

To: **Allianz Insurance Singapore Pte. Ltd.**
12 Marina View #14-01
Asia Square Tower 2
Singapore 018961

Attn: **Motor Claims Department**

Date: 8th December 2022

Dear Sir/Madam,

Claimant: **Tan Hock Chuan**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 06/11/2022 at along PIE(Changi) near Simei Exit involving our client's vehicle registration number SLC 4596 M and vehicle registration number SMM 9886 D 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	\$2,000.00
2) Loss of Rental (SGD\$80.00 x 5Days)	\$400.00

Total : **\$2,400.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement

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
#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: **Allianz Insurance Singapore Pte Ltd**
12 Marina View #14-01
Asia Square Tower 2
Singapore 018961

PF No. : ZP0000724
Date : 8/12/2022
VRN : SLC 4596 M
Make & Model : Honda Vezel
DOA : 6/11/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,000.00
2	Loss of Rental (SGD\$80.00 x 5Days)			400.00

TOTAL :	\$2,400.00
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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

(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	07/11/2022 16:56 (SGT)
Reported by	Both
Date of Accident	06/11/2022 22:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (CHANGI) NEAR SIMEI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4596M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK CHUAN
NRIC No	SXXXX235Z
Email Address	TANHOCKCHUAN1229@GMAIL.COM
Mobile Phone No	(Phone) +65-96801802
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120230154-01

DRIVER

Name of Driver	TAN HOCK CHUAN
NRIC No	SXXXX235Z
Date Of Birth	01/11/1957
Occupation	Outdoor

Date Of Driving Pass	01/06/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96801802
Alt. Phone Number	-
Email Address	TANHOCKCHUAN1229@GMAIL.COM
Address	542 HOUGANG AVENUE 8
Address complement	06-1283
Postcode	530542
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	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	3
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

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	SMM9886D
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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH1420G
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

SKETCH PLAN

IMPORTANT NOTICE

1. You must report accurately 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. All reports provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to repudiate its insured 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. In the submission of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of this report being made available at/upon request.
8. I/We agree under the Personal Data Protection Act (PDPA) that I/we, as individual(s), agree and consent that:
 - a. My/ourself, my/ourselves and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or myself by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all interested persons/insured vehicle(s) involved in this accident (all insured(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 accident;
 - 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/enail attachments), and/or
 - v. complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - b. The insurers (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.


Signature / Date & Time


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


Witnessed by Reporting Agent (Name as in NRIC/DR card)



Vehicle A: SLCA596M Exit to ←
Vehicle B: SMM9886D Tampines Ave S.
Vehicle C: SNH1420G



[Signature]

Handwritten signature

1

(continued)























**LETTER OF AUTHORIZATION**

Accident on 06/11/2022 @ 22:40 along PTE (Changi) near Simei Exit.
Involving vehicles SLC4596M and SMM9886D.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLC4596M at my request, I/We, Tan Hock Chuan ("the claimant") of _____ (address) bearing NRIC No S1229235Z the owner of motor vehicle no SLC4596M, 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 07 day of 11 (month) 20 22 (year)

Signed by "the claimant"

Name: TAN HOCK CHUAN

NRIC No: S1229235Z



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai