



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.: SFM7813K

Your Ref.: SHC5301M

Date: 12.04.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SFM7813K & SHC5301M

Date of Accident: 06.02.2022 @ 13:59HRS

Location: Paterson Road

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 5,000.00

Loss of Rental:
(5 Days x \$270/Day): \$ 1,350.00

LTA Search: \$ 7.45

3rd Party Report: \$ 29.00

Grand Total: \$ 6,386.45

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

Thank You,

Shanelle Lim





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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, Abu Sayem Azad ("the third party claimant") of
BK 96A Henderson Rd #03-56 (s) 151096
(address), owner of SFM7813K (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. SFM7813K that was
damaged pursuant to the accident which occurred on 06.02.2022 (date)
at/along Paterson Rd
(location) involving vehicle no/s SHC5301M ("the accident").

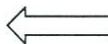
I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

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 07 day of 02 (month) 20 22 (year)

Signed by "the third party claimant"



Signed by "the workshop"



JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
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Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SFM7813K and JHC5301M on 06.02.22
at/along Paterston rd

1. I/We, the Owner of motor vehicle no. SFM7813K 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 7 day of 2 20 22

Signature of vehicle owner



Name :

Abu Sayem Azad

IC/UEN No :

S7876443J

Witnessed by :

(Company stamp, if applicable)

Address :

B/K96A Henderson Rd
#03-56 (S) 15196

Tel :

9009 2694

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	JLP202204-00068	SFM7813K

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	\$ 5,000.00
Total	\$ 5,000.00

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

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2202122

Date: 17-02-22

Bill To:

Ship To:

1

JL Perfect Autowork Pte Ltd
 For the account of:
 Abu Sayem Azad
 S7876443J
 APT Blk 96A Henderson Road
 #03-56

JL Perfect Autowork Pte Ltd
 For the account of:
 Abu Sayem Azad
 S7876443J
 APT Blk 96A Henderson Road
 #03-56

Description	Amount	Job No.
Vehicle Rental for Period 07.02.2022 to 12.02.2022 (Billing for days 5 X \$270.00/per day) (Vehicle No.: SFM7813K)	\$1,350.00	SNC8881P SR

Your Order #: E19398

COMMENT	CODE	RATE	Terms: Net 30th after	GST:	SALE AMOUNT	Total Inv Amt:
	SR	7%	\$88.32	\$1,261.68	Amount Applied:	\$0.00
				Balance Due:		\$1,350.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: E 19398

JL Perfect

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>SF SNC 8881P</u> Replace Veh No: <u>SFm 7813K</u>	
Name: (as in I/C) <u>Abu Sayem Azad</u>		Mileage out: <u>3990km</u>	
NRIC/PASSPORT No: <u>S7876443J</u>		Make & Model: <u>Lexus ES250</u> Auto / Manual <input checked="" type="radio"/>	
Date of Birth: <u>11/8/1978</u>		OUT : Date <u>7/2/2020</u> Time: <u>6:10pm</u>	
Address (Res): <u>APT BLK 96A Henderson Road</u> <u>#03-56 S (151096)</u>		HIRE PERIOD	
Driving Licence No: <u>S7876443J</u> D/L Type: <input checked="" type="radio"/> Local / International		OWN DAMAGE CLAIM Excess S\$ <u>1500</u>	
Issue Date: <u>12 Dec 2011</u>		THIRD PARTY CLAIM Excess S\$ <u>2000</u>	
Tel: (O) _____ HP _____		CHARGES	
Company Name: _____		Daily <u>5</u> @\$ <u>270.00</u> per day <u>1,350</u> <u>00</u>	
Company UEN: _____		Weekly @\$ _____ per week	
Company Address: _____		Monthly @\$ _____ per month	
ADDITIONAL DRIVER'S PARTICULARS		Others @\$ _____	
Name: (as in I/C) _____		Delivery Service	
NRIC/PASSPORT No: _____		GST	
Date of Birth: _____		SUB-TOTAL \$	
Address (Res): _____		PETROL LEVEL	
Driving Licence No: _____ D/L Type: Local / International		Out E 1/4 <input checked="" type="radio"/> 1/2 3/4 F	
Issue Date: _____		In E <input checked="" type="radio"/> 1/4 1/2 3/4 F	
Tel: (O) _____ HP _____		EXTENSION	
VEHICLE CHECK LIST		Misc.	
INDICATE : D - DENTS S - SCRATCHES A - ACCIDENTS		GST <u>Inc 7%</u>	
		TOTAL CHARGES <u>1,350</u> <u>00</u>	
		Rented out by :	
		Hirer's Signature	
		Addition Driver's Signature _____	

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE
<u>12/2</u>	<u>1500pm</u>	<u>4217km</u>			

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Feb 2022 / 19:15:48

Receipt Date/Time : 07 Feb 2022 / 19:15:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220207-003416

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 - SHC5301M As at 06 Feb 2022/13:59:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC5301M Enquiry Fee 20220207191507767945	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				
421808XXXXXX8464		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 - Abu
Sayem Azad

Invoice Number
GR-2022-000869

Invoice Issue Date
04 Mar 2022

Invoice Due Date
11 Mar 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	04/03/2022,06/02/2022,SFM7813K,SHC5301M	27.10	1.90	29.00
		Total Amount (S\$)		27.10
		Total GST 7.00% (S\$)		1.90
		Total Amount Incl. of GST (S\$)		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	07/02/2022 16:28 (SGT)
Date of Accident	06/02/2022 13:59 (SGT)
Exact Location of Accident	Singapore
() Additional Location Information	PATERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM7813K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABU SAYEM AZAD
NRIC No	SXXXX443J
Email Address	sayem30@gmail.com
Mobile Phone No	(Phone) +65-90092694
Alternative Phone No	+65-90092694

VEHICLE PARTICULARS

() Manufacturer	LandRover
Model	DISCOVERY SPORT 2.0P SPECIAL EDITION
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070105254-01
Cover Note Number	-

DRIVER

Name of Driver	ABU SAYEM AZAD
NRIC No	SXXXX443J

Date Of Birth	01/08/1978
Occupation	Indoor
Date Of Driving Pass	26/02/1999
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-90092694
Alt. Phone Number	+65-90092694
Email Address	sayem30@gmail.com
Address	APT BLK 96A HENDERSON ROAD #03-56
Address complement	-
Postcode	151096
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	DRIZZLING
Road Surface	Wet

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 ATTACHMENT

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	SHC5301M
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	JACOB CHANDRA
NRIC No	SXXXX634I
Contact Number	-
Address	-

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

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report **correctly** the details of the accident to speed up the claim 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 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 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 the (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 (a "Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/ law firms, the Monetary Authority of Singapore or any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims regarding 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 handling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the same as well as on the external cover of an envelope/postal package); 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' law firms/ 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/ law firms), which may be situated 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 / Date & Time

Sketch Plan

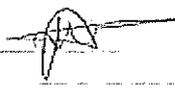


A SFM 7913K

B SHL 5301M

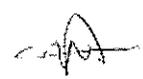
Describe Circumstances of the Accident

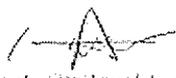
I WAS DRIVING ALONG PATTERSON ROAD HEADING STH ROBINSON PLACE. IN FRONT OF ME GOT FEW CARS STOP I ALSO STOP. WHEN SUDDENLY A CAR TAXI WITH THE PLATE NUMBER (SHE 5301M) COULD NOT STOP ON TIME I COLLIDED INTO RAY CAR REAR PORTION



Declaration

I/we declare the foregoing information to be true to the best of my/our knowledge.


Printed full name of Driver & Insured


Printed full name of Driver & Insured


Printed full name of Witness

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7876443J



Name

ABU SAYEM AZAD

Race

BANGLADESHI

Date of birth

01-08-1978

Sex

M

Country/Place of birth

BANGLADESH

6715673

owner & driver

SFm7813K

6715673



NRIC No. S7876443J



Date of issue

01-10-2021

Address

APT BLK 96A HENDERSON ROAD
#03-56
SINGAPORE 151096

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7876443J**
 Name: **ABU SAYEM AZAD**

Birth Date: **01 Aug 1978**
 Issue Date: **12 Dec 2011**

002025462B



owner & driver
SFM 7B13K

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	26 Feb 1999
Class 2A	Motorcycles between 201 cc and 400 cc	11 Jan 2005
Class 2	Motorcycles > 400 cc	12 Dec 2011
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Feb 1999

NP 428A

Licence No: S7876443J



