

To: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Attn: **Motor Claims Department**

Date: 1st July 2022

Dear Sir/Madam,

Claimant: **Pang Tong May**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 06/04/2022 at along CTE(AYE), exit to PIE(Changi) involving our client's vehicle registration number SLQ 7552 X and vehicle registration number SLN 2061 U 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	\$4,500.00
2) Loss of Rental	\$1,050.00
3) LTA Search Fee	\$7.45

Total : **\$5,557.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement & Invoice
- LTA Search Fee 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**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **India International Insurance Pte Ltd**
64 Cecil Street #04/#05
IOB Building
Singapore 049711

PF No. : ZP0000678
Date : 1/7/2022
VRN : SLQ 7552 X
Make & Model : Toyota Wish
DOA : 6/4/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,500.00
2	Loss of Rental			1,050.00
3	LTA Search			7.45

TOTAL : **\$5,557.45**

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)

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 06/04/2022 16:18 (SGT)
Date of Accident 06/04/2022 10:37 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE(AYE) EXIT TO PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7552X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PANG TONG MAY (PENG DONGMEI)
NRIC No SXXXX353E
Email Address JOJOPENG1@GMAIL.COM
Mobile Phone No (Phone) +65-96582254
Alternative Phone No (Home) +65-96582254

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1797

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver PANG TONG MAY (PENG DONGMEI)
NRIC No SXXXX353E

Date Of Birth	22/06/1978
Occupation	Indoor
Date Of Driving Pass	05/05/2001
Driving experience	20 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96582254
Alt. Phone Number	(Home) +65-96582254
Email Address	JOJOPENG1@GMAIL.COM
Address	BLK 216 YISHUN STREET 21
Address complement	#06-317
Postcode	760216
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	PENG XIANG JUN
Gender	Male

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 SKETCH PLAN 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	SLN2061U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	(Phone) +65-96641927
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

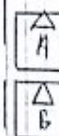
Sketch Plan


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


Witnessed by Reporting Centre Personnel

Vehicle A: SL67552X

Vehicle B: SIN7061H



CTE(MYE) exit
to RIL(changi).

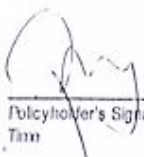
Scanned with CamScanner

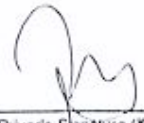
Describe Circumstances of the Accident

On the stated date and time, I, vehicle A;
 8167582X, was travelling along the stated route due
 to heavy traffic, vehicles were stationary. I suddenly
 felt an impact from my vehicle's rear portion when
 I alighted. I then realised that vehicle B; SIN20614,
 had collided onto my vehicle's rear portion.

Declaration

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



Scanned with CamScanner



















**LETTER OF AUTHORIZATION**

Accident on 06/04/2022 @ 10:37 along CTE (AYE) exit to PIE (Changi).
Involving vehicles SLQ 7552X and SLN 2061U.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLQ 7552X at my request, I/We, Pang Tong May ("the claimant") of _____ (address) bearing NRIC No. S7818353E the owner of motor vehicle no SLQ 7552X, 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 06 day of 04 (month) 20 22 (year)


Signed by "the claimant"

Name: Pang Tong May

NRIC No: S7818353E


Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Apr 2022 / 17:08:10

Receipt Date/Time : 06 Apr 2022 / 17:07:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220406-003031

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLN2061U As at 06 Apr 2022/10:37:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLN2061U Enquiry Fee 20220406170622359713	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.

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. : **INV0000685**
Date : 27/4/2022
Ref : SKP 1847 C
Your Ref : SLQ 7552 X
Terms : COD

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (06/04/2022 to 14/04/2022)	\$150.00	7 Days	\$1,050.00

C/O Pang Tong May

216 Yishun Street 21

#06-317 Singapore 760216

Contact: 9658 2254

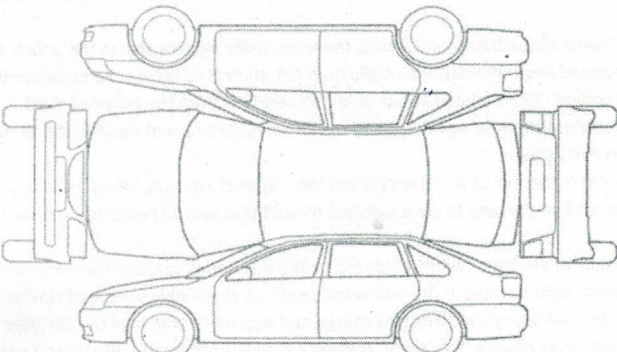


Total : \$1,050.00

(Customer's Signature/Stamp)

**ZOOM CAR
LEASING**

(For Zoom Car Leasing)

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name: Pang Tong May		Vehicle No.: 8FP 1847C																					
NRIC/Passport No.: S7818353E		Vehicle Make/Model: Mazda 6.																					
Address: 716 Yishun St 21 #06-317 S(760216)		Date/Time Out: 06/04/2022.																					
Tel: 9658 2254		Date/Time In: 14/04/2022.																					
Driving License No./Exp.:		<table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> <tr> <td colspan="5">OUT</td> </tr> </table> <table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> <tr> <td colspan="5">IN</td> </tr> </table>		E	¼	½	¾	F	OUT					E	¼	½	¾	F	IN				
E	¼	½	¾	F																			
OUT																							
E	¼	½	¾	F																			
IN																							
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		Mileage: Mileage:																					
NRIC/Passport No.:		<table border="1"> <tr> <td>Hours</td> <td>@</td> <td>per hour</td> <td></td> </tr> <tr> <td>8 Days</td> <td>@</td> <td>\$150 per day</td> <td>\$1050</td> </tr> <tr> <td>Weeks</td> <td>@</td> <td>per week</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td>per month</td> <td></td> </tr> </table>		Hours	@	per hour		8 Days	@	\$150 per day	\$1050	Weeks	@	per week		Months	@	per month					
Hours	@	per hour																					
8 Days	@	\$150 per day	\$1050																				
Weeks	@	per week																					
Months	@	per month																					
Address:		Other Charges																					
Tel:		Petrol Top-Up																					
Driving License No./Exp.:		Sub-total																					
(A) - Accident (D) - Dent (S) - Scratch		TOTAL CHARGES																					
		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:		<div style="text-align: center;">  Hirer's Signature / Date </div> <div style="text-align: center;">  Owner's Signature / Date </div>																					
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.																							