



**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](mailto:jlperfectautowork@gmail.com)

Our Ref.: SMV4518C

Your Ref.: SLM9992S

Date: 12.04.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SMV4518C & SLM9992S

Date of Accident: 01.02.2022 @ 17:10HRS

Location: Singapore Zoo Carpark Level 3

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 4,000.00

Loss of Use:  
(6 Days x \$120/Day): \$ 720.00

LTA Search: \$ 7.45

3rd Party Report: \$ 29.00

Grand Total: \$ 4,756.45

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](mailto:jlperfectautowork@gmail.com)

Thank You,

Shanelle Lim





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

## Authorisation To Act

I, Jiang Bin ("the third party claimant") of  
BK 149 Bsin Ris Grove #10-75 (S) 518139  
(address), owner of SMV4518L (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. SMV4518L that was  
damaged pursuant to the accident which occurred on 1/02/2022 (date)  
at/along Singapore Zoo Carpark Level 3  
(location) involving vehicle no/s SLM99925 ("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 04 day of 02 (month) 20 22 (year)

Jiang Bin

Signed by "the third party claimant"



Signed by "the workshop"



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

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMV4518C and SM99925 on 1/2/2022  
at/along Singapore Zoo Carpark Level 3

1. I/We, the Owner of motor vehicle no. SMV 4518C 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 04 day of 02 2022

Signature of vehicle owner Jiang Bin ←

Name: Jiang Bin

IC/UEN No: S8789237I

(Company stamp, if applicable)

Address: Blk 149 Pasir Ris Grove

#40-75 5) 51813

8163 9672

Tel: \_\_\_\_\_

Witnessed by:

Shanille Lim



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, Jiang Bin ("the third party claimant")

of BK 149 Pasir Ris Grove #10-75 67518139 (address),

owner of SMV4518C (vehicle no.) hereby authorize

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. SMV4518C that was damaged pursuant to the

accident which occurred on 01.02.2022 (date) along \_\_\_\_\_

Singapore Zoo carpark level 3 (location)

involving vehicle no/s SLM99925

("the accident").

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

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 04 day of 02 (month) 2022 (year)

Jiang Bin  
Signed by "the third party claimant"

[Signature]  
Signed by "the workshop" (with chop)



# 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
12.04.2022	JLP202204-00070	SMV4518C

## AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 4,000.00
Total	\$ 4,000.00

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

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Feb 2022 / 12:08:31

Receipt Date/Time : 04 Feb 2022 / 12:08:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220204-001312

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 - SLM9992S As at 01 Feb 2022/17:10:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLM9992S Enquiry Fee 20220204120731845053	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	421808XXXXXX9928		eNETS Credit Card	7.45
	<b>Total</b>			7.45
	Cash Change			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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](mailto:gears-support@shift-technology.com)

GST Reg No: M400017735

UEN: S66SS0020G

**TAX INVOICE**

JL PERFECT AUTOWORK PTE LTD -  
Jiang Bin

Invoice Number  
GR-2022-000659

Invoice Issue Date  
19 Feb 2022

Invoice Due Date  
26 Feb 2022

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

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	18/02/2022,01/02/2022,SMV4518C,SLM9992S	27.10	1.90	29.00
		Total Amount (S\$)		27.10
		Total GST 7.00% (S\$)		1.90
		<b>Total Amount Incl. of GST (S\$)</b>		<b>29.00</b>

*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	04/02/2022 17:36 (SGT)
Date of Accident	01/02/2022 17:10 (SGT)
Exact Location of Accident	80 Mandai Lake Rd, Singapore 729826
Additional Location Information	SINGAPORE ZOO CARPARK LEVEL 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV4518C

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIANG BIN
NRIC No	SXXXX237I
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-81639672
Alternative Phone No	(Home) +65-81639672

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119274640-01
Cover Note Number	-

### DRIVER

Name of Driver	JIANG BIN
NRIC No	SXXXX237I

Date Of Birth	16/08/1987
Occupation	Indoor
Date Of Driving Pass	29/08/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81639672
Alt. Phone Number	(Home) +65-81639672
Email Address	abc8627e@gmail.com
Address	BLK 149 PASIR RIS GROVE
Address complement	#10-75
Postcode	518139
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LI HONG XIA
Gender	Female

PASSENGER 2

Name	JIANG LIAO FAN
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 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	SLM9992S
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. 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.

**3 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

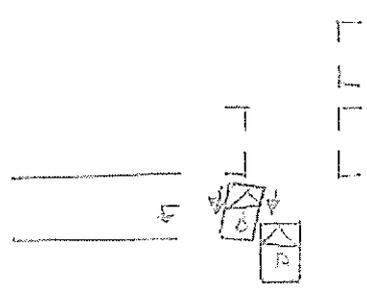
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Jiang Bin  
Policyholder's Signature / Date & Time

Jiang Bin  
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]  
Witnessed by Reporting Company Personnel

Sketch Plan



Car A: SWV 45184  
Car B: SWV 99925

Describe Circumstances of the Accident

Handwritten notes on a lined grid:

- Top right: /
- Middle right: Attached
- Center: AD
- Bottom left: / Attached

Declaration

I We declare the foregoing particulars are true in every respect.

J. J. [Signature]  
Psychologist's Signature / Date & Title

J. J. [Signature]  
Driver's Signature (if driver is not the policyholder) / Date & Title

[Signature]  
Witnessed by Reporting Officer / Date & Title

ON THE STATED DATE AND TIME. I, VEHICLE A (SMV4518C) WAS TRAVELLING STRAIGHT ON SINGAPORE ZOO CARPARK LEVEL 3. WHEN THE FRONT VEHICLE (SLM9992S) SLOWED DOWN , I FOLLOWED SUIT TO SLOWED DOWN AND STOP. SUDDENLY, VEHICLE B (SLM9992S) REVERSE AND COLLIDED ONTO MY STATIONARY VEHICLE FRONT LEFT PORTION. I WISH TO STATE THAT MY WIFE AND MY SON IS IN MY CAR.

VEHICLE A : SMV4518C

VEHICLE B : SLM9992S

*Jiang Bin*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8789237I**



Name

**JIANG BIN**

**江斌**

Race

**CHINESE**

Date of birth

**16-08-1987**

Sex

**M**

**S8789237**

Country/Place of birth

**CHINA**

*Owner & Driver*

*SMV4518C*

9531661



NRIC No. **S8789237I**



Nationality

**CHINESE**

Date of issue

**11-06-2019**

**APT BLK 149 PASIR RIS GROVE #10-75  
SINGAPORE 518139**

NRIC No: **S8789237I**

Date: **14/02/2020**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S87892371  
Name: JIANG BIN

Birth Date: 16 Aug 1987  
Issue Date: 29 Aug 2019

002971167G



owner & Driver  
SMV 4518C

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	29 Aug 2019

NP 428A



**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: 5119274640-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMV4518C**  
Chassis Number : RU11332076
2. Name of Policyholder : **JIANG BIN**
3. Effective Date of Insurance : **30 Sep 2021**
4. Expiry Date of Insurance : **29 Sep 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JIANG BIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : 09 Sep 2021 09:53 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