

To: **Longpac Insurance Bhd.**
300 Beach Road #17-04/07
The Concourse
Singapore 199555

Attn: **Motor Claims Department**

Date: 20th March 2023

Dear Sir/Madam,

Claimant: **Wong Yan Yi, Alison**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 26/02/2023 at along Lorong 1 Geylang towards Sims Avenue involving our client's vehicle registration number SLU 983 K and vehicle registration number SJS 1892 S 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 | \$2,500.00 |
| 2) Loss of Rental (SGD\$120.00 x 3Days) | \$360.00 |
| 3) Insurance Search Fee | \$2.00 |
| 4) Purchase of GIA Report | \$31.00 |

Total : **\$2,893.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- Insurance 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

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

PROFORMA INVOICE

To: **Lonpac Insurance Bhd.**
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

PF No. : ZP0000748
Date : 20/3/2023
VRN : SLU 983 K
Make & Model : VW. Golf
DOA : 26/2/2023
Terms : COD

| | Description | Qty | U/P | Amt |
|---|---|-----|-----|----------|
| 1 | Repair & Respray Accident Affected Portions | | | 2,500.00 |
| 2 | Loss of Rental (SGD\$120.00 x 3Days) | | | 360.00 |
| 3 | Insurance Search | | | 2.00 |
| 4 | Purchase of GIA Report | | | 31.00 |

| | |
|----------------|-------------------|
| TOTAL : | \$2,893.00 |
|----------------|-------------------|

All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(by Zoom Autowerks Pte Ltd)

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 | 27/02/2023 17:21 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 26/02/2023 20:30 (SGT) |
| Exact Location of Accident | Lor 1 Geylang, Singapore |
| Additional Location Information | LORONG 1 GEYLANG TO SIMS AVENUE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SLU983K |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | WONG YAN YI, ALISON |
| NRIC No | SXXXX418E |
| Email Address | ALYWLS@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90250678 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Golf |
| Variant | - |
| 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 | 1197 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5097569853-05 |

DRIVER

| | |
|----------------------|---------------------|
| Name of Driver | WONG YAN YI, ALISON |
| NRIC No | SXXXX418E |
| Date Of Birth | 10/08/1990 |
| Occupation | Indoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 13/05/2013 |
| Driving experience | 9 YEARS AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90250678 |
| Alt. Phone Number | - |
| Email Address | ALYWLS@GMAIL.COM |
| Address | 10 SIMS AVENUE EAST |
| Address complement | #03-02 |
| Postcode | 416558 |
| 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 | 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) | 4 |
| 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 | SEET ZHIYANG |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 3

| | |
|--------------|-----------|
| Name | 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 SJS1892S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-96402112
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name PASSENGER
Gender Female

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.

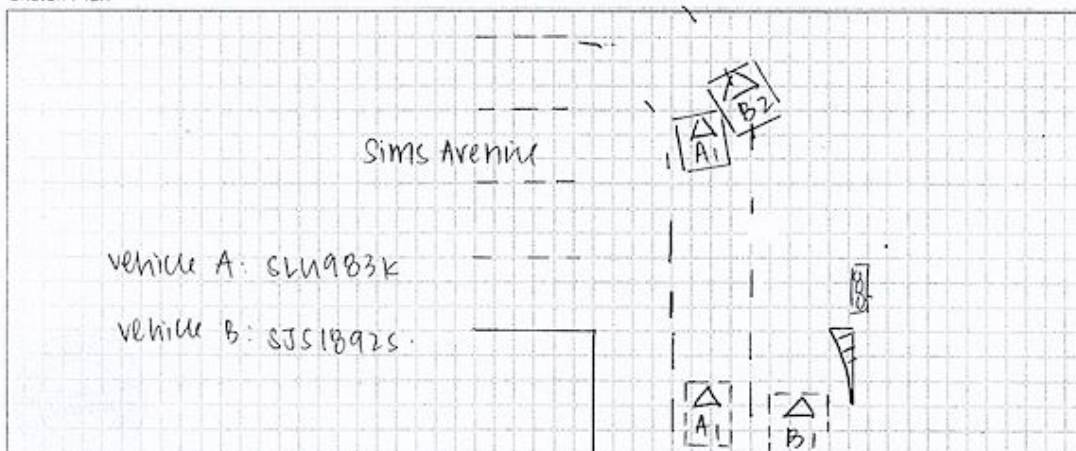
Policyholder's Signature / Date & Time

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

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



Sketch Plan



WRONG 1 GEYLANG.

1

Describe Circumstance of the Accident

On the stated date and time, I, vehicle X,
 SLU903K, was traveling along the stated venue.
 As I was turning within my lane, vehicle B,
 QJS1092S, came onto my lane and grazed onto
 my vehicle's front right portion.

Declaration

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

An

Policyholder's Signature / Date & Time

An

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

[Signature]

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























LETTER OF AUTHORIZATION

Accident on 26/02/2023 @ 20:30 along Lorong 1 heylang towards Sims Avenue.
Involving vehicles SLU983R and SJS1892S.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLU983R at my request, I/We, Wong Yan Yi, Alison ("the claimant") of _____ (address) bearing NRIC No S9028418E the owner of motor vehicle no SLU983R, 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 26 day of 02 (month) 20 23 (year)

AW
Signed by "the claimant"

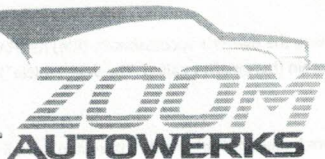
Name: Wong Yan Yi, Alison

NRIC No: 89028418E



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai



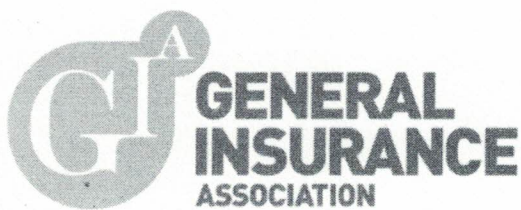
Zoom Autowerks Pte Ltd

Registration No.: 201725603G

E-mail: zoomautowerks@gmail.com

RENTAL AGREEMENT

| HIRER'S PARTICULAR | | VEHICLE DETAIL | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--|-------|---|----------|---|---|----------------|---------|--------------|-------|---|----------|--|--------|---|-----------|--|
| Name: Wong Yan Yi, Arpon. | Vehicle No.: SLA7765Z | NRIC/Passport No.: 89028418E | Vehicle Make/Model: Honda Vezel | | | | | | | | | | | | | | | | |
| Address: 10 Sims Ave East, #03-02 S141653B). | Date/Time Out: 27/02/2023 | Date/Time In: 02/03/2023 | | | | | | | | | | | | | | | | | |
| Tel: 90250678 | <table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> </table> | | E | ¼ | ½ | ¾ | F | <table border="1"> <tr> <td>E</td> <td>¼</td> <td>½</td> <td>¾</td> <td>F</td> </tr> </table> | E | ¼ | ½ | ¾ | F | | | | | | |
| E | ¼ | ½ | ¾ | F | | | | | | | | | | | | | | | |
| E | ¼ | ½ | ¾ | F | | | | | | | | | | | | | | | |
| Driving License No./Exp.: | OUT | | IN | | | | | | | | | | | | | | | | |
| ADDITIONAL DRIVER'S PARTICULAR | | Mileage: 87382 km Mileage: | | | | | | | | | | | | | | | | | |
| Name: | RENTAL CHARGES | | | | | | | | | | | | | | | | | | |
| NRIC/Passport No.: | <table border="1"> <tr> <td>Hours</td> <td>@</td> <td>per hour</td> <td></td> </tr> <tr> <td>3 Days</td> <td>@ \$120</td> <td>per day</td> <td>\$360</td> </tr> <tr> <td>Weeks</td> <td>@</td> <td>per week</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td>per month</td> <td></td> </tr> </table> | | | Hours | @ | per hour | | 3 Days | @ \$120 | per day | \$360 | Weeks | @ | per week | | Months | @ | per month | |
| Hours | @ | per hour | | | | | | | | | | | | | | | | | |
| 3 Days | @ \$120 | per day | \$360 | | | | | | | | | | | | | | | | |
| Weeks | @ | per week | | | | | | | | | | | | | | | | | |
| Months | @ | per month | | | | | | | | | | | | | | | | | |
| Address: | Other Charges | | | | | | | | | | | | | | | | | | |
| Tel: | Petrol Top-Up | | | | | | | | | | | | | | | | | | |
| Driving License No./Exp.: | Sub-total | | | | | | | | | | | | | | | | | | |
| (A) - Accident (D) - Dent (S) - Scratch | TOTAL CHARGES \$360 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| PRE-PAYMENT | | | | | | | | | | | | | | | | | | | |
| Downpayment and Deposit | | | | | | | | | | | | | | | | | | | |
| Amount Refunded Due | | | | | | | | | | | | | | | | | | | |
| I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving. | | | | | | | | | | | | | | | | | | | |
| PHYSICAL DAMAGE EXCESS | | ACKNOWLEDGEMENT | | | | | | | | | | | | | | | | | |
| Singapore - Own Damage | S\$2,000.00 | | | | | | | | | | | | | | | | | | |
| Singapore - 3rd Party | S\$2,000.00 | | | | | | | | | | | | | | | | | | |
| Malaysia* | S\$8,000.00 | | | | | | | | | | | | | | | | | | |
| For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age | S\$3,000.00 (Additional) | | | | | | | | | | | | | | | | | | |
| IMPORT NOTE: | | | | | | | | | | | | | | | | | | | |
| 1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Autowerks Pte Ltd 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Autowerks Pte Ltd immediately. | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;"> </div> | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;"> AW Hirer's Signature / Date </div> | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;"> </div> | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;"> Owner's Signature / Date </div> | | | | | | | | | | | | | | | | | | | |



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: 07/03/2023

Your Ref No: SLU983K

Dear Sir/Madam,

Date of Accident: 26/02/2023 00:00 (SGT)

Vehicle No: SLU983K

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 (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SJS1892S | 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.

INSURER ENQUIRY

Find

insurer

Vehicle reg. no.

SJS1892S

Date of Accident

26/02/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **23/06/2022 - 22/06/2023**Requested By **Elin Cai (Zoom Autowerks Pte ...**Requested Date **27/02/2023 14:09****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**