



**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: hdperfectautowork@gmail.com

Our Ref.: SNB5154E

Your Ref.: SHF781C

Date: 04.08.2023

ATTN: Motor Claims Department

INS : **HSBC LIFE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: SNB5154E & SHF781C

Date of Accident: 01.01.2023 @ 16.35 HOURS

Location: Hill Street

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 12,528.00

Loss of Use:  
(\$180 X 10Days): \$ 1,800.00

LTA Search \$ 26.75

**Grand Total:** \$ 14,354.75

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 Joanne @ 97231055, or email to hdperfectautowork@gmail.com

Thank You,

Joanne



HD Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136904Z  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Authorisation To Act

I, Lee Ren Hui ("the third party claimant") of  
309 Bukit Batok St 31 #02-179 S650309  
(address), owner of SNBS154E (vehicle no.)  
hereby authorise HD 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. SNBS154E that was  
damaged pursuant to the accident which occurred on 1/1/23 (date)  
at/along Hill St, Singapore  
(location) involving vehicle no/s SHE781C ("the accident").

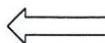
I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

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 01 day of 01 (month) 20 23 (year)

Signed by "the third party claimant"



Signed by "the workshop"



HD Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136904Z  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNBS154E and SHFT81C on 11/1/23  
at/along Hill St, Singapore

1. I/We, the Owner of motor vehicle no. SNBS154E hereby instruct and authorise HD 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 01 day of 01 2023

Signature of vehicle owner Lee Ren Hui ←

Name: Lee Ren Hui

IC/UEN No: 89119903C

(Company stamp, if applicable)

Address: 309 Bukit Batok St 31

#02-179 S650309

Tel: 86864314

Witnessed by:

Joanne

# TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



HD PERFECT  
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
04.08.2023	HDP202307-00487	SNB5154E

## HSBC LIFE (SINGAPORE) PTE LTD

10 MARINA BOULEVARD

MARINA BAY FINANCIAL CENTRE TOWER 2

#48-01

SINGAPORE 018983

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 11,600.00
Total	\$ 11,600.00
Add: 8% GST	\$ 928.00
Total	\$ 12,528.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD 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 : 02 Jan 2023 / 12:46:04

Receipt Date/Time : 02 Jan 2023 / 12:46:04

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230102-000795

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 - SHF781C As at 01 Jan 2023/16:35:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHF781C Enquiry Fee 20230102124520895080	24.77	1.98	26.75
<b>Sub-Total</b>		24.77	1.98	26.75
<b>Total Before Rounding</b>		24.77	1.98	26.75
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				26.75
Paid By				
	421808XXXXXX9928		eNETS Credit Card	26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
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	03/01/2023 16:01 (SGT)
Reported by	Both
Date of Accident	01/01/2023 16:35 (SGT)
Exact Location of Accident	Hill St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5154E

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE REN HUI
NRIC No	S9119903C
Email Address	LEERENHUI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-86864314
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stonic
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	1000

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11395829

#### DRIVER

Name of Driver	LEE REN HUI
NRIC No	S9119903C
Date Of Birth	13/06/1991
Occupation	Indoor

Date Of Driving Pass	15/07/2013
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86864314
Alt. Phone Number	-
Email Address	LEERENHUI@HOTMAIL.COM
Address	BLK 309 BUKIT BATOK STREET 31 #02-179
Address complement	-
Postcode	650309
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)	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	ZHUANG YI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230102/7010.

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	SHF781C
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	LEE REN HUI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB5154E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	ZHUANG YI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB5154E
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 first 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.

**6 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.

*[Handwritten Signature]*

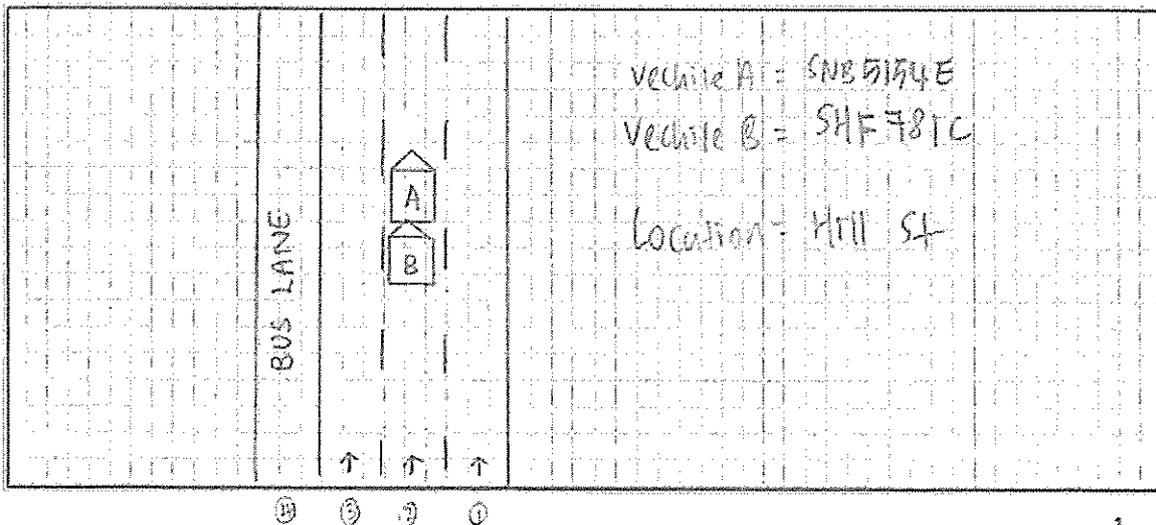
Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel (Name as in NR-C&D card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report  
Police Report No - 7/20230102/3010

**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)





**SINGAPORE  
POLICE FORCE**



T/20230102/7010

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

2 of 3  
Report No: T/20230102/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB5154E	AVIVA LTD	11395829	08/11/2022	07/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	ZHUANG YI	ID No.	S9478625H	
Related Vehicle	SNB5154E (Car)	Contact No.	81857468	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	01/01/2023	Date	01/01/2023	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	LEE REN HUI	ID No.	S9119903C	
Related Vehicle	SNB5154E (Car)	Contact No.	86864314	
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	01/01/2023	Date	01/01/2023	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On the above mentioned date, time and location, I was driving vehicle SNB5154E on lane 2 along hill street, suddenly I felt a great impact from my rear. I alighted and realized that a a vehicle bearing carplate SHF781C had collided into the rear of my vehicle. My wife was conveyed to SGH from scene and was given 3 days of MC. I felt unwell and seek treatment at Gleneagles hospital and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230102/7010

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

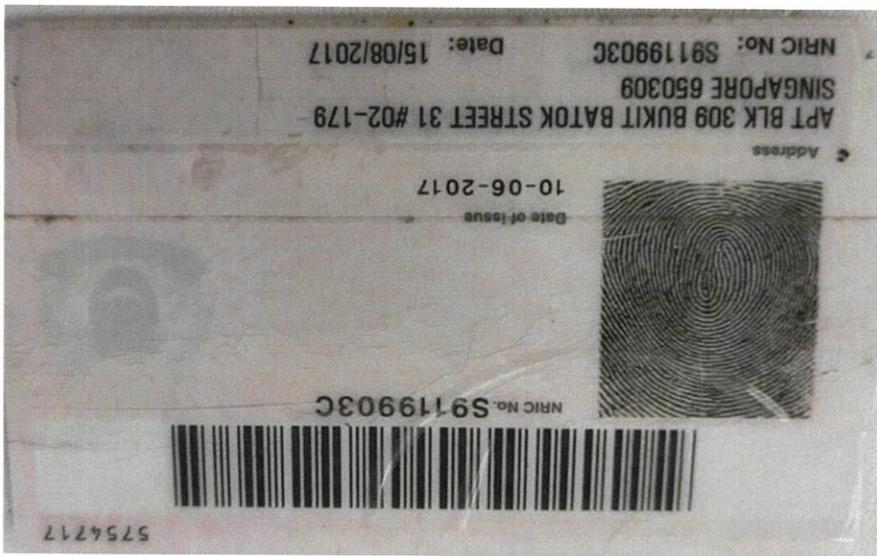
3 of 3  
Report No: T/20230102/7010

**CONTINUATION OF REPORT**

Sketch Plan  
Informant is not able to provide sketch

<b>Signature Of Officer Recording The Report:</b> Not applicable	<b>Signature Of Informant:</b> The identity of the person making this report has been authenticated by Singpass. No signature is required.
<b>Signature Of Interpreter:</b> Not applicable	<b>Date/Time:</b> 02/01/2023 14:09
<b>Officer In Charge Of Case:</b> TP / TPIB / CHONG GUAN FATT Contact No.: 65472077	<b>Classification Of Case:</b>

NP168



owner and driver

SNB5154E



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S9119903C**  
 Name **LEE REN HUI**

Birth Date **13 Jun 1991**  
 Issue Date **15 Jul 2013**

002202429H




SNB 5154E

Owner and Driver

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	21 Apr 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	14 Mar 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	15 Jul 2013

S9119903C

S / No. 9000260787

Licence No: S9119903C

NP 428A



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1960  
 (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER. 11395829

1) VEHICLE REGISTRATION NO.	SNB5154E
2) NAME OF INSURED	
FAMILY NAME	LEE
GIVEN NAME	Ren Hui
3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT	08-Nov-2022 00:00hours
4) DATE OF EXPIRY OF INSURANCE	07-Nov-2023 23:59hours
5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE	
You only  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 so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.  And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.  Please refer to the policy document for full terms and conditions.	
6) LIMITATIONS AS TO USE*	
Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or 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 Risks and Compensation) Act 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
NAMED DRIVER	
7) FINANCE COMPANY	HL BANK

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 1960 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

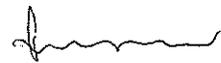
Issued in Singapore: 05-Oct-2022 at 14:59hours

Singapore Life Ltd.

**IMPORTANT NOTE:**

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/CarRepairers>. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).



Pearlyn Chau  
 Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.