



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SLK4528T

Your Ref.: SLH652J

Date: 20.06.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLK4528T & SLH652J

Date of Accident: 22.01.2022 @ 15:35HRS

Location: Sengkang East Road Towards TPE(CTE/SLE)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 8,100.00

Loss of Rental:

(6 Days x \$192.60/Day): \$ 1,155.60

LTA Search: \$ 7.45

3rd Party Report: \$ 29.00

Grand Total: \$ 9,292.05

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle Lim @ 8297 9787, or email to jlperfectautowork@gmail.com

Thank You,

Shanelle Lim



Authorisation To Act

I, Mohamed Nizam Bin Mohamed Kani ("the third party claimant") of
Blk 868 Woodlands St 83 #03-339 (s) 730868
(address), owner of SLK4528T (vehicle no.)
hereby authorise JL Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SLK4528T that was
damaged pursuant to the accident which occurred on 22/1/2022 (date)
at/along Sengkang East Rd near TPE (STE/SLF)
(location) involving vehicle no/s SLH652J ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 24 day of 01 (month) 20 22 (year)

Sin

Signed by "the third party claimant"



[Signature]
Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLK 4528T and SLH 692J on 22/1/2022
at/along Sengkang East Rd twms TPE (CTE/SLE)

1. I/We, the Owner of motor vehicle no. SLK 4528T hereby instruct and authorise JL Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 24 day of 01 2022

Signature of vehicle owner Ku

Name: Mohamed Nizam Bin Mohamed Rami

IC/UEN No: S7229806L

(Company stamp, if applicable)

Address: Blk 869 Woodlands St 83

#03-339 (S) 730968

Tel: 8484 2366

Witnessed by: Shanell Lim

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
20.06.2022	JLP202206-00088	SLK4528T

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 8,100.00
Total	\$ 8,100.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD
Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



HUA HONG PRIVATE LIMITED

10 Kaki Bukit Avenue 4 #04-63 Premier@Kaki Bukit Singapore 415874

Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

TAX INVOICE

31 January 2022

HH22-SMC9845A

MOHAMED NIZAM BIN MOHAMED RANI
APT BLK 868 WOODLANDS STREET 83
#03-339
SINGAPORE 730868

Vehicle Registration No : SMC 9845 A
Vehicle Make : HONDA
Vehicle Model : FREED HYRBID

Rental Charges from 24/01/2022 to 29/01/2022
(6 days x \$180 per day)

	\$	1,080.00
7% GST	\$	75.60
Total	\$	1,155.60

This is a computer generated document and no signature is required.

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jan 2022 / 10:47:13

Receipt Date/Time : 24 Jan 2022 / 10:47:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220124-000947

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLH652J

As at 22 Jan 2022/15:35:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SLH652J

Enquiry Fee

20220124104432638556

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

526471XXXXXX0544 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

JL Perfect Autowork Pte Ltd -
Mohamed Nizam Bin Mohamed
Rani

Invoice Number
GR-2022-000385

Invoice Issue Date
25 Jan 2022

Invoice Due Date
01 Feb 2022

Total Amount (\$\$) 27.10
Total GST 7.00% (\$\$) 1.90
Total Amount Incl. of GST (\$\$) 29.00

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	25/01/2022,22/01/2022,SLK4528T,SLH652J	27.10	1.90	29.00
Total Amount (\$\$)				27.10
Total GST 7.00% (\$\$)				1.90
Total Amount Incl. of GST (\$\$)				29.00

*This is a computer generated document.
No signature is required.*

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	24/01/2022 16:10 (SGT)
Date of Accident	22/01/2022 15:35 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	SENGKANG EAST ROAD TOWARDS TPE(CTE/SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4528T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHD NIZAM BIN MOHD RANI
NRIC No	S7229806C
Email Address	ABC8627E@GMAIL.COM
Mobile Phone No	(Phone) +65-84842366
Alternative Phone No	(Home) +65-84842366

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
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	5118213429-01
Cover Note Number	-

DRIVER

Name of Driver	MOHD NIZAM BIN MOHD RANI
NRIC No	S7229806C

Date Of Birth	27/08/1972
Occupation	Outdoor
Date Of Driving Pass	03/11/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84842366
Alt. Phone Number	(Home) +65-84842366
Email Address	ABC8627E@GMAIL.COM
Address	868 WOODLANDS STREET 83
Address complement	#03-339
Postcode	730868
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 - Change/cross lane
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	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Is notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	SLH652J
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


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7. By the lodging 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 be 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 be 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



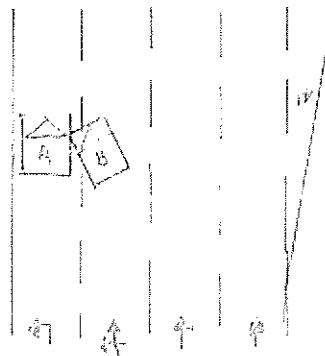
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

W4 R' SLK45187
W4 R' SLH625



[Handwritten notes on lined paper:]

no x-ray

TU

Pain

Let \mathcal{C} be the category of \mathbb{C} -vector spaces.

ON THE STATED DATE AND TIME. I, VEHICLE A (SLK4528T) WAS TRAVELLING STRAIGHT ON LANE 5 THE MOST LEFT LANE OF SENGKANG EAST ROAD TOWARDS TPE(CTE/SLE). SUDDENLY, VEHICLE B (SLH652J) CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

MY DAMAGE PORTION IS FROM THE FRONT RIGHT ALL THE WAY TO THE REAR RIGHT.

I WISH TO STATE THAT I GOT ONE GRAB FEMALE PASSENGER IN MY CAR.

VEHICLE A : SLK4528T

VEHICLE B : SLH652J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7229806C



Name



MOHAMED NIZAM BIN MOHAMED
RANI

محمد نزم بن محمد رني

Race

MALAY

Date of birth

27-08-1972

Sex

M

S7229806C

Country/Place of birth

SINGAPORE

Owner + Driver

SLK 4528T

6268294



NRIC No. S7229806C



Date of issue

23-08-2019

Address

APT BLK 868 WOODLANDS STREET 83
#03-339
SINGAPORE 730868

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7229806C**
Name: **MOHAMED NIZAM BIN MOHAMED RANI**

Birth Date: 27 Aug 1972
Issue Date: 02 Sep 2017

002719647A

owner & DRIVER
SLK 4528T

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	03 Nov 2000

NP 428A

Licence No: S7229806C

Land Transport  Authority


VOCATIONAL LICENCE
Licence No : S7229806C
Name : MOHAMED NIZAM BIN
MOHAMED RANI

Please visit www.lta.gov.sg to check
the status of this vocational licence




Owner & Driver

SLK 4528T

Land Transport  Authority

VOCATIONAL LICENCE
Licence No : S7229806C
Name : MOHAMED NIZAM BIN
MOHAMED RANI

Please visit www.lta.gov.sg to check
the status of this vocational licence



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118213429-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLK4528T
Chassis Number : RU31216032
2. Name of Policyholder : MOHD NIZAM BIN MOHD RANI
3. Effective Date of Insurance : 17 Jul 2021
4. Expiry Date of Insurance : 16 Jul 2022
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMED NIZAM BIN MOHAMED RANI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURE LINK PTE LTD (00000614836)

Date of Issue : 31 May 2021 09:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Insure Link Pte Ltd
2 Kallang Avenue #08-16
CT Hub S(339407)
Off : 6444 4644
Fax: 6444 0040