To: AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#07-16

Singapore 079120

Attn: Motor Claims Department

Date: 6th June 2022

Dear Sir/Madam,

Claimant: Yue Hock Lim

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 14/05/2022 at along Tiong Bahru Road x Redhill Close involving our client's vehicle registration number SMQ 7015 T and vehicle registration number SFH 9828 G 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
 \$3,000.00

 2) Loss of Use (SGD\$80.00 x 4Days)
 \$320.00

 3) Insurance Search
 \$2.00

Total: \$3,322.00

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Insurance Search 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 #08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com



To: AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

Singapore 079120

#07-16

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

PF No. : ZP0000663

Date : 6/6/2022

VRN : SMQ 7015 T

Make & Model : Hyundai Avante

DOA : 14/5/2022

Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,000.00
2	Loss of Use (SGD\$80.00 x 4Days)			320.00
3	LTA Search			2.00

TOTAL: \$3,322.00

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 17/05/2022 15:36 (SGT) Date of Accident 14/05/2022 17:41 (SGT) Exact Location of Accident 302 Tiong Bahru Rd, Singapore 168732 Additional Location Information TIONG BAHRU ROAD, REDHILL CLOSE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ7015T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YUE HOCK LIM NRIC No SXXXX015C Email Address hweefang@yahoo.com.sg Mobile Phone No (Phone) +65-97623400 Alternative Phone No +65-97623400

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Private use accident 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 AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number VPA/P2358530 Cover Note Number

DRIVER

Name of Driver TAN HWEE FANG NRIC No SXXXX901G

Date Of Birth 23/07/1972 Occupation Indoor Date Of Driving Pass 12/08/2008 Driving experience 13 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-97623400 Alt. Phone Number Email Address hweefang@yahoo.com.sg Address 50, HOY FATT ROAD #06-123 Address complement Postcode 150050 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOW** 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 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 SFH9828G Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

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)	2

SKETCH PLAN

IMPORTANT NOTICE

- 7
- 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.
- 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 GA Records Management Centre established by the General Insurance Association of Singapore (GA) 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)

Funderstand, 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.

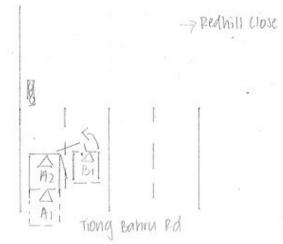
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SM&7015T

Vehille B: SFH 98186.



								-(6)	SI.
	0N	the	stated.	date	X	time,		Vehille	11',
								stated	
								on ti	
filtered	orwo	-MN	lane	and	10	nided	(M)	o My	vehille
font	MAINT	povh	on.						
							*		
	1		· -		-				
							*		
		174							

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



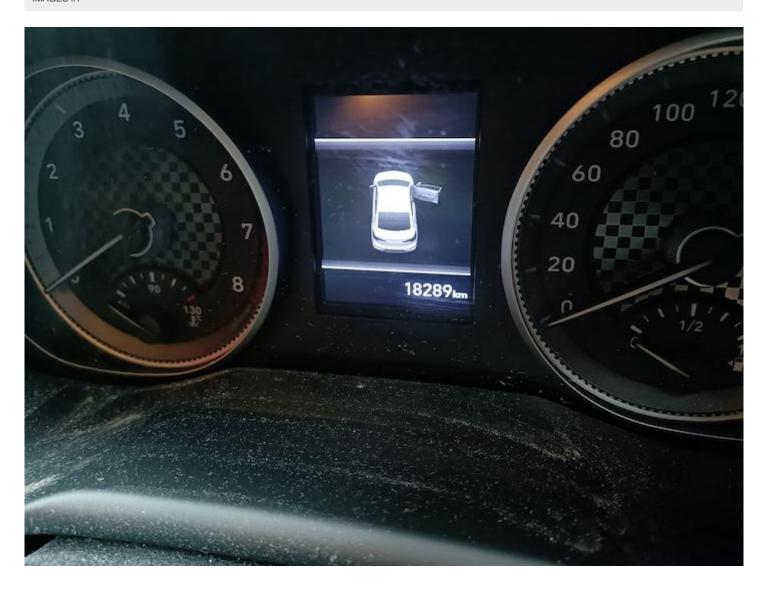


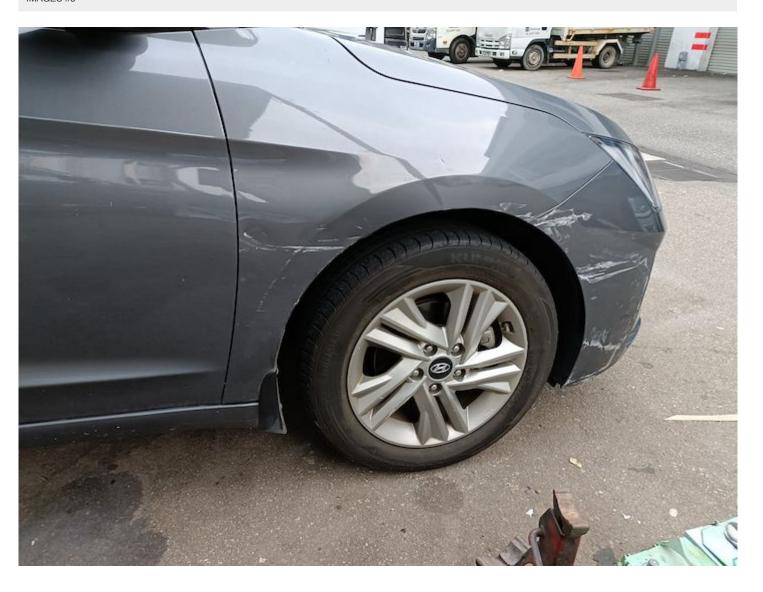
















ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G ⊠ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 14.05 2022 17:41 along Tiong Bahing Roa	ld X Rednill close-
Involving vehicles CM & 705T and	CFH 9828G.
In consideration of Zoom Autowerks Pte Ltd, 130 Bedok Reservo 470130 , repairing my/our motor vehicle no <u>CM&</u> <u>YMC 10CK WW</u> ("the claims	ant") of at my request, I/We
(address) bearing NRIC No	the owner of motor vehicle
no	aim, settle and receive whatever amour nence legal proceeding for cost of repairs me/us invespect of the said accident/clair yable to them absolutely by the insuranc re an absolute discharge on my/our beha
I/We further agree to fully co-operate and attend all court hea claims maintained by Zoom Autowerks Pte Ltd .	rings that are necessary to prosecute th
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 of repairs to my/our vehicle.	o pay to Zoom Autowerks Pte Ltd the cos
In the event that settlement cheque were to be drawn in rinstructions to clear the said cheque on my/our behalf by prese Zoom Autowerks Pte Ltd account. Upon clearance of the sa Autowerks Pte Ltd and/or their appointed law firm to utilize the reference to me. I confirm that the payment to Zoom Autowerks of Zoom Autowerks Pte Ltd and/or their appointed law firm's obmonies.	enting the same for payment directly int id cheque, I/we further authorize Zoor monies to pay their charges without further settled shall amount to a good discharg
Dated this ly day of (month) 20	22. (vear)
Dated this day of (month) 20 _	(year)
·	7003
Man.	AUTOWERKS
Signed by "the claimant"	Signed by Zoom Autowerks Pte Ltd
Name: The Hock Lim	Name: <u>Eliu Con</u>
NRIC No. \$7336015C	

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SFH9828G

Date of Accident

14/05/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance AIG Asia Pacific Insurance Pte.... Period of Insurance 02/08/2021 - 01/08/2023 Requested By Elin Cai (Zoom Autowerks Pte ... Requested Date 16/05/2022 13:05

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): **\$\$2**

General Insurance Association

Records Management Centre GST Registration No: **M400017735**