

**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.comOur Ref.: PC5347LYour Ref.: SH7350BDate: 13.02.2023

ATTN: Motor Claims Department

INS: **AXA INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: PC5347L & SH7350BDate of Accident: 22.09.2022 @ 08:15 HOURSLocation: PUNGGOL ROAD TOWARDS SENG KANG EAST WAY

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 4,600.00Loss of Use:
(7 Days x \$280.00): \$ 1,960.00LTA Search: \$ 7.45**Grand Total:** \$ 6,567.45

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 hdperfectautowork@gmail.com

Thank You,

Irene





HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act

I, Ming Chuan Transportation Pte. Ltd. ("the third party claimant") of
205 Braddell Rd S(579701)
(address), owner of PC5347C (vehicle no.)
hereby authorise HD 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. PC5347C that was
damaged pursuant to the accident which occurred on 22/09/22 (date)
at/along Punggol Rd twds Songkang East Way
(location) involving vehicle no/s S47350B ("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.

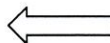
I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 16 day of 11 (month) 20 22 (year)


MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G



Signed by "the third party claimant"



Signed by "the workshop"



HD PERFECT
AUTOWORK PTE LTD

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Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC5347C and S17350B on 22/09/22
at/along Punggol Rd twds Sengkang East way

1. I/We, the Owner of motor vehicle no. PC5347C hereby instruct and authorise HD 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 16 day of 11 2022

Signature of vehicle owner _____

Name : Ming Chuan Transportation Pte. Ltd

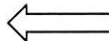
IC/UEN No : 202122415G

(Company stamp, if applicable)

Address : 205 Braddell Rd

S(579701)

Tel : 83661699



Witnessed by : _____

Jrene

MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

| Date | Invoice Number | Vehicle Number |
|------------|-----------------|----------------|
| 13.02.2023 | HDP202302-00319 | PC5347L |

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 | \$ 4,600.00 |
| Total | \$ 4,600.00 |

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD 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 : 22 Sep 2022 / 12:01:08

Receipt Date/Time : 22 Sep 2022 / 12:01:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220922-001400

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 - SH7350B | | | | |
| As at 22 Sep 2022/08:15:00 | | | | |
| Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SH7350B | | | |
| | Enquiry Fee | 7.00 | 0.49 | 7.49 |
| | 20220922120025821685 | | | |
| 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 | 22/09/2022 15:52 (SGT) |
| Reported by | Driver |
| Date of Accident | 22/09/2022 08:15 (SGT) |
| Exact Location of Accident | Punggol Rd, Singapore |
| Additional Location Information | PUNGGOL ROAD TOWARDS SENG KANG EAST WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PC5347L |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | MING CHUAN TRANSPORTATION PTE. LTD. |
| Company Reg No | 2XXXXX415G |
| Email Address | ERICKOH@CDGMEDCARE.COM |
| Mobile Phone No | (Phone) +65-83661699 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| 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 | Auto |
| CC | 3000 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124904548-01 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | NEO BENG THIAM |
| NRIC No | SXXXX300G |
| Date Of Birth | 21/01/1961 |
| Occupation | Outdoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 30/08/1982 |
| Driving experience | 40 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-98738911 |
| Alt. Phone Number | - |
| Email Address | ERICKOH@CDGMEDCARE.COM |
| Address | 104 TAMPINES STREET 11 |
| Address complement | 03-99 |
| Postcode | 520104 |
| 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 - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 8 |
| 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 | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 3

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 4

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 5

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 6

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 7

| | |
|--------------|-----------|
| Name | PASSENGER |
| 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 SH7350B
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.

MEI MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G

[Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vol A: PC 5347 L
Vol B: SH 7350 B

St Anne's Church

ON THE STATED DATE AND TIME. I, VEHICLE A
(PC5347L) WAS TRAVELLING STRAIGHT ON LANE 2 OF
PUNGGOL ROAD TOWARDS SENGKANG EAST WAY.
WHEN THE FRONT VEHICLE SLOWED DOWN, I
FOLLOWED SUIT WITHOUT HAVING ANY COLLISION
WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE
FROM THE REAR PORTION OF MY VEHICLE. AFTER I
ALIGHTED I THEN REALISE THAT IS VEHICLE B
(SH7350B) THAT HAD COLLIDED ONTO MY VEHICLE.
I WISH TO STATE THAT I GOT 7 PASSENGERS IN MY
CAR.

VEHICLE A : PC5347L

VEHICLE B : SH7350B

MC MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G

[Handwritten signature]



[Handwritten mark]

Describe Circumstance of the Accident

Handwritten notes in the sketch plan area include:

- At the end
- me
- Ab
- Patron

Declaration

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

MC MING CHUAN
TRANSPORTATION PTE LTD
UEN: 202122415G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1487300G



Name

NEO BENG THIAM

梁明添

Race

CHINESE

Date of birth

21-01-1961

Sex

M

Country of birth

SINGAPORE

S1487300G

PC 5347L

Driver

4787010



NRIC No. S1487300G

Date of issue
28-10-2011

Address

APT BLK 104 TAMPINES STREET 11
#03-99
SINGAPORE 520104

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1487300G
Name: NEO BENG THIAM

Birth Date: 21 Jan 1961
Issue Date: 01 Mar 2004

001143414K



PC5347L


Drive

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

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

PASS DATE 30 Aug 1982

Licence No: S1487300G




NP 418A

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1487300G
Name: NEO BENG THIAM


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



PC5347L
Damm

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 |
|------|---------------|------------|
| 03 | BUS VL | 05/08/2019 |
| 04 | BUS ATTENDANT | 05/08/2019 |



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 : 5124904548-01-000014

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC5347L**
Chassis Number : KDH2230029890
2. Name of Policyholder : MING CHUAN TRANSPORTATION PTE. LTD.
3. Effective Date of Insurance : 13 May 2022
4. Expiry Date of Insurance : 12 May 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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 11 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

| | |
|-----------------------|---|
| GEOGRAPHICAL LIMIT | : WITHIN THE REPUBLIC OF SINGAPORE ONLY |
| EXCESS (SECTION I) | : S\$2,000 |
| EXCESS (SECTION II) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : HL BANK |
| 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 : COMFORTDELGRO INSURANCE BROKERS P/L (00000690698)

Date of Issue : 17 May 2022 11:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive