

**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.com

Our Ref.: YM9310G

Your Ref.: XB9376L

Date: 04.01.2023

ATTN: Motor Claims Department

INS: **ALLIANZ INSURANCE SINGAPORE PTE LTD**

Dear Sir/Madam,

Accident Involving: YM9310G & XB9376L

Date of Accident: 28.10.2022 @ 20:40 HOURS

Location: CLEMENBTI AVENUE 6 TOWARDS AYE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$ 9,700.00
Loss of Use:	
(11Days x \$450):	\$ 4,950.00
LTA Search:	\$ 7.45
3rd party GIA Report:	\$ 31.00
Grand Total:	\$ 14,688.45

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

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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

Authorisation To Act

I, Poh Tiong Choon Logistics Limited ("the third party claimant") of
48, Pandan Road, Poh Tiong Choon Logistics Hub, Singapore 609289
(address), owner of YM9310G (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. YM9310G that was
damaged pursuant to the accident which occurred on 28/10/2022 (date)
at/along Clementi Avenue 6 towards AYE
(location) involving vehicle no/s XB9376L ("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.

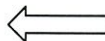
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.


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 04 day of 11 (month) 20 22 (year)



Signed by "the third party claimant"





Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. YM9310G and XB9376L on 28/10/2022
at/along Clementi Avenue 6 towards AYE

1. I/We, the Owner of motor vehicle no. YM9310G 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 04 day of 11 20 22

Signature of vehicle owner 

Name: Poh Tiong Choon Logistics Limited


IC/UEN No: 196900049H

(Company stamp, if applicable)

Address: 48, Pandan Road, Poh Tiong
Choon Logistics Hub, Singapore 609289

Tel: 6662 8822

Witnessed by:


Joene



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
04.01.2023	HDP202301-00308	YM9310G

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 9,700.00
Total	\$ 9,700.00

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



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Nov 2022 / 14:36:08

Receipt Date/Time : 02 Nov 2022 / 14:36:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221102-002257

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 - XB9376L				
As at 28 Oct 2022/20:40:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - XB9376L Enquiry Fee 20221102143518607463	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

HD PERFECT AUTOWORK PTE LTD -
POH TIONG CHOON LOGISTICS
LIMITED

Invoice Number

GR-2022-004207

Invoice Issue Date

08 Nov 2022

Invoice Due Date

15 Nov 2022

Total Amount (\$\$) 28.97

Total GST 7.00% (\$\$) 2.03

Total Amount Incl. of GST (\$\$) 31.00

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	07/11/2022,28/10/2022,YM9310G,XB9376L	28.97	2.03	31.00
		Total Amount (\$\$)		28.97
		Total GST 7.00% (\$\$)		2.03
		Total Amount Incl. of GST (\$\$)		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	01/11/2022 14:03 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 20:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Clementi Avenue 6 towards AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9310G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	POH TIONG CHOON LOGISTICS LIMITED
Company Reg No	1XXXXX049H
Email Address	jinming.hu@ptclogistics.com.sg
Mobile Phone No	(Phone) +65-66628822
Alternative Phone No	(Office) +65-66628822

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fm65fm1rdea
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7545

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099586MFCV/29

DRIVER

Name of Driver	Cheng Koon Seng
NRIC No	SXXXX650E
Date Of Birth	06/07/1970
Occupation	Outdoor

Date Of Driving Pass	16/04/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91285388
Alt. Phone Number	-
Email Address	jinming.hu@ptclogistics.com.sg
Address	APT BLK 270 Bishan Street 24
Address complement	-
Postcode	570270
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	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	Ng Voon Yee
Translator's ID	TXXXX410B
Translator's phone number	(Phone) +65-85491223
Translator's email	nicoleng@asmauto.com.sg
Original language used in the statement	Mandarin

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 28/10/2022 around 20:40 hours, I was driving company vehicle YM9310G along Clementi Avenue 6 towards AYE on lane 3. I stopped my vehicle due to traffic light turned red. Suddenly, I felt an impact from behind, a vehicle XB9376L hit onto my vehicle rear side.

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	XB9376L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	Ravichandran Deva
Passport No/FIN	GXXXX974U
Contact Number	-
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 willful 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

Driver's Signature (If it was not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

[Faint, illegible handwritten text in the sketch plan area]

Describe Circumstances of the Accident

On 28/10/20 around 20:40 hours, I was driving company vehicle YM931061 along Clementi Avenue 6 towards AYE on Lane 3. I stopped my vehicle due to traffic light turned red. Suddenly, I felt an impact from behind, a vehicle XB93761 hit onto my vehicle rear side.

Declaration

I/We declare the foregoing information is all true and correct.



Signature of Driver/Owner/Insured Person


Signature of Police Officer

Signature of Witness

YM9310G

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7083650E



Name
CHENG KOON SENG


陈 官 成

Race
CHINESE


Date of birth
06-07-1970

Country/Place of birth
MALAYSIA

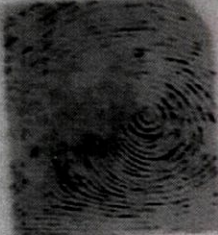
Sex
M



5747719



NRIC No. S7083650E



Date of issue
26-05-2017

Address
APT BLK 270 BISHAN STREET 24
#04-206
SINGAPORE 570270

YM9310G

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7083650E**
Name: **CHENG KOON SENG**

Birth Date: **06 Jul 1970**
Issue Date: **18 Feb 2005**

100132233B



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 2B	Motorcycles \leq 200 CC	18 Feb 2005
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	18 Feb 2005
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	18 Apr 2018

S / No. 9000279860

S7083650E

NP 428A

Licence No: **S7083650E**

