

**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.comOur Ref.: CB7556XYour Ref.: SHC416ZDate: 13.10.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: CB7556X & SHC416ZDate of Accident: 01.06.2022 @ 17:20HRSLocation: Taman Nakhoda (Outside Holland Gems)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 7,000.00Loss of Use:
(6 Days x \$220/Day): \$ 1,320.00LTA Search: \$ 7.45Grand Total: \$ 8,327.45

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





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AUTOWORK PTE LTD

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#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act


I, Tay Chin Peng ("the third party claimant") of
Blk 621 Choa Chu Kang Street 62 #09-04 S(680691)
(address), owner of CB7556X (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. CB7556X that was
damaged pursuant to the accident which occurred on 01/06/2022 (date)
at/along Taman Nakhoda (outside Holland GEMS)
(location) involving vehicle no/s SHC416Z ("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 02 day of 06 (month) 2022 (year)


Signed by "the third party claimant"




Signed by "the workshop"



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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. CB7556X and SHC416Z on 01/06/2022
at/along Taman Nakhoda (outside Holland Gems)

1. I/We, the Owner of motor vehicle no. CB7556X 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 02 day of 06 20 22

Signature of vehicle owner _____

Name : Tay Chin Peng

IC/UEN No : S1785T65G

(Company stamp, if applicable)

Address : Blk 621 Choa Chu Kong

Street 62 #09-04 S(680621)

Tel : 82889099

Witnessed by : _____

Shane 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
13.10.2022	HDP202210-00175	CB7556X

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,000.00
Total	\$ 7,000.00

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

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Jun 2022 / 10:40:37

Receipt Date/Time : 02 Jun 2022 / 10:40:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220602-000938

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 - SHC416Z				
As at 01 Jun 2022/17:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC416Z Enquiry Fee 20220602103946801919	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.

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	02/06/2022 14:44 (SGT)
Date of Accident	01/06/2022 17:20 (SGT)
Exact Location of Accident	Taman Nakhoda, Singapore
Additional Location Information	TAMAN NAKHODA (OUTSIDE HOLLAND GEMS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7556X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY CHIN PENG
NRIC No	SXXXX765G
Email Address	CHINPENG7556@GMAIL.COM
Mobile Phone No	(Phone) +65-82889099
Alternative Phone No	(Home) +65-82889099

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5070824346-07
Cover Note Number	-

DRIVER

Name of Driver	TAY CHIN PENG
NRIC No	SXXXX765G

Date Of Birth	03/01/1967
Occupation	Outdoor
Date Of Driving Pass	31/07/1987
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82889099
Alt. Phone Number	(Home) +65-82889099
Email Address	CHINPENG7556@GMAIL.COM
Address	BLK 621 CHOA CHU KANG STREET 62
Address complement	#09-04
Postcode	680621
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	Collision - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG MEOW KHENG
Gender	Female

PASSENGER 2

Name	SIPS OLIVIA
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

REFER TO 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	SHC416Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY CHIN PENG
Gender	Male
Phone No	(Phone) +65-82889099
Address	BLK 621 CHOA CHU KANG STREET 62
Address Complement	#09-04
Post Code	680621
Approximate Age Years Old	55
Injuries Sustained	-
Injured person in which vehicle?	CB7556X
Were seat belts worn?	Yes
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 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 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.

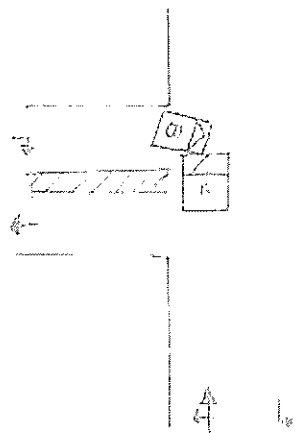

Policyholder's Signature (or Date & Time)


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


Witnessed and Reported by (Date & Time)

Sketch Plan

Vehicle 1: 887356A
Vehicle 2: 887356B




Describe Circumstances of the Accident

Declaration

I, the undersigned, declare that the information provided is true and correct.


 Driver of vehicle A
 Name: _____
 Address: _____
 City: _____


 Driver of vehicle B
 Name: _____
 Address: _____
 City: _____


 Driver of vehicle C
 Name: _____
 Address: _____
 City: _____

ON THE STATED DATE AND TIME. I, VEHICLE A (CB7556X) WAS TRAVELLING STRAIGHT ON TAMAN NAKHODA (OUTSIDE HOLLAND GEMS). WHEN I SAW VEHICLE B (SHC416Z) DASHED OUT FROM THE LEFT HAND SIDE (HOLLAND GEMS) WITHOUT STOPPING AND CHECK FOR CLEARANCE BEFORE COMING OUT I SLOWED DOWN AND STOP MY VEHICLE A. BUT YET VEHICLE B (SHC416Z) STILL COLLIDED ONTO MY VEHICLE FRONT PORTION.

I WISH TO STATE THAT I GOT 2 PASSENGERS IN MY CAR.

VEHICLE A : CB7556X

VEHICLE B : SHC416Z

A handwritten signature in black ink, consisting of a stylized 'D' shape with a horizontal line through it and a diagonal line extending from the bottom left.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1785765G



Name

TAY CHIN PENG

Race

CHINESE

Date of birth

03-01-1967

Sex

M

Country/Place of birth

SINGAPORE

CB7556X

Owner 1 Driver

6794099



NRIC No. S1785765G



Date of issue

10-02-2022

Address

APT BLK 621 CHOA CHU KANG STREET 62
#09-04
SINGAPORE 680621

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1785765G**
 Name: **TAY CHIN PENG**

Birth Date: **03 Jan 1967**
 Issue Date: **01 Mar 2008**

001576834C




CB7556X

qumw k pa'm

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


		PASS DATE
Class 2B	Motorcycles =< 200 CC	29 Jun 1985
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	31 Jul 1987
Class 4	Heavy motor cars and motor tractors > 2500 kg	15 Mar 2010

S1785765G

S / No. 9000124576

NP 428A

Licence No: S1785765G





VOCATIONAL LICENCE

Licence No : S1785765G

Name TAY CHIN PENG

Issue Date : 30/4/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

CB 7556X

owner & Driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	10/06/1998
02	TAXI VL	15/01/1998
04	BUS ATTENDANT	10/06/1998



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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5070824346-07

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **CB7556X**
Chassis Number : KDH2010159630
2. Name of Policyholder : TAY CHIN PENG
3. Effective Date of Insurance : 09 Apr 2022
4. Expiry Date of Insurance : 08 Apr 2023
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/her 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*
 - (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 11 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000615443)

Date of Issue : 09 Mar 2022 21:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive