

**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.: SKS6211MYour Ref.: SLD7716JDate: 17.11.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SKS6211M&SLD7716JDate of Accident: 09.07.2022 @ 12:00 HOURSLocation: CTE (CITY) BEFORE PIE (CHANGI) EXIT

We refer to the above-mentioned accident.

We are claiming as follows:

| | |
|-----------------------|---------------------|
| Cost of Repair: | <u>\$ 19,500.00</u> |
| Loss of USE: | |
| (16Days x \$280): | <u>\$ 4,480.00</u> |
| LTA Search: | <u>\$ 7.45</u> |
| GIA 3rd Party Report: | <u>\$ 31.00</u> |
| Grand Total: | <u>\$ 24,018.45</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 hdperfectautowork@gmail.com

Thank You,

Irene





HD PERFECT
AUTOWORK PTE LTD

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

Authorisation To Act

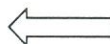
I, Teo Kam Chew ("the third party claimant") of
Blk 530 Woodlands Drive 16 #16-133 S730539
(address), owner of SKS6211M (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SKS6211M that was
damaged pursuant to the accident which occurred on 09/07/22 (date)
at/along CTE (city) before PUS (Changi) Exit
(location) involving vehicle no/s SLO7716J ("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 09 day of 07 (month) 20 22 (year)



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

Signed by "the third party claimant"

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKS6211M and SLD7716J on 09/07/22
at/along CTE (City) before PIE (Changi) Exit

1. I/We, the Owner of motor vehicle no. SKS6211M 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 09 day of 07 2022

Signature of vehicle owner

Name : Teo Kam Chew

IC/UEN No : S7168005C

(Company stamp, if applicable)

Address : Blk 530 Woodlands Drive 16

#16-133 S730539

Tel : 94595275

Witnessed by :

IRENE

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 |
|------------|-----------------|----------------|
| 17.11.2022 | HDP202211-00204 | SKS6211M |

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 | \$ 19,500.00 |
| Total | \$ 19,500.00 |

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 : 09 Jul 2022 / 12:23:12

Receipt Date/Time : 09 Jul 2022 / 12:23:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220709-000913

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 - SLD7716J

As at 09 Jul 2022/12:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SLD7716J
Enquiry Fee
20220709122226567707

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 0.00

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.



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

HD PERFECT AUTOWORK PTE LTD -
Teo Kam Chew

Invoice Number
GR-2022-002635

Invoice Issue Date
14 Jul 2022

Invoice Due Date
21 Jul 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 | 13/07/2022,09/07/2022,SKS6211M,SLD7716J | 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.*

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 | 09/07/2022 13:00 (SGT) |
| Reported by | Both |
| Date of Accident | 09/07/2022 12:00 (SGT) |
| Location of Accident | CTE, Singapore |
| Additional Location Information | CTE (CITY) BEFORE PIE (CHANGI) EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKS6211M |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TEO KAM CHEW |
| NRIC No | S7168005C |
| Email Address | abc8627e@gmail.com |
| Mobile Phone No | (Phone) +65-94595275 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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 | 0 |

INSURANCE COMPANY

| | |
|-----------------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Policy Number / Cover Note Number | GA557319/1 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TEO KAM CHEW |
| NRIC No | S7168005C |
| Date Of Birth | 12/03/1971 |
| Occupation | Indoor |

| | |
|--|--|
| Date Of Driving Pass | 26/09/1995 |
| Driving experience | 26 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94595275 |
| Alt. Phone Number | - |
| Email Address | abc8627e@gmail.com |
| Address | APT BLK 530 WOODLANDS DRIVE 16 #16-133 |
| Address complement | - |
| Postcode | 730539 |
| 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) | 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 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 | SLD7716J |
| 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 | SNB8238C |
| 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) | - |

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 enquires 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 : Date & Time

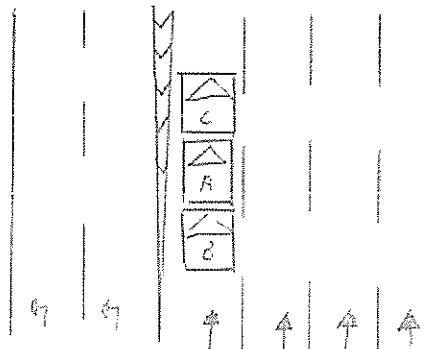
Driver's Signature (If driver is not the policyholder) : Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SKS 6111M
Vehicle B: SLD 7716J
Vehicle C: SNB 8238C

Accident Point





Describe Circumstances of the Accident


Handwritten sketch plan showing vehicle positions and movement. The sketch includes several 'X' marks representing vehicles and arrows indicating movement. One vehicle is labeled '12/10/10' and another '12/10/10'. The sketch is drawn on a grid of horizontal lines.

Declaration

I hereby declare that the information provided is true and correct.


 Driver's Signature (Print Name & Title)


 Driver's Signature (Print Name & Title)


 Witness's Signature (Print Name & Title)

ON THE STATED DATE AND TIME. I, VEHICLE A (SKS6211M) WAS TRAVELLING STRAIGHT ON LANE 4 OF CTE(CITY) BEFORE PIE(CHANGI) EXIT. WHEN THE FRONT VEHICLE C (SNB8238C) SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE C (SNB8238C). 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 ONTO VEHICLE C (SNB8238C) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SLD7716J) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

VEHICLE A : SKS6211M

VEHICLE B : SLD7716J

VEHICLE C : SNB8238C

16/3/17

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7168005C



Name

TEO KAM CHEW

张 锦 超

Race

CHINESE

Date of birth

12-03-1971

Sex

M

Country of birth

MALAYSIA

S7168005C

SKS6211M

amr k Dm

5061563



NRIC No. S7168005C



Date of issue

15-05-2012

Address

APT BLK 539 WOODLANDS DRIVE 16 #06-133
SINGAPORE 730539

NRIC No: S7168005C

Date: 20/02/2013

No: 731

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7168005C**

Name: **TEO KAM CHEW**

Birth Date: **12 Mar 1971**

Issue Date: **25 Nov 2008**

001679678F



S7168005C
owner A Pte Ltd

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE


Class 2B Motorcycles =< 200cc

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

25 Sep 1995

UP 428A

Licence No: S7168005C





redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number
03809

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

| | | | |
|-----------------------------|--|--------------------|--------------|
| Policyholder name | TEO KAM CHEW | Certificate number | GA557319 / 1 |
| Cover | Comprehensive | Chassis number | AGH300257509 |
| Plan name | Flexi | Engine number | 2AR2182353 |
| NCD applicable | 50% | | |
| Vehicle registration number | SKS6211M | | |
| Period of Insurance | from 12/11/2020 to 11/11/2021 (both dates inclusive) | | |
| Finance loan company | Maybank Singapore Limited | | |

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

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

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the 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.

| | |
|--------|-------------------------|
| EXCESS | Basic Own Damage Excess |
| | Windscreen Excess |

SGD 400.00
SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that in the event of a claim, they should refer to the Certificate of Insurance and the Policy to determine the terms, conditions and exclusions. Insurance has been issued on the basis of a Statutory Declaration made by the policyholder. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, 1987.

The Financial Warning Clause is a statement by the policyholder that they are aware of the fact that there would be no insurance cover for the policyholder in the event of a claim.