



HD PERFECT
AUTOWORK PTE LTD

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.com

Our Ref.: SMZ7457D

Your Ref.: YG2288R

Date: 13.09.2022

ATTN: Motor Claims Department

INS : LONPAC INSURANCE BHD

Dear Sir/Madam,

Accident Involving: SMZ7457D & YG2288R
Date of Accident: 27.04.2022 @ 19:00HRS
Location: Corporation Road Towards AYE Near LP 120

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 9,300.00</u>
Loss of Rental:	
(7 Days x \$267.50/Day):	<u>\$ 1,872.50</u>
LTA Search:	<u>\$ 7.45</u>
3rd Party Report:	<u>\$ 31.00</u>
Grand Total:	<u>\$ 11,210.95</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 hdperfectautowork@gmail.com

Thank You,

Shanelle Lim


HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z





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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

Authorisation To Act

I, Mr Zhao Qun, Calvin ("the third party claimant") of
52 Woodlands Drive 16 #07-06 S(737900)
(address), owner of SMZ7457D (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. SMZ7457D that was
damaged pursuant to the accident which occurred on 27/04/2022 (date)
at/along Corporation Road towards AYE near L/P 120
(location) involving vehicle no/s YQ2288R ("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 28 day of 04 (month) 20 22 (year)

Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

Signed by "the workshop"



HD PERFECT
AUTOWORK PTE LTD

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Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMZ7457D and VG2288R on 27/04/2022
at/along Corporation Road twos AVE near L/P120

1. I/We, the Owner of motor vehicle no. SMZ7457D 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 28 day of 04 2022

Signature of vehicle owner

Name : Ng Zhao Qun, Calvin

IC/UEN No : S8706078J

(Company stamp, if applicable)

Address : 52 Woodlands Drive 16
#07-06 S(737900)

Tel : _____

Witnessed by :

Shanelle 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
13.09.2022	HDP202209-00114	SMZ7457D

LONPAC INSURANCE BHD

300 BEACH ROAD

07 THE CONCOURSE #17-04

SINGAPORE 199555

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 9,300.00
Total	\$ 9,300.00

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



TAX INVOICE

Attention: Ng Zhao Qun, Calvin
52 Woodlands Drive 16
#07-06, (S)737900

Invoice Date
16 Jun 2022

Invoice Number
TL4644

GST Registration No.
201213055R

Titanium Limousines Pte
Ltd (UEN: 201213055R)
10 Anson Road
#23-02A International
Plaza
Singapore 079903

Description	Quantity	Unit Price	Tax	Amount SGD
Vehicle Rental: Toyota Alphard Car Plate: SJR 1113 M	7.00	250.00	7%	1,750.00
Period: 28/05/2022 to 04/06/2022 \$250.00 per day x 7days Name: Ng Zhao Qun, Calvin NRIC: S8706078J 52 Woodlands Drive 16 #07-06, (S)737900				
			Subtotal	1,750.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	122.50
			TOTAL SGD	1,872.50

Due Date: 23 Jun 2022

Terms & Conditions:

1. Payments to be made before or on the due date of invoice.
2. Cheque to be made payable to TITANIUM LIMOUSINES PTE LTD
3. For bank transfer:
Bank: DBS Bank (Current Account)
Account no: 0339033073
Bank Code: 7171
Branch Code: 033
Bank Swift Code: DBSSSGSG
PAYNOW UEN: 201213055R

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Apr 2022 / 19:50:48

Receipt Date/Time : 27 Apr 2022 / 19:50:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220427-004396

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 - YG2288R				
As at 27 Apr 2022/19:00:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - YG2288R Enquiry Fee 20220427194946462824	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.

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD -
Ng Zhao Qun Calvin

Invoice Number
GR-2022-001669

Invoice Issue Date
07 May 2022

Invoice Due Date
14 May 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 - Publ	07/05/2022,27/04/2022,SMZ7457D,YG2288R	28.97	2.03	31.00
		Total Amount (S\$)		28.97
		Total GST 7.00% (S\$)		2.03
		Total Amount Incl. of GST (S\$)		31.00

*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	28/04/2022 17:02 (SGT)
Date of Accident	27/04/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION RD TWDS AYE NEAR L/P 120
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7457D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG ZHAO QUN,CALVIN
NRIC No	S8706078J
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90097653
Alternative Phone No	+65-90097653

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00054202200
Cover Note Number	-

DRIVER

Name of Driver	NG THIAM CHYE
NRIC No	S1441127E

Date Of Birth	30/05/1960
Occupation	Indoor
Date Of Driving Pass	08/04/1987
Driving experience	35 YEARS
Gender	Male
Mobile Number	(Phone) +65-91000019
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	52 WOODLANDS DRIVE
Address complement	#07-08
Postcode	737900
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG SIEW HOY
Gender	Female

PASSENGER 2

Name	TAN HIAN NOY
Gender	Female

PASSENGER 3

Name	DELAIAH TACLAP NUGPO
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	YG2288R
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	NG THIAM CHYE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ7457D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SIEW HOY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ7457D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TAN HIAN NOY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ7457D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	DELAILAH TACLAP NUGPO
Gender	Female
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ7457D
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.

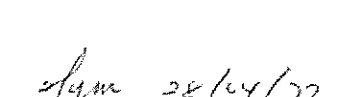
8. Consent under the Personal Data Protection Act (PDPA)

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' 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

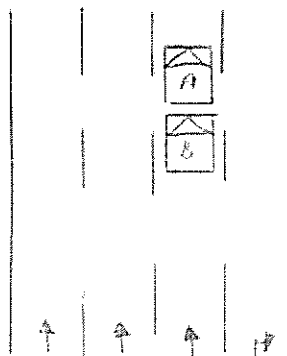

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

CORPORATION RD TWDS A46
(NEAR 4/P 126)

Wh A: SM27457D
Wh B: YG2268A



10

AW

HTA

Dated

(We declare the foregoing particulars are true in every respect)

Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SMZ7457D) WAS STATIONARY ON CORPORATION ROAD TOWARDS AYE (NEAR LP 120) DUE TO THE TRAFFIC WAS RED. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (YG2288R) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I GOT 3 PASSENGERS IN MY CAR.

VEHICLE A : SMZ7457D


VEHICLE B : YG2288R



SMZ7457D

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8706078J



Name
NG ZHAO QUN, CALVIN
黄朝群

Race
CHINESE

Date of birth
03-03-1987

Sex
M

Country/Place of birth
SINGAPORE

5684828



NRIC No. S8706078J



Date of issue
15-12-2016

Address
52 WOODLANDS DRIVE 16
#07-06
SINGAPORE 737900

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1441127E



Name

NG THIAM CHYE

黄 细 才

Race

CHINESE

Date of birth

30-05-1960

Sex

M

S1441127E

Country of birth

SINGAPORE

SMZ 7457D

Driver

4160802



NRIC No. S1441127E



Date of issue

16-01-2008

52 WOODLANDS DRIVE 16 #07-06
SINGAPORE 737900

NRIC No: S1441127E

Date: 16/04/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1441127E
Name: NG THIAM CHYE

Birth Date: 30 May 1960
Issue Date: 31 Mar 2017

002671021F

SM27457D

Driver

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	08 Apr 1987

NP 428A

Licence No: S1441127E



Motor Private Car

MX1E

N SN

AN0733A

Cov. Type: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)

CERTIFICATE No.

DMPCSNW00054202200

Engine No.: B1340889N20B20A

Cha. No.:WBA5A52010D823619

1 Index Mark and Registration
Number of Vehicle

SMZ7457D

AUTOSAFE
=====

2. Name of Policy Holder

NG ZHAO QUN, CALVIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

24/02/2022
(15:55:16)

Named Drivers Ex Sect. I SS750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 SS3,000.00

Ex Sect. I - Age >= 26 SS500.00

* Age as at date of accident

EX ON WINDSCREEN . SS100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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.

6 Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: QUAN FENG INVESTMENTS (S) PTE LTD

* 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 1967 (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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Issued By

QUAN FENG INSURANCE AGENCY

Authorised Officer

Authorised Signatory