

To: **AXA Insurance Pte Ltd**  
Robinson Road P.O. Box 1094  
Singapore 902144

Attn: **Motor Claims Department**

Date: 30<sup>th</sup> November 2022

Dear Sir/Madam,

Claimant: **Ang Shifu**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 20/10/2022 at along Serangoon North Avenue 4 involving our client's vehicle registration number SMK 5369 S and vehicle registration number SLW 1656 M driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$5,200.00
2) Loss of Use (SGD\$80.00 x 13Days)	\$1,040.00
3) Insurance Search Fee	\$2.00
4) Towing Fee	\$80.00

**Total :** **\$6,322.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Insurance Search Receipt
- Towing Chit

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

***Elin Cai***

**Zoom Autowerks Pte Ltd**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

**PROFORMA INVOICE**

To: **AXA Insurance Pte Ltd**  
Robinson Road  
P.O. Box 1094  
Singapore 902144

PF No. : ZP0000719  
Date : 30/11/2022  
VRN : SMK 5369 S  
Make & Model : Mit. Lancer  
DOA : 20/10/2022  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			5,200.00
2	Loss of Use (SGD\$80.00 x 13Days)			1,040.00
3	Insurance Search Fee			2.00
4	Towing Fee			80.00

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<b>TOTAL :</b>	<b>\$6,322.00</b>
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All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(by Zoom Autowerks Pte Ltd)

# 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 ..... 21/10/2022 12:40 (SGT)  
Reported by ..... Both  
Date of Accident ..... 20/10/2022 17:50 (SGT)  
Exact Location of Accident ..... Serangoon North Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK5369S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG SHIFU  
NRIC No ..... SXXXX009G  
Email Address ..... kesterathome@gmail.com  
Mobile Phone No ..... (Phone) +65-92985918  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5109573985-03

### DRIVER

Name of Driver ..... ANG SHIFU  
NRIC No ..... SXXXX009G  
Date Of Birth ..... 13/03/1990  
Occupation ..... Indoor

Date Of Driving Pass .....	08/06/2009
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92985918
Alt. Phone Number .....	-
Email Address .....	kesterathome@gmail.com
Address .....	BLK 641 HOUGANG AVENUE 8
Address complement .....	#06-173
Postcode .....	530641
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 - Cross Junction
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) .....	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
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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 .....	SLW1656M
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 .....	-
No. Of Passenger (Including Driver) .....	2



Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A', SMK5369S, entered first centre. I saw that there was a Black coloured BMW stationary before the yellow box and hand-signalled for me to proceed. I acknowledged and slowly inch out into the yellow box. I wish to state that it was a single-vehicle lane before the yellow box. Suddenly, vehicle 'B', SLW1650M, overtook the Black BMW, crossing over the continuous white lane and hit onto my vehicle's front right portion. The said vehicle was travelling and accelerating at high speed when over-taking.

Declaration

I/We declare the foregoing particulars are true in every respect.



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)























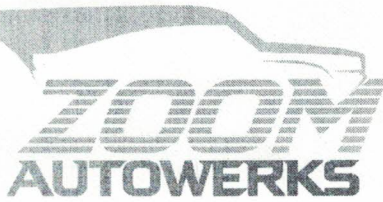












**ZOOM AUTOWERKS PTE LTD**

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

**LETTER OF AUTHORIZATION**

Accident on 20/10/2022 @ 17:50 along Serangoon North Avenue 4  
Involving vehicles SMK 5369S and SW 1656M

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMK 5369S at my request, I/We, Ang Shifu ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No S90090096 the owner of motor vehicle no SMK 5369S, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 20 day of 10 (month) 20 22 (year)

Signed by "the claimant"

Name: Ang Shifu

NRIC No: S90090096

Signed by Zoom Autowerks Pte Ltd

Name: Erin Chan



Stk Metal & Leather Pte Ltd  
Whatsapp: 97872158  
Email : stkmllsg@gmail.com

0000840

AGENTS

CRS4

24hrs Recovery Service

Job Details:	Car Details:	Operator Details:
Date: 20.10.22	Car Reg No: SMK5369S	Driver's Name: [Signature]
Time Received: 19:50	Make & Model:	Tow Truck No: 19-801
Time Arrived:	Police Force	Total Mileage (KM):
Time Completed:	ID:	Driver Signature:
	ID:	
Location From: Seangau North Location To: Koko Bay		
Indicate Damaged Areas On Vehicles		
Day/Night Wet/Dry Clean/Soiled		
Place X On Damage Area For Scratch And Y For Dent		
<input checked="" type="checkbox"/> Accident / Breakdown		
<input type="checkbox"/> Removal Of Axel		
<input type="checkbox"/> Multistorey / Basement / Shelter		
<input type="checkbox"/> Go Jak		
<input type="checkbox"/> Car Carrier		
<input type="checkbox"/> Collect Key/ Letter		
<input type="checkbox"/> Crane Up / Winch Out		
<input type="checkbox"/> Transport Charge		
<input type="checkbox"/> King Dolly		
<input type="checkbox"/> Standbay		
<input type="checkbox"/> Change Tyre / Battery		
<input type="checkbox"/> Cashcard: Yes/No SS		
Remarks:		
Customer Name & Signature: Date: Phone No:		
Release to Name & Signature: Date: Phone No:		
Payment Details: Cash: Cheque: Others: \$80		

第一联：客户留存

第二联：厂家留存



INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLW1656M

Date of Accident

20/10/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... AXA Insurance Pte Ltd

Period of Insurance ..... 31/01/2022 - 30/01/2023

Requested By ..... Elin Cai (Zoom Autowerks Pte ...

Requested Date ..... 21/10/2022 00:14

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**