



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.: SMS8552S

Your Ref.: SMQ818P

Date: 08.12.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SMS8552S & SMQ818P

Date of Accident: 09.09.2022 @ 07:20 HOURS

Location: KJE TOWARDS PIE (TUAS) BEFORE BRICKLAND ROAD EXIT

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 16,300.00

Loss of Use:
(19 Days x \$220) \$ 4,180.00

LTA Search: \$ 7.45

3rd Party GIA Report: \$ 31.00

Grand Total: \$ 20,518.45

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



Authorisation To Act

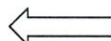
I, SKK Works Pte Ltd ("the third party claimant") of
27 First Lok Yang Rd S(629735)
(address), owner of SMS8552S (vehicle no.)
hereby authorise JL Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SMS8552S that was
damaged pursuant to the accident which occurred on 09/09/22 (date)
at/along TWDS PIE (Tuas) before Brickland Rd Exit
(location) involving vehicle no/s SMQ 818P ("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 09 (month) 20 22 (year)



Signed by "the third party claimant"

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMS8552S and SMQ818P on 09/09/22
at/along Twds PIE (Tuas) before Brickland Rd Exit.

1. I/We, the Owner of motor vehicle no. SMS8552S 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 09 day of 09 2022

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :

Witnessed by :

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
08.12.2022	JLP202212-00211	SMS8552S

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	\$ 16,300.00
Total	\$ 16,300.00

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 : 09 Sep 2022 / 13:27:47

Receipt Date/Time : 09 Sep 2022 / 13:27:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220909-001936

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 - SMQ818P As at 09 Sep 2022/07:20:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMQ818P Enquiry Fee 20220909132657190365	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.



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

JL PERFECT AUTOWORK PTE LTD -
Skk Works Pte Ltd

Invoice Number
GR-2022-003475

Invoice Issue Date
13 Sep 2022

Invoice Due Date
20 Sep 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	13/09/2022,09/09/2022,SMS8552S,SMQ818P	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 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	10/09/2022 11:31 (SGT)
Reported by	Both
Date of Accident	09/09/2022 07:20 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TWDS PIE (TUAS) BEFORE BRICKLAND RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8552S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SKK WORKS PTE LTD
Company Reg No	201328018C
Email Address	EUGENESZE.SKK@GMAIL.COM
Mobile Phone No	(Phone) +65-87776996
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	M0016488

DRIVER

Name of Driver	SZE WEI JIE EUGENE
NRIC No	S9206354B
Date Of Birth	26/02/1992
Occupation	Outdoor

Date Of Driving Pass	11/08/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87185151
Alt. Phone Number	-
Email Address	EUGENESZE.SKK@GMAIL.COM
Address	BLK 12A MARSILING LANE #08-63
Address complement	-
Postcode	731012
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	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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Notes, 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	SMQ818P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM517C
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 C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMU1175H
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 D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SZE WEI JIE EUGENE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS8552S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodgment 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)

(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.

(d) My Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

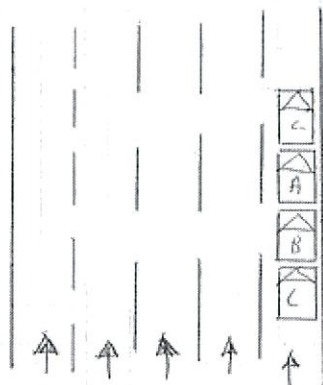
(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, or bringing or managing fraud, regulatory, law enforcement and government agencies, or otherwise required for or permitted, or
- (ii) for complying with requirements under any regulations, laws or court order.



SKETCH PLAN

veh A: SMS 85525
 veh B: SMQ818P
 veh C: SKM 517C
 veh D: SHU 1175H

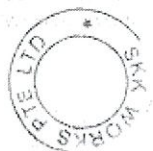


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the description area:

- Detour* (written diagonally across the lower left)
- TO* (written below 'Detour')
- the* (written below 'TO')
- Attendant* (written diagonally across the upper right)

DECLARATION



Handwritten signature

ON THE STATED DATE AND TIME. I, VEHICLE A (SMS8552S) WAS TRAVELLING STRAIGHT ON LANE 1 OF KJE TOWARDS PIE(TUAS) BEFORE BRICKLAND ROAD EXIT. WHEN THE FRONT VEHICLE C (SKM517C) SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE C (SKM517C). 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 (SKM517C) REAR PORTION. AFTER A FEW SECONDS I FELT ANOTHER HUGE IMPACT AGAIN. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMQ818P) THAT HAD COLLIDED ONTO MY VEHICLE.

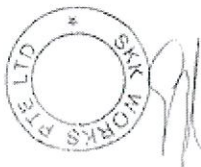
I WISH TO STATE THAT THIS IS A 4 CARS CHAIN COLLISION.

VEHICLE A : SMS8552S

VEHICLE B : SMQ818P

VEHICLE C : SKM517C

VEHICLE D : SMU1175H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9206354B



Name

SZE WEI JIE, EUGENE

徐 伟 杰

Race

CHINESE

Date of birth

26-02-1992

Sex

M

Country of birth

SINGAPORE

S9206354B

SMS 85525

Doin



4012781

NRIC No. S9206354B



Date of issue

09-03-2007

APT BLK 12A MARSILING LANE #08-63
SINGAPORE 731012

NRIC No: S9206354B

Date: 07/03/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9206354B**
Name: **SZE WEI JIE, EUGENE**

Birth Date: 26 Feb 1992
Issue Date: 11 Aug 2011

001990127G



Sms 85525

Draw

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

	EFFECTIVE DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	11 Aug 2011

NP 428A

Licence No: S9206354B

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) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0016488

- | | | | | |
|--|-------------------|-------------------------|-----------------------------|-------|
| 1. Index Mark and Registration Number of Vehicle | SMS8552S | | | |
| 2. Name of Policyholder | SKK Works Pte Ltd | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 18/03/2022 | Excess: Named Drivers | S\$ | 600 |
| | | Excess: Unnamed Drivers | S\$ | 1,100 |
| | | Excess: Windscreen | S\$ | 100 |
| 4. Date of Expiry of Insurance | 17/03/2023 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : A25A5279814 | |
| | | Chassis No | : JTNB23HK503049604 | |
| | | Hire Purchase | : Maybank Singapore Limited | |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Liao Xiaoyan

Sze Wei Jie, Eugene

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* 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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

For and on behalf of **Etiqa Insurance Pte. Ltd.**

Approved Insurer

Authorised Signature

GOP93167 09/03/2022 16:06:05

