

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

Attn: **Motor Claims Department**

Date: 29th January 2023

Dear Sir/Madam,

Claimant: **Mohamed Haleem Bin Mohamed Ibrahim**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 29/11/2022 at along Canberra Crescent to Canberra Way involving our client's vehicle registration number SJQ 7370 C and vehicle registration number SHD 3773 S 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	\$8,500.00
2) Loss of Rental (SGD\$120.00 x 31Days)	\$3,720.00
3) Insurance Search Fee	\$7.45
4) Purchase of GIA Report	\$31.00

Total : **\$12,258.45**

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. : ZP0000741
Date : 29/1/2023
VRN : SJQ 7370 C
Make & Model : Mit. Lancer
DOA : 29/11/2023
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			8,500.00
2	Loss of Rental (SGD\$120.00 x 31Days)			3,720.00
3	LTA Search			2.00
4	Purchase of GIA Report			31.00

TOTAL :	\$12,253.00
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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	30/11/2022 16:25 (SGT)
Reported by	Both
Date of Accident	29/11/2022 22:00 (SGT)
Exact Location of Accident	Canberra Cres, Singapore 752106
Additional Location Information	TWDS CANBERRA WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7370C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED HALEEM BIN MOHAMED IBRAHIM
NRIC No	S7539478J
Email Address	666.HALEEM@GMAIL.COM
Mobile Phone No	(Phone) +65-86367676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA025226

DRIVER

Name of Driver	MOHAMED HALEEM BIN MOHAMED IBRAHIM
NRIC No	S7539478J
Date Of Birth	04/12/1975
Occupation	Indoor

Date Of Driving Pass	13/02/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86367676
Alt. Phone Number	-
Email Address	666.HALEEM@GMAIL.COM
Address	BLK 104A CANBERRA STREET #07-473
Address complement	-
Postcode	751104
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	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?	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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SHD3773S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED HALEEM BIN MOHAMED IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ7370C
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:

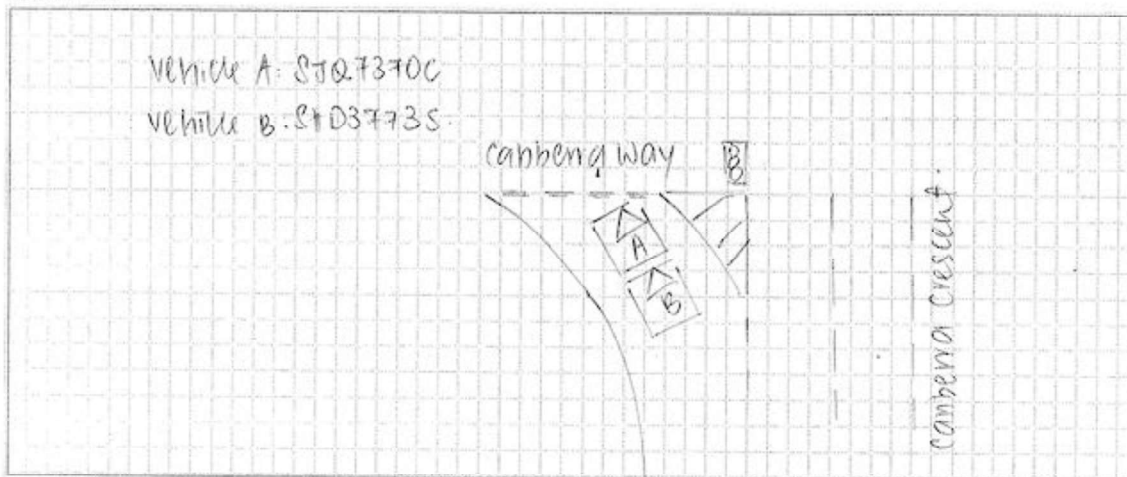
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



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)

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Mohamed Haleem Bin Mohamed Ibrahim.

Policy No : MA025226

Vehicle No : SJQ7370C

Place of Accident : Canberra Crescent to Canberra Way

Insured Driver's relationship with Insured : owner

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
choo tek puat.

Third Party Vehicle No (if any) : SAD 3773S

No of passenger(s) in Third Party Vehicle : 0


Injury to Third Party driver and/or passenger(s), please indicate which hospital:
- No -

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
head to Rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
-

Traffic Police report (enclosed) : ☒ Yes / ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)


Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: _____

eTiQa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201311005K

A Member of  Maybank Group

LETTER OF UNDERTAKING

I/We, ^{IBRAHIM}
MOHAMED HALQEM BIN MOHAMED, the owner of vehicle no. SJA 7370 C

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

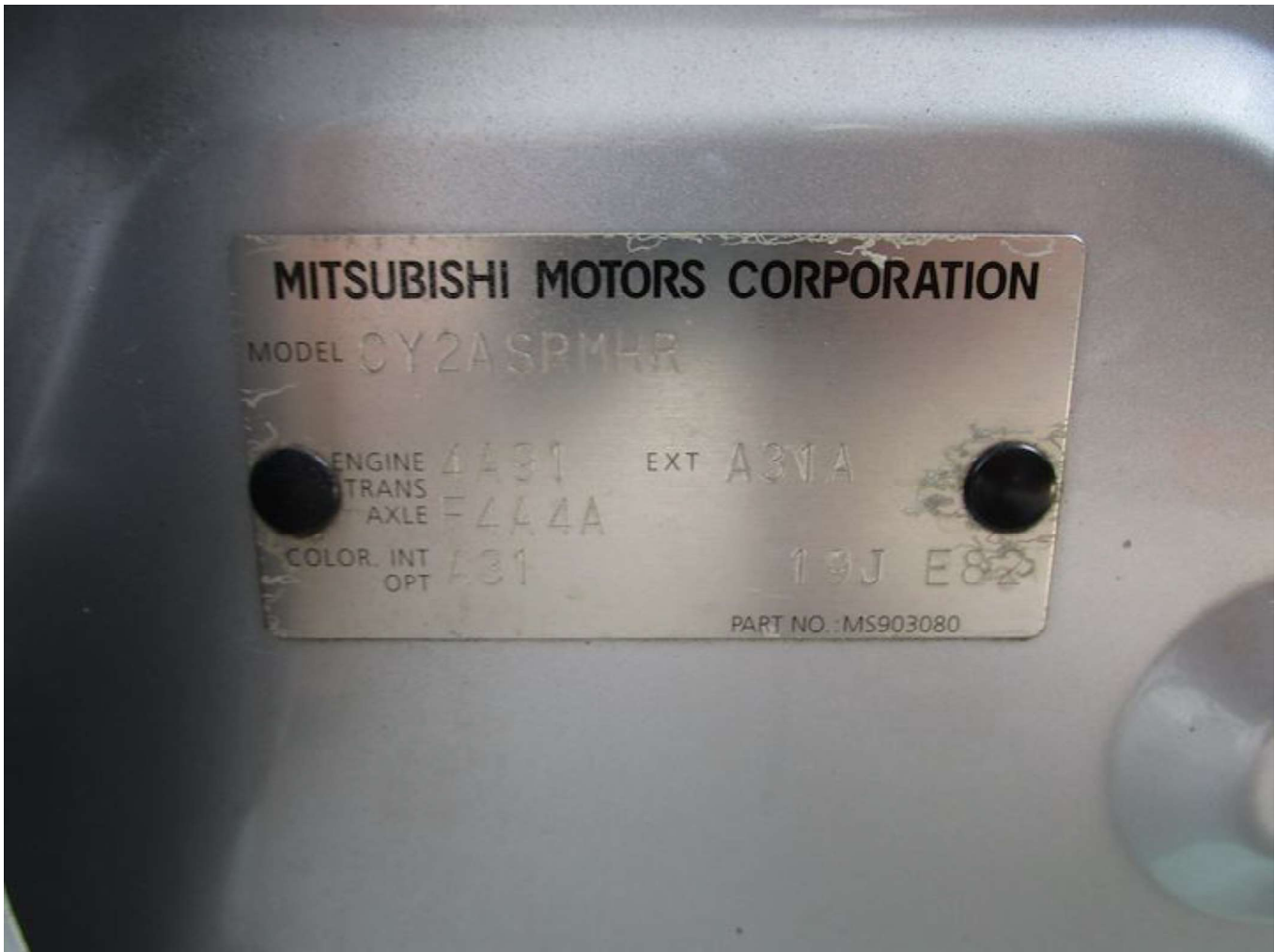


 Nric no. & signature of policyholder

.....
 Company stamp

20/11/22

 Date

















**SINGAPORE
POLICE FORCE**



T/20221129/2138

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20221129/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 23:10	Vide Report No.:	Station Diary No.: 144
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Informant's Particulars

Name of Informant: MOHAMED HALEEM BIN MOHAMED IBRAHIM	Address: APT BLK 104A CANBERRA STREET #07-473 SINGAPORE 751104		
ID Type / ID No.: NRIC NO / S7539478J	Contact No.:	Mobile: 86367676	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 46	Date of Birth: 04/12/1975	Type of Informant: Driver
Race: Malay	Language: English	Institution / School Name:	
Occupation: SAFETY COORDINATOR	Driving Licence Information: Class: 2B,3	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/11/2022 22:00	Type of Location: Straight Road
Location: CANBERRA WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3773S	Car				Slightly Damaged	0
SJQ7370C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221129/2138

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20221129/2138

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7370C	ETIQA INSURANCE BERHAD	MA025226	03/11/2022	02/11/2023

Brief Details.

On 29/11/2022 at about 2200hrs, I was driving my vehicle, SJQ 7370C, along Canberra Way heading back to my address. As I approached a zebra crossing towards Canberra Crescent, I stopped and checked for vehicle. Suddenly, I felt a knocked on my vehicle rear. I then saw a Comfortdelgro taxi, SHD 3773S, hit onto my vehicle rear. I then came out of my vehicle to access the damages. My rear vehicle bumper and bonnet were completely dented. I then checked with the taxi driver, Tan Bee Leong, HP: 8781 5502. He informed to exchange particulars and proceed for insurance claims. The taxi driver then left afterwards.

I wish to state that I felt pain on my head, neck and back after the accident. I have yet to seek medical treatment. I do not have any in-car camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221129/2138

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20221129/2138

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:
L /
SGT 2 TOH YOU SHENG,
FABIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
29/11/2022 23:10

Classification Of Case:

NP168



SINGAPORE POLICE FORCE



T/20221130/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221130/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2022 12:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED HALEEM BIN MOHAMED IBRAHIM			Address: 104A CANBERRA STREET #07-473 SINGAPORE 751104		
ID Type / ID No.: NRIC NO / S7539478J			Contact No.: Home/Office: Mobile: 86367676		
Nationality: SINGAPORE CITIZEN			Email: 666.HALEEM@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 04/12/1975	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Safety Coordinator			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information: Of 10 Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2022 22:00	Type of Location: Bend
Location: CANBERRA CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3773S	Car				Slightly Damaged	0
SJQ7370C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221130/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221130/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7370C	ETIQA INSURANCE BERHAD	MA025226	03/11/2022	02/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED HALEEM BIN MOHAMED IBRAHIM	ID No.	S7539478J
Related Vehicle	SJQ7370C (Car)	Contact No.	86367676
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/11/2022	Date	30/11/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

Further to my previous report number - T/20221129/2138 done at Sembawang N.P.C, I wish to indicate that I sought for medical attention at Khoo Teck Puat Hospital and was discharged with 3days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221130/7028

3 of 3

Report No. T/20221130/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/11/2022 12:30

Classification Of Case:

NP168



MX1
73000001
Cov. Type: Comprehensive

CERTIFICATE OF INSURANCE

* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA025226

1. Index Mark and Registration Number of Vehicle	SIQ7370C		
2. Name of Policyholder	MOHAMED HALEEM BIN MOHAMED IBRAHIM		
3. Effective Date of Commencement of Insurance for the purposes of the Act	03/11/2022	Excess: Named Drivers	S\$ 800
		Excess: Unnamed Drivers	S\$ 1,300
4. Date of Expiry of Insurance	02/11/2023		
5. Persons or Classes of Persons entitled to drive	Engine No	: 4A910125668	
	Chassis No	: JMYSRCY2A9U004207	
	Hire Purchase	: Moneymax Leasing Pte Ltd	

(A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

MOHAMED HALEEM BIN MOHAMED IBRAHIM

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 8 of the 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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / UA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

ETQFEU 02/11/2022 15:20:07



For and on behalf of **Etiqa Insurance Pte. Ltd.**
Approved Insurer

Authorised Signature



ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 29/11/2022 @ 22:00 along Canberra Crescent to Canberra Way.
Involving vehicles SJQ7370C and SHD 37735.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SJQ7370C at my request, I/We, Mohamed Haleem Bin Mohamed Ibrahim ("the claimant") of 104A Canberra Street #07-473 S(751104) (address) bearing NRIC No S7539478J the owner of motor vehicle no SJQ7370C, 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 30 day of 11 (month) 20 22 (year)


Signed by "the claimant"

Name: Mohamed Haleem Bin Mohamed Ibrahim

NRIC No: S7539478J


Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai



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: 30/12/2022

Your Ref No: SJQ7370C

Dear Sir/Madam,

Date of Accident: 29/11/2022 00:00 (SGT)

Vehicle No: SJQ7370C

Place of Accident: Canberra Way, Singapore 752106

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 (\$)
SHD3773S	Canberra Way, Singapore 752106	(31.00)	1	(28.70)
GST Amount				(2.30)
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 : 01 Dec 2022 / 11:41:26

Receipt Date/Time : 01 Dec 2022 / 11:40:49

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221201-001336

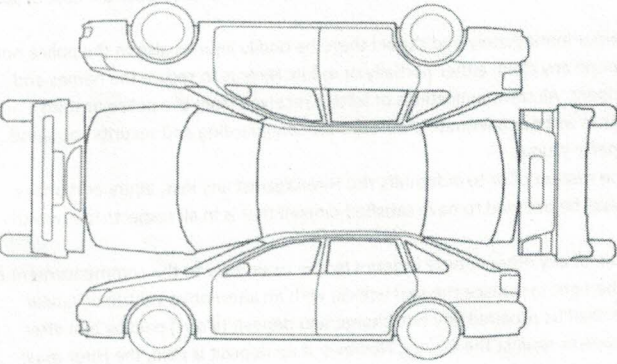

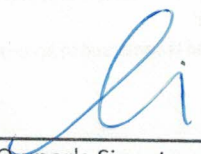
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3773S As at 29 Nov 2022/22:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD3773S			
	Enquiry Fee	7.00	0.49	7.49
	20221201113933639584			
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				
	DICNV20221201113934223975	SGQR(PayNow)		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.

RENTAL AGREEMENT

HIRER'S PARTICULAR		VEHICLE DETAIL	
Name: Mohamed Haleem Bin Mohamed		Vehicle No.: SLO7765Z	
NRIC/Passport No.: 875 39478J		Vehicle Make/Model: Honda Vezel	
Address: 104A Canberra Street		Date/Time Out: 30/11/2022	
#07-473 S(751104)		Date/Time In: 31/12/2022	
Tel: 8636 7676		<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">1/4</div> <div style="border: 1px solid black; padding: 2px;">1/2</div> <div style="border: 1px solid black; padding: 2px;">3/4</div> <div style="border: 1px solid black; padding: 2px;">F</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">1/4</div> <div style="border: 1px solid black; padding: 2px;">1/2</div> <div style="border: 1px solid black; padding: 2px;">3/4</div> <div style="border: 1px solid black; padding: 2px;">F</div> </div> </div> <p style="text-align: center;">OUT IN</p>	
Driving License No./Exp.:		Mileage: 83286 Mileage:	
ADDITIONAL DRIVER'S PARTICULAR		RENTAL CHARGES	
Name:		<div style="display: flex; justify-content: space-between;"> <div> Hours @ 31 Days @ \$120 Weeks @ Months @ </div> <div> per hour per day per week per month </div> </div>	
NRIC/Passport No.:			
Address:			
Tel:		Other Charges	
Driving License No./Exp.:		Petrol Top-Up	
(A) - Accident (D) - Dent (S) - Scratch		Sub-total	
		TOTAL CHARGES \$3720	
		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.	
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:		<div style="text-align: center;">  Hirer's Signature / Date </div>	
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 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 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.		<div style="text-align: center;">  Owner's Signature / Date </div>	