

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

Attn: **Motor Claims Department**

Date: 21st March 2022

Dear Sir/Madam,

Claimant: **Tung Lok Millennium Pte Ltd**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 17/11/2022 at along Tai Seng Avenue involving our client's vehicle registration number GBJ 1237 B and vehicle registration number SHC 2194 A 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	\$4,800.00
2) Loss of Rental (SGD\$140.00 x 8Days)	\$1,120.00
3) Insurance Search Fee	\$7.45
4) Purchase of GIA Report	\$31.00

Total : **\$5,958.45**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Insurance Search Fee 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, 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. : ZP0000733
Date : 21/1/2023
VRN : GBJ 1237 B
Make & Model : Toyota Hiace
DOA : 17/11/2022
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			4,800.00
2	Loss of Rental (SGD\$150.00 x 9Days)			1,120.00
3	LTA Search			7.45
4	Purchase of GIA Report			31.00

TOTAL : **\$5,958.45**

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	18/11/2022 16:53 (SGT)
Reported by	Driver
Date of Accident	17/11/2022 18:01 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAI SENG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1237B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TUNG LOK MILLENNIUM PTE LTD
Company Reg No	200006691H
Email Address	YEEWEY@TUNGLOK.COM
Mobile Phone No	(Phone) +65-66900854
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05009790

DRIVER

Name of Driver	YEE WEY
NRIC No	S8561529G
Date Of Birth	18/03/1985
Occupation	Indoor

Date Of Driving Pass	05/01/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93222580
Alt. Phone Number	-
Email Address	YEEWEY@TUNGLOK.COM
Address	82 MACPHERSON LANE #11-27 S.360082
Address complement	-
Postcode	-
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 - Change/cross lane
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)	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	HEE KARMEN NATALIE
Gender	Female

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	SHC2194A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	-

WITNESS DETAILS

WITNESS 1

Name	NG
Phone	(Phone) +65-97772738
Email	-

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.

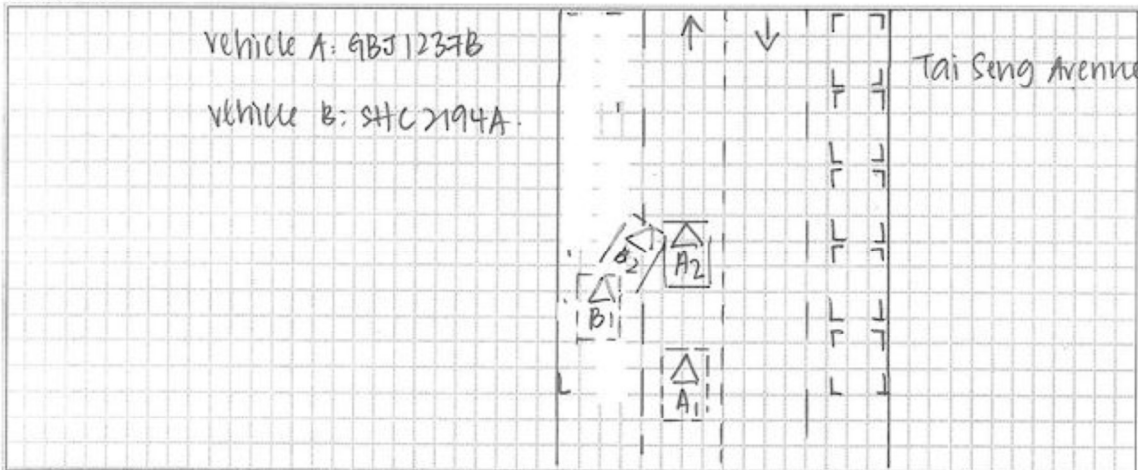


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A', 6BJ1237B, was travelling straight along the stated venue. Vehicle 'B', STC 2194A, who was stationary along the left lane, suddenly swerved out, intending to make a illegal u-turn and collided onto my vehicle's front left portion.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

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 17/11/2022 @ 18:16 along Tai Seng Avenue.
Involving vehicles GBJ1237B and CAC 294A.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no GBJ1237B at my request, I/We, Tung Lok Millennium Pte Ltd ("the claimant") of _____ (address) bearing NRIC No 200006691H the owner of motor vehicle no GBJ1237B, 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 17 day of 11 (month) 20 22 (year)



Signed by "the claimant"

Name: Tung Lok Millennium Pte Ltd.

NRIC No: 200006691H



Signed by Zoom Autowerks Pte Ltd

Name: Elincai



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

GST Registration: M400017735

TAX INVOICE

Date of Request: 18/11/2022

Your Ref No: GBJ1237B

Dear Sir/Madam,

Date of Accident: 17/11/2022 00:00 (SGT)

Vehicle No: GBJ1237B

Place of Accident: 19 Tai Seng Ave, Singapore 534054

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 (\$)
SHC2194A	19 Tai Seng Ave, Singapore 534054	(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.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 18 Nov 2022 / 23:50:07

Receipt Date/Time : 18 Nov 2022 / 23:49:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221118-004353

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 - SHC2194A As at 17 Nov 2022/18:16:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC2194A			
	Enquiry Fee	7.00	0.49	7.49
	20221118234859202722			
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				
	526471XXXXXX0962	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.



wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896
Tel: 6344-4012 Fax: 6345-3140 Email: admin@wellcome.com.sg
Website: www.wellcome.com.sg
CO. REG. NO: 39853800W / GST REG. NO: M9-0001228-R

TAX INVOICE

Mr Yee Wey (S8561529G)
c/o Zoom Autowerks
15 Kaki Bukit road 4
#01-53 Bartley Biz Centre
Singapore 417808

NO: 12-31781

DATE: 23/12/2022

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 32395	Being rental charges for One Unit Toyota Hiace (Auto) No: GBL 670D for period 23/11/22 to 01/12/22	8 Days X \$140	S\$1,120.00
SUB TOTAL SGD			S\$1,120.00
ADD 7% GST			S\$ 78.40
GRAND TOTAL SGD			S\$1,198.40

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made
within 7 days to WELLCOME
MOTOR AGENCIES

Authorised Signature

Thank You
For Renting

144 12-31781



wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896

Tel: (65) 6344-4012 Fax: (65) 6345-3140

Email: admin@wellcome.com.sg Website: www.wellcome.com.sg

RA No: 32395

CO. REG. NO: 39853800W

GST REG. NO: M9-0001228-R

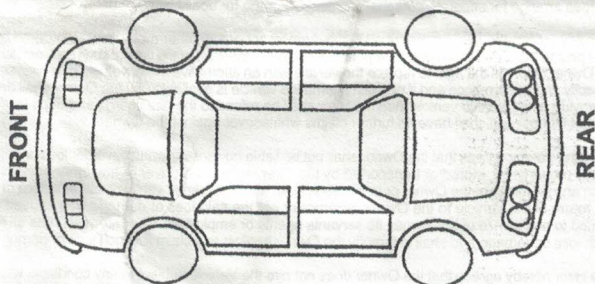
DATE: 23/11/22

VEHICLE RENTAL AGREEMENT

GBL12378

HIRER'S PARTICULARS	
Name:	Lee Wey.
Address:	BK 82 Macpherson Lane # 11-27 (S) 360082
Name & Address of Employer:	
IC/PP No:	DL No: S8561529 G
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O)	(R) (HP) 93222580

DRIVER'S PARTICULARS	
Name:	
Address:	
IC/PP No:	DL No:
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O)	(R) (HP)



A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES

HIRER'S
SIGNATURE & STAMPDRIVER'S
SIGNATURE

VEHICLE'S PARTICULARS	
VEHICLE NO:	GBL670D
REPL. VEH. NO:	
MAKE/MODEL:	TOYOTA Hiace
MAKE/MODEL:	P/Van (A)
MILEAGE OUT	MILEAGE OUT
DATE OUT	23/11/22
TIME OUT	1145hrs.
HIRE/PERIOD EXPIRY	

Rental Charges	
Daily	8 @ \$ 140 per day
Weekly	@ \$ per week
Monthly	@ \$ per month
Hours	@ \$ per hour
Others	@ \$
CDW	@ \$ per day/week/month
PAI	@ \$ per day/week/month

SUB-TOTAL S\$	
PETROL/DIESEL LEVEL	

OUT	E	1/4	1/2	3/4	F
IN	E	1/4	1/2	3/4	F

Extension of Rental	
Repairs/Damages	
Collection Service	
MISC	
GST @ 7%	78 40
TOTAL CHARGES S\$	1198 40

SECURITY DEPOSIT	
ADVANCE RENTAL PAID	
BY: CASH NETS CHEQUE BILL CARD	
CHEQUE/CARD NO:	
EXPIRY DATE	
AMOUNT DUE REFUND	

REFUND RECEIVED S\$	BY RECEIVER
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I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

IMPORTANT

- Only persons above 23 and below 70 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000 excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

RETURN OF VEHICLE - The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks	Signature of HIRER / DRIVER
01/12					