

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: **Bjorn Chua Kang Wei**

"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 Jalan Jurong Kechil involving our client's vehicle registration number SMW 41 G and vehicle registration number SHD 8534 H 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	\$21,900.00
2) Loss of Rental	\$9,900.00
3) Insurance Search Fee	\$7.45
4) Towing Fee	\$180.00

Total : **\$31,987.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice
- LTA Insurance Search Fee Receipt
- Towing Chit

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

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 16/03/2022 12:48 (SGT)
Date of Accident 15/03/2022 22:40 (SGT)
Exact Location of Accident Jln Jurong Kechil, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW41G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KANG WEI BJORN(CAI KANGWEI)
NRIC No SXXXX746J
Email Address bjornchuakangwei@gmail.com
Mobile Phone No (Phone) +65-90475274
Alternative Phone No +65-90475274

VEHICLE PARTICULARS

Manufacturer Maserati
Model GRANTURISMO
Variant -
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 4244

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG22001935
Cover Note Number -

DRIVER

Name of Driver CHUA KANG WEI BJORN(CAI KANGWEI)
NRIC No SXXXX746J

Date Of Birth	01/04/1985
Occupation	Indoor
Date Of Driving Pass	22/11/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90475274
Alt. Phone Number	+65-90475274
Email Address	bjornchuakangwei@gmail.com
Address	37 ENG KONG CRESCENT #04-01
Address complement	-
Postcode	599428
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	HON SIEWEI
Gender	Female

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

ON 15/03/2022 AT ABOUT 22:40HRS. I WAS DRIVING VEHICLE A, SMW41G TRAVELLING ALONG JALAN JURONG KECHIL AT THE CENTER LANE. AS THERE WAS A BUS INTENDING TO FILTER INTO MY LANE. I SLOWED DOWN AND STOP TO GIVE WAY. ALMOST IMMEDIATELY, VEHICLE B SHD8534H COLLIDED ONTO MY VEHICLE REAR PORTION.

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	SHD8534H
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
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)	-

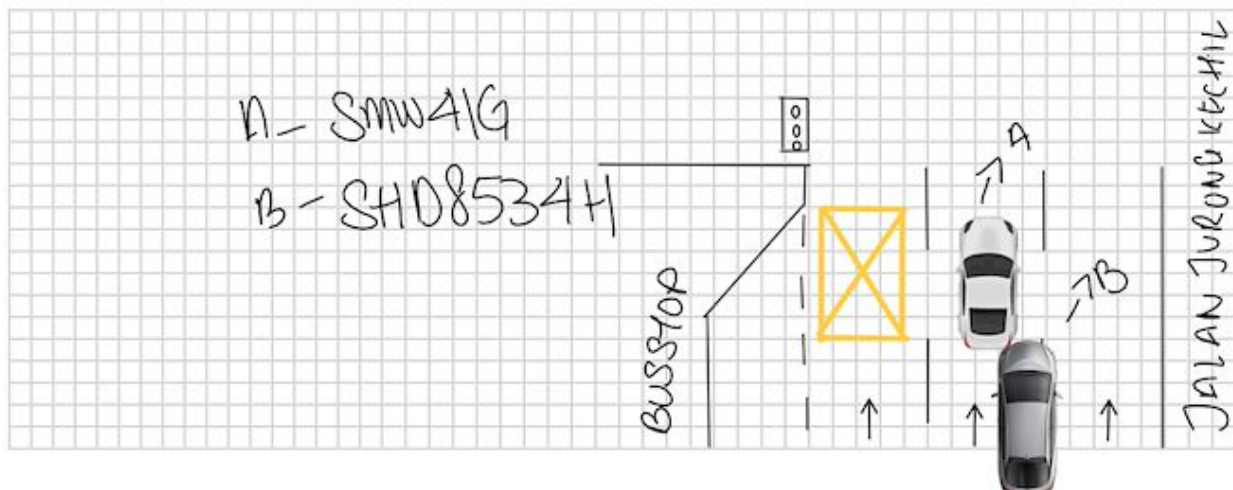
SKETCH PLAN**IMPORTANT NOTICE**

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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.
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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' 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 12:30 16.03.22

Witnessed by Reporting Centre Personnel MD NA22 IN

Sketch Plan

Describe Circumstances of the Accident

ON 15/03/2022 AT ABOUT 22:40HRS. I WAS DRIVING VEHICLE A, SMW41G TRAVELLING ALONG JALAN JURONG KECHIL AT THE CENTER LANE. AS THERE WAS A BUS INTENDING TO FILTER INTO MY LANE. I SLOWED DOWN AND STOP TO GIVE WAY. ALMOST IMMEDIATELY, VEHICLE B SHD8534H COLLIDED ONTO MY VEHICLE REAR PORTION.

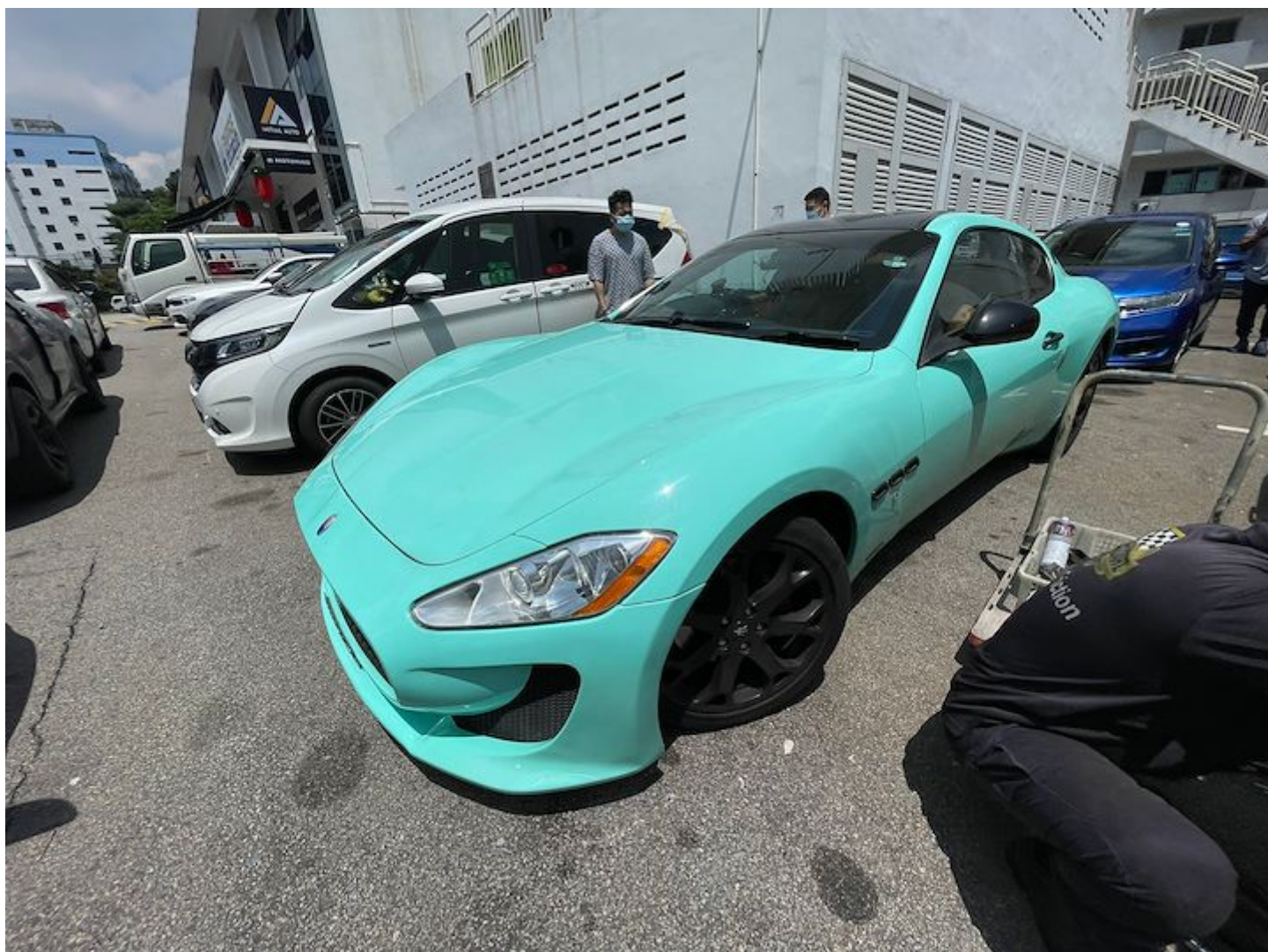
Declaration

I/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 12:30 16.03.22

Witnessed by Reporting Centre
Personnel MD NAZRY







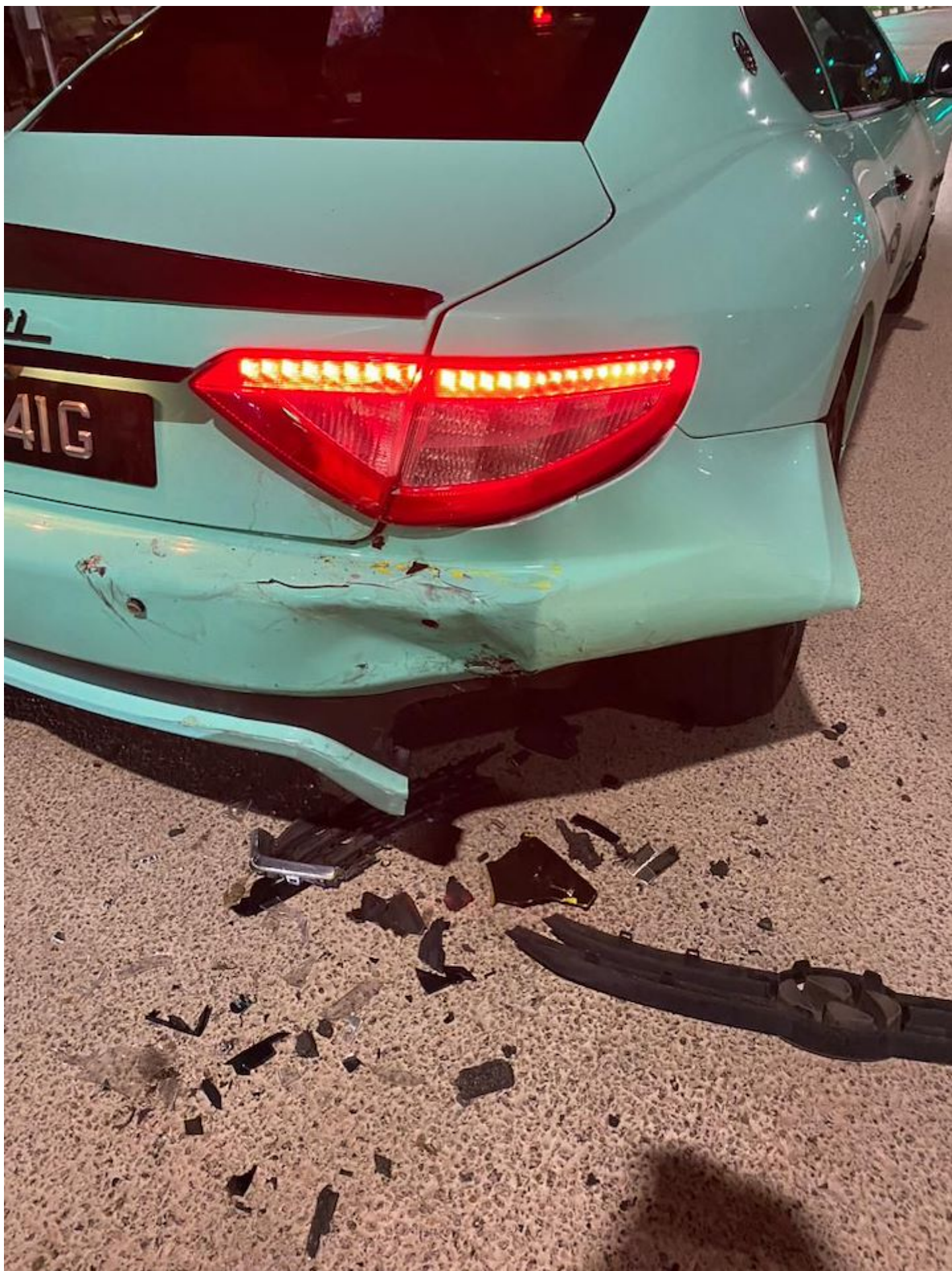


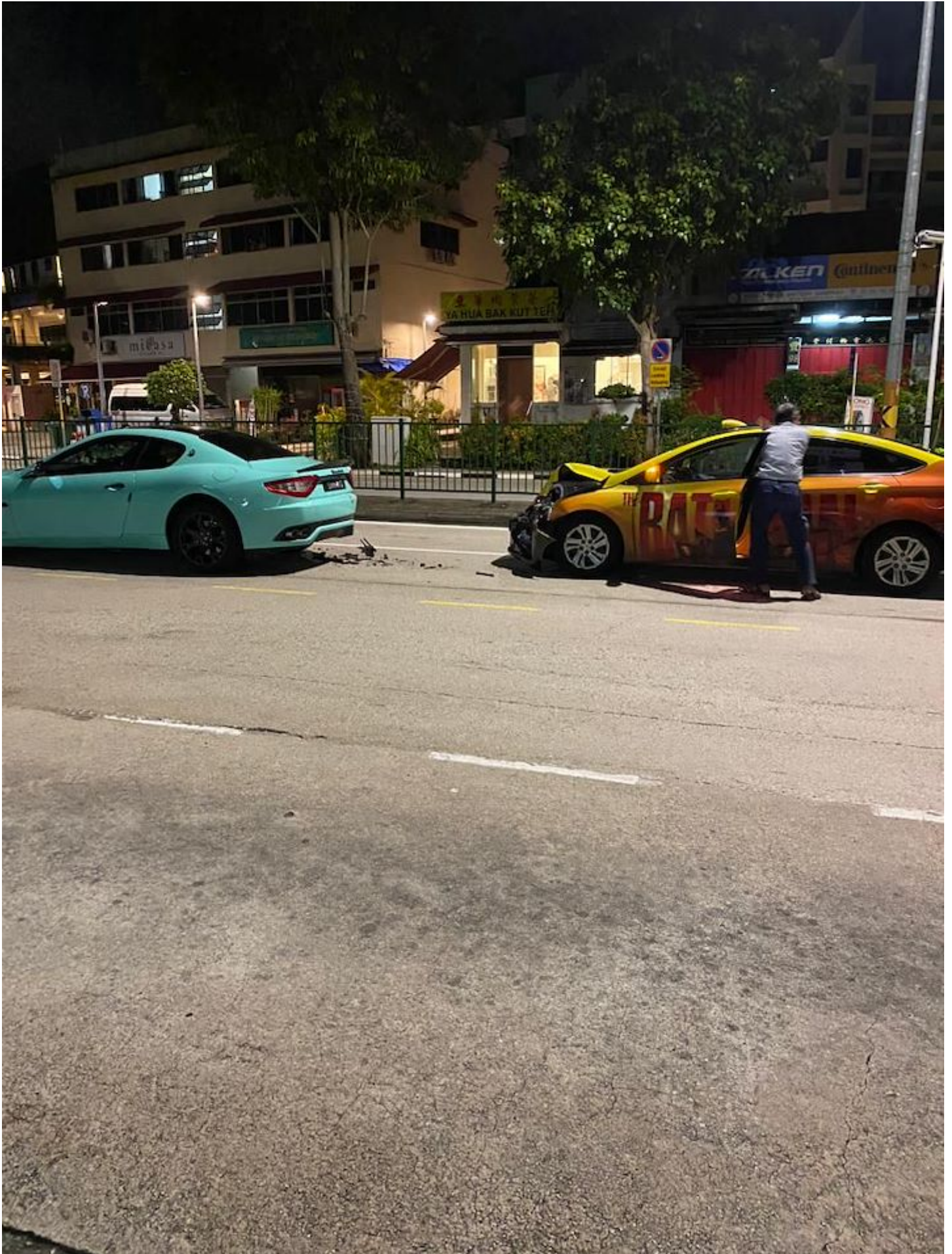


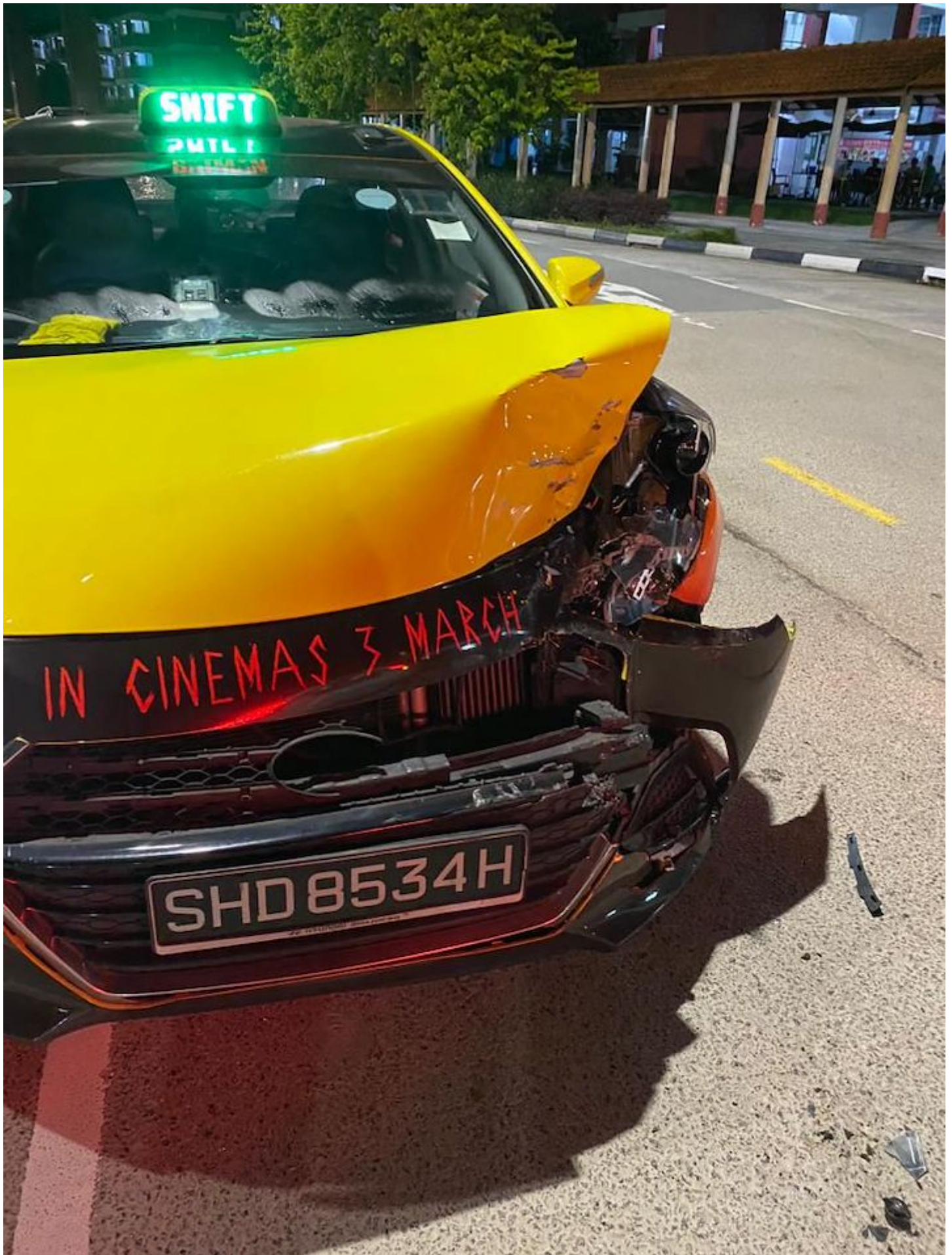


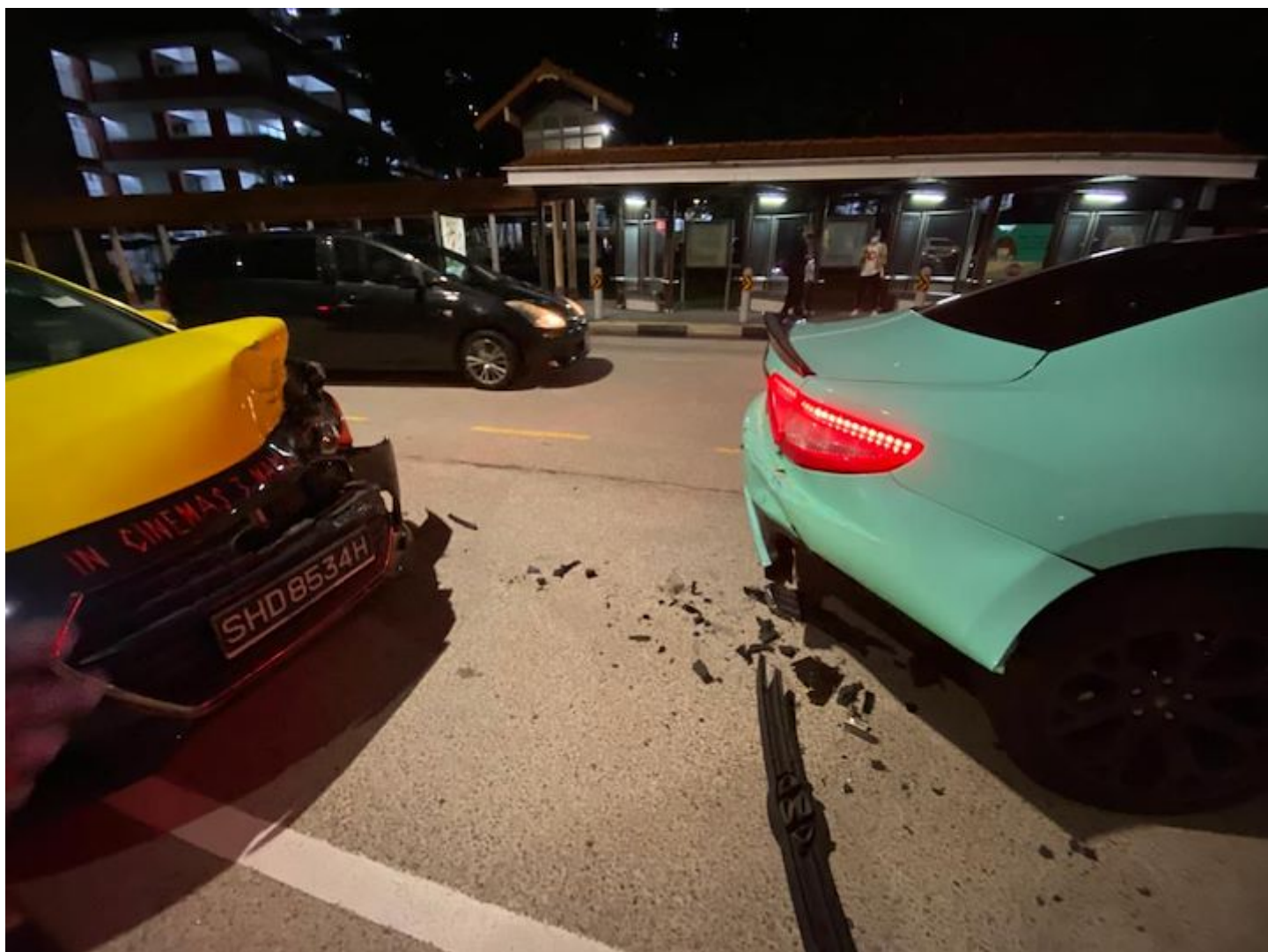


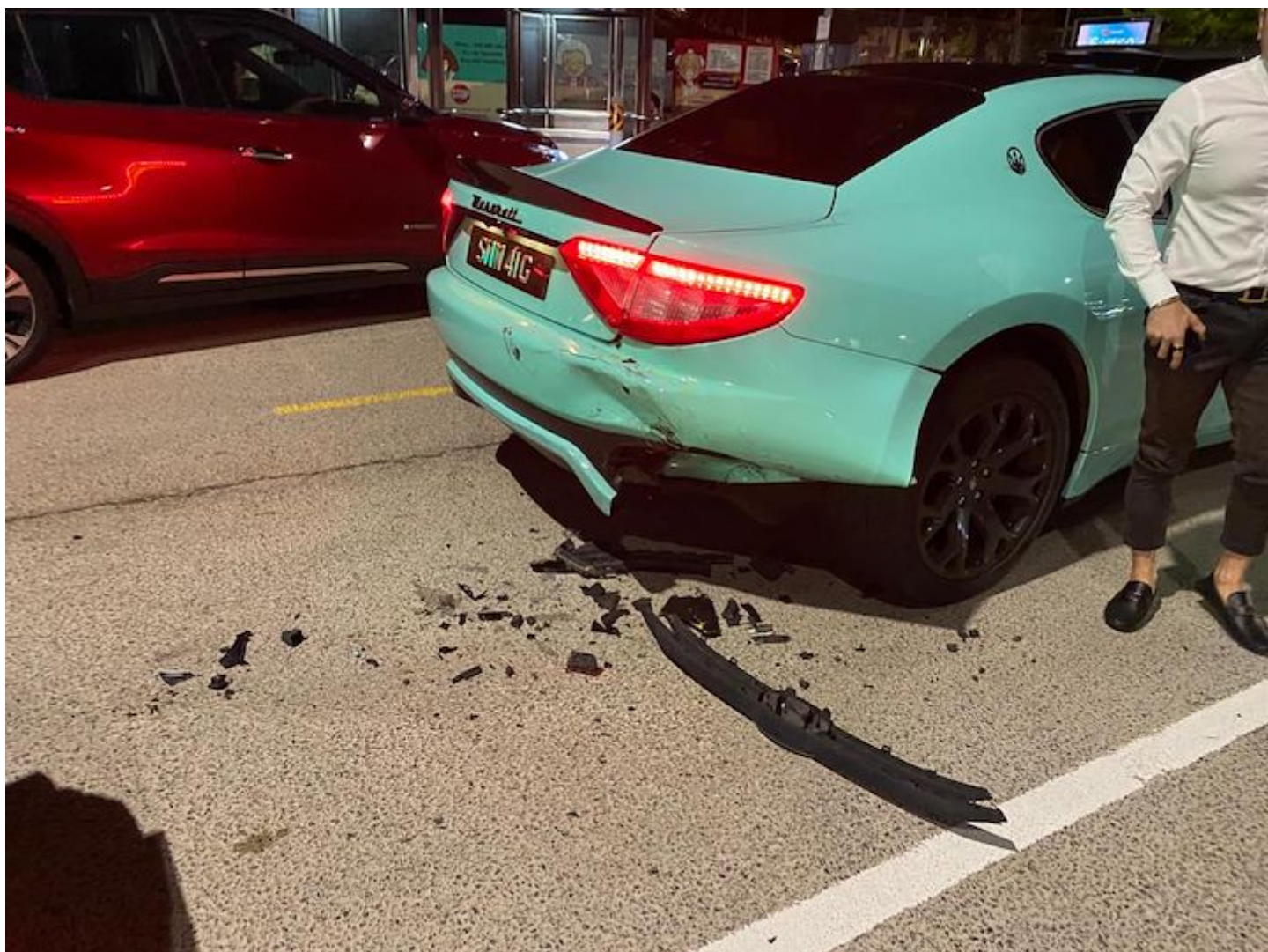














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ04223G0008 Vehicle Registration No: SMW41G
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 15.03.2022 Time of Accident: 22:40
 Place of Accident: Jln Jurong Kechil,
 Insurance Company: ERGO

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

update private use

Chen Kaiqiwei (Chen Kaiqiwei)
 Policyholder / Driver's Signature
 Date: 16.03.2022

siti
 Reporting Centre Personnel's Signature
 Name: Siti
 NRIC/FIN No.: _____
 Date: 16.03.2022

QIA/RMC Addendum Form



**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. : ZP0000664
Date : 6/6/2022
VRN : SMW 41 G
Make & Model : Maserati GT
DOA : 15/3/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			21,900.00
2	Loss of Rental			9,900.00
3	LTA Insurance Search Fee			7.45
4	Towing Fee			180.00

TOTAL : **\$31,987.45**

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)

**LETTER OF AUTHORIZATION**

Accident on 15/03/2022 @ 22:40 along Jalan Jurong Kechil
Involving vehicles 3MW41G and S#D8534H

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no 3MW41G at my request, I/We, Bjorn Chua Kang Wei ("the claimant") of _____ (address) bearing NRIC No S8508746J the owner of motor vehicle no 3MW41G, 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 22 (year)

Signed by "the claimant"

Name: Bjorn Chua Kang Wei

NRIC No: S8508746J



Signed by Zoom Autowerks Pte Ltd

Name: Etin Cai



KIRALY PTE LTD

UEN No. 201412081C

8 Kaki Bukit Avenue 4 #06-43

Premier @ Kaki Bukit Singapore 415875

Tel : 3159 4125

Email: kiralypl@gmail.com

INVOICE TO:

CHUA KANG WEI BJORN (CAI KANGWEI)
S8508746J

INVOICE DATE 04/05/2022
INVOICE NO. 1402

Item	DESCRIPTION	UNIT PRICE (S\$)	AMOUNT (S\$)
1	BEING RENTAL OF VEHICLE SJU9344U 17/3 11AM - 1/5 10AM REPLACEMENT FOR SMW41G	220.00	9,900.00

AMOUNT DUE \$9,900.00

KIRALY PTE LTD



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Mar 2022 / 13:59:25

Receipt Date/Time : 16 Mar 2022 / 13:59:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220316-002159

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHD8534H As at 15 Mar 2022/22:40:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD8534H Enquiry Fee 20220316135826851256	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.



CASH SALE/WORK ORDER

No. 213294

Date: 15/3/22

寶號
Messrs: Fict Auto

車號
Vehicle No: 5MW 416 車型
Model No: Maserati

時間(日/夜)
Time (day/night): 10:01 Contact No:

由
Location: Jln Jurong Kechil

到
To: Bentley Biz Center #01-53

Cash \$: 1801. 其他
Others:

經手人
Authorised By: Jim Tow Truck
Driver Name: Dy Ym91487

注意本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☒ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint