

**HD PERFECT AUTOWORK PTE LTD**

Co. &amp; 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.: SMK4050SYour Ref.: SMD1876HDate: 24.04.2023

ATTN: Motor Claims Department

INS : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SMK4050S & SMD1876HDate of Accident: 18.02.2023 @ 21:10 HOURSLocation: CAVENAGGH ROAD (SLIP ROAD TO BUKIT TIMAH ROAD)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 3,350.00</u>
Loss of Use :	
(\$180.00 X 06 Days):	<u>\$ 1,080.00</u>
3rd Party Report	<u>\$ 31.00</u>
LTA Search	<u>\$ 26.75</u>
<b>Grand Total:</b>	<b><u>\$ 4,487.75</u></b>

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](mailto:hdperfectautowork@gmail.com)

Thank You,

Joanne

**HD PERFECT  
AUTOWORK PTE LTD**  
UEN: 202136904Z

## Authorisation To Act

I, Huen Yen-Lu Wendy ("the third party claimant") of  
202 Petir Road #10-639 Singapore 670202  
(address), owner of SMK 4050S (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. SMK 4050S that was  
damaged pursuant to the accident which occurred on 18/02/2023 (date)  
at/along Slip Road Cavenagh Road to Bt Timah Road  
(location) involving vehicle no/s SMD 1876H ("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.

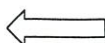
I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 22 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"







Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMK 40505 and SMD 18764 on 18/02/2023  
at/along Slip Road Carenagh Road to Bt Timah Road

1. I/We, the Owner of motor vehicle no. SMK 40505 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 22 day of 02 2023

Signature of vehicle owner 

Name : Huen Yen-Lu Wendy

IC/UEN No : S8005151D

(Company stamp, if applicable)

Address : 702 Petir Road #10-639

Singapore 670202

Tel : 9765 0760

Witnessed by:

  
Joanne

# TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

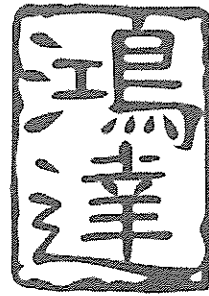
8 Kaki Bukit Avenue 4

#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	HDP202304-00400	SMK4050S

## 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	\$ 3,350.00
Total	\$ 3,350.00

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 : 22 Feb 2023 / 09:52:37

Receipt Date/Time : 22 Feb 2023 / 09:52:37

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230222-000668

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMD1876H As at 18 Feb 2023/21:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMD1876H Enquiry Fee 20230222095145237686	24.77	1.98	26.75
<b>Sub-Total</b>		24.77	1.98	26.75
<b>Total Before Rounding</b>		24.77	1.98	26.75
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				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.

**TAX INVOICE**

HD Perfect Autowork Pte Ltd - Huen  
Yen-Lu , Wendy

**Invoice Number**  
GR-2023-000733

**Invoice Issue Date**  
23 Feb 2023

**Invoice Due Date**  
02 Mar 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	22/02/2023,18/02/2023,SMK4050S,SMD1876H	28.70	2.30	31.00
		<b>Total Amount (\$\$)</b>		<b>28.70</b>
		<b>Total GST 8.00% (\$\$)</b>		<b>2.30</b>
		<b>Total Amount Incl. of GST (\$\$)</b>		<b>31.00</b>

*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	20/02/2023 17:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 21:10 (SGT)
Accident Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	SLIP RD TO BT TIMAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4050S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUEN YEN LU WENDY
NRIC No	S8005151D
Email Address	WENDYHUEN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97650760
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 car
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	P2291894

#### DRIVER

Name of Driver	HUEN YEN LU WENDY
NRIC No	S8005151D
Date Of Birth	04/03/1980
Occupation	Indoor

Date Of Driving Pass	07/07/1999
Driving experience	23 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97650760
Alt. Phone Number	-
Email Address	WENDYHUEN@HOTMAIL.COM
Address	202 PETIR ROAD #10-639
Address complement	-
Postcode	670202
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	Collision - Head to Rear
Weather Conditions	Clear
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)	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	SAMUEL DAVID LEE
Gender	Male

#### PASSENGER 2

Name	JUDY TAN
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

#### 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	SMD1876H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BAGHAIE ABOLFATH
Passport No/FIN	G5151417W
Contact Number	(Phone) +65-90124321
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

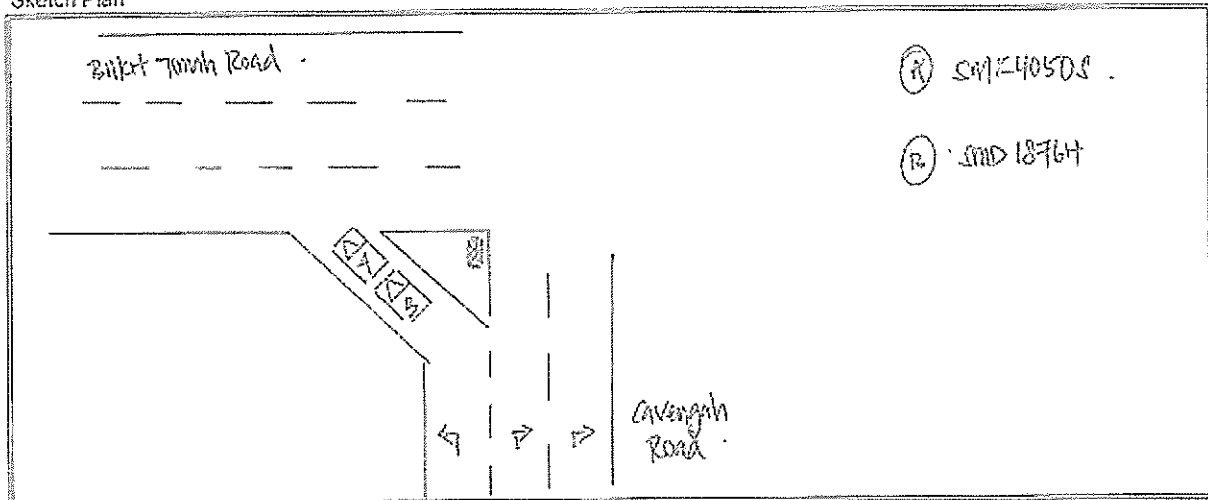
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 18/07/2023 @ around 210 hrs, I was travelling along Cavenagh Road to Et Tongah Rd  
I stop my car at the slip road to Et Tongah Rd as there are on coming vehicles.  
However I felt an impact on my rear then realised that vehicle B had collided  
onto my rear portion.

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD/TP at other workshop HD Protect  
☐ For record purpose

Policy No. P2291694  
Insurer AXA Veh. No. SMK40505

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


## Declaration

We declare the foregoing particulars are true in every respect.

~~Wick~~

\_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

  
SNG AH TEE MOTOR & PAINTS

SING AN ENG MOTOR & PANEL SVC PTE LTD

Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)

SMK40505

Owner and Driver

**REPUBLIC OF SINGAPORE**  
NATIONAL DIGITAL IDENTITY CARD



NAME  
**HUEN YEN-LU, WENDY**  
**(XUAN YANRU, WENDY)**

NRIC NO.  
**S8005151D** 

DATE OF BIRTH  
**04 MAR 1980**

SEX  
**FEMALE**

NATIONALITY / CITIZENSHIP  
**SINGAPORE CITIZEN**

DATE OF ISSUE  
**28 JUN 2010**

ADDRESS  
**202 PETIR ROAD**  
**#10-639**  
**SINGAPORE 670202**

^ Hide details





SMK 40505

Owner and Driver

# DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S8005151D



CLASS AND ISSUE DATE

3 • 07 JUL 1999

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

000580960G

^ Hide details





AXA Insurance Pte Ltd  
☎ 1800 8804888  
✉ customer.care@axa.com.sg  
🌐 www.axa.com.sg

# Certificate of Insurance

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

## Policy details

<b>CERTIFICATE NO.</b>	<b>P2291894</b>	<b>Account No.</b>	<b>08260</b>
<b>Name of Policy Holder</b>	<b>HUEN YEN LU WENDY (XUAN YANRU WENDY)</b>		
<b>Coverage</b>	<b>Comprehensive</b>		
<b>Sum Insured</b>	<b>Market Value At The Time Of Loss</b>		
<b>Vehicle Registration</b>	<b>SMK4050S</b>		
<b>Period of Insurance</b>	<b>From 09/04/2022 To 08/04/2023 (Both Dates Inclusive)</b>		

## Persons or classes of persons entitled to drive\*

### (a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

### (b) Any other person who is driving on the Policyholder's order or with his 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.

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

## Excess

An Additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver.

S\$2,500.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

### N.B:

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIVNIK2 on 24/03/2022

## IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.