

To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

Attn: **Motor Claims Department**

Date: 26<sup>th</sup> January 2023

Dear Sir/Madam,

Claimant: **Joey Ng Zi Lin**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 04/01/2023 at along Tampines Central 5 involving our client's vehicle registration number SLE 6894 D and vehicle registration number SLG 4610 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	\$1,300.00
2) Loss of Rental (SGD\$120.00 x 3Days)	\$360.00

**Total :** **\$1,660.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement

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  
#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: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

PF No. : ZP0000739  
Date : 26/1/2023  
VRN : SLE 6894 D  
Make & Model : Kia Forte K3  
DOA : 4/1/2023  
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			1,300.00
2	Loss of Rental (\$120.00 x 3Days)			360.00

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**TOTAL :** **\$1,660.00**

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I agree to the price as listed above and confirm that goods are received in good condition.

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(Customer's Signature )

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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 ..... 05/01/2023 16:14 (SGT)  
Reported by ..... Both  
Date of Accident ..... 04/01/2023 11:48 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES CENTRAL 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE6894D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Joey Ng Zi Lin  
NRIC No ..... SXXXX682F  
Email Address ..... JNZL523@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93222207  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... FORTE K3 1.6A  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Policy Number / Cover Note Number ..... M0035869

### DRIVER

Name of Driver ..... Joey Ng Zi Lin  
NRIC No ..... SXXXX682F  
Date Of Birth ..... 15/12/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	21/09/2022
Driving experience .....	4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93222207
Alt. Phone Number .....	-
Email Address .....	JNZL523@GMAIL.COM
Address .....	BLK 450 TAMPINES ST 42 #11-102
Address complement .....	-
Postcode .....	S520450
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) .....	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

PLEASE REFER ATTACHMENT

#### 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 .....	SLG4610J
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:

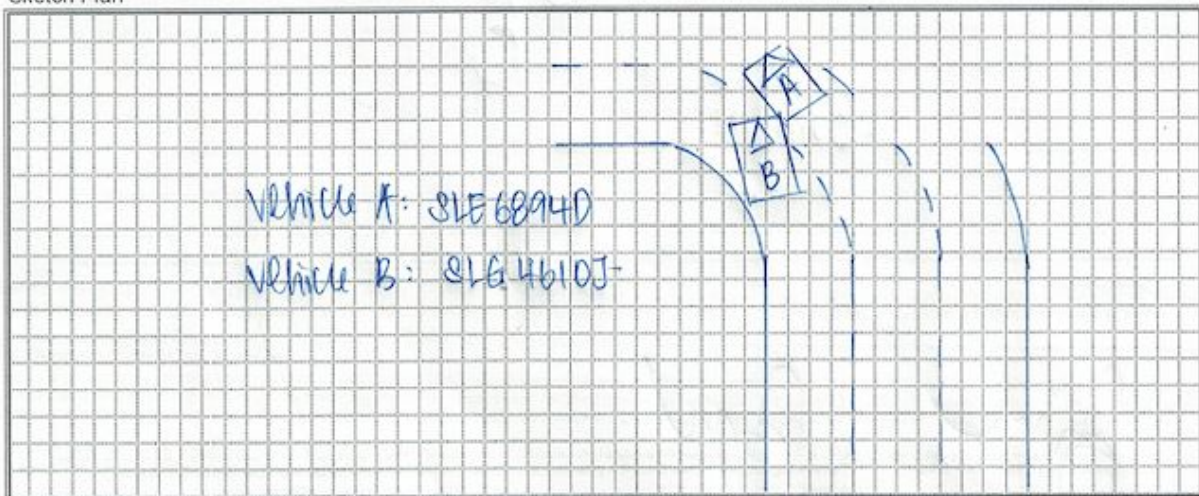
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 Policyholder's Signature / Date & Time

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

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

**Sketch Plan**




Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A' SLE6894D, was travelling within my lane when vehicle 'B', SLE64610J, grazed onto my vehicle when she over-steered.

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

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











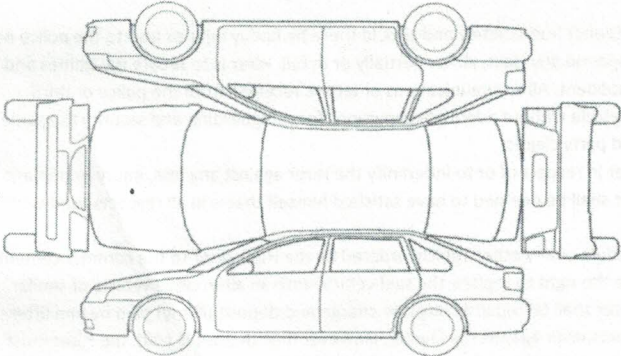
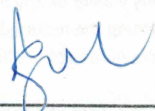
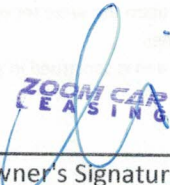








## RENTAL AGREEMENT

HIRER'S PARTICULAR	VEHICLE DETAIL																				
Name: <u>Joey Ng Zi Lin</u>	Vehicle No.: <u>SNE5103L</u>																				
NRIC/Passport No.: <u>89145682F</u>	Vehicle Make/Model: <u>Honda Freed</u>																				
Address: <u>450 Tampines St 42, #11-102</u>	Date/Time Out: <u>09/01/2023</u>																				
Tel: <u>9322 2207</u>	Date/Time In: <u>12/01/2023</u>																				
Driving License No./Exp.:	<table style="width:100%; text-align:center;"> <tr> <td style="border:1px solid black;">E</td> <td style="border:1px solid black;">¼</td> <td style="border:1px solid black;">½</td> <td style="border:1px solid black;">¾</td> <td style="border:1px solid black;">F</td> <td style="border:1px solid black;">E</td> <td style="border:1px solid black;">¼</td> <td style="border:1px solid black;">½</td> <td style="border:1px solid black;">¾</td> <td style="border:1px solid black;">F</td> </tr> <tr> <td colspan="5">OUT</td> <td colspan="5">IN</td> </tr> </table>	E	¼	½	¾	F	E	¼	½	¾	F	OUT					IN				
E	¼	½	¾	F	E	¼	½	¾	F												
OUT					IN																
<b>ADDITIONAL DRIVER'S PARTICULAR</b>	Mileage: _____ Mileage: _____																				
Name:	<b>RENTAL CHARGES</b>																				
NRIC/Passport No.:	Hours @ _____ per hour																				
Address:	<u>3</u> Days @ <u>\$120</u> per day <span style="float:right"><u>\$360</u></span>																				
Tel:	Weeks @ _____ per week																				
Driving License No./Exp.:	Months @ _____ per month																				
(A) - Accident (D) - Dent (S) - Scratch	Other Charges																				
	Petrol Top-Up																				
	Sub-total																				
	<b>TOTAL CHARGES</b> <span style="float:right"><u>\$360</u></span>																				
	<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>																					
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)																				
<b>ACKNOWLEDGEMENT</b>																					
IMPORT NOTE:																					
1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE																					
2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing																					
3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited.																					
4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.																					
	 _____ Hirer's Signature / Date																				
	 _____ Owner's Signature / Date																				