



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.: SLE2911P

Your Ref.: SJM310T

Date: 24.04.2023

ATTN: Motor Claims Department

INS : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SLE2911P & SJM310T

Date of Accident: 26.02.2023 @ 15:50 HOURS

Location: BEACH ROAD (JUNCTION OF BRAS BASAH ROAD)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 5,800.00</u>
Loss of Use :	
(\$180.00 X 07 Days):	<u>\$ 1,260.00</u>
Grand Total:	<u>\$ 7,060.00</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, Yap Chee Yong Bryan ("the third party claimant") of
BKX11C Compassvale Lane #11-230 Singapore 543211
(address), owner of SLE 2911P (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. SLE 2911P that was
damaged pursuant to the accident which occurred on 26/02/2023 (date)
at/along Junction of Beach Road and Bras Basah Road
(location) involving vehicle no/s SJM 310T ("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 27 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
URN: 202136904Z

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLE 2A11P and SJM 310T on 26/02/2023
at/along Junction of Beach Road and Bras Basah Road

1. I/We, the Owner of motor vehicle no. SLE 2A11P 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 27 day of 02 2023

Signature of vehicle owner 

Name: Yap Chee Yong Bryan

IC/UEN No: S8510065C

(Company stamp, if applicable)

Address: Blk 211 Compassvale Lane

#11-230 Singapore 543211

Tel: 9657 6857

Witnessed by: 



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

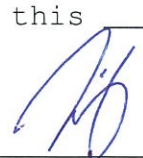
AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

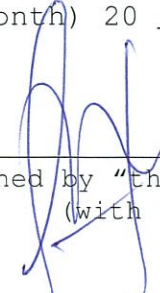
I, Yap Chee Yong Bryan ("the third party claimant")
of Blk 211C Compassvale Lane #11-230 Singapore 543211 (address),
owner of SLE 2911P (vehicle no.) hereby authorize
HD Perfect Autowork Pte Ltd
("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SLE 2911P that was damaged pursuant to the
accident which occurred on 26/02/2023 (date) along
Junction of Beach Road and Bras Basah Road (location)
involving vehicle no/s SJM 310T
("the accident").

I further authorize the workshop to settle my above mentioned
claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 27 day of 02 (month) 20 23 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

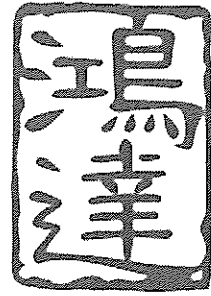
8 Kaki Bukit Avenue 4

#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	HDP202304-00397	SLE2911P

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,800.00
Total	\$ 5,800.00

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

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 13:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/02/2023 15:50 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	JUNCTION BRAS BASAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2911P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP CHEE YONG BRYAN
NRIC No	S8510065C
Email Address	HIIAMBRYAN@OUTLOOK.COM
Mobile Phone No	(Phone) +65-96576857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10596901R01

DRIVER

Name of Driver	YAP CHEE YONG BRYAN
NRIC No	S8510065C
Date Of Birth	10/04/1985
Occupation	Indoor

Date Of Driving Pass	30/08/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96576857
Alt. Phone Number	-
Email Address	HIIAMBRYAN@OUTLOOK.COM
Address	BLK 211C COMPASSVALE LANE #11-230
Address complement	-
Postcode	543211
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 26/02/2023 AT ABOUT 15:50 HOURS AT JUNCTION OF BEACH ROAD AND BRAS BASAH ROAD. I WAS STATIONARY ON LANE 3 AT THE ABOVE MENTIONED LOCATION WAITING FOR MY TURN TO TURN RIGHT INTO BRAS BASAH ROAD. SUDDENLY, I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A.

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	SJM310T
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP CHEE YONG BRYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE2911P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 insurers) 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

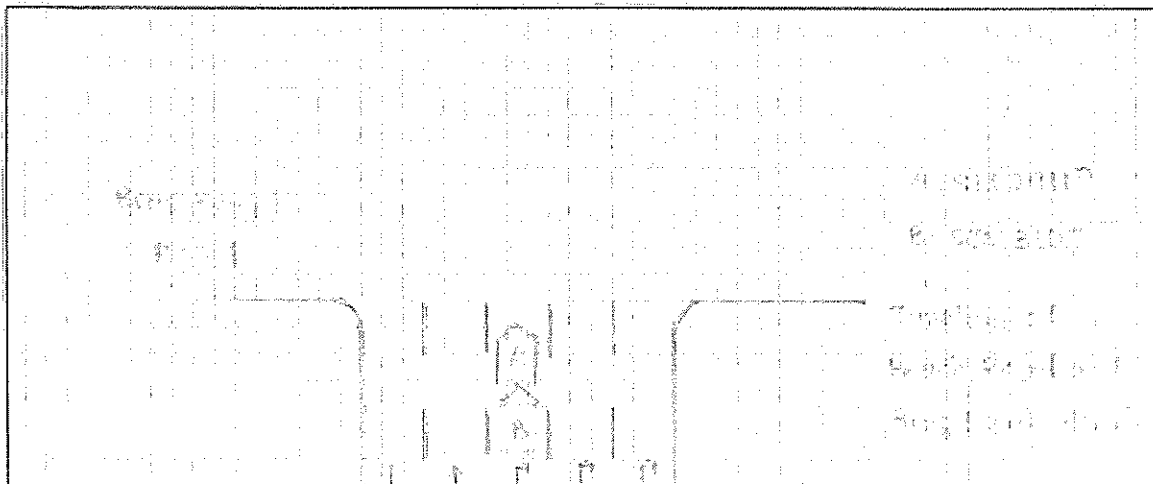
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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



Describe Circumstance of the Accident

Refer to Attached

Declaration

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

[Signature]

Policyholder's Signature • Date & Time

[Signature]

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

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

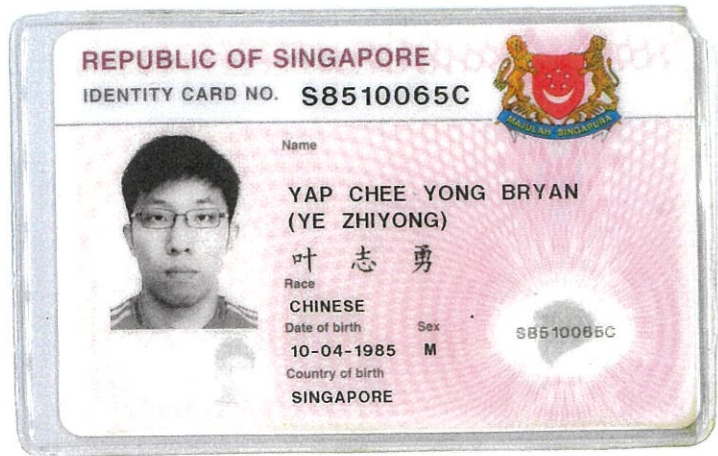
On 26.02.2023 at about 15:50 hours at Junction of Beach Road and Bras Basah Road, I was stationary on lane 3 at the above mentioned location and waiting for my turn to turn right into Bras Basah Road.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SLE 2911P

Vehicle (B): SJM 310T

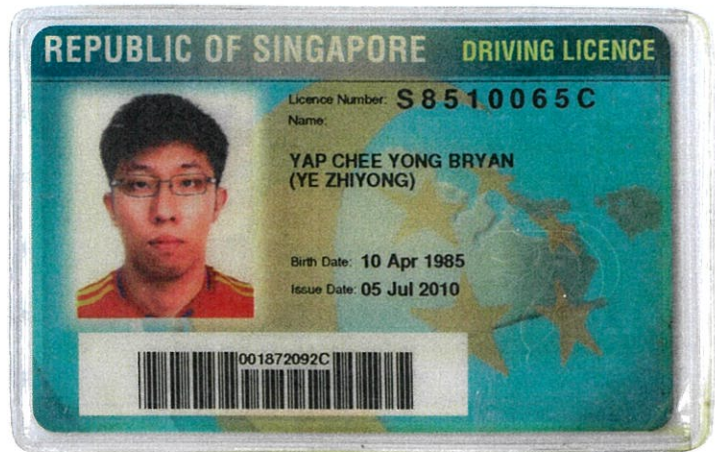




SLE 2911 P

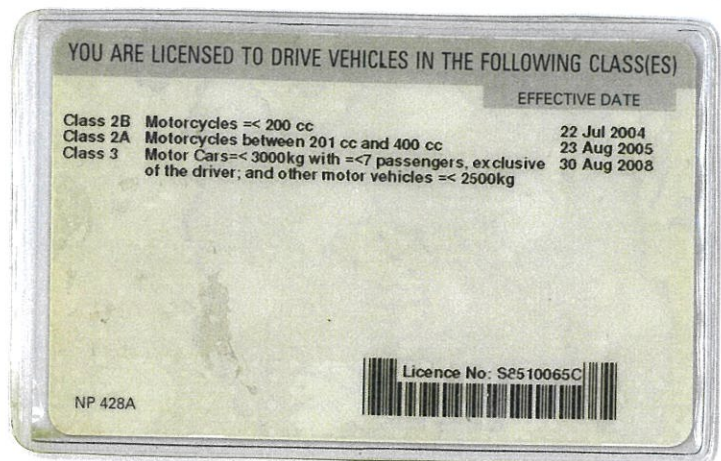
Owner and Driver





SLE2911P

Owner and Driver



Certificate of InsuranceComprehensive Car Policy
Policy Number: P10596901R01

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10596901R01 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number	:	SLE2911P
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	15/07/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	14/07/2023 (23:59)
4) Excess (i) Policy	:	S\$ 1,500.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Yap Chee Yong Bryan
6) Persons or Classes of Persons Entitled to Drive*		
<p>Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.</p> <p>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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.</p> <p>Main Driver / Date of Birth : Yap Chee Yong Bryan(10/04/1985)</p> <p>Named Driver(s) / Date of Birth : No driver is named.</p>		
7) Limitation as to use*		
<p>Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p><i>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.</i></p>		
8) Finance Company	:	DBS Bank Ltd

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
07/06/2022

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer