimant"

Name: Wendy Lauw Mei Ling

NRIC No: S7134910A


Signed by Zoom Autowerks Pte Ltd

Name: Elincai



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: 06/01/2022

Your Ref No: SML1943E

Dear Sir/Madam,

Date of Accident: 21/12/2021 00:00 (SGT)

Vehicle No: SML1943E

Place of Accident: 5000M Marine Parade Rd, Singapore 449294

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\$)
SGG8568G	5000M Marine Parade Rd, Singapore 449294	(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.

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SGG8568G

Date of Accident

21/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance AXA Insurance Pte Ltd

Period of Insurance 24/05/2021 - 23/05/2022

Requested By Elin Cai (Zoom Autowerks Pte ...

Requested Date 26/12/2021 21:56

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**

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. : **INV0000659**
Date : 18/1/2022
Ref : SKP 1847 C
Your Ref : SML 1943 E
Terms : COD

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (27/12/2021 to 31/12/2021)	\$150.00	4 Days	\$600.00

C/O Wendy Lauw Mei Ling

Contact: 9693 3388

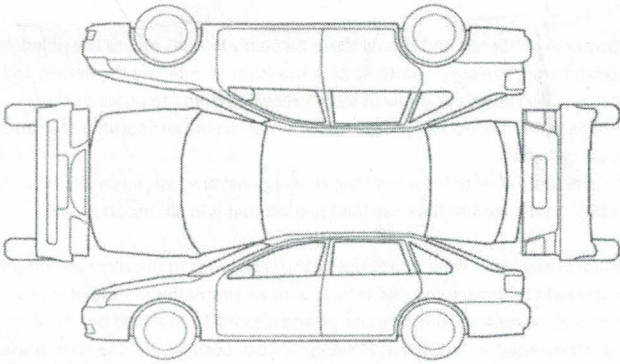



Total : \$600.00

(Customer's Signature/Stamp)



(For Zoom Car Leasing)

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name: <u>Wendy Lauw mei Ling</u>		Vehicle No.: <u>SKP1847C</u>																					
NRIC/Passport No.: <u>S7134910A</u>		Vehicle Make/Model: <u>Mazda 6</u>																					
Address:		Date/Time Out: <u>27/12/2021</u>																					
		Date/Time In: <u>31/12/2021</u>																					
Tel: <u>969 333 88</u>		<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				
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Driving License No./Exp.:		Mileage: Mileage:																					
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		<table border="1"> <tr> <td>Hours</td><td>@</td><td>per hour</td><td></td> </tr> <tr> <td><u>4</u> Days</td><td>@</td><td><u>\$150</u> per day</td><td><u>\$600</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>4</u> Days	@	<u>\$150</u> per day	<u>\$600</u>	Weeks	@	per week		Months	@	per month					
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Weeks	@	per week																					
Months	@	per month																					
NRIC/Passport No.:		Other Charges																					
Address:		Petrol Top-Up																					
Tel:		Sub-total																					
Driving License No./Exp.:		TOTAL CHARGES <u>\$600.</u>																					
(A) - Accident (D) - Dent (S) - Scratch		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:		<div style="text-align: center;">  Hirer's Signature / Date </div> <div style="text-align: center;">   Owner's Signature / Date </div>																					
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 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 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.																							