

To: **AXA Insurance Pte Ltd**
Robinson Road P.O. Box 1094
Singapore 902144

Attn: **Motor Claims Department**

Date: 21st March 2022

Dear Sir/Madam,

Claimant: **Aw Peng An**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 28/02/2022 at along Nicoll Highway involving our client's vehicle registration number SJU 8265 X and vehicle registration number SHD 5266 B 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	\$5,000.00
2) Loss of Rental (SGD\$130.00 x 10Days)	\$1,300.00
3) Insurance Search Fee	\$7.45

Total : **\$6,307.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Insurance Search Fee 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, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **AXA Insurance Pte Ltd**
Robinson Road
P.O. Box 1094
Singapore 902144

PF No. : ZP0000643
Date : 21/3/2022
VRN : SJU 8265 X
Make & Model : Toyota Wish
DOA : 28/2/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			5,000.00
2	Loss of Rental (SGD\$130.00 x 10Days)			1,300.00
3	Insurance Search Fee			7.45

TOTAL :	\$6,307.45
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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	01/03/2022 12:18 (SGT)
Date of Accident	28/02/2022 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8265X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW PENG AN
NRIC No	S7680083I
Email Address	CRISTOFERAW25@GMAIL.COM
Mobile Phone No	(Phone) +65-90686899
Alternative Phone No	+65-90686899

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	2.0 AUTO
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	1987

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00847897/01
Cover Note Number	-

DRIVER

Name of Driver	AW PENG AN
NRIC No	S7680083I

Date Of Birth	25/01/1976
Occupation	Indoor
Date Of Driving Pass	15/12/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90686899
Alt. Phone Number	+65-90686899
Email Address	CRISTOFERAW25@GMAIL.COM
Address	2B LORONG MARICAN
Address complement	-
Postcode	417203
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT

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	SHD5266B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AW PENG AN
Gender	Male
Phone No	(Phone) +65-90686899
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	46
Injuries Sustained	-
Injured person in which vehicle?	SJU8265X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

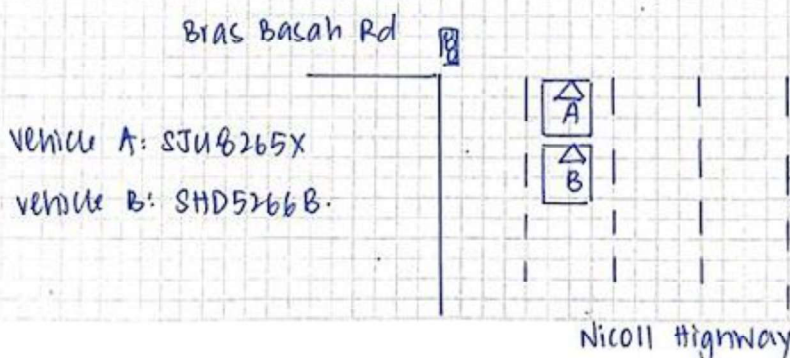
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



- Refer to Police Report -

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























































**SINGAPORE
POLICE FORCE**



T/20220301/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20220301/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2022 10:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AW PENG AN			Address: 645 YISHUN STREET 61 #08-324 SINGAPORE 760645		
ID Type / ID No.: NRIC NO / S76800831			Contact No.: Home/Office: Mobile: 90686899		
Nationality: MALAYSIAN			Email: CRISTOFERAW25@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 25/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2022 15:30	Type of Location: X-Junction
Location: BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD5266B	Car	TOYOTA			Slightly Damaged	0
SJU8265X	Car	TOYOTA	WISH 2.0 AUTO	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220301/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220301/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8265X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00847897/01	07/09/2020	29/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AW PENG AN		ID No. S76800831
Related Vehicle	SJU8265X (Car)		Contact No. 90686899
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/02/2022		Date 28/02/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON 28/02/2022, I WAS DRIVING MY VEHICLE - SJU8265X, ALONG NICOLL HIGHWAY. AS THE TRAFFIC LIGHT WAS RED, I WAS STATIONARY. ONCE THE TRAFFIC LIGHT TURNS GREEN, AND BEFORE I MOVED OFF, VEHICLE NUMBER - SHD5266B, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, I FELT DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT INTEMEDICAL CLINIC @ KOVAN, AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220301/7002

3 of 3

Report No. T/20220301/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/03/2022 10:39

Classification Of Case:



Contact us at
 Hotline: (65) 6665 5555
 E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00847897/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SJU8265x
Chassis No.	: JTDGJ20W905001758
2) Name of Policy Holder	: AW PENG AN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/12/2021 00:00
4) Date/Time of Expiry of Insurance	: 29/12/2022 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any person who is named on the policy who is driving on the Policyholder's permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00
Windscreen Excess	: S\$ 100.00
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: GV CREDIT PTE LTD
Main driver	: AW PENG AN
Ref	Named Driver
Named driver (1)	WONG YIN FOONG
Named driver (2)	CHIN KEAT GHEE
Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.	

Company Registration: 200822611G

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com



ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 28/02/2022 @ 15:30 long Nicola Highway
Involving vehicles 8JU8265X and 8TD5366B

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no 8JU8265X at my request, I/We, Aw Peng An ("the claimant") of _____ (address) bearing NRIC No 87680083I the owner of motor vehicle no 8JU8265X, 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 28 day of 02 (month) 20 22 (year)

Signed by "the claimant"

Name: Aw Peng An

NRIC No: 87680083I



Signed by Zoom Autowerks Pte Ltd

Name: Elincai

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Mar 2022 / 15:34:43

Receipt Date/Time : 01 Mar 2022 / 15:34:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220301-002982

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHD5266B As at 28 Feb 2022/15:30:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD5266B Enquiry Fee 20220301153253699547	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				
	526471XXXXXX0962	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.



EAZI CAR LEASING AND MARKETING PTE LTD

Invoice EAZI_INV-0673
Date: 11-Mar-2022
Cashier: Jane
Term:

Bill To: **AW PENG AN**

Contact:

Car No. Plate: SLH9029A
Car Make/Model: TOYOTA WISH 1.8A

<u>Item Description</u>	<u>Amount (S\$)</u>
Rental (10 Days) 01-Mar-2022 - 10-Mar-2022	1,300.00

Remarks:

Sub Total: SGD	1,300.00
Discount: SGD	
Total Amt. Payable: SGD	<u>1,300.00</u>



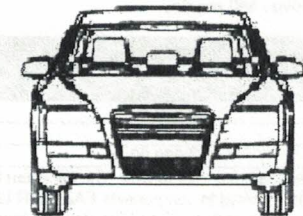
EAZI CAR LEASING & MARKETING PTE LTD

HIRER'S PARTICULARS

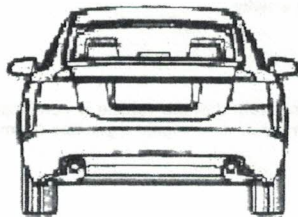
Name: <u>AW Peng An</u>	Mobile Phone: <u>9068 6899</u>
Address(Residential):	
NRIC / Passport No.: <u>S7680083J.</u>	Home Phone:
Phone(Next Of Kin / Friend):	Email:
License Date / Country of Issue:	D.O.B

VEHICLE DETAILS

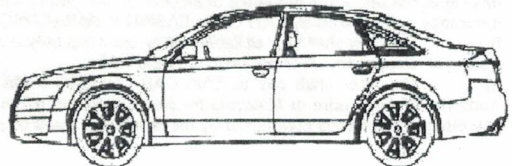
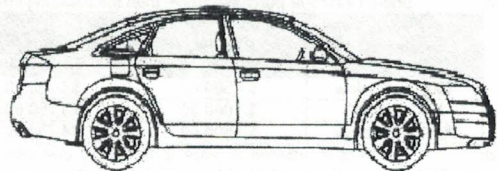
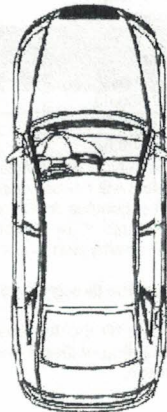
Model / Make: <u>TOYOTA WISH</u>	Vehicle No.: <u>SLH 9029A.</u>
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FRONT



REAR



Legend: D = Dent S = Scratch C = Chip Off R = Rust M = Missing L = Loose CR = Crack

Additional Features in Vehicle:		Delivery Address:		Collection Address:	
RENTAL CHARGES		Out Date:	Out Time:	Hirer Signature	Staff Signature
Day(s)	\$	<u>01/03</u>			
Malaysia Charge	\$	Return Date:	Return Time:	Hirer Signature	Staff Signature
Additional Driver	\$	<u>10/03</u>			
CDW	\$	<div>OUT</div> <div>IN</div> <div>E 1/2 F E 1/2 F</div>			
GPS Rental	\$				
Surcharge	\$	Remarks:			
Misc Charges	\$				
Delivery	\$				
Collection	\$				
Damage	\$				
Refundable Deposit	\$				
Total	\$				
Reservation	\$				
Balance	\$				

By signing on the below, I have agreed that all the information stated above are true and accurate at the time of print.


Hirer Signature