



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SKR5968A

Your Ref.: SMV9045S

Date: 28.09.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SKR5968A & SMV9045S

Date of Accident: 21.05.2022 @ 12:30 HOURS

Location: UPPER THOMSON ROAD OUTSIDE THOMSON PLAZA

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 13,200.00</u>
Loss of Use:	
(14 Days x \$180.00):	<u>\$ 2,520.00</u>
LTA Search	<u>\$ 7.45</u>
GIA 3rd Party Report	<u>\$ 62.00</u>
Grand Total:	<u>\$ 15,789.45</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 Irene @ 8297 9787, or email to jlperfectautowork@gmail.com

Thank You,

Irene



Authorisation To Act

I, Soh Tian Hwee ("the third party claimant") of
Blk 137 Bishan Street 12 #05-412 S(570137)
(address), owner of SKR5968A (vehicle no.)
hereby authorise JL 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. SKR5968A that was
damaged pursuant to the accident which occurred on 21/05/22 (date)
at/along Upper Thomson Road outside Thomson Plaza
(location) involving vehicle no/s SMV9045S ("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 23 day of 05 (month) 20 22 (year)



Signed by "the third party claimant"



Signed by "the workshop"



JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKR5968A and SMV90455 on 21/05/22
at/along Upper Thomson Road outside Thomson Plaza

1. I/We, the Owner of motor vehicle no. SKR5968A hereby instruct and authorise JL 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 23 day of 05 2022

Signature of vehicle owner



Name: Soh Tian Hwee

IC/UEN No: S80381340

(Company stamp, if applicable)

Address: Blk 137 Bishan Street 12

#05-412 S(570137)

Tel: 9431 2321

Witnessed by:

IRENE



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Soh Tian Hwee ("the third party claimant")
of BLK 137 Bishan Street 12 #05-412 S (570137) (address),
owner of SKR5968A (vehicle no.) hereby authorize
JL 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. SKR5968A that was damaged pursuant to the
accident which occurred on 21/05/2022 (date) along Upper
Thomson Road Outside Thomson Plaza (location)

involving vehicle no/s SmV 9045S
("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 23 day of 05 (month) 20 22 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
28.09.2022	JLP202209-00136	SKR5968A

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 13,200.00
Total	\$ 13,200.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL 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 : 23 May 2022 / 10:42:37

Receipt Date/Time : 23 May 2022 / 10:42:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220523-000942

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 - SMV9045S As at 21 May 2022/12:30:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMV9045S Enquiry Fee 20220523104145404099	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.



**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

JL Perfect Autowork Pte Ltd - Soh
Tian Hwee

Invoice Number
GR-2022-001939

Invoice Issue Date
27 May 2022

Invoice Due Date
03 Jun 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	26/05/2022,21/05/2022,SKR5968A,SMV9045S	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.*



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

JL Perfect Autowork Pte Ltd - Soh
Tian Hwee

Invoice Number
GR-2022-002183

Invoice Issue Date
13 Jun 2022

Invoice Due Date
20 Jun 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	11/06/2022,21/05/2022,SKR5968A,SHD4831B	28.97	2.03	31.00
		Total Amount (S\$)		28.97
		Total GST 7.00% (S\$)		2.03
		Total Amount Incl. of GST (S\$)		<u>31.00</u>

*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	23/05/2022 12:26 (SGT)
Date of Accident	21/05/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD OUTSIDE THOMSON PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5968A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH TIAN HWEE
NRIC No	S8038134D
Email Address	cedricsoh@gmail.com
Mobile Phone No	(Phone) +65-94312321
Alternative Phone No	+65-94312321

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X A
Variant	-
Exact purpose for which vehicle was being used at time of 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	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000933890-01
Cover Note Number	18/02/2022 TO 17/02/2023

DRIVER

Name of Driver	SOH TIAN HWEE
NRIC No	S8038134D

Date Of Birth	09/11/1980
Occupation	Indoor
Date Of Driving Pass	17/08/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94312321
Alt. Phone Number	+65-94312321
Email Address	cedricsoh@gmail.com
Address	APT BLK 137 BISHAN ST 12 #05-412 (S) 570137
Address complement	-
Postcode	-
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	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?	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	SOH YIRUI NATE MAVERICK
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 WITH ATTACH.

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	SMV9045S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	SHD4831B
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)	-

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 reputate 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.

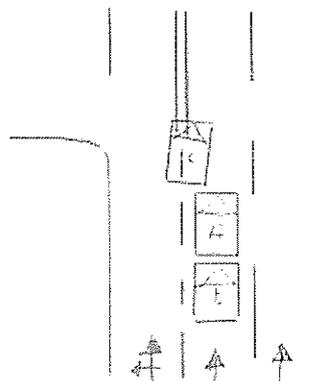
Policyholder's Signature / Date & Time

11:30 am
23/MAY 2022

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

Witnessed by Reporting Centre Personnel

Sketch Plan



veh A : SKR 5968A
 veh B : SNU 9045F
 veh C : SHD 4831F

Describe Circumstances of the Accident

Handwritten notes on a lined grid background:

- Top right: *10/11/11*
- Middle right: *10/11/11*
- Center: *10*
- Bottom left: *10/11/11*

Declaration

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

[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SKR5968A) WAS TRAVELLING STRAIGHT ON LANE 2 OF UPPER THOMSON ROAD OUTSIDE THOMSON PLAZA. VEHICLE C (SHD4831B) FROM LANE 3 CUT INTO MY LANE I THEN SLOWED DOWN AND STOP WITHOUT HAVING ANY COLLISION WITH VEHICLE C (SHD4831B) SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ON VEHICLE C (SHD4831B) REAR RIGHT PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMV9045S) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

I HAVE ONE PASSENGER IN MY CAR.

VEHICLE A : SKR5968A

VEHICLE B : SMV9045S

VEHICLE C : SHD4831B

A handwritten signature in black ink, consisting of a stylized first name and a full name. The signature is written in a cursive, slightly slanted style.

SEH TIAN HWEE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8038134D



SOH TIAN HWEE
(SU TIANHUI)

苏添辉

Race

CHINESE

Date of birth

09-11-1980

Sex

M

Country of birth

SINGAPORE

SKR59681A

owner & driver

4771793



NRIC No. S8038134D



Date of issue
16-09-2011

APT BLK 137 BISHAN STREET 12 #05-412
SINGAPORE 570137

NRIC No: S8038134D Date: 02/10/2016

SKR5968A

OWNER & DRIVER

Vehicle & Driving Licence

Driving Licence

QUALIFIED DRIVING LICENCE

Class/Issue Date

2B / 10 SEP 2001

Class/Issue Date

3 / 17 AUG 2001

Status

VALID

Certificate of Merit Status

ELIGIBLE

Total Demerit Points

0

Photocard Serial Number

001813020F

Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C
GST Registration No.: 201903913C
Address: 79 Robinson Road #09-01 Singapore 068897
Tel: +65 6714 3369
Website: www.allianz.sg



Allianz Contact Centre
Tel : 1800 222 1818 (Local)
+65 6222 1919 (Overseas)
Email : customerservice@allianz.com.sg

CERTIFICATE OF INSURANCE

FORM MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000933890-01
Coverage : COMPREHENSIVE
Policyholder Name : SOH TIAN HWEE
Registration No. : SKR5968A
Period of Insurance : 18 FEBRUARY 2022 to 17 FEBRUARY 2023

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 the his/her permission

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

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

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of Motor 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.

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) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

10 February 2022
Issued Date

Hicham Raissi
Chief Executive Officer
Allianz Insurance Singapore Pte. Ltd.

Account Code : 0000103
Excess:

Own Damage Excess	SGD	0.00
Windscreen Excess	SGD	100.00