

**利 民 达 摩 多**  
**JEMENTAH MOTOR WORKS**  
Blk 14 #01-406 Defu Lane 10 Singapore 539195  
噴漆, 打嗎呷, 意外保險賠償, 出租汽車和貨車  
Spray Painting, Panel Bending & Accident Insurance Claims  
Rental of Passenger & Commercial vehicle

Date: 3 Jun 2022

Our Ref: SJW2870C

Your Ref: SMR191H

To: AXA Singapore Pte Ltd  
9 North Buona Vista Drive,  
#18-01/06,  
Tower 1 The Metropolis,  
Singapore 138588

Dear Sirs,

**ACCIDENT INVOLVING SJW2870C AND SMR191H**

We are the representative for **PRESTO EXPAT MOTORING SERVICES PTE. LTD** whose vehicle registration number **SJW2807C** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SMR191H**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows: -

Cost of Repairs: \$10,800

Loss of Rental for 12 days @ \$78.46/day: \$941 (incl. GST)

LTA search Fees: \$7.45

**Total: \$11,748.45**

Enclosed are the supporting documents for your perusal: -

GIA Report  
LTA Search Invoice  
Repair Bill  
Rental Bill

Kindly let us have your payment of \$11,748.45 in our workshop's name within the next 14 days.

Please do not hesitate to contact Mr Lee Zhen Yang or email [leezhenyang@jmentah.com](mailto:leezhenyang@jmentah.com) should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully

A handwritten signature in black ink, appearing to be 'Lee Zhen Yang' with a stylized flourish at the end.

Lee Zhen Yang  
Account Manager

Encl.

## 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 .....	25/04/2022 15:09 (SGT)
Date of Accident .....	24/04/2022 13:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE (CHANGI) BEF ONRAET ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJW2870C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No .....	200713089K
Email Address .....	RENTAL@PRESTOEXPATMOTORING.COM
Mobile Phone No .....	(Phone) +65-96567767
Alternative Phone No .....	+65-96567767

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	5109441522-02
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	DEAN JOHN SCOTT
Passport No/FIN .....	G5787756T

Date Of Birth .....	28/12/1976
Occupation .....	Indoor
Date Of Driving Pass .....	03/07/2013
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90675204
Alt. Phone Number .....	-
Email Address .....	RENTAL@PRESTOEXPATMOTORING.COM
Address .....	69 CORONATION ROAD WEST
Address complement .....	-
Postcode .....	269282
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	BARNABY SCOTT
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	FBS593G
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLE2715P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
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 3

Vehicle Registration Number .....	SMR191H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
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 .....	UNKNOWN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS593G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 lodgment 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)**

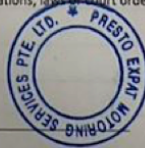
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/04/22

2:30pm



Reporting Centre Personnel's Signature  
Name: HONG DA  
NRIC/FIN No.: S94233F



A: SMR191 H - Mercedes  
B: SJW2870C - Mazda 3  
C: FBS 5936 - Blue Yamaha  
D: SLE2715P - Subaru

**SKETCH PLAN**

PIE - Onraet Road

**Describe Circumstance of the Accident**

- Refer to police report -

du  
Hong on  
5942334

25/04/2022  
2:30 pm



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Apr 2022 / 16:52:25

Receipt Date/Time : 26 Apr 2022 / 16:52:11

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220426-003192

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SMR191H As at 24 Apr 2022/13:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMR191H Enquiry Fee 20220426165002311615	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	411911XXXXX6699	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.





利民达摩多

**Jementah Motor Works**

Blk 14 Defu Lane 10, #01-406 Singapore 539195

H/P: 9299 6636

喷漆, 打吗甲, 意外保险赔偿, 出租汽车和货车

Spray Painting, Panel Bending, Accident Insurance Claims,

Rental of Passenger & Commercial Vehicle

Reg No: 506010200M

M/s. AXA Singapore Pte Ltd 1027

Vehicle No SJW2870C 03-Jun-22

Description	Qty	Amount
Repair Work	1	10800
Total		\$ 10,800.00

收货人Customer's Sign & Chop

Issued By:



Accident claim  
SJW 2870C

**Presto Expat Motoring Services Pte Ltd**

491 River Valley Road #01-04  
Valley Point Shopping Centre Singapore 248371  
Tel: 67327737 Fax: 67347737  
Email: info@prestoexpatmotoring.com  
Website: www.prestoexpatmotoring.com

**Tax Invoice**

GST Reg No: 200713089K

Scott Dean John  
15 Pasir Panjang Drive  
Singapore 118918

Invoice No. PEMS-R21417  
Date 6/5/2022  
Vehicle No. SLN2085B  
Make/Model Mazda 3  
Terms Due on receipt

S/N	Description	Qty	Unit Price	Amount
1	Agreement no:PEMS-R-220426 Rental Payment Period: 26/04/22 - 06/05/22			880.00
Remark:		SUBTOTAL		\$880.00
		Tax Total		\$61.60
		<b>Total</b>		<b>\$941.60</b>

**Payment mode:**

- 1) Crossed Cheque payable to Presto Expat Motoring Services Pte Ltd
- 2) Cash
- 3) Bank Transfer

Bank Name: Standard Chartered Bank (Singapore) Ltd  
Account Name: Presto Expat Motoring Services Pte Ltd  
Account No: 0310043689  
Bank Code: 9496  
Branch Code: 003  
Swift Code: SCBLSG22

If payment is not received on invoice date a late payment fee of 5% will be charged on overdue account.

This is computer-generated invoice. No Signature is required.

## LETTER OF AUTHORITY

We/I, Presto Expat Motoring Services Pte Ltd ("the third party claimant") of UEN/NRIC No. 200713089K, owner of vehicle Reg.No SJW 2870C hereby authorize M/s Jementah Motor Works ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. SJW 2870C that was damaged pursuant to the accident which occurred on 24/4/22 along PIE (chang.) Before Onraet Road involving vehicle no/s SMR 191H ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 25 of Apr 20 22.



Signed by the third party claimant

