

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

Attn: **Motor Claims Department**

Date: 21<sup>st</sup> January 2023

Dear Sir/Madam,

Claimant: **Patricia Sutjojo**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 04/12/2022 at along Beside Newton Food Centre involving our client's vehicle registration number SLS 5528 U and vehicle registration number FBT 3361 J 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\$150.00 x 9Days) | \$1,350.00 |
| 3) Insurance Search Fee                 | \$2.00     |

**Total :** **\$3,352.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Insurance Search Fee 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. : ZP0000730  
Date : 21/1/2023  
VRN : SLS 5528 U  
Make & Model : BMW i3  
DOA : 4/12/2022  
Terms : COD

|   | Description                                 | Qty | U/P | Amt      |
|---|---|-----|-----|----------|
| 1 | Repair & Respray Accident Affected Portions |     |     | 2,000.00 |
| 2 | Loss of Rental (SGD\$150.00 x 9Days)        |     |     | 1,350.00 |
| 3 | Insurance Search Fee                        |     |     | 2.00     |

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|                |                   |
|----------------|-------------------|
| <b>TOTAL :</b> | <b>\$3,352.00</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)

# 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 .....              | 05/12/2022 17:00 (SGT)    |
| Reported by .....                     | Both                      |
| Date of Accident .....                | 04/12/2022 15:25 (SGT)    |
| Exact Location of Accident .....      | Singapore                 |
| Additional Location Information ..... | BESIDE NEWTON FOOD CENTRE |
| Country/State of Loss .....           | Singapore                 |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLS5528U |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | PATRICIA SUTJOJO     |
| NRIC No .....                  | S8972539I            |
| Email Address .....            | SUTJOJO@GMAIL.COM    |
| Mobile Phone No .....          | (Phone) +65-97611079 |
| Alternative Phone No .....     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | BMW                       |
| Model .....  | I3                        |
| 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 .....   | 1293                      |

### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 7220093412                           |

### DRIVER

|                      |                  |
|----------------------|------------------|
| Name of Driver ..... | PATRICIA SUTJOJO |
| NRIC No .....        | S8972539I        |
| Date Of Birth .....  | 05/01/1989       |
| Occupation .....     | Indoor           |

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 21/02/2012             |
| Driving experience .....   | 10 YEARS AND 10 MONTHS |
| Gender .....   | Female                 |
| Mobile Number .....  | (Phone) +65-97611079   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | SUTJOJO@GMAIL.COM      |
| Address .....  | 36 WATTEN HEIGHTS      |
| Address complement .....   | -                      |
| Postcode .....   | 287468                 |
| 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 .....   | 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? .....  | 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 .....   | MALE |
| 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 TO 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 ..... | FBT3361J |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |            |
|---|------------|
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| 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 .....             | SMK1608S    |
| 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. 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.

*Ratna Spp*

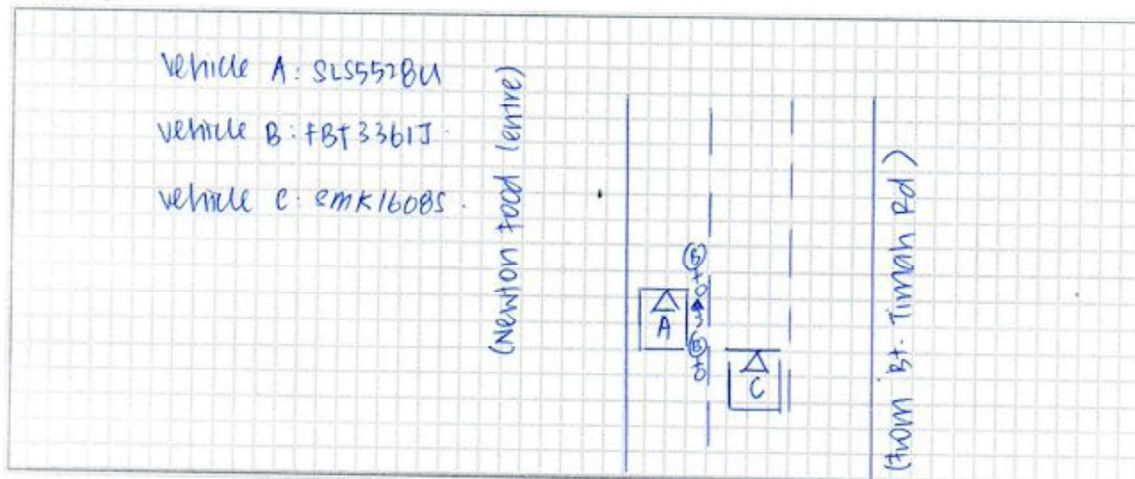
Policyholder's Signature / Date & Time

*Ratna Spp*

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

*5/12/22*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

- Refer to Attachment -

Declaration

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

*Datin Sini*

Policyholder's Signature / Date & Time

*Datin Sini*

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

*8/5/12/22*

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

2

Traffic incident report 4 December 2022

A traffic incident occurred on Sunday 4 December 2022 at roughly 15:25 between a motorcycle and two cars.

My car was stationed on the left lane of a traffic light around Newton Food Centre waiting for the traffic light to turn green. Suddenly a loud bang was heard and felt on the driver side. A motorcycle had hit us.

My husband went out to assist the motorcyclist who was lying on the road. Together with the driver of the Mercedes car (next to my lane), he assisted the uncle to provide aid and to move the motorcycle to a safe spot.

Since my car was stationed in front of a traffic light, my attention was not on the road behind me. Apart from the observations stated above, no other findings can be provided.

Yours sincerely,

Ms. Patricia Sutjojo  
97611079

Mr. Andrie Ochtman (husband)  
86606170

*SV* 5/12/22  
IDAL pag n vbi





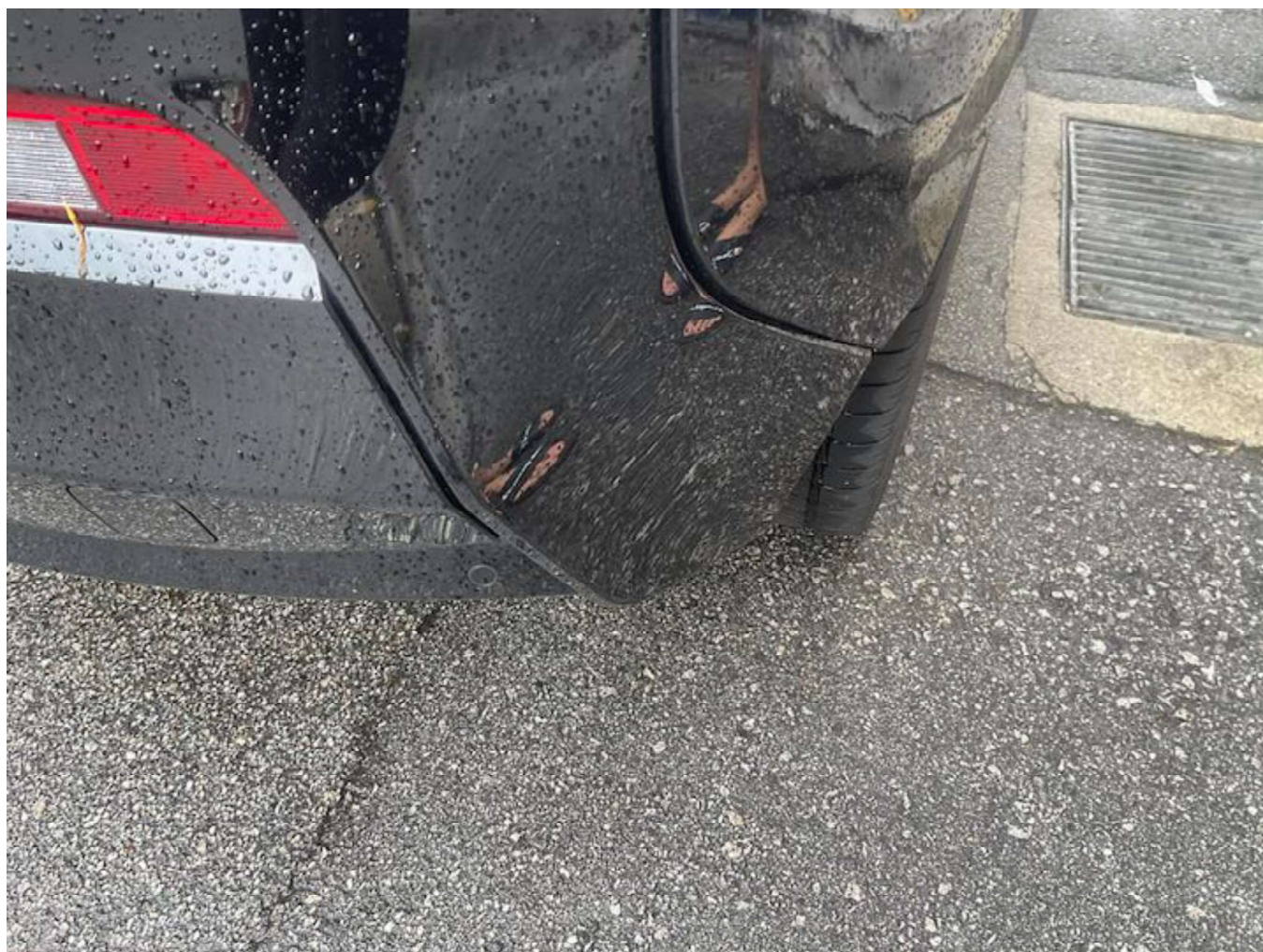


































**LETTER OF AUTHORIZATION**

Accident on 04/12/2022 @ 15.25 along Beside Newton Food Centre.  
Involving vehicles SLS 5528U and TBT 3361J.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLS 5528U at my request, I/We, Patricia Sutjojo ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No S8972539I the owner of motor vehicle no SLS 5528U, 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 04 day of 12 (month) 20 22 (year)

Signed by "the claimant"

Name: Patricia Sutjojo

NRIC No: S8972539I



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

# ZOOM CAR LEASING

Zoom Autowerks Pte Ltd  
Tel: 9450 7920

Zoom Car Leasing

Registration No.: 5339410M

e-mail : zoomcarleasing@gmail.com

## RENTAL INVOICE

Invoice No. : INV0000751  
Date : 13/1/2023  
Ref : SKP 1847 C  
Your Ref : SLS 5528 U  
Terms : 30Days

| # | Rental Period   | Rate     | Quantity | Amount     |
|---|---|----------|----------|------------|
| 1 | Rental Charges for SKP 1847 C<br>(05/12/2022 to 14/12/2022) | \$150.00 | 9 Days   | \$1,350.00 |

C/O Patricia Sutjojo

Contact: 9761 1079

Total : \$1,350.00

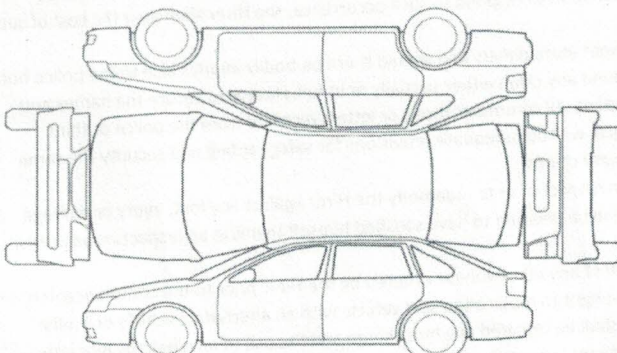

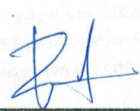


(Customer's Signature/Stamp)

**ZOOM CAR LEASING**

(For Zoom Car Leasing)



## **RENTAL AGREEMENT**

|   |                          |  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
|---|--------------------------|--|---------------|-------|---|----------|---|---------------|---|----------------------|---------------|-------|---|----------|--|--------|---|-----------|--|
| <b>HIRER'S PARTICULAR</b>   |                          | <b>VEHICLE DETAIL</b>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Name: <u>Patricia Sutjojo</u>   |                          | Vehicle No.: <u>SKP 1847C</u>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| NRIC/Passport No.: <u>88972539I.</u>  |                          | Vehicle Make/Model: <u>Matda 6.</u>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Address:  |                          | Date/Time Out: <u>05/12/2022.</u>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
|   |                          | Date/Time In: <u>14/12/2022</u>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Tel: <u>9761 1079</u>   |                          | <table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> </table>  |               | E     | ¼ | ½        | ¾ | F             |   |                      |               |       |   |          |  |        |   |           |  |
| E   | ¼                        | ½  | ¾             | F     |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Driving License No./Exp.:   |                          | <table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> </table>  |               | E     | ¼ | ½        | ¾ | F             |   |                      |               |       |   |          |  |        |   |           |  |
| E   | ¼                        | ½  | ¾             | F     |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| <b>ADDITIONAL DRIVER'S PARTICULAR</b>   |                          | Mileage: <u>178938km</u> Mileage:  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Name:   |                          | <b>RENTAL CHARGES</b>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| NRIC/Passport No.:  |                          | <table border="1"> <tr> <td>Hours</td> <td>@</td> <td>per hour</td> <td></td> </tr> <tr> <td><u>9</u> Days</td> <td>@</td> <td><u>\$150</u> per day</td> <td><u>\$1350</u></td> </tr> <tr> <td>Weeks</td> <td>@</td> <td>per week</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td>per month</td> <td></td> </tr> </table> |               | Hours | @ | per hour |   | <u>9</u> Days | @ | <u>\$150</u> per day | <u>\$1350</u> | Weeks | @ | per week |  | Months | @ | per month |  |
| Hours   | @                        | per hour   |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| <u>9</u> Days   | @                        | <u>\$150</u> per day   | <u>\$1350</u> |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Weeks   | @                        | per week   |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Months  | @                        | per month  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Address:  |                          | Other Charges  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Tel:  |                          | Petrol Top-Up  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| Driving License No./Exp.:   |                          | Sub-total  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| (A) - Accident (D) - Dent (S) - Scratch   |                          | <b>TOTAL CHARGES</b> <u>\$1350</u>   |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
|    |                          | <b>PRE-PAYMENT</b>   |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
|   |                          | 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.  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| <b>PHYSICAL DAMAGE EXCESS</b>   |                          | <b>ACKNOWLEDGEMENT</b>   |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |
| 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>  |               |       |   |          |   |               |   |                      |               |       |   |          |  |        |   |           |  |


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

FBT3361J

Date of Accident

04/12/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... AXA Insurance Pte Ltd

Period of Insurance ..... 12/01/2022 - 11/01/2023

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

Requested Date ..... 05/12/2022 21:11

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**