

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.: SMA7537M

Your Ref.: SMR2956E

Date:

21.02.2023

ATTN:

Motor Claims Department

INS:

AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving:

SMA7537M & SMR2956E

Date of Accident:

19.12.2022 @ 17:15 HOURS

Location:

SLIP ROAD OF TANAH MERAH COAST ROAD TOWARDS ECP (OUTSIDE CHANGI NAVAL BASE)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:

\$ 6,300.00

Loss of Use:

(8 Days x \$180)

\$ 1,440.00

LTA Search:

\$ 26.75

Grand Total:

\$ 7,766.75

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 Irene @ 8297 9787, or email to jlperfectautowork@gmail.com

Thank You,

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Singapore 415875
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Authorisation To Act

, chich San Cher (Xie Shangzhi) ("the Choa Chu Kong Grove #12-14 5(6)	ne third party claimant") of
6 Choa Chu Kong Grove #12-14 5(6	88240)
(address), owner of SMA7537M	(vehicle no.)
(address), owner of <u>SMA7537M</u> hereby authorise <u>3L Perfect Autowork Pto Ltd</u>	("the workshop")
to act for me with respect to my claim for repair cos	sts and / or rental and / or
loss of use ("claim") for my vehicle no. SMA7537	
damaged pursuant to the accident which occurred on_at/along Slip Rd of Tanagh Merah Coast Rd to (location) involving vehicle no/s SMR2956E	19/12/22 (date) wdz ECB (Navai Boze)
(location) involving vehicle no/s SMR2956E_	("the accident").
they deem it fit and the workshop is further authorised to receive of my claim with payment cheque/s being made in favour of the workshop to execute and/or sign vouchers/agreements regarding my/our claim/case for my/our collim/case for my/our collim/ca	yorkshop. gn any documents/discharge nvenience. ch on my behalf is on a without other claim (s) whatsoever by
Dated this day of (month) 2	20 (year)
Signed by "the third party claimant"	Signed by "the workshop"



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Letter of Authorisation & Indemnity

Accident	involving motor vehicles no. SMAT537Mand SMR2956E on 19/12/22
at/along	Slip Rd of Tonah Merah Coast Rd twods ECP (Naval Base)
1.	I/We the Owner of motor vehicle no SMATS3TM hereby instruct and authorise TL Refect Auto-work 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
2.	you the sum of \$ being refundable deposit of the repair to my/our said vehicle. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is
۷.	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
0.	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
20	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
10	costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to
10.	pay or receive any monies due to this claim.
	pay of receive any monies and to this claim.
	Dated this day of 20 22
Signatur	e of vehicle owner
570	
Name :	thian San Cher (Xie Shengzhi) Witnessed by:
IC/UEN N	10: 579205067 Jiene
	y stamp, if applicable)
Address	Echoa Chu Kang Grove
#1	2-14 5(688240)
Tel:	76209567



"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, Chiah San Cher (Xie Shengzhi) "the third party claimant")
of 6 Chaa Chukang Grove #12-14 8(688240) (address),
owner of SMA7537M (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. <u>SMA7537M</u> that was damaged pursuant to the
accident which occurred on 19/12/22 (date) along Slip Rd of
Tarah Merah Coazt Rd twds ECB (Naval Bose Docation)
involving vehicle no/s
("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 day of (month) 20 (year)
Chon E NUTOWORF OF E
Signed by "the third party claimant" 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
21.02.2023	JLP202302-00237	SMA7537M

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-12 AIG BUILDING SINGAPORE 079120

Description	Ar	mount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding	\$	6,300.00
to supply of spare parts, labour and spray painting charges		
Total	\$	6,300.00

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:

20 Dec 2022 / 09:34:02

Receipt Date/Time: 20 Dec 2022 / 09:34:02

Tax Invoice/Receipt

Receipt No.: ITNET-00000-221220-000653

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 - SMR2956E				
As at 19 Dec 2022/17:15:00				
Insurance Co: AIG ASIA PACIFIC INSURA	NCE PTE. LTD.			
1 Insurance Enquiry - SMR2956E				
Enquiry Fee		25.00	1.75	26.75
20221220093305696920				
	Sub-Total	25.00	1.75	26.75
	Total Before Rounding	25.00	1.75	26.75
	Rounding Difference			0.00
	Total Amount Payable			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.

SA1822CK0009 / Abwin Service Pte Ltd ENTRY DATE & TIME: 20/12/2022 17:12 (SGT) SUBMITTED BY: Claims VERSION: 1 (20/12/2022 17:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 20/12/2022 17:12 (SGT) Reported by Both Date of Accident 19/12/2022 17:15 (SGT)

Tanah Merah Coast Rd, Singapore **Exact Location of Accident**

Additional Location Information

SLIP ROAD OF TANAGH MERAH COAST ROAD TOWARDS ECP

(OUTSIDE CHANGI NAVAL BASE)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA7537M

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner

CHIAH SAN CHER (XIE SHENGZHI) NRIC No SXXXX506J **Email Address** MECHCHIAH@GMAIL.COM Mobile Phone No (Phone) +65-96209567

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ22-000856

DRIVER

Name of Driver CHIAH SAN CHER (XIE SHENGZHI) NRIC No SXXXX506J Date Of Birth 18/07/1979



Occupation Outdoor Date Of Driving Pass 24/01/2008 Driving experience 14 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-96209567 Alt. Phone Number Email Address MECHCHIAH@GMAIL.COM Address 6 CHOA CHU KANG GROVE Address complement #12-14 Postcode 688240 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SMR2956E

SMR2956E

Private car



Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	CHIAH SAN CHER (XIE SHENGZHI) Male (Phone) +65-96209567
Address Complement	-
Post Code	-
Approximate Age Years Old	.
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SMA7537M
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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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

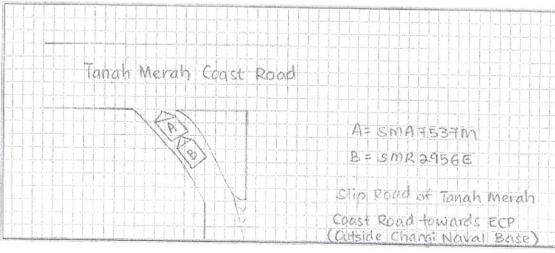
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 daims,
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- (iv) administering my claims (including the malling of correspondence, statements, involces, 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 enviciopes/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 tawyers/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

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

Sketch Plan



4

Describe Circumstance of the Accident	
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p. f. 1 b.W -1 1	The state of the s
Refer to Attached	
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	and the second s
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Declaration t/We declare the foregoing particulars are true in every respect	
www.pochare was strading basincratias are use in exists to speci-	(10 ×
24.1	(Jensey)
AN COL	
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Repairing Centre Personnel
8. Time	(Name as in NRICAD card)

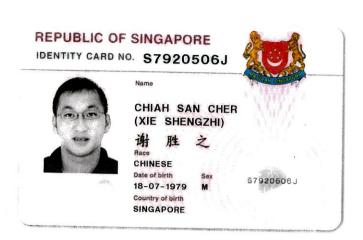
On 19.12.2022 at about 17:15 hours at Slip Road of Tanah Merah Coast Road towards ECP (Outside Changi Naval Base), when I was approaching the above mentioned slip road, I slowed down and stopped my vehicle (A) to check the oncoming traffic condition before moving forward.

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).

Vehicle (A): SMA 7537M

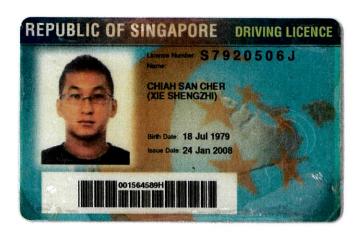
Vehicle (B): SMR 2956E



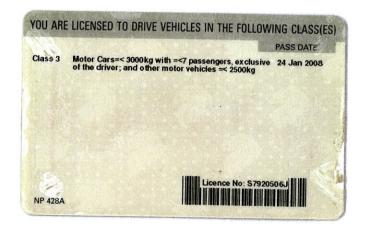


SMA7537M Owner and Driver





SMA7537M Owner and Driver



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



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 (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.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ22-000856

1. Index Mark and Registration Number of Vehicles SMA7537M

2. Engine No. and Chassis No. L15B5552773 / RU11302766

3. Name of Policyholder CHIAH SAN CHER

4. Effective Date of the Commencement of Insurance for the purpose of the Act 14/01/2022

5. Date of Expiry of Insurance 18/06/2023

6. Person or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

*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 regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

7. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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 headings.

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 and Amendment, Act or Acts passed in substitution thereof.

HP: STANDARD CHARTERED BANK (SINGAPORE) LIMITED UNWTSY/HO/B000006/ANIKA INSURANCE BROK

A Member of Citystate

EQ Insurance Company Limited

Form: MX2 FYCESS.

Insured/Named Driver SGD500.00 Unnamed Drivers SGD1.000.00 Additional SGD3,000.00

> **EQI Motor Accident** Hotline

6311 3211



Authorised Signatory