

**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.comOur Ref.: GBH1530PYour Ref.: SHC7689GDate: 13.10.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: GBH1530P & SHC7689GDate of Accident: 04.04.2022 @ 10:40HRSLocation: Braddell Road Towards Lornie

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$ 6,000.00
Loss of Use:	
(8 Days x \$180/Day):	\$ 1,440.00
LTA Search:	\$ 7.45
3rd Party Report:	\$ 31.00
Towing Fee:	\$ 60.00
Grand Total:	\$ 7,538.45

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

Thank You,

Shanelle Lim





HD PERFECT
AUTOWORK PTE LTD

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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, Asia Angelmax Pte Ltd ("the third party claimant") of
31 Woodlands Close #08-08 Woodlands Horizon Square 737855
(address), owner of GBH1530P (vehicle no.)
hereby authorise HD 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. GBH1530P that was
damaged pursuant to the accident which occurred on 04/04/2022 (date)
at/along Bradell Road TWS Lane
(location) involving vehicle no/s SHC7689G ("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 4 day of 4 (month) 20 22 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. GBH1530P and SHC7689G on 04/04/2022
at/along Bradell Road + Joo's Lane

1. I/We, the Owner of motor vehicle no. GBH1530P hereby instruct and authorise HD 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 4 day of 4 2022

Signature of vehicle owner _____

Name: Asca Angelmax Pte Ltd

IC/UEN No: 201604943 E

(Company stamp, if applicable)

Address: 31 Woodlands Close #08-08
Woodlands Horizon S(737855)

Tel: 98312421



Witnessed by: Shanell Lim

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



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
13.10.2022	HDP202210-00174	GBH1530P

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,000.00
Total	\$ 6,000.00

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 : 04 Apr 2022 / 20:16:36

Receipt Date/Time : 04 Apr 2022 / 20:16:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220404-003685

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 - SHC7689G				
As at 04 Apr 2022/10:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC7689G Enquiry Fee 20220404201545574749	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.



RECORD MANAGEMENT CENTRE

**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 -
Asia Angelwax Pte Ltd

Invoice Number
GR-2022-001354

Invoice Issue Date
11 Apr 2022

Invoice Due Date
18 Apr 2022

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

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	07/04/2022,04/04/2022,GBH1530P,SHC7689G	28.97	2.03	31.00
Total Amount (\$\$)				28.97
Total GST 7.00% (\$\$)				2.03
Total Amount Incl. of GST (\$\$)				31.00

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



Reg No: 52977287 J

CASH SALE/WORK ORDER
迅速拖車服務
SPEEDWAY RECOVERY SERVICE
Singapore Post Centre Post Office P.O. Box 201 Singapore 914007
Tel: 6841 0080

No: B 26168

Date: 4/4/22

Name/Company CASH

Vehicle No. GBH 1530P Model V-W Caddy

From K-B Premier #03-46

To B1K53 Paya Ubi #01-33

Remarks _____

Time:

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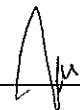
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- ☐ Jump Start
- ☐ Tyre Replacement
- ☒ Accident Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo Payment

☐ Trips

Amount \$ 607

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

Tow Truck 

24 HRS TOWING SERVICE
6841 0080

www.speedwayrecovery.com
Email: speedwaytowing@gmail.com

Received By _____



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	05/04/2022 19:16 (SGT)
Date of Accident	04/04/2022 10:40 (SGT)
Exact Location of Accident	Singapore
() Additional Location Information	BRADELL ROAD TWDS LORNIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1530P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ASIA ANGELWAX PTE LTD
Company Reg No	201604943E
Email Address	ABC8627E@GMAIL.COM
Mobile Phone No	(Phone) +65-98312421
Alternative Phone No	(Home) +65-98312421

VEHICLE PARTICULARS

() Manufacturer	Volkswagen
Model	Caddy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA604040/1
Cover Note Number	-

DRIVER

Name of Driver	SIM HENG YU KELVIN
NRIC No	S8825574G

Date Of Birth	16/07/1988
Occupation	Indoor
Date Of Driving Pass	30/04/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-98312421
Alt. Phone Number	-
Email Address	ABC8627E@GMAIL.COM
Address	874B TAMPINES ST 85 #04-04
Address complement	-
Postcode	522874
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHC7689G
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX757R
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	SIM HENG YU KELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH1530P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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. 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

← Road Kerb

A = GBH1530P
B = SHC7689G
C = GX757R

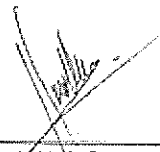
Braddell Road towards Lornie

Describe Circumstances of the Accident


Refer to Attached


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


Witnessed by Reporting Centre
Personnel

On 04.04.2022 at about 10:40 hours along Braddell Road towards Lornie, I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (C) slowed down and stopped, I tried to avoid the collision and my vehicle (A) swerved more to the right.

Suddenly, I heard a loud bang and I banged the front vehicle (C). The impact caused my vehicle (A) to go up the road kerb. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages to the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 3 vehicles involved.

Vehicle (A): GBH 1530P


Vehicle (B): SHC 7689G

Vehicle (C): GX 757R



GBH1530P
Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8825574G





Name
SIM HENG YU, KELVIN
沈 恒 宇

Race
CHINESE

Date of birth
16-07-1988

Sex
M

Country of birth
SINGAPORE



S084361



NRIC No. S8825574G



Date of issue
28-06-2012

APT BLK 874B TAMPINES STREET 85 #04-04
SINGAPORE 522874
NRIC No: XXXXX574G Date of change: 25/05/2021



GBH1530P
Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

002798365B

SIM HENG YU, KELVIN

Birth Date: 16 Jul 1988
Issue Date: 30 Apr 2018

002798365B

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

		EFFECTIVE DATE
C	Class 2B Motorcycles ≤ 200 CC	09 Mar 2018
	Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	30 Apr 2018

S / No. 9000280502

NP 428A

Licence No: S8825574G



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

date
 07/01/2022

policy number
 GA604040

Certificate of Insurance

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

Policy details

Policyholder name	ASIA ANGELWAX PTE. LTD.	Certificate number	GA604040 / 1
Cover	Comprehensive	NCD	20%
Engine number	DFS221277	Chassis number	WV1ZZZ2KZHX164140
Vehicle Registration number	GBH1530P		
Period of Insurance	from 29/01/2022 to 28/01/2023 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	PACE MOTORS PTE LTD		

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission.

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.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Commercial 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

Excess

Section I	SGD500.00
Windscreen	SGD100.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named / unnamed drivers who:

- a) is 22 years old to 24 years old and or
- b) is 66 years old to 70 years old and or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named / unnamed drivers who:

- a) is 18 years old to 21 years old and or
- b) is 71 years old and above and or
- c) with driving experience of less than 1 year on the relevant classes of driving license