



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.: SNA9758S

Your Ref.: SNF4493L

Date: 04.08.2023

ATTN: Motor Claims Department

INS : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SNA9758S & SNF4493L

Date of Accident: 03.02.2023 @ 14.20 HOURS

Location: BALESTIER ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 7,560.00</u>
Loss of Use:	
(\$180 X 09Days):	<u>\$ 1,620.00</u>
LTA Search	<u>\$ 26.75</u>
3rd Party GIA Report	<u>\$ 31.00</u>
Towing	<u>\$ 60.00</u>
Grand Total:	<u>\$ 9,297.75</u>

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

Authorisation To Act

I, Lau Poh Chye ("the third party claimant") of
Blk 768 Yishun Avenue 3 #08-325 Singapore 760768
(address), owner of SNA 9758S (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. SNA 9758S that was
damaged pursuant to the accident which occurred on 01/02/2023 (date)
at/along Balestier Road (Infront of Ceylon Sport Club)
(location) involving vehicle no/s SNF 4493L ("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 02 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
Co. Reg No: 202136904Z

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNA 97585 and SNF 4493L on 01/02/2023
at/along Balestier Road (Infront of Ceylon Sport Club)

1. I/We, the Owner of motor vehicle no. SNA 97585 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 02 day of 02 2023

Signature of vehicle owner

Name : Lau Poh Chye

IC/UEN No : S8719908H

(Company stamp, if applicable)

Address : Blk 768 Yishun Avenue 3

#08-325 Singapore 760768

Tel : 9641 6382

Witnessed by :

Same

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	HDP202307-00488	SNA9758S

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,000.00
Total	\$ 7,000.00
Add: 8% GST	\$ 560.00
Total	\$ 7,560.00

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 Feb 2023 / 12:52:22

Receipt Date/Time : 02 Feb 2023 / 12:52:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230202-001547

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 - SNF4493L

As at 01 Feb 2023/16:25:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SNF4493L
Enquiry Fee
20230202125136946445

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

DICNV20230202125137352351 SGQR(PayNow) 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 - Lau
Poh Chye

Invoice Number
GR-2023-000451

Invoice Issue Date
05 Feb 2023

Invoice Due Date
12 Feb 2023

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

Bill Type	Reference	Amount (\$\$)	GST 8.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	04/02/2023,01/02/2023,SNA9758S,SNF4493L	28.70	2.30	31.00
		Total Amount (\$\$)		28.70
		Total GST 8.00% (\$\$)		2.30
		Total Amount Incl. of GST (\$\$)		31.00

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

CASH ORDER / WORK ORDER

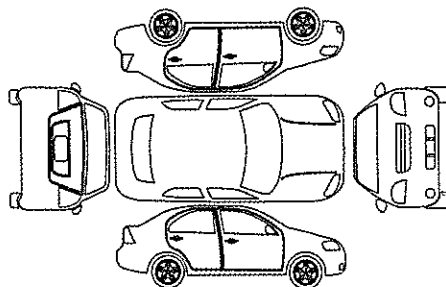
No. A 21101

Service Date: 2/2/23 Time Received: 1015
Member Name: CASH Time Arrived: 1105
Contact Person: _____ Time Completed: 1220
Contact No.: _____ From: 769 YISHUN AVE 3
Car Reg No.: SNA 97585 To: 113 PRESTIGE #08-09
Car Make/Model: HONDA CIVIL 1.8 Tow Truck No.: GRB 3862A
Battery: _____
Remarks: ACCIDENT Amount: 60
Cash / Credit

ADDITIONAL CHARGES:

- ☐ Dolly Wheels / Flat Bed
☐ Basement / Multi Storey
☐ Crane up / Bogged
☐ Jumpstart
☐ Low Body Kit
☐ Collection of Key
☐ ERP / Carpark _____

BODY & PAINT CONDITION:



bizSAFE₃

Seng

Tow Diver's Name & Signature

Member's Name & Signature

PAY NOW 202136139R
AUTOCREW PTE LTD

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdeemeanour to your vehicle / asset whilst being towed.



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	03/02/2023 14:20 (SGT)
Reported by	Driver
Date of Accident	01/02/2023 16:25 (SGT)
Location of Accident	Singapore
Additional Location Information	BALESTIER ROAD (INFRONT OF CEYLON SPORT CLUB)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9758S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU POH CHYE
NRIC No	SXXXX908H
Email Address	hl_friends@hotmail.com
Mobile Phone No	(Phone) +65-96416382
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	HONDA / SHUTTLE 1.5G SENSING CVT
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	1496

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	ONG HUI LING
NRIC No	SXXXX617G
Date Of Birth	18/07/1991
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	8 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96416382
Alt. Phone Number	-
Email Address	hl_friends@hotmail.com
Address	768 YISHUN AVENUE 3 #08-325 SPORE 760768
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

REFER TO SKETCH PLAN

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	SNF4493L
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.

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.

[Signature]

Policyholder's Signature / Date & Time

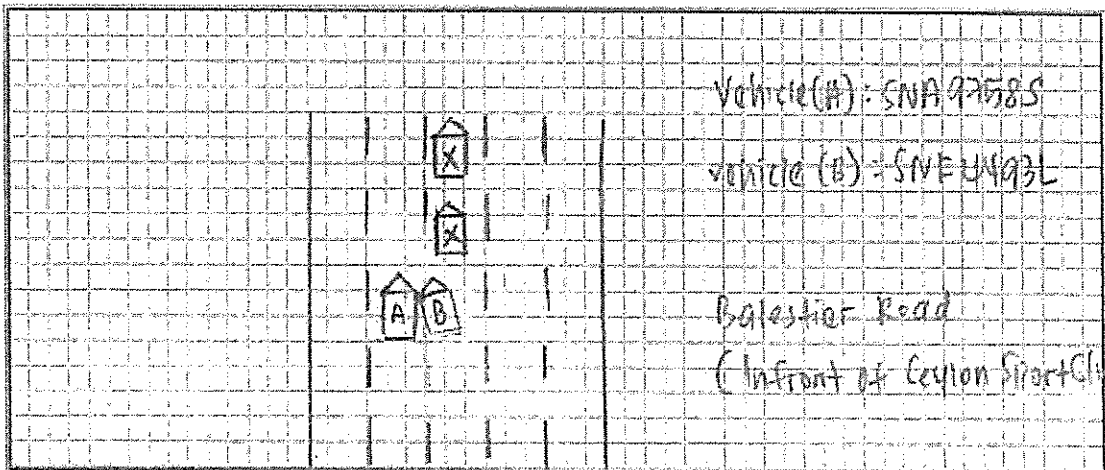
[Signature]

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

[Signature]

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

Sketch Plan



Describe Circumstance of the Accident

On 01.02.23 at about 16:25 hours at along Balestier Road (In front of Ceylon Sport Club). While I was travelling straight on the lane 4, suddenly I felt an impact and heard a bang from my front right-hand side and I realize that vehicle (B) cut into my lane and hence collided into my vehicle front right-hand side portion and causing damages to my vehicle.

Vehicle (A): SNA 97585

Vehicle (B): SNF 4493L

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
(Name as in NRICAD card)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8719908H**



Name
LAU POH CHYE
(LIU BAOCAL)
刘宝财

Race
CHINESE

Date of birth
30-06-1987

Sex
M

Country/Place of birth
SINGAPORE



SNA 97585

Owner

5916786



NRIC No. **S8719908H**



Date of issue
17-04-2018

Address
APT BLK 768 YISHUN AVENUE 3
#08-325
SINGAPORE 760768

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9125617G



Name
ONG HUI LING

王 慧 玲

Race
CHINESE

Date of birth
18-07-1991

Sex
F

Country of birth
SINGAPORE





S9125617G

SNA 97585

Driver

3908941




NRIC No. S9125617G

Date of issue
21-07-2006

APT BLK 768 YISHUN AVENUE 3 #08-325
SINGAPORE 760768
NRIC No: XXXXX617G

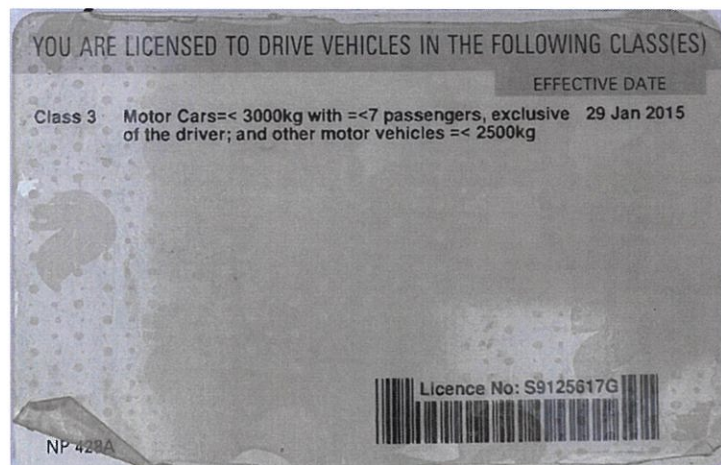
Date of change: 24/02/2022





SNA 97585

Driver



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/01067705
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SNA9758S
Chassis No.	: GK82201295
2) Name of Policy Holder	: Lau Poh Chye
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/07/2022 00:00
4) Date/Time of Expiry of Insurance	: 26/07/2023 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any named person under the policy who is driving on the Policyholder's permission.	
(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00
Windscreen Excess	: S\$ 100.00
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: Lau Poh Chye
Named driver	: None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

I/We hereby certify that the Policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 22/07/2022

Direct Asia Insurance (Singapore) Pte. Ltd.



Underwriting Manager