

To: **Allianz Insurance Singapore Pte. Ltd.**
12 Marina View #14-01
Asia Square Tower 2
Singapore 018961

Attn: **Motor Claims Department**

Date: 20th March 2023

Dear Sir/Madam,

Claimant: **Spice Village Catering Pte Ltd**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 12/02/2023 at along Upper Changi Road East involving our client's vehicle registration number GBH 5347 B and vehicle registration number SLR 9287 T 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 | \$6,700.00 |
| 2) Loss of Rental (SGD\$150.00 x 12Days) | \$1,944.00 |
| 3) LTA Search Fee | \$2.00 |
| 4) Purchase of GIA Report | \$31.00 |

Total : **\$8,677.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipt

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

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 | 13/02/2023 16:28 (SGT) |
| Reported by | Driver |
| Date of Accident | 12/02/2023 15:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | UPPER CHANGI ROAD EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBH5347B |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SPICE VILLAGE CATERING PTE LTD |
| Company Reg No | 2XXXX383D |
| Email Address | ELIN.CQW@GMAIL.COM |
| Mobile Phone No | (Phone) +65-83875805 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | HIACE VAN TURBO 5DR MT |
| 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 | Goods vehicle |
| Transmission | Manual |
| CC | 2500 |

INSURANCE COMPANY

| | |
|---|--------------------------------|
| Name of Insurance Company | HSBC Life (Singapore) Pte. Ltd |
| Policy Number / Cover Note Number | GA630489/1 |

DRIVER

| | |
|-----------------------|-------------------------------|
| Name of Driver | MOHAMED THOUFEEK ABDUL SALEEM |
| Passport No/FIN | GXXXX891K |
| Date Of Birth | 02/11/1994 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 18/06/2019 |
| Driving experience | 3 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83875805 |
| Alt. Phone Number | - |
| Email Address | ELIN.CQW@GMAIL.COM |
| Address | 3015 BEDOK NORTH ST 5 #02-03 |
| Address complement | - |
| Postcode | S486350 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 | SLR9287T |
| 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.

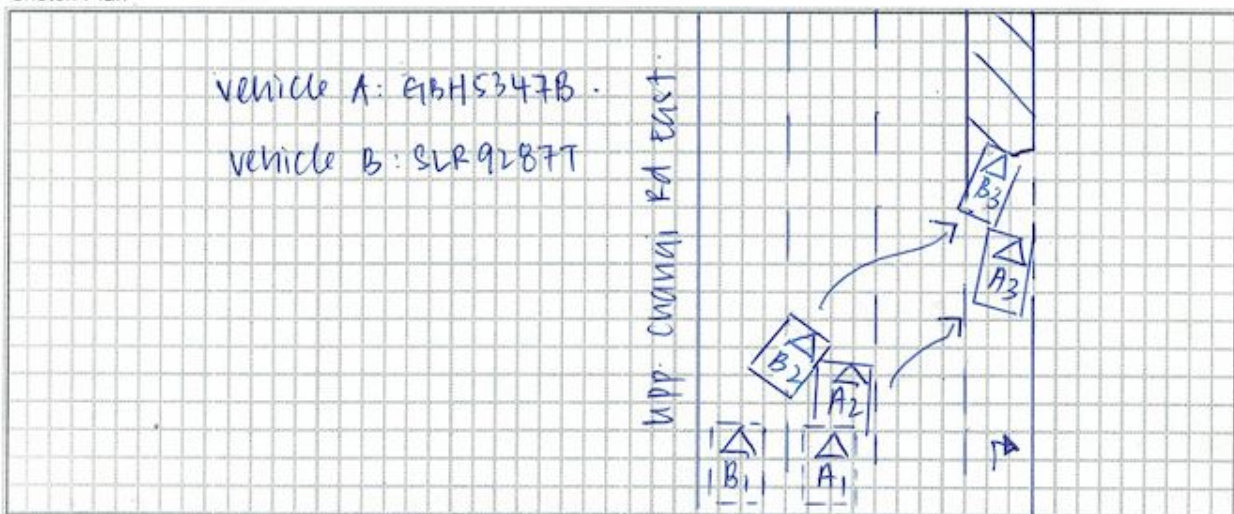
SPICE VILLAGE

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)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I, vehicle 'A',
 GBH5347B, was travelling straight along the stated
 road. Vehicle 'B', SKR9287T, who was on my
 left, swerved onto my lane, attempting to make
 a U-Turn and collided onto my vehicle's
 front left portion. The impact sent both our
 vehicles to the extreme right lane.

Declaration

I/We declare the foregoing particulars are true in every respect.

SPICE VILLAGE

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)























ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 12/02/2023 @ 15:45 along Upper Changi Road East
Involving vehicles GBH5347B and SLR92877

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no GBH5347B at my request, I/We, Spice Village Catering Pte Ltd ("the claimant") of _____ (address) bearing NRIC No 201308383D the owner of motor vehicle no GBH5347B; hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 12 day of 02 (month) 20 23 (year)

SPICE VILLAGE

Signed by "the claimant"

Name: Spice Village Catering Pte Ltd

NRIC No: 201308383D



Signed by Zoom Autowerks Pte Ltd

Name: Ellen Chan


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SLR9287T

Date of Accident

12/02/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...
Period of Insurance 26/08/2022 - 12/07/2023
Requested By Elin Cai (Zoom Autowerks Pte ...
Requested Date 13/02/2023 00:50

Payment details

Request Amount: **S\$1.85**
GST Amount: **S\$0.15**
Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre
GST Registration No: **M400017735**



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 28/02/2023

Your Ref No: GBH5347B

Dear Sir/Madam,

Date of Accident: 12/02/2023 00:00 (SGT)

Vehicle No: GBH5347B

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (\$) | QTY | AMOUNT (\$) |
|----------------------------------|-------------------|--------------|-----|-------------|
| SLR9287T | Singapore | (31.00) | 1 | (28.70) |
| GST Amount | | | | (2.30) |
| Total Amount Due (GST Inclusive) | | | | (31.00) |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2302241

Date: 28-02-23

Bill To:

Ship To:

1

Zoom Autowerks

For the account of:

Mohamed Thoufeek Abdul Saleem

G8661891K

Zoom Autowerks

For the account of:

Mohamed Thoufeek Abdul Saleem

G8661891K

| Description | Amount | Job No. |
|---|------------|--------------|
| Vehicle Rental for Period 12.02.2023 to 24.02.2023 (Billing for days 12 X \$150.00/per day) (Vehicle No.: GBH5347B) | \$1,944.00 | GBL1052G SR8 |

Your Order #: 21698

| | | | | | | |
|---------|------|-----------------------|----------|-------------|-----------------|------------|
| | | Terms: Net 30th after | | GST: | | \$144.00 |
| COMMENT | CODE | RATE | GST | SALE AMOUNT | Total Inv Amt: | \$1,944.00 |
| | SR | 7% | \$0.00 | \$0.00 | Amount Applied: | \$0.00 |
| | SR8 | 8% | \$144.00 | \$1,800.00 | | |
| | | | | | Balance Due: | \$1,944.00 |



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 21698

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

Zoom GBH15347B


| HIRER'S PARTICULAR | | Vehicle No: GB11052G Replace Veh No: | |
|---|--|--|--|
| Name: (as in I/C) Mohamed Thufeeq Abdul Saleem | | Mileage out: | |
| Email: 88661891K | | Make & Model: TOYOTA HIACE (Auto / Manual) | |
| NRIC/PASSPORT No: | | OUT : Date 12/02/2023 Time: 4.45pm | |
| Date of Birth: | | HIRE PERIOD | |
| Address (Res): | | OWN DAMAGE CLAIM Excess S\$ | |
| Driving Licence No: D/L Type: Local / International | | THIRD PARTY CLAIM Excess S\$ | |
| Issue Date: | | CHARGES | |
| Tel: (O) HP 8387 5805 | | Daily 12 @ \$ 150.00 per day 1,800 00 | |
| Company Name: | | Weekly @ \$ per week | |
| Company UEN: | | Monthly @ \$ per month | |
| Company Address: | | Others @ \$ | |
| ADDITIONAL DRIVER'S PARTICULARS | | Delivery Service | |
| Name: (as in I/C) | | GST | |
| NRIC/PASSPORT No: | | SUB-TOTAL \$ | |
| Date of Birth: | | PETROL LEVEL | |
| Address (Res): | | Out E 1/4 1/2 3/4 F | |
| Driving Licence No: D/L Type: Local / International | | In E 1/4 1/2 3/4 F | |
| Issue Date: | | EXTENSION | |
| Tel: (O) HP | | Misc. | |
| VEHICLE CHECK LIST | | GST 187. GST 144 00 | |
| INDICATE : D - DENTS S - SCRATCHES A - ACCIDENTS | | TOTAL CHARGES 1,944 00 | |
| RIGHT FRONT TOP LEFT | | Rented out by : | |
| | | Hirer's Signature | |
| | | Addition Driver's Signature | |

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS | |
|---------|---------|---------|------------|---------|--|
| 24/2 | | | | |  HIRER'S SIGNATURE |