



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.: GBJ190H

Your Ref.: SMV9579T

Date: 18.11.2022

ATTN: Motor Claims Department

INS: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: GBJ190H & SMV9579T

Date of Accident: 13.08.2022 @ 09:15 HOURS

Location: SLIP ROAD OF TAMPINES AVENUE 7 ENTERING TAMPINES AVENUE 2

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 2,200.00

Loss of Use:

(7 Days x \$180.00): \$ 1,260.00

LTA Search \$ 7.45

Grand Total: \$ 3,467.45

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

Yuen



Authorisation To Act

I, Hong Kiat Aluminium & Metal Works ("the third party claimant") of 9002, Tampines Street 93, #01-20, Tampines Industrial Park A, S(528836) (address), owner of GBJ190H (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. GBJ190H that was damaged pursuant to the accident which occurred on 13/08/2022 (date) at/along Slip Road of Tampines Avenue 7 entering Tampines Avenue 2 (location) involving vehicle no/s SMV9579T ("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 13 day of 08 (month) 20 22 (year)

Signed by "the third party claimant"

豐吉鋁業鐵器工程
HONG KIAT ALUMINIUM & METAL WORKS
Blk 9002, Tampines St. 93, #01-20, Singapore 528836
Tel: 6784 3556, 6785 4919, 6785 8453 Fax: 6786 3061
H. D. B. Licence No: HB-02-2437C
Registration No: 37512600K

Signed by "the workshop"





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 no. GBJ190H and SMV9579T on 13/08/2022
at/along Slip Road of Tampines Avenue 7 entering Tampines Avenue 2

1. I/We, the Owner of motor vehicle no. GBJ190H 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 13 day of 08 20 22

Signature of vehicle owner

Name: Hong Kiat Aluminium & Metal Works

IC/UEN No: 37512600K

(Company stamp, if applicable)

Address: 9002, Tampines Street 93 #01-20,

Tampines Industrial Park A, S(528836)

Tel: 6784 3556

Witnessed by:

IRENE

豐吉銘業鐵器工程
HONG KIAT ALUMINIUM & METAL WORKS
Blk 9002, Tampines St. 93, #01-20, Singapore 528836
Tel: 6784 3556, 6785 4919, 6785 8453 Fax: 6786 3061
H. D. B. Licence No: HB-02-2427C
Registration No: 37512600K

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
18.11.2022	JLP202211-00178	GBJ190H

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 2,200.00
Total	\$ 2,200.00

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 : 13 Aug 2022 / 14:38:09

Receipt Date/Time : 13 Aug 2022 / 14:38:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220813-001420

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 - SMV9579T As at 13 Aug 2022/09:15:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMV9579T Enquiry Fee 20220813143705273599	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	15/08/2022 17:53 (SGT)
Reported by	Driver
Date of Accident	13/08/2022 09:15 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	SLIP RD ENTERING TAMPINES AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ190H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HONG KIAT ALUMINIUM & METAL WORKS
Company Reg No	37512600K
Email Address	HK.96269898@GMAIL.COM
Mobile Phone No	(Phone) +65-67843556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPCVE002898

DRIVER

Name of Driver	TAN SENG HUAT
NRIC No	S0654328F
Date Of Birth	21/06/1949
Occupation	Indoor

Date Of Driving Pass	13/09/1976
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98173501
Alt. Phone Number	-
Email Address	HK.96269898@GMAIL.COM
Address	BLK 160 MARIAM WAY #01-04
Address complement	-
Postcode	507084
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	2
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	CHEW CHIN FONG
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

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	SMV9579T
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. This report correctly represents the contents of the accident report and the circumstances.
2. This report is completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation in this report may result in the policyholder being liable to repudiate policy liability.
4. The proper and accurate use of this policy is a condition of the contract of insurance and the policyholder's liability on the part of the insurer is voided.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurer to the GAA Records Management Unit for retention by the General Insurance Association of Singapore (GIA) for archiving and the release of the report will be made available upon application by interested parties.
7. By the submission of this report to the insurer, you hereby consent to the use of the report for the purposes and to the extent of the report being made available to the insurer.
8. Consent under the Personal Data Protection Act (PDPA)

I understand and agree to the following:

- (a) My insurer, with the aid of the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, store, copy, or otherwise process data/personal information set out in this form and any other personal information provided by me or processed by my insurer for strictly the "Personal Information" and disclosure and transfer such Personal Information to third parties who have a legitimate interest in the accident (for instance) when there is a claim for compensation for the accident and the relevant information is required by the relevant authorities for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(b) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(c) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(d) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

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(h) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(i) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(j) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(k) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(l) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(m) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(n) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(o) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(p) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(q) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(r) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(s) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

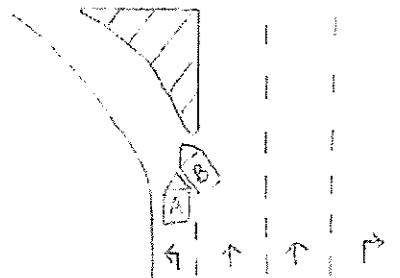
(t) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(u) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

(v) I understand and agree that the insurer may/are permitted to use the information for the purpose of the report of the insurer and any other information set out in this form for the purpose of the report.

SALUTE PLAN

Tampines Avenue 2



A = GBJ 190H

B = 5mV 9579T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The image shows a large, empty coordinate grid. The x-axis is labeled from 0 to 1000 in increments of 100. The y-axis is labeled from 0 to 1000 in increments of 100. The grid is composed of a series of small squares, and the axes are labeled with numerical values. The grid is mostly empty, with only a few faint lines and labels visible.

Refer to Attached

On 13.08.2022 at about 09:15 hours at Slip Road of Tampines Avenue 7 entering Tampines Avenue 2, I was travelling straight on lane 4 for turning left heading to Tampines Avenue 2.

Suddenly, I saw vehicle (B) from lane 3 cut into my lane. I immediately horned to alert the driver of vehicle (B) yet vehicle (B) still cut into my lane and collided onto the front right portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): GBJ 190H

Vehicle (B): SMV 9579T

28

100% ZINC PLATED METAL
100% ZINC PLATED METAL
100% ZINC PLATED METAL

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0654328F



Name

TAN SENG HUAT



陳成發

Race

CHINESE

Date of Birth

21-06-1949

Sex

M

Country of Birth

SINGAPORE



GBJ190H

Driver

2463858



NRIC No. S0654328F



Blood Group

O+

Date of issue

10-10-1994

BLK 160 MARIAM WAY #01-04
SINGAPORE 507084

NRIC No: S0654328F


Date: 06-11-2004 No: 5055479

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0654328F**
Name: **TAN SENG HUAT**

Birth Date: **21 Jun 1949**
Issue Date: **05 Mar 2004**

001151941A



GBJ190H
Driver


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

PASS DATE **13 Sep 1976**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S0654328F



Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

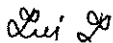
- Cert No./Policy No.** : D21MTPCVE002898
- 1. Registration No.** : GBJ190H
- 2. Insured Name** : HONG KIAT ALUMINIUM METAL WORKS
- 3. Commencement Date** : 29 NOVEMBER 2021 00:00
- 4. Expiry Date** : 28 NOVEMBER 2022 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$500 - Section I
- 7. Persons or Classes of Persons entitled to drive***
b) Any person who is driving on the Insured'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.
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 the accident loss or damage.
- 8. Limitations as to use***
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 9. ExcelDrive Workshops & Accident Reporting**
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 08 NOVEMBER 2021 15:18

**Limitation 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.*

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy