



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: GBG6915K

Your Ref.: SHD4104S

Date: 21.06.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: GBG6915K & SHD4104S

Date of Accident: 26.03.2022 @ 06:50HRS

Location: T-Junction Of Loyang Way Towards Loyang Avenue

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 7,400.00</u>
Loss of Use: (11 Days x \$180/Day):	<u>\$ 1,980.00</u>
LTA Search:	<u>\$ 7.45</u>
3rd Party Report:	<u>\$ 31.00</u>
Grand Total:	<u>\$ 9,418.45</u>

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 jlperfectautowork@gmail.com

Thank You,

Shanelle Lim





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8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, Bak Chwee Auto Pte Ltd ("the third party claimant") of
9002 Tampines St 93 #01-44 (s) 528836
(address), owner of GBG6915K (vehicle no.)
hereby authorise JL Perfect AUTOWORK Pte Ltd ("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. GBG6915K that was
damaged pursuant to the accident which occurred on 26-03-22 (date)
at/along T-Junction of Loyang way tuds Loyang Ave
(location) involving vehicle no/s SHD41045 ("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 26 day of 03 (month) 20 22 (year)



X

Signed by "the third party claimant"



[Signature]

Signed by "the workshop"



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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. GBG6915K and SHD47045 on 26.03.22

at/along T-Junction of Loyang way towards Loyang Ave

1. I/We, the Owner of motor vehicle no. GBG6915K hereby instruct and authorise JL Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 26 day of 03 2022

Signature of vehicle owner [Signature]

Name: Bak Chwee Auto Pte Ltd

IC/UEN No: 201532164D

(Company stamp, if applicable)

Address: 9002 Tampines St 93

#01-44 C3) 528836

Tel: 90623545



Witnessed by: [Signature]
Shannelle Lim

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
21.06.2022	JLP202206-00093	GBG6915K

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,400.00
Total	\$ 7,400.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL 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 Mar 2022 / 13:40:11

Receipt Date/Time : 26 Mar 2022 / 13:40:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220326-001421

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 - SHD4104S As at 26 Mar 2022/06:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD4104S Enquiry Fee 20220326133854116000	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				
421808XXXXXX9928		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

JL PERFECT AUTOWORK PTE LTD -
Bak Chwee Auto Pte Ltd

Invoice Number
GR-2022-001259

Invoice Issue Date
02 Apr 2022

Invoice Due Date
09 Apr 2022

Total Amount (S\$)	28.97
Total GST 7.00% (S\$)	2.03
Total Amount Incl. of GST (S\$)	31.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount incl. of GST (S\$)
Sale of Accident Report - Puji	02/04/2022,26/03/2022.GBG6915K,SH :41045	28.97	2.03	31.00
		Total Amount (S\$)		28.97
		Total GST 7.00% (S\$)		2.03
		Total Amount Incl. of GST (S\$)		<u>31.00</u>

*This is a computer generated document.
No signature is required.*

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	28/03/2022 18:16 (SGT)
Date of Accident	26/03/2022 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION OF LOYANG WAY TOWARDS LOYANG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6915K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BAK CHWEE AUTO PTE LTD
Company Reg No	201532164D
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90623345
Alternative Phone No	+65-90623345

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00113512104
Cover Note Number	-

DRIVER

Name of Driver	MUHAMAD SHARIN BIN AWANG
NRIC No	S8326689I

Date Of Birth	05/09/1983
Occupation	Outdoor
Date Of Driving Pass	30/10/2013
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91452275
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 683B EDGEDALE PLAINS
Address complement	#06-695
Postcode	822683
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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 - Cross Junction
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	SURIANI
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

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	SHD4104S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMAD SHARIN BIN AWANG
Gender	Male
Phone No	(Phone) +65-91452275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG6915K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SURIANI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG6915K
Were seat belts worn?	-
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

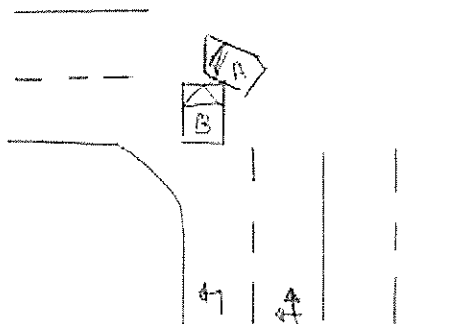
[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 28/3/22
Witnessed by Reporting Centre Personnel

Sketch Plan

W/L A: GPB66915K
W/L B: SHD41045

Loyang Way towards
Loyang Avenue



ON THE STATED DATE AND TIME. I, VEHICLE A (GBG6915K) WAS TRAVELLING ON LANE 1 OF LOYANG WAY TOWARDS LOYANG AVENUE. I WAS IN THE LANE THAT CAN GO STRAIGHT AND TURN LEFT WHILE I MAKING LEFT TURN. SUDDENLY I FELT A HUGE IMPACT FROM THE LEFT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SHD4104S) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I WAS IN THE LANE THAT CAN GO STRAIGHT AND TURN LEFT. VEHICLE B (SHD4104S) IS AT THE LANE THAT CAN ONLY TURN LEFT AND INSTEAD OF TURNING LEFT HE WENT STRAIGHT THEREFORE THE COLLISION HAPPENS.

I WISH TO STATE THAT I GOT 1 PASSENGER (MY WIFE) IN MY CAR.

VEHICLE A : GBG6915K

VEHICLE B : SHD4104S



A handwritten signature or set of initials, possibly 'G' or 'S', written in black ink.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8326689i



Name
MUHAMAD SHARIN BIN AWANG

Race
MALAY
Date of birth
05-09-1983
Sex
M
Country/Place of birth
SINGAPORE




8326689i


GBG6915K

Driver

5293955



NRIC No. S8326689i



Date of issue
12-04-2014

APT BLK 683B EDGEDALE PLAINS #06-695
SINGAPORE 822683

NRIC No: S8326689i Date: 28/06/2018
SINGAPORE 8326689i


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 83266891**
 Name: **MUHAMAD SHARIN BIN AWANG**

Birth Date: **05 Sep 1983**
 Issue Date: **09 Feb 2019**

002900032F





GBG 6915K
 Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	30 Oct 2013

NP 428A



Motor Commercial

MZ407/C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

R SN
AN0435A
Cov. Type:F

CERTIFICATE No.	DMCVSNW00113512104	Engine No.: 1KD2743484	Cha. No.:KDH2010231804
1 Index Mark and Registration Number of Vehicle	GBG6915K		
2 Name of Policy Holder	BAK CHWEE AUTO PTE LTD		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/09/2021 (00:00:00)	Excess Sect. II	SS1,500.00
4 Date of Expiry of Insurance	28/09/2022		
5 Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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 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 cancelled at the time of the accident loss or damage.		
6 Limitations as to use*	(1) Use in connection with the Policyholder's business and Hirer's Business. (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business. (3) Use for social, domestic or pleasure purpose. The policy does not cover: (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.		

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS HP OWNER

* 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

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By YETTA INSURANCE AGENCY PTE LTD
Authorised Officer



Authorised Signatory