

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.: SLJ2232P

Your Ref.: SNE6360D

Date: 07.11.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLJ2232P & SNE6360D

Date of Accident: 29.07.2022 @ 16:40 HOURS

Location: PASIR RIS DRIVE 3 NEAR LAMP POST 215

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 5,900.00

Loss of Use:

 (14 Days x \$180.00):
 \$ 2,520.00

 LTA Search:
 \$ 7.45

 GIA 3rd Party Report
 \$ 31.00

Grand Total: \$ 8,458.45

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 Irene @ 8297 9787, or email to jlperfectautowork@gmail.com

Thank You,

Irene





Signed by "the third party claimant"

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

Signed by "the workshop"

Authorisation To Act

Chan Soon Hong Blk 275 Tompines Street 22 #11-84	_ ("the third party claimant") of ら(520275)
(address), owner of SLT 2232P	(vehicle no.)
(address), owner of SLI 2232P hereby authorise JL Perfect Autowork Pte	L+d ("the workshop")
to act for me with respect to my claim for repair	
loss of use ("claim") for my vehicle no. SLT2	232P that was
damaged pursuant to the accident which occurred	on 29/07/22 (date)
at/along Pasir Ris Drive 3 near 1-1821	15
(location) involving vehicle no/s SNE6360D	("the accident").
I further hereby authorise the workshop to settle my above	e mentioned claim in a manner that
they deem it fit and the workshop is further authorised to re of my claim with payment cheque/s being made in favour of	
I further authorise the workshop to execute and/o vouchers/agreements regarding my/our claim/case for my/o	
I further acknowledge that any settlement the workshop maprejudice and without admission of liability basis in so far a me and/or the driver/owner/insurers of the other vehicle/sconcerned.	as any other claim (s) whatsoever by
Dated this day of (mo	nth) 20 <u>}</u> (year)
	THE PERFECT AUTOWORK OIT THE



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

Letter of Authorisation & Indemnity

Accident	involving motor vehicles r	no SLI2232P	_andSNU	76360D	on 29/07/22	
at/along		Drive 3 near				
1.	behalf to inspect my/our the report of the indepen	motor vehicle and to commendent surveyor. Pending the o	("the workshince repairs imme outcome of my/o	op") to appoint an ediately to the said our claim against th	independent surveyor on my/ou motor vehicle in accordance with ne third party, I/we forthwith par	
2.	you the sum of \$ being refundable deposit of the repair to my/our said vehicle. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointmen made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and, 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 aut	thorisation/approval/consent	hereby to instru		rs to negotiate a settlement with	
4.	My/Our solicitors shall als	insurers on such terms as you so accept this as my/our irrevolution u after deducting their costs o	ocable authority		nsation monies from my/our third	
5.	Upon resolving my/our	claim, you are also hereby a	uthorised to agr	ree with my/our s	olicitors on the amount of thei ceive and make payment of the	
6.	balance of the settlement I/We undertake and agre	t sum on my/our behalf direct ee to fully co-operate with yo	ly into your acco ou and my/our s	unt. solicitors to recove	er my claim successfully and also eedings and to take all necessary	
7	steps to recover the claim	from the negligent party who	ere necessary.			
7.		t and authorise you to deduc t are still owing to you, namel			received from the third party al ntal of substitute vehicles.	
8.	instructions on the accide	ent matter, to sign court docu	ments and to atte		rposes of giving my/our further in connection with my/our claim	
9.	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 my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to part less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repart bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor 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 infor pay or receive any monie	s due to this claim.			ve due to this action agreeing to	
		Dated this day	of <u>07</u>	2022	Λ	
Signature	of vehicle owner		_		<u> </u>	
Name : _	Chan Soon I	tong		Witnessed	by:	
IC/UEN N	o:_SI580417	<u>C.</u>		(R	ENE	
(Company	y stamp, if applicable)					
Address :	BIK 275 Tam	pines				
St. 2	2 #11-84 5(5	520275)				
Tel:	R4505405					



I, chon Soon Hong

"My execution of this Discharge Voucher is only for my claim for property damage and not

AUTHORIZATION TO ACTprejudicial to any other claims'

_____("the third party claimant")

(AIG Asia Pacific - Express Third Party Claim)

of BIK 275 Tampines Street 22 HII-84 \$(520275) (address)				
	owner ofSLT2232P (vehicle no.) hereby authorize			
	IL Peafect Automork 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. <u>SLT 2232P</u> that was damaged pursuant to the			
	accident which occurred on 29/07/22 (date) along Posix			
	Ris Orive 3 near 4P215 (location)			
	involving vehicle no/s			
	("the accident").			
	I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further			
	authorized to receive payment further to settlement of my claim			
	with payment cheque/s being made in favour of the workshop.			
	I further acknowledge that any settlement the workshop may reach			
	on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other			
	vehicle/s is concerned.			
	Dated this 29			
	THE COLUMN TO THE PART OF THE			
	Signed by "the third party claimant" Signed by "the workshop" (with chop)			

TAX INVOICE

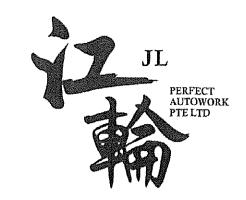
JL PERFECT AUTOWORK PTE LTD

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
07.11.2022	JLP202211-00167	SLJ2232P

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-12 AIG BUILDING SINGAPORE 079120

Carry out Lump-sum repair on accident vehicle corresponding	\$	E 000 00
to supply of spare parts, labour and spray painting charges	·	5,900.00
Total	\$	5,900.00

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: 29 Jul 2022 / 17:54:43

Receipt Date/Time: 29 Jul 2022 / 17:54:43

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220729-003714

Previous Receipt No.:

S/N	Item Description/		Amount	GST	Amount
	Business Transaction Reference		Before	Amount	After GST
	No.		GST (S\$)	(S\$)	(S\$)
Resu	ılt of Insurance Enquiry - SNE6360D				
As at	t 29 Jul 2022/16:40:00				
Insur	ance Co: AIG ASIA PACIFIC INSURAN	ICE PTE, LTD.			
1	Insurance Enquiry - SNE6360D				
	Enquiry Fee		7.00	0.49	7.49
	20220729175355537275				
		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 (Oredit 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.



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

JL PERFECT AUTOWORK PTE LTD - Chan Soon Hong

Invoice Number GR-2022-002933

Invoice Issue Date 03 Aug 2022

Invoice Due Date 10 Aug 2022

 Total Amount (\$\$)
 28.97

 Total GST 7.00% (\$\$)
 2.03

 Total Amount Incl. of GST (\$\$)
 31.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	02/08/2022,29/07/2022,SLJ2232P,SNE6360D	28.97	2.03	31.00
		Total Am	ount (S\$)	28.97
		Total GST 7	.00% (S\$)	2.03
		Total Amount Incl. of		31.00

This is a computer generated document. No signature is required. SP18227U000F / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 30/07/2022 16:41 (SGT) SUBMITTED BY: Lim Xu Wen Wayne VERSION: 1 (30/07/2022 16:41 (SGT))



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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident ct Location of Accident Additional Location Information Country/State of Loss

30/07/2022 16:41 (SGT) Both 29/07/2022 16:40 (SGT) Pasir Ris Drive 3, Singapore NEAR LP215 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLJ2232P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

Nο

CHAN SOON HONG

S1580417C

JACKIECHAN6371@GMAIL.COM

(Phone) +65-94505405

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Toyota Vios

Private use

No - Claiming third party

Private car Auto

1500

INSURANCE COMPANY

Name of Insurance Company

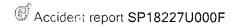
Policy Number / Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd MT/01027473

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHAN SOON HONG S1580417C 31/12/1963 Indoor



Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

Email Address

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

THER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name

Gender

-TAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Accident report SP18227U000F

02/12/1987

34 YEARS AND 7 MONTHS

Male

(Phone) +65-94505405

JACKIECHAN6371@GMAIL.COM

BLK 275 TAMPINES STREET 22 #11-84

520275

Yes No

Collision - Head to Rear

Clear Dry

No

2 Yes

No Yes

2

No

SHADDY ANG Female

No

No

Yes

SNE6360D

Page 2 of 12

Vehicle Colour

Vehicle Category Private car

Name of Driver Contact Number

Address - Address complement - -

Postcode .

Insurance Company Name

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Address

Name of injured person CHAN SOON HONG

Gender Male

Phone No (Phone) +65-94505405

Address Complement Post Code -

ৈ proximate Age Years Old __ ...aries Sustained __

Injured person in which vehicle?

Were seat belts worn?

SLJ2232P

Yes

Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person SHADDY ANG

Gender Female

Phone No Address Address Complement Post Code -

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle?

SLJ2232P

Were seat belts worn?

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 Adjust Driver.
- 3 Information provided must be as <u>furthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will fer 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 aforesoid.
- & Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 insurers) 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;
- (a) Investigating the accident and/or my claims.
- (a) carrying cut and/or dealing with my instructions or responding to any enquiries by me;
- (v) 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 thanking and/or dealing with my claims icollectively the "Purposos")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers lawyershaw firms, may/are permitted to collect, use idisclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may control disclosed by any of the Insurers and/or GIA to their Initid-party service providers or agents (moluding their lawyers/law firms), which may be said outsite of Singapore, for one or more of the above Purposes

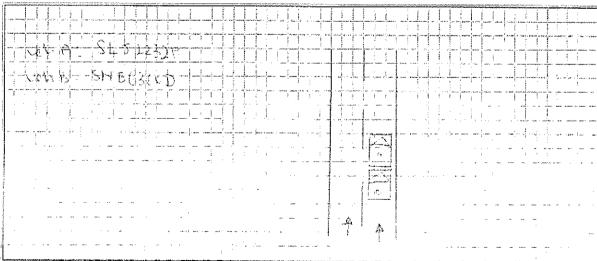
Uter's Sterne to Date & Tree

Policyholder's Signature - Date & Time

Privers Signature in driver is not the policy notion (2.0 to a 2.1 to a

Windeled by Vecching Centie Personne

Sketch Plan



Describe Circumstance of the Accident	

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The distribution of Course and State of State of State of States	
中 中	1
4	
in a ferrir that of the at terned to the best of the second to the seco	and the second of the second o

ON THE STATED DATE AND TIME. I, VEHICLE A (SLJ2232P) WAS TRAVELLING STRAIGHT ON LANE 1 OF PASIR RIS DRIVE 3 NEAR LP 215. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SNE6360D) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR.

VEHICLE A: SLJ2232P

VEHICLE B: SNE6360D



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1580417C





Name

CHAN SOON HONG



曾询岚

Race CHINESE

Date of birth 31-12-1963 Sex

5 (580) 1174

Country/Place of birth SINGAPORE

SLJ 22329

Owner & Drim

6237542



NRIC No. S1580417C



Date of issue

15-07-2019

Address

APT BLK 275 TAMPINES STREET 22 #11-84 SINGAPORE 520275



ST23335

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

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

14 Oct 1985 02 Dec 1987

Licence No: S1580417C

NP 428A



Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

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

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MT/01027473

Type of Coverage / Driver Plan : Car Third-Party Fire and Theft (Value Plan)

1) Vehicle Registration No. : SLJ2232P

Chassis No. : MR053HY9305050277

2) Name of Policy Holder : chan, soon hong

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 23/03/2022 13:11

4) Date/Time of Expiry of Insurance : 22/03/2023 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any person who is named on the policy who is driving on the Policyholder's permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured : Market Value

Own Damage Excess : S\$ 800.00

Windscreen Excess : Not Applicable

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : chan, soon hong

Ref Named Driver
Named driver (1) ANG, POH HONG

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.