



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.: SLK4528T

Your Ref.: SHB2139R

Date: 12.11.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLK4528T & SHB2139R

Date of Accident: 11.08.2022 @ 06:45 HOURS

Location: SLIP ROAD OF JALAN BUKIT MERAH ENTERING LOWER DELTA ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 6,500.00</u>
Loss of Rental:	
(7 Days x \$192.60):	<u>\$ 1,348.20</u>
LTA Search:	<u>\$ 7.45</u>
Grand Total:	<u>\$ 7,855.65</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 jlperfectautowork@gmail.com

Thank You,

Irene





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

Authorisation To Act

I, Mohamed Nizam Bin Mohamed Rani ("the third party claimant") of
868 Woodlands Street 83 #03-339 S730868
(address), owner of SLK4528T (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. SLK4528T that was
damaged pursuant to the accident which occurred on 11/08/22 (date)
at/along Slip Road of Jalan Bukit Merah entering Lower Delta Road
(location) involving vehicle no/s SHB2139R ("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 11 day of 08 (month) 20 22 (year)

[Signature]

Signed by "the third party claimant"



[Signature]

Signed by "the workshop"



Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLK4528T and SHB2139R on 11/08/22
at/along Slip Road of Jalan Bukit Meroh entering Lower Delta Road

1. I/We the Owner of motor vehicle no. SLK4528T 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 11 day of 08 20 22

Signature of vehicle owner

Name: Mohamed Nizam Bin Mohamed Rani

IC/UEN No: S7229806C

(Company stamp, if applicable)

Address: 868 Woodlands St 83

#03-339 8730868

Tel: 84842366

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
12.11.2022	JLP202211-00173	SLK4528T

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	\$ 6,500.00
Total	\$ 6,500.00

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



HUA HONG PRIVATE LIMITED

10 Kaki Bukit Avenue 4 #04-63 Premier@Kaki Bukit Singapore 415874

Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

TAX INVOICE

5 September 2022

MOHAMED NIZAM BIN MOHAMED RANI
868 WOODLANDS STREET 83
#03-339
SINGAPORE 730868

Vehicle Registration No : SMA 7237 D
Vehicle Make : TOYOTA
Vehicle Model : C-HR HYBRID

Rental Charges from 11/08/2022 to 17/08/2022
(7 days x \$180 per day)

	\$	1,260.00
7% GST	\$	88.20
Total	\$	1,348.20

This is a computer generated document and no signature is required.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Aug 2022 / 16:42:41

Receipt Date/Time : 11 Aug 2022 / 16:42:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220811-003118

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 - SHB2139R				
As at 11 Aug 2022/06:45:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB2139R Enquiry Fee 20220811164154904528	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 Actual 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	12/08/2022 13:41 (SGT)
Reported by	Both
Date of Accident	11/08/2022 06:45 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	SLIP ROAD OF JALAN BUKIT MERAH ENTERING LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4528T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED NIZAM BIN MOHAMED RANI
NRIC No	SXXXX806C
Email Address	MOHAMEDNIZAM4528@GMAIL.COM
Mobile Phone No	(Phone) +65-84842366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5118213429-02

DRIVER

Name of Driver	MOHAMED NIZAM BIN MOHAMED RANI
NRIC No	SXXXX806C
Date Of Birth	27/08/1972

Occupation	Outdoor
Date Of Driving Pass	03/11/2000
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84842366
Alt. Phone Number	-
Email Address	MOHAMEDNIZAM4528@GMAIL.COM
Address	868 WOODLANDS STREET 83
Address complement	03-339
Postcode	730868
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)	3
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	-

PASSENGER 1

Name	ZURAIDAH BINTE MOHAMED SULTAN
Gender	Female

PASSENGER 2

Name	NUR SYAKIRAH BINTI MOHAMED NIZAM
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

PLEASE REFER TO SKETCH PLAN ATTACHED

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	SHB2139R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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 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 Traffic Police Department for investigation.**
6. 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 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 - Date & Time


Driver's Signature (please tick on the policyholder's Date & Time


Witnessed by Reporting Officer's Personal Stamp (or NPIC ID Card)



Sketch Plan

Describe Circumstance of the Accident

Refer to Attached

Signature

Date

Print Name

Print Name

Print Name

On 11.08.2022 at about 06:45 hours at Slip Road of Jalan Bukit Merah entering Lower Delta Road, I was travelling at the above mentioned location and when I approached the slip road, I slowed down and stopped my vehicle (A) to check for the oncoming traffic to be clear.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear right hand side portion of my vehicle (A).

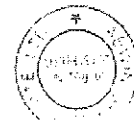
I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): SLK 4528T

Vehicle (B): SHB 2139R

Handwritten signature

Handwritten mark



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7229806C



Name



MOHAMED NIZAM BIN MOHAMED
RANI

محمد نزم بن محمد رني

Race

MALAY

Date of birth

27-08-1972

Sex

M

S7229806C

Country/Place of birth

SINGAPORE



SLK4528T

Owner and Driver

6268294



NRIC No. S7229806C



Date of issue

23-08-2019

Address


APT BLK 868 WOODLANDS STREET 83
#03-339
SINGAPORE 730868

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7229806C**
Name: **MOHAMED NIZAM BIN MOHAMED RANI**

Birth Date: 27 Aug 1972
Issue Date: 02 Sep 2017

002719647A



SLK4528T

Owner and Driver

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	03 Nov 2000

NP 428A

Licence No: S7229806C

Land Transport Authority



VOCATIONAL LICENCE
Licence No. S7229808C
Name MOHAMED NIZAM BIN
MOHAMED RANI

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

SLK4528T

Owner and 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
13	PRIVATE HIRE CAR VL	28/06/2018
03	BUS VL	03/11/2009
04	BUS ATTENDANT	03/11/2009



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: 5118213429-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK4528T**
Chassis Number : **RU31216032**
2. Name of Policyholder : **MOHD NIZAM BIN MOHD RANI**
3. Effective Date of Insurance : **17 Jul 2022**
4. Expiry Date of Insurance : **16 Jul 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMED NIZAM BIN MOHAMED RANI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : INSURE LINK PTE. LTD. (00000614836)
Date of Issue : 04 Jul 2022 09:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

INSURE LINK PTE LTD
2 KALLANG AVE #08-16
CT HUB, SINGAPORE 339407
Tel: 6444-4644 Fax: 6444-0040
Email: cs@insurelink.com.sg