



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.com

Our Ref.: SNB4905L

Your Ref.: SND1014S

Date: 13.10.2022

ATTN: Motor Claims Department

INS: ALLIANZ INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

Accident Involving: SNB4905L & SND1014S

Date of Accident: 18.07.2022 @ 14:40HRS

Location: 18 Anderson Road , Nouvel 18 Carpark

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 2,800.00</u>
Loss of Use:	
(5 Days x \$280/Day):	<u>\$ 1,400.00</u>
LTA Search:	<u>\$ 7.45</u>
Grand Total:	<u>\$ 4,207.45</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 Shanelle Lim @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Shanelle Lim





HD PERFECT
AUTOWORK PTE LTD

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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, Wang Hui Huang ("the third party claimant") of
95 Cave Drive S(098068)
(address), owner of SNB4905L (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. SNB4905L that was
damaged pursuant to the accident which occurred on 18/07/22 (date)
at/along 18 Anderson Road S(259977), NOUVEL 18 COMPLEX
(location) involving vehicle no/s SNB1014S ("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 18 day of 07 (month) 20 22 (year)

Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

Signed by "the workshop"



HD PERFECT
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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNB4905L and SNB1014S on 18/07/22
at/along 18 Anderson Road S(259977) NOUVEL 18 carpark

1. I/We, the Owner of motor vehicle no. SNB4905L 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 18 day of 07 2022

Signature of vehicle owner [Signature]

Name : Wang Hui Huang

IC/UEN No : 94021643 Q

(Company stamp, if applicable)

Address : 95 Cove Drive

S'pore 098068

Tel : —

Witnessed by :

[Signature]
Shanell 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	HDP202210-00177	SNB4905L

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 2,800.00
Total	\$ 2,800.00

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 : 18 Jul 2022 / 17:10:39

Receipt Date/Time : 18 Jul 2022 / 17:10:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220718-003527

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 - SND1014S

As at 18 Jul 2022/14:40:00

Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.

1 Insurance Enquiry - SND1014S

Enquiry Fee

20220718171000217468

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	19/07/2022 16:18 (SGT)
Reported by	Driver
Date of Accident	18/07/2022 14:40 (SGT)
Location of Accident	18 Anderson Rd, Singapore 259977
Additional Location Information	NOUVEL 18 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB4905L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG HUI HUANG
Passport No/FIN	G4021643Q
Email Address	ABC8627E@GMAIL.COM
Mobile Phone No	(Phone) +65-81214174
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	-

DRIVER

Name of Driver	TAN POH YANG, ANDERS
NRIC No	S9143862C
Date Of Birth	06/12/1991
Occupation	Outdoor

Date Of Driving Pass	21/10/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81214174
Alt. Phone Number	-
Email Address	ABC8627E@GMAIL.COM
Address	BLK 120 TECK WHYE LANE #08-810
Address complement	-
Postcode	680120
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 on 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	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
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHEMENT.

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	SND1014S
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)	-

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE A (SNB4905L) WAS TRAVELLING STRAIGHT ON NOUVEL 18 CARPARK. SUDDENLY, VEHICLE B (SND1014S) FROM THE RIGHT SIDE DASHED OUT WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

I WISH TO STATE THAT AFTER THE COLLISION VEHICLE B (SND1014S) REVERSE HIS VEHICLE, AS I CAN'T OPEN MY DOOR.

VEHICLE A : SNB4905L

VEHICLE B : SND1014S

Declaration

1. The authors have not provided any information regarding the funding source for this study.

Environ. Sci. Technol. 1998, 32, 1008-1013

11. *Chlorophyll fluorescence and photosynthesis* (10 min)

$$\begin{aligned} \frac{1}{2} \frac{d}{dt} \int_{\mathbb{R}^n} |u|^2 dx &= \int_{\mathbb{R}^n} u \frac{du}{dt} dx \\ &= \int_{\mathbb{R}^n} u \left(-\Delta u + \lambda u \right) dx \\ &= -\frac{1}{2} \frac{d}{dt} \int_{\mathbb{R}^n} |\nabla u|^2 dx + \lambda \int_{\mathbb{R}^n} |u|^2 dx \end{aligned}$$

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.

6. 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Wan N' SNB 4905 L
JMB: SNB 1145





EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GOLDEN WHH PTE. LTD.



Name
WANG HUIHUANG

FIN
G4021643Q



K2525163

VISIT PASS

Immigration Regulations

04-2021

Name

WANG HUIHUANG

FIN

G4021643Q

Date of Birth

20-04-1974

Sex

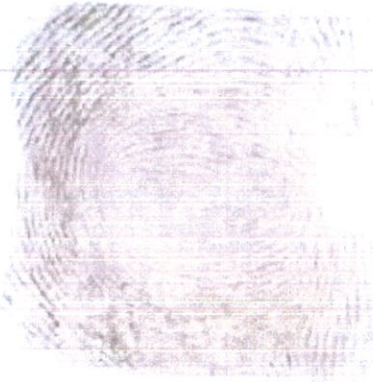
M

Nationality

CAMBODIAN

MULTIPLE JOURNEY VISA ISSUED



Download SGWorkPass
App to check status



SNB4905L

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9143862C



Name
TAN POH YANG, ANDERS

Race
CHINESE

Date of birth
06-12-1991

Sex
M

Country of birth
SINGAPORE

S9143862C

3971384



NRIC No. S9143862C



Date of issue
07-12-2006

Address
**APT BLK 120 TECK WHYE LANE
#08-810
SINGAPORE 680120**

SNB4905L

DRIVER

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a man in a suit and tie.

License Number: **S9143862C**

Name: **TAN POH YANG, ANDERS**

Birth Date: **06 Dec 1991**

Issue Date: **21 Oct 2010**

Barcode: 001903943E

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg	21 Oct 2010

NP 428A

Barcode: Licence No: S9143862C