

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

Attn: **Motor Claims Department**

Date: 8<sup>th</sup> December 2022

Dear Sir/Madam,

Claimant: **Ricardo Lee Ming Shu**

**"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 SMM 9886 D and vehicle registration number SNH 1420 G 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	\$6,000.00
2) Loss of Rental (SGD\$150.00 x 8Days)	\$1,200.00
3) Insurance Search Fee	\$2.00
4) Purchase of GIA Report	\$31.00

**Total :** **\$7,233.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement & Invoice
- Insurance Search Receipt
- Purchase of GIA Report Receipt

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

# 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 12:44 (SGT)
Reported by .....	Both
Date of Accident .....	06/11/2022 10:36 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE (CHANGI) NEAR SIMEI EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM9886D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RICARDO LEE MING SHU
NRIC No .....	S9043981B
Email Address .....	RICARDOLEEMS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98358787
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Forester
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 .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002790578-01

### DRIVER

Name of Driver .....	RICARDO LEE MING SHU
NRIC No .....	S9043981B
Date Of Birth .....	15/11/1990
Occupation .....	Indoor

Date Of Driving Pass .....	28/03/2013
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98358787
Alt. Phone Number .....	-
Email Address .....	RICARDOLEEMS@GMAIL.COM
Address .....	129 LORONG AH SOO #13-342 S.530129
Address complement .....	-
Postcode .....	-
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) .....	2
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 .....	TAN SHI JIE
Gender .....	Male

#### 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 ATTACHED REPORT

#### 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 .....	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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLC4596M
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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The 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 reputate 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.

## B. 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 accessible 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 and/or e-mail; 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 driver is not the policyholder) / Date & Time





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

## Sketch Plan

Exit to Tampines Ave 5. ←

Vehicle A: SMM9886D

Vehicle B: SNH1420G

Vehicle C: SLC4596M

↑ ↑ ↑ ↑

PIE (change)

## Describe Circumstance of the Accident

On the stated date & time, I, vehicle A, 8MM9886D, was travelling along the stated venue. As there was road works on lane 1, vehicles were filtering in. I was travelling along lane 2 when vehicle in front of mine stopped.

I stopped my vehicle as well and 3 seconds later, I felt an impact on my vehicle's rear portion. The impact caused my vehicle to propel forward and hit onto the front vehicle. When I alighted, I then realised that I was involved in a chain collision of 3 vehicles.

## 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)

















































Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002790578-01  
 Date of Issue : 05 September 2022  
 Coverage : Comprehensive  
 Policyholder : Ming Shu Ricardo Lee  
 Period of Insurance : 15 September 2022 to 14 September 2023(both dates inclusive)  
 Registration No. : SMM9886D  
 Chassis number of Vehicle : JF1SJ5KC5GG073503

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**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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

**Limitation as to Use\*:**

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (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.*

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) or Amendment, Act or Acts passed in substitution thereof.

05 September 2022

Issued Date

Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000356 SINGLIFE FINANCIAL ADVISERS PTE. LTD.		
Excess	: Own Damage	SGD	600.00
	: Windscreen Damage	SGD	100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg



**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. : ZP0000725  
Date : 8/12/2022  
VRN : SMM 9886 D  
Make & Model : Subaru Forester  
DOA : 6/11/2022  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			6,000.00
2	Loss of Rental (SGD\$150.00 x 8Days)			1,200.00
3	Insurance Search Fee			2.00
4	Purchase of GIA report			31.00

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<b>TOTAL :</b>	<b>\$7,233.00</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)

**LETTER OF AUTHORIZATION**

Accident on 06/11/2022 @ 22:36 along PIE (Changi) near Simei Exit.  
Involving vehicles SMM9886D and SNH14206.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SMM9886D at my request, I/We, Ricardo Lee Ming Shu ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No S9043981B the owner of motor vehicle no SMM9886D, 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: Ricardo Lee Ming Shu

NRIC No: S9043981B



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNH1420G

Date of Accident

06/11/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... Allianz Insurance Singapore P...

Period of Insurance ..... 13/10/2022 - 12/10/2023

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

Requested Date ..... 07/11/2022 14:45

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**



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 01/12/2022

Your Ref No: **SMM9886D**

Dear Sir/Madam,

Date of Accident: 06/11/2022 00:00 (SGT)

Vehicle No: SMM9886D

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
<b>SNH1420G</b>	Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

# ZOOM CAR LEASING

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

Zoom Autowerks Pte Ltd

Tel: 9450 7920

## RENTAL INVOICE

Invoice No. : INV0000746

Date : 27/11/2022

Ref : SKP 1847 C

Your Ref : SMM 9886 M

Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (07/11/2022 to 15/11/2022)	\$150.00	8 Days	\$1,200.00

C/O Ricardo Lee Ming Shu

129 Lorong Ah Soo

#13-342 Singapore

Contact: 9835 8787

Other Charges

Fuel Top-Up

Sub-Total

TOTAL CHARGES

PRE-PAYMENT

Downpayment and Deposit

Amount Returned Due

We agree to the terms and conditions above, we/they

and it is our intention that the above is true & correct in all

respects. My/Our driving license(s) is/are current and

not disqualified from driving.

Total : \$1,200.00

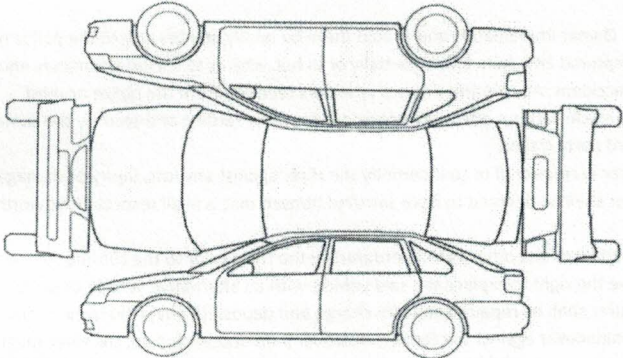



ZOOM CAR LEASING

(Customer's Signature/Stamp)

(For Zoom Car Leasing)



## RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL																					
Name:	Ricardo Lee Ming Shu	Vehicle No.:	8KP1847C																				
NRIC/Passport No.:	S9043981B	Vehicle Make/Model:	Mazda 6																				
Address:	129 Wong Ah Soo #13-342 S1	Date/Time Out:	07/11/2022																				
Tel:	9835 8787	Date/Time In:	15/11/2022																				
Driving License No./Exp.:		<table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>		E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN				
E	¼	½	¾	F	E	¼	½	¾	F														
OUT					IN																		
ADDITIONAL DRIVER'S PARTICULAR		Mileage:	177173km																				
Name:		Mileage:																					
NRIC/Passport No.:		RENTAL CHARGES																					
Address:		Hours @	per hour																				
Tel:		8 Days @ \$150	per day \$1200																				
Driving License No./Exp.:		Weeks @	per week																				
		Months @	per month																				
		Other Charges																					
		Petrol Top-Up																					
		Sub-total																					
		TOTAL CHARGES	\$1200																				
		PRE-PAYMENT																					
		Downpayment and Deposit																					
		Amount Refunded Due																					
		I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.																					
(A) - Accident (D) - Dent (S) - Scratch																							
																							
PHYSICAL DAMAGE EXCESS		ACKNOWLEDGEMENT																					
Singapore - Own Damage	S\$2,000.00																						
Singapore - 3rd Party	S\$2,000.00																						
Malaysia*	S\$8,000.00																						
For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age	S\$3,000.00 (Additional)																						
IMPORT NOTE:																							
<p>1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE</p> <p>2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing</p> <p>3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.</p> <p>4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.</p>		<p>Hirer's Signature / Date</p>																					
		 <p>Owner's Signature / Date</p>																					