

To: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

Attn: **Motor Claims Department**

Date: 16th April 2022

Dear Sir/Madam,

Claimant: **Chloetang**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 15/03/2022 at along Upper Changi Road East towards Simei Avenue involving our client's vehicle registration number SMP 2761 K and vehicle registration number GBF 2789 P 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	\$3,000.00
2) Loss of Rental (SGD\$120.00 x 8Days)	\$960.00
3) Insurance Search	\$2.00
4) PHV Decal	\$20.00

Total : **\$3,982.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- Insurance Search Receipt
- PHV Decal 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
#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: **AIG Asia Pacific Insurance Pte. Ltd.**
78 Shenton Way
#07-16
Singapore 079120

PF No. : ZP0000655
Date : 16/4/2022
VRN : SMP 2761 K
Make & Model : Honda Freed
DOA : 15/3/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,000.00
2	Loss of Rental (SGD\$120.00 x 8Days)			960.00
3	LTA Search			2.00
4	PHV Decal			20.00

TOTAL : **\$3,982.00**

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	15/03/2022 14:53 (SGT)
Date of Accident	15/03/2022 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP CHANGI RD EAST TWDS SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2761K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHLOETANG
Company Reg No	53403141B
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-88235854
Alternative Phone No	+65-88235854

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00010232100
Cover Note Number	-

DRIVER

Name of Driver	TANG TECK YONG
NRIC No	S1696536G

Date Of Birth	18/04/1965
Occupation	Outdoor
Date Of Driving Pass	26/07/1985
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88235854
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	BLK 642C PUNGGOL DRIVE
Address complement	#08-367
Postcode	823642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBF2789P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TANG TECK YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMP2761K
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 judgement 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

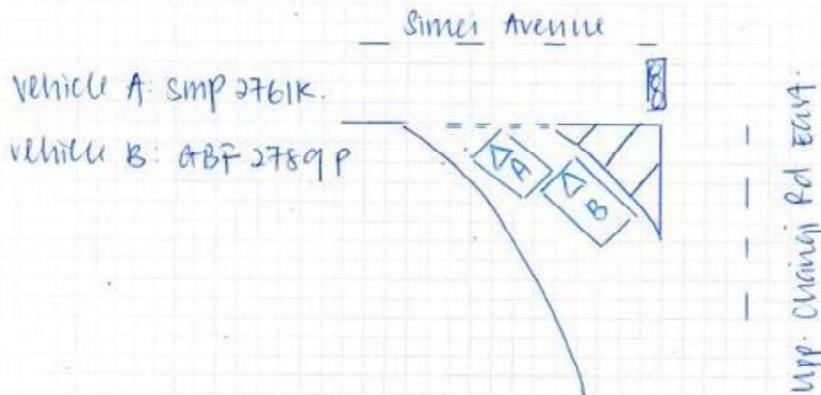


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A, SMP2761K, was stationary along the stated vehicle as I was checking on on-coming traffic before proceeding. Suddenly, vehicle B, GBF2789P, collided onto my vehicle's rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Keli

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

Shym 15/03/22

Witnessed by Reporting Centre Personnel









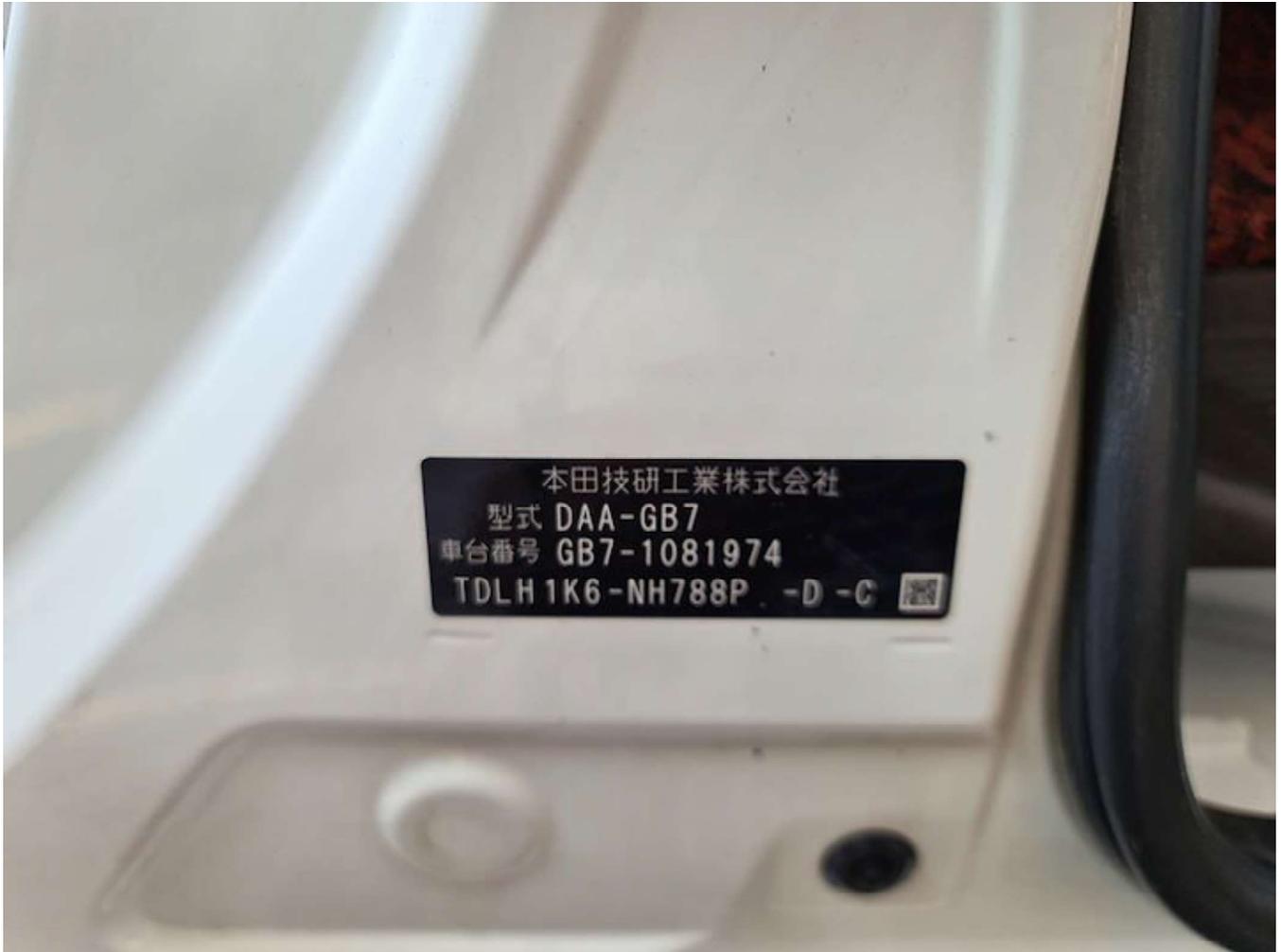
















**SINGAPORE
POLICE FORCE**



T/20220315/7003

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

2 of 3

Report No. T/20220315/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP2761K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG TECK YONG	ID No.	S1696536G
Related Vehicle	SMP2761K (Car)	Contact No.	88235854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/03/2022	Date	15/03/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 15/03/2022 AT ABOUT 06:50HR, I WAS DRIVING MY VEHICLE - SMP2761K, ALONG UPPER CHANGI ROAD EAST TOWARDS SIMEI AVENUE WITH A FEMALE PASSENGER. I STOPPED MY VEHICLE BEFORE THE GIVE-WAY LINE TO CHECK ON ON-COMING TRAFFIC BEFORE PROCEEDING. I WAS STATIONARY WHEN I SUDDENLY FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT VEHICLE NUMBER - GBF2789P, HAD COLLIDED ONTO MINE.

SUSEQUENTLY, I SOUGHT FOR MEDICAL ATTENTION AT INTEMEDICAL 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/20220315/7003

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Report No. T/20220315/7003

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
15/03/2022 10:36

Classification Of Case:





LETTER OF AUTHORIZATION

Accident on 15/03/2022 @ 06:50 along Upp. Changi Rd East towards Simei Ave.
Involving vehicles SMP 2761K and 9BF 2789P.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMP 2761K at my request, I/We, Chloetang ("the claimant") of _____ (address) bearing NRIC No 53403141B the owner of motor vehicle no SMP 2761K; 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 15 day of 03 (month) 20 21 (year)



Signed by "the claimant"
Name: Chloetang
NRIC No: 53403141B



Signed by Zoom Autowerks Pte Ltd
Name: Elin Cai

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBF2789P

Date of Accident

15/03/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**

Period of Insurance **25/08/2021 - 24/08/2022**

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

Requested Date **15/03/2022 13:41**

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**



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: 19759

SMPT2761K. ZOOM

OC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) Tang Teck Yong

Email: _____

NRIC/PASSPORT No: S1696536E1

Date of Birth: 18/4/1965

Address (Res): APT BIK 642C Punggol Drive
#08-367 S (823642)

Driving Licence No: S1696536G D/L Type: Local / International

Issue Date: 03 May 2018

Tel: (O) _____ HP 8023 5854

Company Name: _____

Company UEN: _____

Company Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____

NRIC/PASSPORT No: _____

Date of Birth: _____

Address (Res): _____

Driving Licence No: _____ D/L Type: Local / International

Issue Date: _____

Tel: (O) _____ HP _____

VEHICLE CHECK LIST

INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS

RIGHT FRONT TOP LEFT

BACK

Vehicle No: SLG 9542P Replace Veh No: _____

Mileage out: _____

Make & Model: Honda VEZEL Auto Manual

OUT : Date 25/03/22 Time: _____

HIRE PERIOD 15 2 WEEKS

OWN DAMAGE CLAIM	Excess S\$	<u>2000</u>
THIRD PARTY CLAIM	Excess S\$	<u>1500</u>

CHARGES

Daily	<u>8</u> @ \$ <u>120.00</u>	per day	<u>960</u>	<u>00</u>
Weekly	@ \$ _____	per week		
Monthly	@ \$ _____	per month		
Others	@ \$ _____			
Delivery Service				
GST				
SUB-TOTAL \$				

PETROL LEVEL

Out	E	<u>1/4</u>	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Misc. _____

GST Incl 7%

TOTAL CHARGES 960

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**
1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE
 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
 3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
 4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST
 5. 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 DEEM BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS 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
<u>23/03</u>				

HIRER'S SIGNATURE Teck Yong

VICOM INSPECTION CENTRE PTE LTD
23, Kaki Bukit Avenue 4 (415933)
REG NO : 200102514D
GST REG NO : M9-0000852-A

24 Mar 2022 09:21 AM

Receipt No : VICKBAB22008444
Vehicle No : PHCDecal
Cust Code : CS
Customer : Walk-in

Item	Qty	Amount
PHC Decal Installation	1	18.69
Sub Total		18.69
GST @ 7 %		1.31
AMT DUE		20.00
PAID		20.00

*** THANK YOU ***

VICOM INSPECTION CENTRE PTE LTD
23, Kaki Bukit Avenue 4 (415933)
REG NO : 200102514D
GST REG NO : M9-0000852-A

24 Mar 2022 09:21 AM

Receipt No : VICKBAB22008444
Vehicle No : PHCDecal
Cust Code : CS
Customer : Walk-in

Item	Qty	Amount
PHC Decal Installation	1	18.69
Sub Total		18.69
GST @ 7 %		1.31
AMT DUE		20.00
PAID		20.00

*** THANK YOU ***