



**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.: SMR6626G

Your Ref.: SJD5734T

Date: 28.09.2022

ATTN: Motor Claims Department

INS: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sir/Madam,

Accident Involving: SMR6626G & SJD5734T

Date of Accident: 06.07.2022 @ 08:50 HOURS

Location: TAMPINES AVENUE 9 TOWARDS TAMPINES AVENUE 10

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 6,400.00</u>
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Loss of Use:	
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(9 Days x \$180.00):	<u>\$ 1,620.00</u>
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LTA Search	<u>\$ 7.45</u>
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<b>Grand Total:</b>	<u><b>\$ 8,027.45</b></u>
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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](mailto:jlperfectautowork@gmail.com)

Thank You,

Irene



## Authorisation To Act

I, Tan Chin Peng ("the third party claimant") of  
Blk 122A Sengkang East Way #11-53 S(541122)  
(address), owner of SMR6626G (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. SMR6626G that was  
damaged pursuant to the accident which occurred on 06/07/22 (date)  
at/along Tampines Ave 9 towards Tampines Ave 10  
(location) involving vehicle no/s SJD 5734T ("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 06 day of 07 (month) 20 22 (year)



Signed by "the third party claimant"





Signed by "the workshop"

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMR6626G and STD 5734T on 06/07/22  
at/along Tampines Ave 9 towards Tampines Ave 10

1. I/We, the Owner of motor vehicle no. SMR6626G 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 06 day of 07 20 22

Signature of vehicle owner 

Name : Tan Chin Peng

IC/UEN No : S7371806F

(Company stamp, if applicable)

Address : Blk 122A Sengkang East Way  
#11-53 S(541122)

Tel : 9781 9315

Witnessed by :

IRENE

# TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

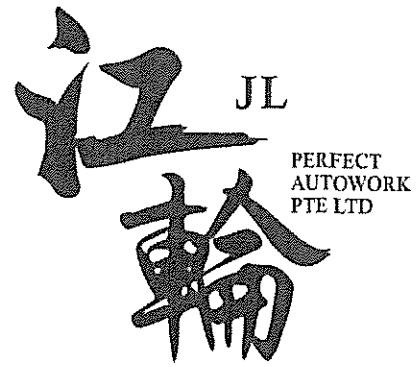
8 Kaki Bukit Avenue 4

#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	JLP202209-00141	SMR6626G

## CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,400.00
Total	\$ 6,400.00

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 : 06 Jul 2022 / 17:23:32

Receipt Date/Time : 06 Jul 2022 / 17:23:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220706-003091

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 - SJD5734T				
As at 06 Jul 2022/08:50:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SJD5734T Enquiry Fee 20220706172246804657	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	07/07/2022 16:39 (SGT)
Reported by	Both
Date of Accident	06/07/2022 08:50 (SGT)
Exact Location of Accident	Tampines Ave 9, Singapore
Additional Location Information	TWDS TAMPINES AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6626G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIN PENG
NRIC No	S7371806F
Email Address	joetancp@gmail.com
Mobile Phone No	(Phone) +65-97819315
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10496179R01

#### DRIVER

Name of Driver	TAN CHIN PENG
NRIC No	S7371806F
Date Of Birth	28/09/1973
Occupation	Indoor

Date Of Driving Pass	04/03/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97819315
Alt. Phone Number	-
Email Address	joetancp@gmail.com
Address	BLK 122A SENGKANG EAST WAY #11-53
Address complement	-
Postcode	541122
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 - 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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Has notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5734T
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	VEHICLE B
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 **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.

### B 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.

*[Signature]*

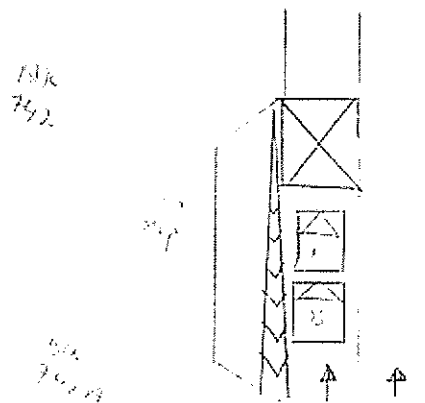
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



WH A, SMR 60266

WH B, SJD 5734T

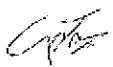
Describe Circumstances of the Accident

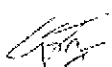
Handwritten notes and sketches on lined paper:

- Top right: A vertical line with a horizontal tick mark at the top, and a diagonal line extending downwards from the tick mark.
- Middle right: A series of connected diagonal lines forming a zigzag pattern, possibly representing a path or a vehicle's trajectory.
- Center: A single diagonal line with a horizontal tick mark at its midpoint.
- Bottom left: A series of connected diagonal lines forming a zigzag pattern, similar to the one in the middle right.

Declaration

I declare that the foregoing particulars are true and correct.

  
 Mayhew Jones Signature Date & Time

  
 Driver's Signature of driver is not the policy holder Date & Time

Witnessed by Agent and Officer  
 Respected

ON THE STATED DATE AND TIME. I, VEHICLE A (SMR6626G) WAS TRAVELLING STRAIGHT ON LANE 2 OF TAMPINES AVENUE 9 TOWARDS TAMPINES AVENUE 10. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. AFTER A FEW SECONDS SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SJD5734T) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SMR6626G

VEHICLE B : SJD5734T

A handwritten signature in black ink, appearing to be 'CP' followed by a flourish.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7371806F



Name

TAN CHIN PENG

陈 耘 儋

Race

CHINESE

Date of birth

28-09-1973

Sex

M

S7371806F

Country of birth

MALAYSIA

SMR6626G

owner & driver

4655730



NRIC No. S7371806F



Date of issue

03-12-2010

Address


APT BLK 122A SENGKANG EAST WAY  
#11-53  
SINGAPORE 541122

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7371806F**  
Name: **TAN CHIN PENG**

Birth Date: **28 Sep 1973**  
Issue Date: **04 Sep 2012**

002102330H



SMR 6626 G  
amr k privr

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 04 Mar 2003

NP 428A

Licence No: S7371806F

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10496179R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

**Certificate Number P10496179R01 (Comprehensive / Named Driver Plan / Any Workshop)**

- |  |   |                    |
|--|---|--------------------|
| 1) Vehicle Registration Number   | : | SMR6626G           |
| Chassis Number   | : | -                  |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 17/01/2022 (00:00) |
| 3) Date / Time of Expiry of Insurance  | : | 16/01/2023 (23:59) |
| 4) Excess (i) Policy   | : | S\$ 0.00           |
| (ii) Windscreen  | : | S\$ 100.00         |
| 5) Policyholder  | : | TAN CHIN PENG      |

**6) Persons or Classes of Persons Entitled to Drive\***

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : TAN CHIN PENG(28/09/1973)

Named Driver(s) / Date of Birth : No driver is named.

**7) Limitation as to use\***

Use only for social, domestic and pleasure purposes and for the business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or 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.

*\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.*

- |                    |   |                           |
|--------------------|---|---------------------------|
| 8) Finance Company | : | Maybank Singapore Limited |
|--------------------|---|---------------------------|

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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
16/12/2021

**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as Budget Direct Insurance



**Simon Birch**  
Chief Executive Officer