

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

Attn: **Motor Claims Department**

Date: 27<sup>th</sup> March 2022

Dear Sir/Madam,

Claimant: **Teo Giek Choo Jennifer**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 26/02/2022 at along PIE(Tuas) involving our client's vehicle registration number SGZ 1619 P and vehicle registration number SMP 2854 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	\$6,400.00
2) Loss of Rental (SGD\$120.00 x 14Days)	\$1,680.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$29.00

**Total :** **\$8,111.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- Insurance Search Fee Receipt
- Purchase of GIA Report 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**

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 26/02/2022 @ 14:50 along PIELMAS

Involving vehicles SGZ1619P and SMP2854B.

In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130, repairing my/our motor vehicle no SGZ1619P at my request, I/We, Teo Giek Choo Jennifer ("the claimant") of (address) bearing NRIC No SG580850J the owner of motor vehicle no SGZ 1619P, 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 03 day of 03 (month) 20 22 (year)

Signed by "the claimant"

Name: Teo Giek Choo Jennifer

NRIC No: SG580850J



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMP 2854B	(Insd veh)	Model: MINI ONE
	SGZ 1619P	(TP veh)	
Date of Accident/ Time:	26/02/2022 / 14:50		

Repair Estimate	: \$	14,475.39	
Final Repair Cost	: \$	-	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	-	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	7,230.00	Global Sum (all in)

Payee Name : ZOOM AUTOWERKS PTE LTD

Is Third Party Workshop GIA Registered? [ ] YES [x] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability	100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del>	BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

#### NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

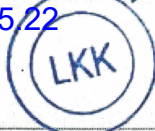
We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp

Name of Representative: ETIM CAI

Date: 05.05.22



CKS

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Roland Tiong

Date: 05.05.22

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 05.05.22



**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

**INVOICE****To: AXA Insurance Pte Ltd**

Robinson Road

P.O. Box 1094

Singapore 902144

Invoice No. : ZI0000820

Date : 4/5/2022

VRN : SGZ 1619 P

Make &amp; Model : Mini Cooper

DOA : 26/2/2022

Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			7,230.00
	Loss of Rental			
	Insurance Search Fee			
	Purchase of GIA Report			

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**TOTAL :** **\$7,230.00**

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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



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(by Zoom Autowerks Pte Ltd)

# ZOOM CAR LEASING

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

Zoom Autowerks Pte Ltd

Tel: 9450 7920

## RENTAL INVOICE

Invoice No. : **INV0000682**  
Date : 27/3/2022  
Ref : SKP 1847 C  
Your Ref : SGZ 1619 P  
Terms : COD

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (04/03/2022 to 18/03/2022)	\$120.00	14 Days	\$1,680.00

C/O Teo Giek Choo Jennifer

6 Tanjong Rhu Road

#20-02 Singapore 436883

Contact: 9863 4670

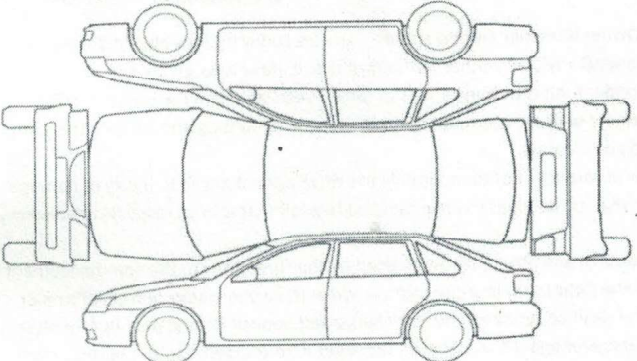
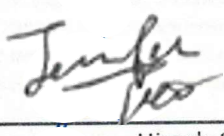


**Total : \$1,680.00**

(Customer's Signature/Stamp)

ZOOM CAR  
LEASING

(For Zoom Car Leasing)

## RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name: <u>Leo Giek Choo Jennifer</u>		Vehicle No.: <u>8KP1847Z</u>																					
NRIC/Passport No.: <u>S1580850J</u>		Vehicle Make/Model: <u>Mazda6</u>																					
Address: <u>6 Tanjong Pagar Road</u> <u>#20-02 S(436883)</u>		Date/Time Out: <u>04/03/2022</u>																					
		Date/Time In: <u>18/03/2022</u>																					
Tel: <u>98634670</u>		<table border="1"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>	E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN					
E	¼	½	¾	F	E	¼	½	¾	F														
OUT					IN																		
Driving License No./Exp.:		Mileage:	Mileage:																				
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		Hours @ per hour																					
NRIC/Passport No.:		<u>14</u> Days @ <u>\$120</u> per day	<u>\$1680</u>																				
Address:		Weeks @ per week																					
		Months @ per month																					
Tel:		Other Charges																					
Driving License No./Exp.:		Petrol Top-Up																					
(A) - Accident (D) - Dent (S) - Scratch		Sub-total																					
		TOTAL CHARGES	<u>\$1680</u>																				
		PRE-PAYMENT																					
		Downpayment and Deposit																					
		Amount Refunded Due																					
		I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.																					
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT																					
Singapore - Own Damage	\$S\$2,000.00																						
Singapore - 3rd Party	\$S\$2,000.00																						
Malaysia*	\$S\$8,000.00																						
For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age	\$S\$3,000.00 (Additional)																						
IMPORT NOTE:		 Hirer's Signature / Date																					
1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.		  Owner's Signature / Date																					


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SMP2854B

Date of Accident

26/02/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... AXA Insurance Pte Ltd

Period of Insurance ..... 19/09/2021 - 18/09/2022

Requested By ..... Elin Cai (Zoom Autowerks Pte ...

Requested Date ..... 03/03/2022 20:24

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**





RECORD MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 18/03/2022

**Your Ref No: SGZ1619P**

Dear Sir/Madam,

Date of Accident: 26/02/2022 00:00 (SGT)

Vehicle No: SGZ1619P

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SMP2854B</b>	Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



## Asher Sng (LKKAUTO)

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Thursday, 14 April 2022 11:47  
**To:** huimeng85@gmail.com  
**Subject:** ACCIDENT INVOLVING SMP 2854B AND SGZ 1619P ALONG PIE TOWARD JURONG, NEAR EXIT 17 ON 26/02/2022

14 April 2022

**PONG HUI MENG**

Dear Sir/ Mdm

**OUR REF : CC4/ASM22002071/Uea3**

**YOUR REF : SMP 2854B**

**ACCIDENT INVOLVING SMP 2854B AND SGZ 1619P ALONG PIE TOWARD JURONG, NEAR EXIT 17 ON 26/02/2022**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s ZOOM AUTOWERKS PTE LTD acting on behalf of the owner of SGZ 1619P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SGZ 1619P. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- 
- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent. This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com). Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Asher Sng

*Case Handler*

DID: 6841 6051

Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
(Motor Claims Dept)



## Re:RE: Re:MANDATE IA FOR S2M03UG5

Type

 Information

Message

Hi Pls proceed as per IA-VO

Reply