

**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.: PC5747R

Your Ref.: YN4808R

Date: 10.04.2023

ATTN: Motor Claims Department

INS : **LONPAC INSURANCE BHD**

Dear Sir/Madam,

Accident Involving: PC5747R AND YN4808R

Date of Accident: 16.01.2023 @ 08:15 HOURS

Location: JALAN EUNOS TOWARDS PIE (BEFORE EUNOS CRESCENT)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$ 3,100.00
Loss of Use :	
(\$280.00 X 5 Days):	\$ 1,400.00
LTA Search :	\$ 26.75
GIA 3rd Party Report	\$ 31.00
Grand Total:	\$ 4,557.75

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 hdperfectautowork@gmail.com

Thank You,

Joanne



Authorisation To Act

I, Perfectgoh Limo ("the third party claimant") of
19, Bedok Reservoir View #14-01, Aquarius By the Park, Singapore 478935
(address), owner of PC 5747R (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. PC 5754R that was
damaged pursuant to the accident which occurred on 16/01/2023 (date)
at/along Jalan Eunos towards PIE (before Eunos Crescent)
(location) involving vehicle no/s YN 4808R ("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 16 day of 01 (month) 20 23 (year)



Signed by "the third party claimant"



Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC 5747R and YN 4808R on 16/01/2023
at/along Jalan Eunos towards PIE (before Eunos Crescent)

1. I/We, the Owner of motor vehicle no. PC 5747R 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 16 day of 01 2023

Signature of vehicle owner _____

Name : Perfectgoh LIMO

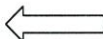
IC/UEN No : 53134498C

(Company stamp, if applicable)

Address : 19, Bedok Reservoir View

#14-01, Aquarius By the Park Singapore 478935

Tel : 9877 8475



Witnessed by : _____

Joanne

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

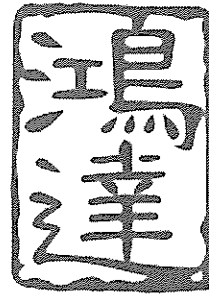
8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
10.04.2023	HDP202304-00375	PC5747R

LONPAC INSURANCE BHD

300 BEACH ROAD

07 THE CONCOURSE #17-04

SINGAPORE 199555

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 3,100.00
Total	\$ 3,100.00

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 : 16 Jan 2023 / 11:36:12

Receipt Date/Time : 16 Jan 2023 / 11:36:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230116-001465

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - YN4808R

As at 16 Jan 2023/08:30:00

Insurance Co: LONPAC INSURANCE BHD

1 Insurance Enquiry - YN4808R

Enquiry Fee

20230116113530645538

24.77 1.98 26.75

Sub-Total 24.77 1.98 26.75

Total Before Rounding 24.77 1.98 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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

HD Perfect Autowork Pte Ltd -
PerfectGoh Limo

Invoice Number
GR-2023-000278

Invoice Issue Date
21 Jan 2023

Invoice Due Date
28 Jan 2023

Total Amount (S\$) 28.70
Total GST 8.00% (S\$) 2.30
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 8.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	16/01/2023,16/01/2023,PC5747R,YN4808R	28.70	2.30	31.00
		Total Amount (S\$)		28.70
		Total GST 8.00% (S\$)		2.30
		Total Amount Incl. of GST (S\$)		31.00

*This is a computer generated document.
No signature is required.*



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	16/01/2023 15:45 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 08:15 (SGT)
Exact Location of Accident	Jln Eunós, Singapore
Additional Location Information	JALAN EUNOS TOWARDS PIE(BEFORE EUNOS CRESCENT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5747R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PERFECTGOH LIMO
Company Reg No	5XXXX498C
Email Address	HONG81861076@GMAIL.COM
Mobile Phone No	(Phone) +65-98778475
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120650512-01

DRIVER

Name of Driver	GOPAL S/O KIRUBA GARANE
NRIC No	SXXXX988B
Date Of Birth	16/09/1971
Occupation	Outdoor

Date Of Driving Pass	16/10/1993
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98882881
Alt. Phone Number	-
Email Address	HONG81861076@GMAIL.COM
Address	BLK 297B CHOA CHU KANG AVENUE 2
Address complement	#09-76
Postcode	682297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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

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	YN4808R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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:

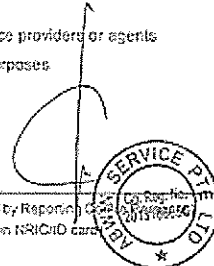
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature]

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



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

Sketch Plan

Vehicle (A) = PC 5747K

Vehicle (B) = YN 4808K

Talan Eunos towards PIE
(before Eunos Crescent)

Describe Circumstance of the Accident

Refer to Attached

Declaration

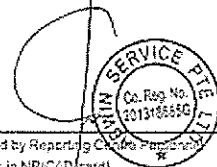
We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Officer / Date & Time
(Name as in NR/CAD/Record)

On 16.01.2023 at about 08:15 hours along Jalan Eunus towards PIE (before Eunus Crescent), I was stationary at the above mentioned location and suddenly, I heard a loud bang and felt a great impact.

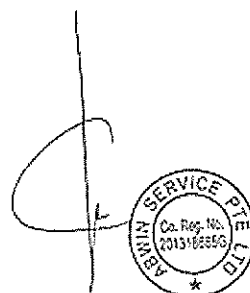
When I alighted, I realised it was vehicle (B) that collided onto the rear left hand side portion on my vehicle (A) while reversing.

Vehicle (A): PC 5747R

Vehicle (B): YN 4808R



Signature



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7133988B



Name

GOPAL S/O KIRUBA GARANE

கே கோபால்

Race

INDIAN

Date of birth

16-09-1971

Sex

M

S7133988B

Country/Place of birth

SINGAPORE



PC 5747R

Driver

6964997



NRIC No. S7133988B



Date of issue

27-09-2022

Address


APT BLK 297B CHOA CHU KANG AVENUE 2
#09-76
SINGAPORE 682297

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7133988B**
 Name: **GOPAL S/O KIRUBA GARANE**

Birth Date: **16 Sep 1971**
 Issue Date: **20 Feb 2017**

002658626K



PC 5747R

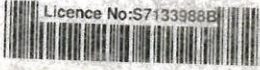
Driver

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	16 Oct 1993
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	02 Jun 1994

NP 428A

Licence No: S7133988B



Land Transport Authority




VOCATIONAL LICENCE
 Licence No : S7133988B
 Name : GOPAL S/O KIRUBA GARANE
 Validity Date : 07/10/2017
 Please visit www.lta.gov.sg to check the status of this vocational licence

PC 5747R

Driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	19/12/2001
03	BUS VL	21/09/1994



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5120650512-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: **PC5747R**

Chassis Number

: KDH2230030063

2. Name of Policyholder

: PERFECTGOH LIMO

3. Effective Date of Insurance

: 19 Jan 2022

4. Expiry Date of Insurance

: 18 Jan 2023

5. Persons 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/her 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 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*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 13 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : S\$2,000

EXCESS (SECTION II) : S\$3,000

WINDSCREEN EXCESS : S\$500

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : MV CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 13 Jan 2022 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive