

**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.: SMT676RYour Ref.: SMV7653ADate: 24.04.2023

ATTN: Motor Claims Department

INS : **ALLIANZ INSURANCE SINGAPORE PTE LTD**

Dear Sir/Madam,

Accident Involving: SMT676R & SMV7653ADate of Accident: 28.01.2023 @ 01:20 HOURSLocation: UPPER CROSS STREET & NEW BRIDGE ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 1,100.00</u>
Loss of Use :	
(\$180.00 X 05 Days):	<u>\$ 900.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 2,026.75</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 Irene @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Joanne



Authorisation To Act

I, Rich Resources Logistics Pte Ltd ("the third party claimant") of
11 Chin Bee Drive, Singapore 619862.
(address), owner of SMT 676R (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. SMT 676R that was
damaged pursuant to the accident which occurred on 28/1/23 (date)
at/along Upper Cross Street & New Bridge Road
(location) involving vehicle no/s SMV 7653A ("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 20 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z
Signed by "the workshop"



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

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMT 676R and SMV 7653A on 28.1.2023.
at/along Upper Cross street & New Bridge Road.

1. I/We, the Owner of motor vehicle no. SMT 676R 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 20 day of 02 2023

Signature of vehicle owner _____

Name : Ang Koh Teck

IC/UEN No : S7442630A

(Company stamp, if applicable)

Address : 198 Boon Lay Drive

#12-55 - S. 640198

Tel : 91053050

Witnessed by : _____

Joanne

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

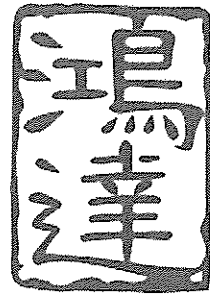
8 Kaki Bukit Avenue 4

#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
24.04.2023	HDP202304-00396	SMT676R

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 1,100.00
Total	\$ 1,100.00

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 : 20 Feb 2023 / 17:21:32

Receipt Date/Time : 20 Feb 2023 / 17:21:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230220-003753

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 - SMV7653A

As at 28 Jan 2023/01:20:00

Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.

1	Insurance Enquiry - SMV7653A Enquiry Fee 20230220172045006956	24.77	1.98	26.75
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Sub-Total	24.77	1.98	26.75
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Total Before Rounding	24.77	1.98	26.75
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Rounding Difference			0.00
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Total Amount Payable			26.75
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Paid By

421808XXXXXX9928	eNETS Credit Card	26.75
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Total	26.75
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Cash Change	0.00
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Tendered Amount	26.75
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Excess Refundable Amount	0.00
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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.

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	21/02/2023 16:53 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 01:20 (SGT)
Accident Location of Accident	Upper Cross St & New Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT676R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RICH RESOURCES LOGISTICS PTE. LTD.
Company Reg No	2XXXXX853K
Email Address	DEREK@RICHRESOURCES.SG
Mobile Phone No	(Phone) +65-91053050
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130741717

DRIVER

Name of Driver	ANG KOH TECK (HONG GAODE)
NRIC No	SXXXX630A
Date Of Birth	30/12/1974
Occupation	Outdoor

Date Of Driving Pass	12/07/1993
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91053050
Alt. Phone Number	-
Email Address	DEREK@RICHRESOURCES.SG
Address	BLK 198 BOON LAY DRIVE
Address complement	#12-55
Postcode	640198
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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)	3
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	-

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Female

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	SMV7653A
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 cited 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

Witnessed by Reporting Centre Personnel
(Name as in NR/CeD card)

Sketch Plan

	<p>Vehicle (A) = SMT 676R</p> <p>Vehicle (B) = SMV 7653A</p> <p>Cross Junction of Upper Cross Street and New Bridge Road.</p>
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Describe Circumstance of the Accident

Refer to Attached

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 NRICID card)



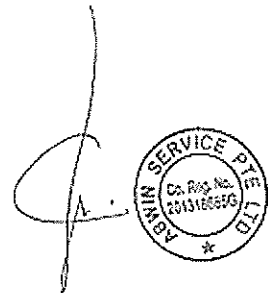
On .28.01.2023 at about 01:20 hours at Cross Junction of Upper Cross Street and New Bridge Road. I was turning to the right on lane 1 and suddenly, I heard a loud bang and felt an impact. I then realised it was vehicle (B) that travelling on my left make a sharp right turn into New Bridge Road hence collided onto the front left hand side portion of my vehicle (A).

I wish to state that I have 2 passengers in my vehicle (A).

I wish to state that the vehicle (B) did not stopped his vehicle after the collision. After I reviewed my video footage, I was not able to see the number plate of vehicle (B) as it was an illegal carplate (chrome material). I am doing my accident report just after I have been informed by my own insurance company and notified about vehicle (B)'s number plate.

Vehicle (A): SMT 676R

Vehicle (B): SMV 7653A



02

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442630A



Name

ANG KOH TECK
(HONG GAODE)

洪高德

Race

CHINESE

Date of birth

30-12-1974

Sex

M

Country/Place of birth

SINGAPORE

S7442630A

SMT 676R

Driver

6069194



NRIC No. S7442630A



Date of issue

21-11-2018

Address

APT BLK 198 BOON LAY DRIVE
#12-55
SINGAPORE 640198

SMT 676R

Driver

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S7442630A 

CLASS AND ISSUE DATE

2B • 26 OCT 1993

3 • 12 JUL 1993

4 • 02 DEC 1998

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

001358860C

^ Hide details





VOCATIONAL LICENCE

Licence No : S7442630A

Name : ANG KOH TECK

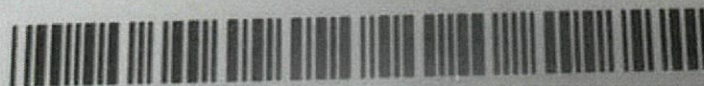
Please visit www.lta.gov.sg to check the status of this vocational licence

SMT 676R

Driver

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	22/01/2019



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: 5130741717

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMT676R**
Chassis Number : JHMRU1830JX202445
2. Name of Policyholder : RICH RESOURCES LOGISTICS PTE. LTD.
3. Effective Date of Insurance : 07 Oct 2022
4. Expiry Date of Insurance : 06 Oct 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AUTOTRUST 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 : ANG DINA (00000585742)
Date of Issue : 06 Oct 2022 15:06 hrs

For INCOME INSURANCE LIMITED



Chief Executive