



**JL PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SLU6827L

Your Ref.: SLU3964X

Date: 15.02.2023

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SLL6827L & SLU3964X

Date of Accident: 10.12.2022 @ 19:55 HOURS

Location: JUNCTION OF YISHUN AVENUE 1 AND ORCHID CLUB ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 6,700.00

Loss of Use :  
(6 Days x \$220) \$ 1,320.00

LTA Search: \$ 7.45

**Grand Total:** \$ 8,027.45

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Irene @ 8297 9787, or email to [jlperfectautowork@gmail.com](mailto:jlperfectautowork@gmail.com)

Thank You,

Irene



## Authorisation To Act

I, Lim Keng Tiong ("the third party claimant") of  
34 Miltonia Close, Singapore 768203  
(address), owner of SLL6827L (vehicle no.)  
hereby authorise JL Perfect Autowork Pte Ltd ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SLL6827L that was  
damaged pursuant to the accident which occurred on 10/11/22 (date)  
at/along Junction of Gishun Avenue 1 and Orchard Club Road  
(location) involving vehicle no/s SLU3964X ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.


I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 12 day of 12 (month) 20 22 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"



  
\_\_\_\_\_  
Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLL 6827L and SLN 3964X on 10/12/22  
at/along Junction of Jishun Avenue 1 and Orchid Club Road

1. I/We, the Owner of motor vehicle no. SLL 6827L hereby instruct and authorise JL Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 17 day of 12 2022

Signature of vehicle owner [Signature]

Name : Lim Keng Tiong

IC/UEN No : 578285861

(Company stamp, if applicable)

Address : 34 Miltonia Close,

Singapore 768203

Tel : 9479 2262

Witnessed by :

[Signature]



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, Lim Feng Tiong ("the third party claimant")  
of 34 Miltonia Close, Singapore 768203 (address),  
owner of SLL 6827L (vehicle no.) hereby authorize  
JL Perfect Autowork Pte Ltd

("the workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
vehicle no. SLL 6827L that was damaged pursuant to the  
accident which occurred on 10/12/22 (date) along Junction of  
Yishun Avenue 1 and Orchid Club Road (location)  
involving vehicle no/s SLN 3964X  
("the accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 12 day of 12 (month) 20 22 (year)

[Signature]  
Signed by "the third party claimant"

[Signature]  
Signed by "the workshop"  
(with chop)



# TAX INVOICE

## JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
15.02.2023	JLP202302-00228	SLL6827L

## AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,700.00
Total	\$ 6,700.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Dec 2022 / 10:25:30

Receipt Date/Time : 12 Dec 2022 / 10:25:30

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221212-000932

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 - SLU3964X				
As at 10 Dec 2022/19:55:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLU3964X			
	Enquiry Fee	7.00	0.49	7.49
	20221212102449954208			
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				
421808XXXXXX9928		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.

## 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	12/12/2022 14:35 (SGT)
Reported by	Both
Date of Accident	10/12/2022 19:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF YISHUN AVENUE 1 AND ORCHID CLUB ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6827L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KENG TIONG (LIN JINGCONG)
NRIC No	SXXXX586I
Email Address	KENGTIONG@YAHOO.COM
Mobile Phone No	(Phone) +65-94793262
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300542174 QMX

#### DRIVER

Name of Driver	LIM KENG TIONG (LIN JINGCONG)
NRIC No	SXXXX586I
Date Of Birth	30/09/1978
Occupation	Outdoor

Date Of Driving Pass	29/11/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94793262
Alt. Phone Number	-
Email Address	KENGTIONG@YAHOO.COM
Address	34 MILTONIA CLOSE
Address complement	-
Postcode	768203
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	LIM SWEE LYE
Gender	Female

#### PASSENGER 2

Name	TAN CHOON KHIANG
Gender	Male

#### PASSENGER 3

Name	WONG SIEW TIN
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

#### PLEASE REFER TO THE ATTACHMENTS

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? ☐ No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3964X
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 PLANIMPORTANT 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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")

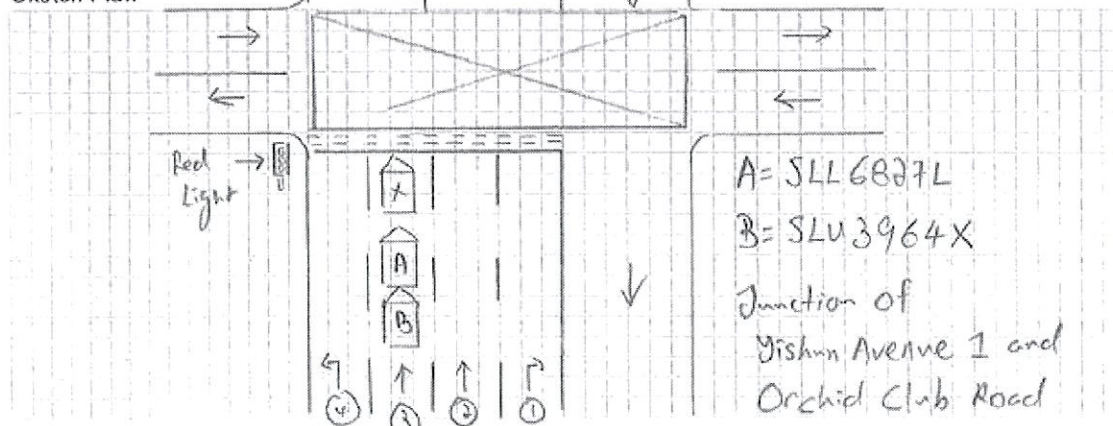
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Sketch Plan

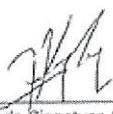
Describe Circumstances of the Accident

Refer to attached

Declaration

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





On 10.12.2022 at about 19:55 hours at Junction of Yishun Avenue 1 and Orchid Club Road, I was stationary on lane 3 (along Yishun Avenue 1 towards Mandai Avenue) and waiting for the traffic light to turn green.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A) : SLL 6827L

Vehicle (B): SLU 3964X



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7828586I



Name

LIM KENG TIONG  
(LIN JINGCONG)

林 敬 淙

Race

CHINESE

Date of birth

30-09-1978

Sex

M

Country of birth

SINGAPORE

S7828586I

SLL6827L

owner & driver

4864427



NRIC No. S7828586I

Date of issue

01-08-2012

34 MILTONIA CLOSE

SINGAPORE 768203

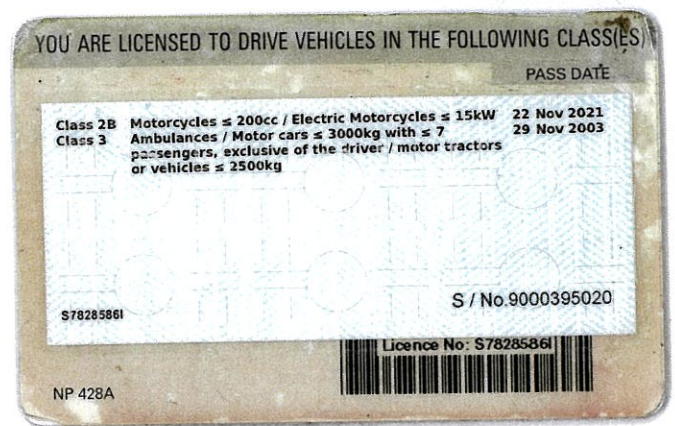
NRIC No: XXXXX586I

Date of change: 31/10/2022



SLL6827L

Owner & driver







MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### MOTORMAX Comprehensive

Certificate No. A 300542174 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**

SLL6827L

2. **Name of Policyholder**

LIM KENG TIONG

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**

07/03/2022

4. **Date of Expiry of Insurance**

06/03/2023

5. **Persons or Classes of Persons entitled to drive\***

LIM KENG TIONG

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

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

6. **Limitations as to Use \***

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng  
Chief Executive Officer