

HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit

#08-09, Singapore 415875 Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: SLX1654M

Your Ref.: SJD8171Y

Date: 06.07.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLX1654M & SJD8171Y

Date of Accident: 24.01.2022 @ 17:30HRS

Location: Jem Carpark Exit Towards Jurong Gateway Road

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 3,200.00

Loss of Use:

 (3 Days x \$250/Day):
 \$ 750.00

 LTA Search:
 \$ 7.45

 3rd Party Report:
 \$ 29.00

Grand Total: \$ 3,986.45

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 hdperfectautowork@gmail.com

AUTOWORK PTE LTD UEN: 202136904Z

Thank You,

Shanelle Lim



HD Perfect Autowork Pte. Ltd. Co. Reg No: 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778 Email: hdperfectautowork@gmail.com

Authorisation To Act

I, <u>Pajkumar vijaya kumar Davidson</u> ("the third party claimant") of
BK 254 BUKIT BOTOK East Ave 4 #07-125 (5) 650254
(address), owner of SL× 1654M (vehicle no.) hereby authorise Mo Perfect Automax Ptc Md ("the workshop"
hereby authorise Ho Perfect Autowar Ptc Ud ("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. SLX 1654m that was
damaged pursuant to the accident which occurred on Litrol . Litrol
damaged pursuant to the accident which occurred on LH.01.22 (date) at/along Jem curpurk Exit trude Jury Eaterry EM (location) involving vehicle no/s
(location) involving vehicle no/s("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 day of (month) 20 (year)
Signed by "the third party claimant" Signed by "the third party claimant" Signed by "the workshop"



HD Perfect Autowork Pte. Ltd. Co. Reg No: 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident	nt involving motor vehicles no. <u>SLX1654M</u>	and SJD 8171Y on 24.01.22	
at/along_	g Jem Corpork Exit tude Juon	Gateway Ad	
	J	23 (1/5) (2)	,,
1.	I/We, the Owner of motor vehicle no.	hereby instruct and au ("the workshop") to appoint an independent surveyor on	uthorise my/our
	behalf to inspect my/our motor vehicle and to commence the report of the independent surveyor. Pending the out	e repairs immediately to the said motor vehicle in accordan come of my/our claim against the third party, I/we forthw	ice with
_	you the sum of \$ being refundable deposit of t		92
2.		r behalf and to instruct the solicitors fully as if the appoint the conduct of my/our claim against the third party driver ceedings in Court in my/our name against the third party.	
3.		reby to instruct my/our solicitors to negotiate a settleme	nt with
	the third party and/or his insurers on such terms as you d		
4.	party claim directly to you after deducting their costs on a		
5.		norised to agree with my/our solicitors on the amount	
		by acting for me/us and to receive and make payment	of the
6.	balance of the settlement sum on my/our behalf directly	and my/our solicitors to recover my claim successfully a	nd also
٠.		licitors to commence legal proceedings and to take all ne	
	steps to recover the claim from the negligent party where		o cooda, y
7.		directly from the claim monies received from the third p	arty all
		he balance of repair costs and rental of substitute vehicles.	
8.		my/our solicitor's office for purposes of giving my/our	
		ents and to attend Court hearings in connection with my/or	ır claim
9.	I/we shall render my/our full co-operation to my/our solid	ottors. Id/or his insurers is not successful at any stage of the reco	work of
٥.		ny, and/or cannot be proceeded with and/or if any Judger	
		y and/or the third party and/or his insurers make an offer	
		is, I/we agree and undertake to pay the full amount of you	
		ncurred and to also indemnify you in respect of my/our so	
		nalf or to pay you the difference in amount, as the case ma	
10.	. I/we shall keep you informed of any correspondences ar	nd/or summons that I may receive due to this action agre	eing to
	pay or receive any monies due to this claim.		
		~	
	Dated this day of	01 20 11	
Signature	re of vehicle owner		
	Rajkumar Vijaya kumer Davidson	Witnessed by :	
IC/UEN N	No: S7360004I	Shanell Lin	
(Compan	ny stamp, if applicable)		
	: BIK 154 BUKIT BATOK East		
AVE 1	4 # 07 - 215 15) 650254		
	82 28 4651		



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

RTA/AIG - Authorization To Act

AUTHORIZATION TO ACT

(AIG Asia Pacific - Express Third Party Claim)

I, Rojkumar Vijaya kumar Davidson ("the third party claimant")
of blk 154 Burit Batok Fast NVB 4 HOT -125 6) 650154 (address),
owner of SLX 1654M (vehicle no.) hereby authorize
HD Perfect Automork Pte Ad
("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. SLX1664m that was damaged pursuant to the
accident which occurred on 14.01.11 (date) along
Jem corport Exit tucks Juring Geoteway Red (location)
involving vehicle no/sSJD 8171Y
("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.
Signed by "the third party claimant" Signed by "the workshop" (with chop)

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
06.07.2022	HDP202207-00098	SLX1654M

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-12 AIG BUILDING SINGAPORE 079120

Description	Am	ount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding	\$	3,200.00
to supply of spare parts, labour and spray painting charges		
Total	\$	3,200.00

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

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

26 Jan 2022 / 10:22:28

Receipt Date/Time: 26 Jan 2022 / 10:22:28

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220126-000808

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 - SJD8171Y				. ,
As at 24 Jan 2022/17:30:00				
Insurance Co: AIG ASIA PACIFIC INSURA	NCE PTE. LTD.			
1 Insurance Enquiry - SJD8171Y				
Enquiry Fee		7.00	0.49	7.49
20220126102142434722				
	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.



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

HD PERFECT AUTOWORK PTE LTD - Vijaya Kumar Davidson Rajkumar

Invoice Number GR-2022-000435

Invoice Issue Date 28 Jan 2022

Invoice Due Date 04 Feb 2022

 Total Amount (\$\$)
 27.10

 Total GST 7.00% (\$\$)
 1.90

 Total Amount Incl. of GST (\$\$)
 29.00

Bill Type	Reference		Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	28/01/2022,24/01/2022,SLX1654M <mark>,SJD8171Y</mark>	27.10 1.90	29.00
		Total Amount (\$\$)	27.10
		Total GST 7.00% (S\$)	1.90
		Total Amount Incl. of GST (S\$)	29.00

his is a computer generated document.

No signature is required.

SS1Y221Q0006 / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/01/2022 15:13 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/01/2022 15:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3, Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident Exact Location of Accident tional Location Information Country/State of Loss

26/01/2022 15:13 (SGT) 24/01/2022 17:30 (SGT) 50 Jurong Gateway Rd, Singapore 608549 JEM CARPARK EXIT TWDS JURONG GATEWAY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX1654M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

RAJKUMAR VIJAYA KUMAR DAVIDSON

S73600041

abc8627e@gmail.com (Phone) +65-83284651

+65-83284651

VEHICLE PARTICULARS

i...anufacturer Model

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? Vehicle Category Transmission

CC

BMW 520i

Private use

No - Claiming third party

Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Singapore Life Ltd

No 10903913

DRIVER

Name of Driver NRIC No

RAJKUMAR VIJAYA KUMAR DAVIDSON S73600041

Date Of Birth 29/01/1973
Occupation Outdoor
Date Of Driving Pass 18/03/2009

Date Of Driving Pass 18/03/2009
Driving experience 12 YEARS AND 10 MONTHS

Gender

Mobile Number (Phone) +65-83284651 Alt. Phone Number +65-83284651

Alt. Phone Number +65-83284651
Email Address abc8627e@gmail.com

Address BLK 254 BUKIT BATOK EAST AVE 4 #07-225

Address complement

Postcode 650254 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured -

Does Driver Own Other Vehicles?

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

No
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

ROUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, VEHICLE A (SLX1654M) WAS TRAVELLING OUT FROM JEM CARPARK EXIT TOWARDS JURONG GATEWAY ROAD. AS ALL THE CARS ON THE MAIN ROAD WAS STATIONARY, I DRIVE OUT AND STATIONARY ON THE YELLOW BOX. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHT, I THEN REALISED THAT IS VEHICLE B (SJD8171Y) THAT HAD COLLIDED MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD8171Y
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)

VEHICLE B

Email TO

SKETCH PLAN

Vidperfect autowork Ograniam

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 <u>truthful and accurate as possible</u>. Any willulmisrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fability 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 ladgement 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)

Londerstand, acknowledge, agree and consent that

- (a) My insurer , my workshop and the General hisurance 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 "Porsonal 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 faw yers/faw firms, the Monetary Authority of Singapore and any relavant 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;
- (a) investigating the accident and/or my classes;
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about maito 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 law yers/law firms, may/are permitted to collect, use, disclose anotor 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 sted outside of Singapore, for one or more of the above Porposes.

Policyholder's Signature / Cate &

ime

Oriver's Signature (if priver is not the policyholder) / Date

- P

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Jenn

1961 B: 22D81711

13 C A A A

Describe Circumstances of the Accident	
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Declaration

FWe declare the foregoing particulars are true in every respect

Policyhologic Signature : Osie s

Cover's Signature of drive shot the poteyholder) (Date

Witnessed by Reporting Centre Assistanted ON THE STATED DATE AND TIME. I, VEHICLE A (SLX1654M) WAS TRAVELLING OUT FROM JEM CARPARK EXIT TOWARDS JURONG GATEWAY ROAD. AS ALL THE CAR ON THE MAIN ROAD WAS STATIONARY I DRIVE OUT AND STATIONARY ON THE YELLOW BOX. SUDDENLY I FELT AN IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHT I THEN REALISE THAT IS VEHICLE B (SJD8171Y) THAT HAD COLLIDED ONTO MY VEHICLE.

N. Poylannar

VEHICLE A: SLX1654M

VEHICLE B: SJD8171Y







Name

VIJAYA KUMAR DAVIDSON RAJKUMAR

வி ராஜ்குமார் Race INDIAN Date of birth Sox 29-01-1973 M

Country of birth



Owner K. Driver SLX 1654M





Owner & Driver SLX 1654 M





Vehicle & Driving Licence

Driving Licence

QUALIFIED DRIVING LICENCE

Class/Issue Date

3 / 18 MAR 2009

Class/Issue Date

2B / 23 JUL 2003

Status

VALID

Certificate of Merit Status

NOT ELIGIBLE

Total Demerit Points

6

Photocard Serial Number

001526438D

PROVISIONAL DRIVING LICENCE

NOT HOLDING

Vehicle Ownership

VEHICLE ASSET

Vehicle Number



Huma strand Theorem (sou, which so die Klemine 2016 gegodine hisser in makilles) (6827 1986), www. suya nomigo

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD DWITY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CALCUS) OF THE REVISED EDITION)
BEFORE OF SINGAPORD
BEFORE OF THICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
BEFORE OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER, 10903913

1) VEHICLE REGISTRATION NO.

SLX1654M

2) NAME OF INSURED

FAMILY NAME

RAJKUMAR VIJAYA KUMAR DAVIDSON

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

19-Mar-2021 00:00hours

4) DATE OF EXPIRY OF INSURANCE

18-Mar-2023 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or over

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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

NAMED DRIVER

7) FINANCE COMPANY

DBS BANK LTD

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), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 16-Mar-2021 at 09:28hours

Aviva Ltd.

IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident
 reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is
 damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit https://www.aviva.com.sg/CarRepairers_Alternatively, you may call us at 6333-2222_for assistance (including assistance on windscreen damage).

Nishit Majmudar Chief Executive Officer

Jagmin dan

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.