

CARSMITH PTE LTD

Email: claims@carsmith.biz / info@carsmith.biz Contact: 9091 0000

8th December 2022
Your Ref: SMX7559D
Our Ref: SJY6286C

AXA INSURANCE PTE LTD

9 North Buona Vista Dr
#18-01/06 The Metropolis Tower 1
Singapore 138588

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: LEONG WEI JIE

PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SJY6286C & SMX7559D ALONG BEDOK SOUTH AVENUE 2 CARPARK ON 15.11.2022.

1. We act for LEONG WEI JIE, the owner of vehicle No. **SJY6286C** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SMX7559D**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
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4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair + GST	S\$ 3,745.00
ii.	Pre-Inspection Days – 2 Days	S\$ 300.00
iii.	Loss of Use – 4 Days	S\$ 600.00
iv.	Total	S\$ 4,645.00

In compliance with the protocol, we have engaged your panel of surveyor for the damages claim to the said amount. Do refer to attachment and we hope to have an amicable settlement reply soon.

5. You may acknowledge receipt of this letter by email to: claims@carsmith.biz

Yours faithfully

CARSMITH PTE LTD



CARSMITH PRIVATE LIMITED
BARTLEY BIZ CENTRE
13 KAKI BUKIT ROAD 4 #01-20
Singapore 417807
+65 90910000
info@carsmith.biz
GST Registration No. : 201910097E

Tax Invoice

BILL TO

LEONG WEI JIE
SJY6286C

INVOICE NO. 3873

DATE 08/12/2022

DUE DATE 08/12/2022

TERMS Due on receipt

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM REPAIR AS RECOMMENDED & AGREED WITH SURVEYOR		1	3,500.00	3,500.00

THANK YOU

SUBTOTAL	3,500.00
GST TOTAL	245.00
TOTAL	3,745.00
BALANCE DUE	S\$3,745.00

GST SUMMARY

RATE	GST	NET
GST @ 7%	245.00	3,500.00

Company Registration No. 201910097E
Bank Account Details: DBS Bank : 07-2009261-9
PayNow:201910097E
All payments are transacted in Singapore dollars only.
All payments are non-refundable or exchangeable.
Thanks for your patronage.

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	16/11/2022 13:24 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 11:30 (SGT)
Exact Location of Accident	Bedok South Ave 2, Singapore
Additional Location Information	BEDOK SOUTH AVENUE 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6286C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG WEI JIE
NRIC No	SXXXX319Z
Email Address	JIEJIEJIE@LIVE.COM.SG
Mobile Phone No	(Phone) +65-90580506
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130109684

DRIVER

Name of Driver	KERNDER SEAH PEI HUA
NRIC No	SXXXX569C
Date Of Birth	16/12/1989
Occupation	Outdoor

Date Of Driving Pass	28/12/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90080065
Alt. Phone Number	-
Email Address	KERNDERSPH@GMAIL.COM
Address	BLK 615 BEDOK RESERVOIR RD
Address complement	#10-1242
Postcode	470615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT 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	SMX7559D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KERN DER SEAH PEI HUA
Gender	Male
Phone No	(Phone) +65-90080065
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	32
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJY6286C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.


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

<p>BEDOK SOUTH AVENUE 2 CARPARK</p> 	<p>(A) 8JY6286C (B) SMX7559D</p>
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Describe Circumstance of the Accident

- REFER TO POLICE REPORT -

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)

LETTER OF AUTHORISATION

To: CARSMITH PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. SJY6286C & SMX7559D

ALONG BEDOK SOUTH AVENUE 2 CARPARK ON
15.11.2022.

I/We LEONG WEI JIE NRIC / Passport No.: S9126319Z

the owner of vehicle no SJY6286C hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my / our request:

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1. I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc and to appoint any solicitor to act for me/us in respect of the claim and all or any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claim to you and my/our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated directly to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.
2. If the third-party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim directly from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf.

3. If the own insurers' claim is not applicable and/or the third-party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.
4. I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third-party/own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third-party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third-party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third-party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

My/Our insurer is/are

Policy No. _____ Expiry Date: _____

Date: _____ Excess: _____



Owner's Signature/Co's Stamp (if applicable)

Witness Signature/Name

Date: _____

Attn: Motor Claims Department

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. SJY6286C & SMX7559D ALONG
BEDOK SOUTH AVENUE 2 CARPARK ON
15.11.2022.

I/We, the registered owner of vehicle registration no. SJY6286C which was
involved in the above accident with vehicle no. SMX7559D insured by
_____ hereby authorize that any payment due to me/us from the above
said claim be paid to **CARSMITH PRIVATE LIMITED**.

I/we hereby indemnify **CARSMITH PRIVATE LIMITED** against all claims and/or damages
which may arise from all actions taken for or on my/our behalf.

Yours faithfully



Owner Signature (company stamp if applicable)

Name in Full: LEONG WEI JIE

NRIC / FIN / UEN No: S9126319Z

Address: _____

LETTER OF AUTHORITY

To:

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. SJY6286C & SMX7559D ALONG
BEDOK SOUTH AVENUE 2 CARPARK ON
15.11.2022.

I hereby authorize you to release the sum of \$ _____ being the settlement sum
for my property damage claim only to my (solicitors, workshop)
_____.

Yours faithfully,



Claimant's signature / company stamp (if applicable)