

To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

Attn: **Motor Claims Department**

Date: 7<sup>th</sup> June 2022

Dear Sir/Madam,

Claimant: **Ow Hon Horng**

**“WITHOUT PREJUDICE”**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 29/05/2022 at along Upper Changi Road East involving our client's vehicle registration number SJV 903 K and vehicle registration number SKL 8318 M 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	\$2,400.00
2) Loss of Rental (SGD\$120.00 x 3Days)	\$360.00
3) Insurance Search	\$2.00

**Total :** **\$2,762.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- 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



## 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: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

PF No. : ZP0000665  
Date : 7/6/2022  
VRN : SJV 903 K  
Make & Model : Toyota Wish  
DOA : 29/5/2022  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,400.00
2	Loss of Rental (SGD\$120.00 x 3Days)			360.00
3	LTA Search			2.00

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**TOTAL :** **\$2,762.00**

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All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD**"

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(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 ..... 30/05/2022 17:18 (SGT)  
Date of Accident ..... 29/05/2022 11:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER CHANGI ROAD EAST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJV903K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... OW HON HORNG  
NRIC No ..... S7032668Z  
Email Address ..... ALVIN.OW068@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97890656  
Alternative Phone No ..... +65-97890656

### 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 ..... 1794

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00996298  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEONG MEI MEI  
NRIC No ..... S7119251B

Date Of Birth .....	08/06/1971
Occupation .....	Indoor
Date Of Driving Pass .....	19/12/1989
Driving experience .....	32 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96735079
Alt. Phone Number .....	-
Email Address .....	IEMLMEI@YAHOO.COM.SG
Address .....	97 MARIAM WAY
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
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 .....	Side Swipe
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

#### 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 .....	SKL8318M
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	LEE NYEN KONG
NRIC No .....	S2558245D
Contact Number .....	(Phone) +65-97577308
Address .....	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

VEHICLE NO: SJV 903K  
DATE OF ACCIDENT: 29/5/2022

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

*Leong Mei Mei*  
*Leong Mei Mei*



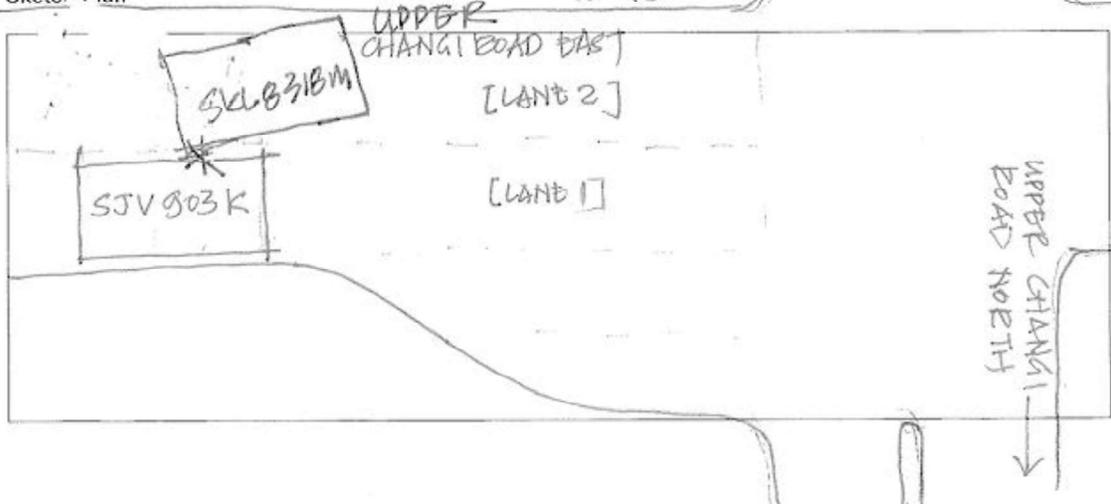
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

30.05.2022  
10.45

Sketch Plan



29<sup>TH</sup> MAY 2022

Describe Circumstances of the Accident VEHICLE NO: SJV903 K DATE OF ACCIDENT:

**REPORT OF TRAFFIC ACCIDENT ALONG UPPER CHANGI ROAD EAST ON 29<sup>TH</sup> MAY 2022, 11:20AM**

It was a clear and sunny day on 29<sup>th</sup> May 2022, 11:20am. Traffic conditions along Upper Changi Road East was smooth and light. I was travelling in vehicle SJV903 K, along Upper Changi Road East on lane 1, and travelling towards the right most filter lane with my right indicator lights on to flash my intention to turn right at the traffic junction ahead, which turns onto Upper Changi Road North.

A black Mercedes car, plate number SKL 8318 M, which was travelling on lane 2 along Upper Changi Road East came into my peripheral vision. The driver made an attempt to cut into lane 1. It appeared as if he failed to check his own right blind spot. I was sounding my car horn extensively before that vehicle hit the left side of my vehicle, causing dents and scratches on the left side of my vehicle. The dents and scratches stretch from the left front wheel, across the side of the front passenger car door and extend towards the rear left passenger door.

We stopped at the bus stop along Upper Changi Road North (in front of the Salvation Army Building) to exchange personal particulars. No one appeared visibly hurt at that time.

The driver of SKL 8318 M, NRIC Number S2558245D, was travelling with a lady passenger at the time of the incident.

REPORTING ONLY ( )      OWN DAMAGE ( )      THIRD PARTY (x)      OWN WORKSHOP ( )

**Declaration** NOTE: DO NOT THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

*Leong Mei Mei*  
 \_\_\_\_\_  
 Leong Mei Mei



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

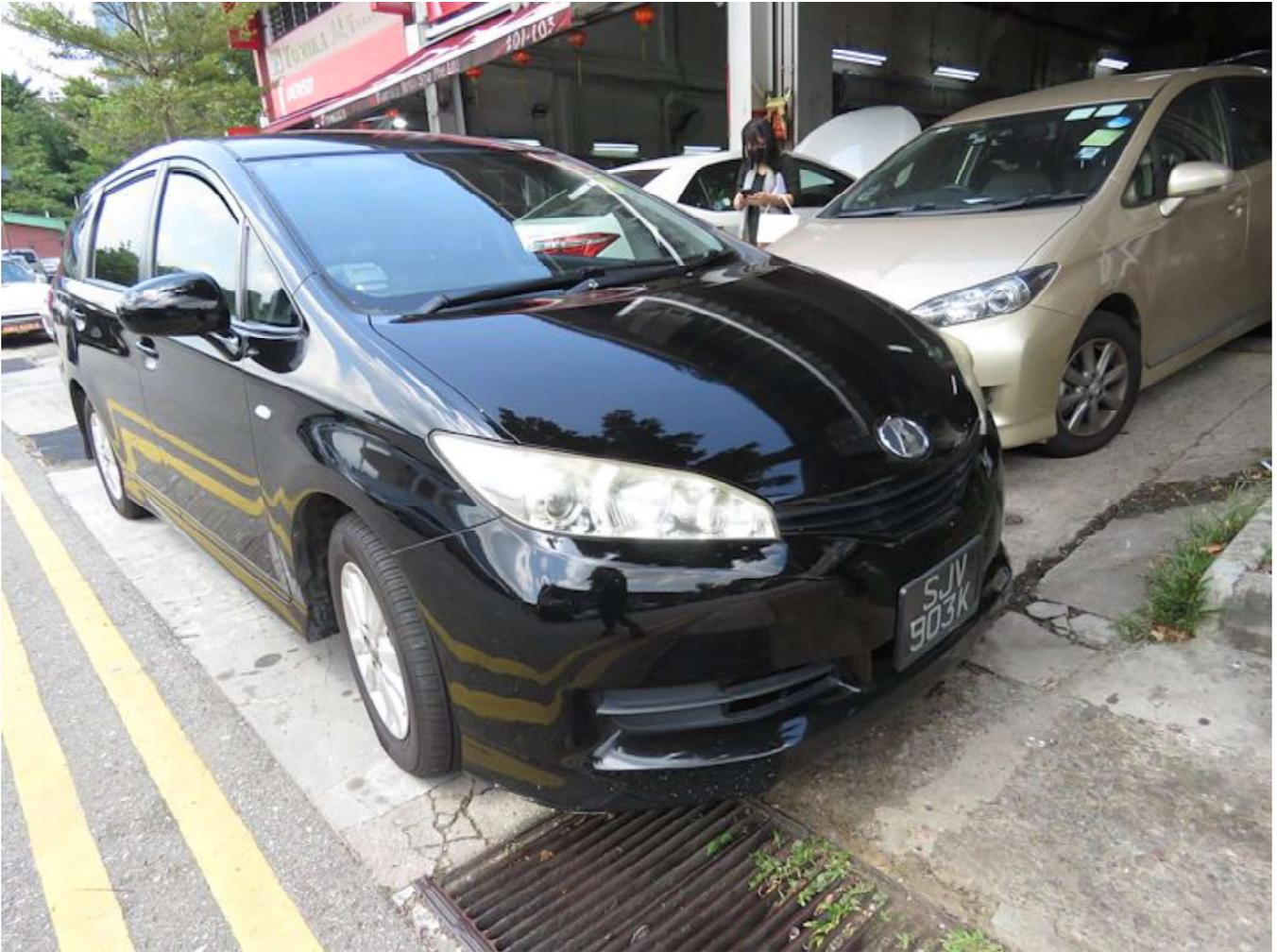
Co 30.05.2022 10.45am





















**LETTER OF AUTHORIZATION**

Accident on 29/05/2022 @ 11:30 along Upper Changi Road East  
Involving vehicles SJV903K and SF1831BM

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJV903K at my request, I/We, OW Hon Hong ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No S7032668Z the owner of motor vehicle no SJV903K, 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 30 day of 05 (month) 20 22 (year)

OW

Signed by "the claimant"

Name: OW Hon Hong

NRIC No: S7032668Z



Signed by Zoom Autowerks Pte Ltd

Name: Elm Cai

## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SKL8318M

Date of Accident

29/05/2022 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance ..... **AIG Asia Pacific Insurance Pte....**Period of Insurance ..... **10/12/2021 - 09/12/2022**Requested By ..... **Elin Cai (Zoom Autowerks Pte ...**Requested Date ..... **31/05/2022 10:20****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

# 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. : **INV0000699**  
Date : 7/6/2022  
Ref : SLQ 7765 Z  
Your Ref : SJV 903 K  
Terms : COD

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SLQ 7765 Z (30/05/2022 to 02/06/2022)	<b>\$120.00</b>	3 Days	<b>\$360.00</b>

C/O Leong Mei Mei  
Contact: 9673 5079

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**Total : \$360.00**

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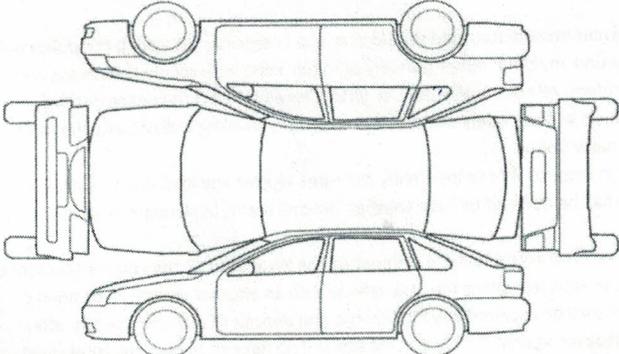
\_\_\_\_\_  
(Customer's Signature/Stamp)



**ZOOM CAR LEASING**  
*[Handwritten Signature]*

\_\_\_\_\_  
(For Zoom Car Leasing)

## RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name:	Leong Mei Mei	Vehicle No.:	PLQ77657																				
NRIC/Passport No.:	S7119251B	Vehicle Make/Model:	Honda Vezel																				
Address:	97 Maham Way	Date/Time Out:	30/05/2022																				
		Date/Time In:	02/06/2022																				
Tel:	96735079	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>		E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN				
E	¼	½	¾	F	E	¼	½	¾	F														
OUT					IN																		
Driving License No./Exp.:		Mileage:	Mileage:																				
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES																					
Name:		Hours @	per hour																				
NRIC/Passport No.:		3 Days @ \$120	per day \$360																				
Address:		Weeks @	per week																				
		Months @	per month																				
Tel:		Other Charges																					
Driving License No./Exp.:		Petrol Top-Up																					
(A) - Accident (D) - Dent (S) - Scratch		Sub-total																					
		<b>TOTAL CHARGES</b> \$360																					
		<b>PRE-PAYMENT</b>																					
		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:		<p style="text-align: center;">Hirer's Signature / Date</p>																					
<p>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</p> <p>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</p> <p>3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.</p> <p>4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.</p>		<p style="text-align: center;">Owner's Signature / Date</p>																					