



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.: SLS1814U

Your Ref.: SMY859D

Date: 02.12.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLS1814U & SMY859D

Date of Accident: 17.09.2022 @ 16:15 HOURS

Location: NEWTON RD, SINGAPORE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 3,500.00

Loss of Use:
(5 Days x \$180) \$ 900.00

LTA Search: \$ 7.45

Grand Total: \$ 4,407.45

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, Asia Car Leasing Pte Ltd ("the third party claimant") of
167 Upper Paya Lebar Rd S(534859)
(address), owner of SLS18144 (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. SLS18144 that was
damaged pursuant to the accident which occurred on 17/09/22 (date)
at/along Newton Road
(location) involving vehicle no/s SMY8590 ("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.

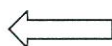
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 19 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. SLS1814U and SMY8590 on 17/09/22
at/along Newton Road

1. I/We, the Owner of motor vehicle no. SLS1814U 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 19 day of 09 2022

Signature of vehicle owner _____

Name: Asia Car Leasing Pte Ltd

IC/UEN No: 201437397C

(Company stamp, if applicable)

Address: 167 Upper Paya Lebar Rd
S(534859)

Tel: 97828585



Witnessed by: _____

Frank

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
02.12.2022	JLP202212-00192	SLS1814U

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	\$ 3,500.00
Total	\$ 3,500.00

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

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Sep 2022 / 16:24:07

Receipt Date/Time : 19 Sep 2022 / 16:24:07

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220919-003168

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 - SMY859D As at 17 Sep 2022/16:15:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SMY859D Enquiry Fee 20220919162314434966	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			
	421808XXXXXX9926		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	19/09/2022 15:07 (SGT)
Reported by	Both
Date of Accident	17/09/2022 16:15 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1814U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE. LTD.
Company Reg No	201437397C
Email Address	kristine@asiacarrental.com.sg
Mobile Phone No	(Phone) +65-97828585
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1210001346

DRIVER

Name of Driver	CHRISTOPHER PATRICK MITCHELL
Passport No/FIN	G3205127N
Date Of Birth	04/11/1981
Occupation	Indoor

Date Of Driving Pass	28/06/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91449864
Alt. Phone Number	-
Email Address	kristine@asiacarrental.com.sg
Address	46 WATTEN VIEW
Address complement	-
Postcode	287176
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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	ERIN MITCHELL
Gender	Female

PASSENGER 2

Name	MIMI MITCHELL
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 ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY859D
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG QIU YI KAE LYN
NRIC No	S8816744I
Contact Number	(Phone) +65-91718413
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

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

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SLS 1814 U



SMY 859 D

Describe Circumstances of the Accident

On 17/9/22 at around 4.15pm, I was driving on Newton Rd, keeping to my lane when suddenly vehicle B, smy 8549 D came out into my lane and bumped into the LHS of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature + Date & Time

[Handwritten Signature]

Driver's Signature (if driver is not the policyholder) + Date & Time

Kevin

Witnessed by Reporting Centre Personnel



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

Employer
VERTICURL PTE. LTD.



Name
CHRISTOPHER PATRICK MITCHELL

FIN
G3205127N



K2085338

SLS1814U

Driver

VISIT PASS
Immigration Regulations

31-01-2020

Name

CHRISTOPHER PATRICK MITCHELL

FIN

G3205127N

Date of Birth

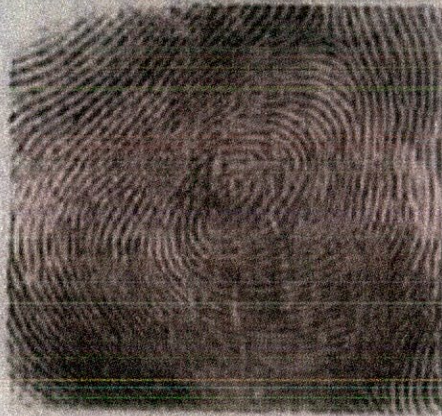
04-11-1981

Sex

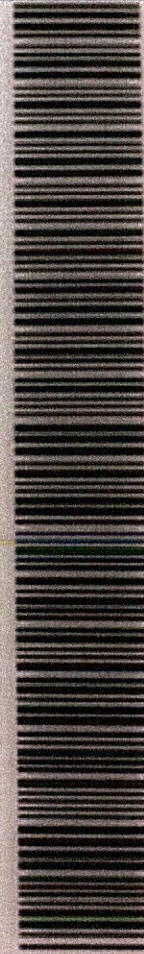
M

Nationality

AUSTRALIAN

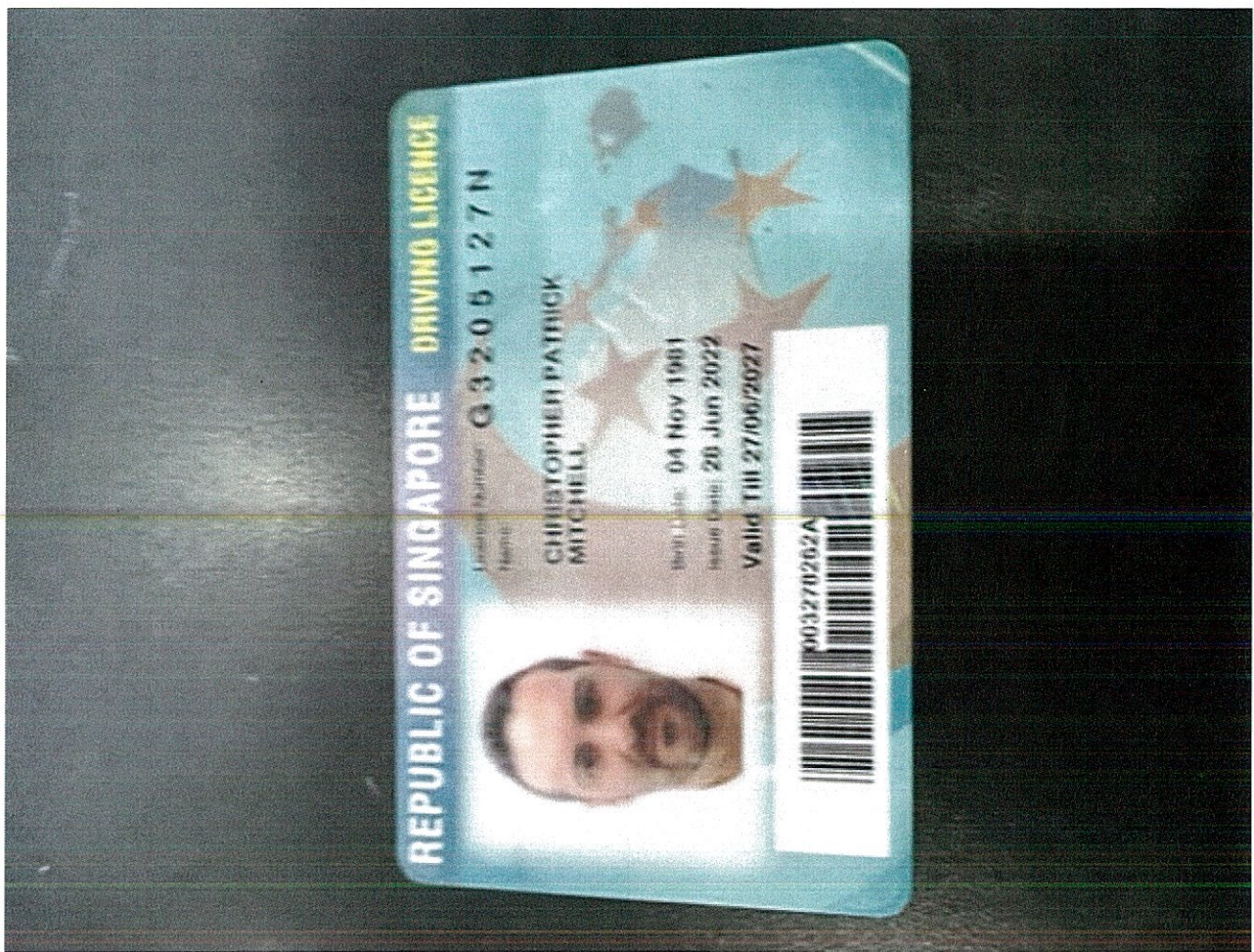


Download SGWorkPass
App to check status



Driver

SLS1814u
Driver



SKS1814U
Driver

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

EFFECTIVE DATE

Class 3A Ambulances / Medical transport vehicles / Motor cars 28 Jun 2022
without clutch pedals ≤ 3000kg with ≤ 7 passengers,
exclusive of the driver / Motor tractors or vehicles
without clutch pedals ≤ 2500kg



Licence No: G3205127N

NP 428A



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : ASIA CAR LEASING PTE LTD

Master Policy No./Policy No. : 7990000052 / 1210001346

Period of Insurance : 18 Oct 2021 To 17 Oct 2022

Engine No. : HRA2488633A

Chassis No. : SJNFEAJ11U2025079

Vehicle No. : SLS1814U

Endorsement No. :

Issued Date : 02 Dec 2021 00:12

ABOUT THE COVER

Make/Model	NISSAN Qashqai 1.2 DIG-Turbo		
Engine Capacity/Tonnage	1197 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
First Year of Registration	2017	Insuring with COE/PAF	Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

Age Condition : Driver Restriction applies-Refer to T&C
Limitation as to use* : Mileage Condition

Use for social, domestic, pleasure purposes and business purposes of the Policyholder.
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is lent.
Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is lent.
This Policy does not cover:
1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
2) use whilst towing a trailer;
3) use for the towing of any non-disabled mechanically powered vehicle;
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is lent; and
5) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Section 86 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$250

Section 2
Property Damage - \$0

Windscreen - \$500

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repair to the Vehicle can be carried out at the repairer of your choice (unless specifically excluded by AIG).
For approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG DB.
Mobile App: Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

1) End 1st year.
2) Driver must be age 21 and above.
3) Driver with less than 1 year Driving Experience, with annual Section 1 excess of \$5000 and Section 2 excess of \$5000 (\$2000).
4) Driver 21 age 21-22 or above with 1st year Section 1 excess of \$5000 and Section 2 excess of \$5000 (\$2000).

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy, in which the Certificate of Insurance is issued, is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

DS02808000

LEW OOI LIN MAY

AIG BUILDING, 78 SHENTEN WAY #01/AT1 GEM ROOM
SINGAPORE 078120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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