

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

Attn: **Motor Claims Department**

Date: 30th April 2023

Dear Sir/Madam,

Claimant: **De Bao Construction Pte Ltd**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 08/03/2023 at along Mosque Street, Lot 3/4 involving our client's vehicle registration number GBJ 4803 Y and vehicle registration number GBB 6683 E 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	\$2,600.00
2) Loss of Rental (SGD\$100.00 x 3Days)	\$324.00
3) LTA Search Fee	\$2.00
4) Purchase of GIA Report	\$31.00

Total : **\$2,957.00**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement & Invoice
- 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

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

PF No. : ZP0000767
Date : 30/4/2023
VRN : GBJ 4803 Y
Make & Model : Toyota Dyna
DOA : 8/3/2023
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,600.00
2	Loss of Rental (SGD\$100.00 x 3Days)			324.00
3	Insurance Search			2.00
4	Purchase of GIA report			31.00

TOTAL :	\$2,957.00
----------------	-------------------

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 09/03/2023 16:26 (SGT)
Reported by Driver
Date of Accident 08/03/2023 11:47 (SGT)
Exact Location of Accident Mosque St, Singapore
Additional Location Information MOSQUE STREET PARKING LOT 3/4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4803Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DE BAO CONSTRUCTION PTE LTD
Company Reg No 2XXXXX628K
Email Address ROLAND.TIONG01@GMAIL.COM
Mobile Phone No (Phone) +65-91342498
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V13074/VCV/R00

DRIVER

Name of Driver UDDIN MOHAMMOD JASHIM
Passport No/FIN GXXXX750N
Date Of Birth 01/07/1991
Occupation Indoor

Date Of Driving Pass	08/06/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91342498
Alt. Phone Number	-
Email Address	ROLAND.TIONG01@GMAIL.COM
Address	101A UPP CROSS STREET
Address complement	#13-10
Postcode	058358
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

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	GBB6683E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-85447619

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 willful 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) I/We (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:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the making 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (ii) 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
 - (iii) 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.

18 JUN

Janmin

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Vehicle A: GBS4803Y	
Vehicle B: GBB6683E	

1

Describe Circumstance of the Accident

I WAS stationing and on my back deck of my lorry as I was unloading some items when vehicle B, ABB66B3E, reversed onto my lorry's front portion.

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

E. L. N. D.
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre
(Name as in IRIC/D card)























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1823390008 Vehicle Registration No: GBJ4803Y
 Name (as shown in NRIC): DE BAO CONSTRUCTION PTE LTD NRIC/FIN/Passport No: 201724628K
 (~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: +65-91342498
 Email Address: roland.tiong01@gmail.com
 Date of Accident: 08/03/2023 Time of Accident: 11:47
 Place of Accident: MOSQUE STREET PARKING LOT 3/4
 Insurance Company: Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend email address to roland.tiong01@gmail.com

DE BAO

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:





Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V13074 /VCV /R00
Form	MZ300A
Date Of Issue	16-SEP-2022
1.Index Mark and Registration No. of Vehicle:	GBJ4803Y
2.Chassis number of Vehicle:	KDY2318035531
3.Name of Policyholder:	DE BAO CONSTRUCTION PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-SEP-2022 00:00 AM
5.Date of Expiry of Insurance:	13-SEP-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission.
7.Limitations as to use*:	<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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p> <p>A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>
*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, 1987 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.	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> _____ Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Hood SI S\$5000.00
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600/Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000/Windscreen Excess: S\$100
FINANCE COMPANY:	ABWIN PTE LTD
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

20220919

Ver.1.260705



ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 08/03/2023 @ 11:47 along Mosque Street Lot 3/4.
Involving vehicles GBJ4803Y and GBB6683E

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no GBJ4803Y at my request, I/We, De Bao Construction Pte Ltd ("the claimant") of _____ (address) bearing NRIC No 201724628R. the owner of motor vehicle no GBJ4803Y, 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 08 day of 03 (month) 20 23 (year)

DE BAO

Signed by "the claimant"

Name: De Bao Construction Pte Ltd

NRIC No: 201724628R.



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

GBB6683E

Date of Accident

08/03/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 13/10/2022 - 12/10/2023

Requested By Elin Cai (Zoom Autowerks Pte ...

Requested Date 09/03/2023 22:55

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: 21/03/2023

Your Ref No: GBJ4803Y

Dear Sir/Madam,

Date of Accident: 08/03/2023 00:00 (SGT)

Vehicle No: GBJ4803Y

Place of Accident: Mosque St, 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 (\$)
GBB6683E	Mosque St, 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.

LIAN AIK LEASING PTE LTD

No 363 Joo Chiat Road Singapore 427608 Tel : 6345 8080 Fax : 6345 6793

Company UEN & GST Regn No : 200003782M

TAX INVOICE

Invoice To :-

De Bao Construction Pte Ltd
UEN 201724628K

Invoice No **2303044**

Date 16/03/2023

P.O. No. GBJ4803Y

Our Ref 009827

Deposit [S\$]

Terms

S/No	Item Code	Description	Qty	Unit Rate	Amount
1	GZ8287S	Rent a 10Ft Nissan Cabstar from 13.03.23 2:25pm to 16.03.23 3:30pm	3	100.00	300.00

Sub-Total \$300.00

GST @ 8% \$24.00

Total **\$324.00**

Payments by cheque should be crossed and made payable to

LIAN AIK LEASING PTE LTD

For e-payment : PayNow UEN 2 0 0 0 0 3 7 8 2 M

OCBC Current A/C No : 5 0 1 4 6 8 6 4 9 0 0 1

For cheque payment, NO official receipt will be issued.

Overdue accounts shall bear interest at current bank lending rate.

This is a computer generated document, no signature is required.

AIK LEASING PTE LTD

Chiat Road Singapore 427608 Tel : 6345 8080 Fax : 6345 6793

RA No : 009827

Company & GST Regn No : 200003782M

Date 13.03.23

VEHICLE RENTAL AGREEMENT

COMPANY / HIRER / BILLING DETAILS

Name : De Bao Construction Pte Ltd
Add : 101A # 13 - 10 P/Code 058358
Upp Cross St People's Park Centre
UEN No 201724628K HP No
Tel No Fax No
NRIC No : Issue Date
Date of Birth : Class of D/Lic : 2 2A 2B 3 4 5

CO-HIRER / DRIVER'S DETAILS

Name : Uddin mohammad Jashim
Add : # P/Code
Tel / HP No 91342498 Date of Birth 01071991
NRIC No : Issue Date 30122020
D/Lic No : G2077750N Class of D/Lic : 2 2A 2B 3 4 5

LIMITATIONS AS TO USE & WARNING

The Hirer and Driver should not use or permit the vehicle to be use or operated in a manner contrary to any statutory provision, act or regulation or in any way contrary to law or for any illegal purpose whatsoever.

DE BAO
Jashim
X X

COLLISION DAMAGE EXCESS

The vehicle is Not covered by a motor insurance policy covering personal accident insurance for the Hirer, his passenger or authorized driver and the Owner shall not be responsible for any liability claims, injuries or otherwise in connection with any accident death or the losses arising from the use of the vehicle. In any event of an accident (Own Damage), the Hirer will be held responsible for the Total Cost of damages with the number of days loss for the hired vehicle with us. Should there be any Third Party involved, the Hirer will have to settle for the Excess of Third Party Claim on top of the total cost of damages and the number of days loss for the hired vehicle. Our Insurance policy only covers Third Party Liability and property damage. Hirers are always responsible for the amount of "Non-Waivable Excess" for each & every accident. The Excess is applicable regardless of who is at fault and must be paid at the time of the Accident Report is completed. Both the Hirer and Driver jointly acknowledges and responsible for SGD5,000.00 EXCESS in any accident.

DE BAO
Jashim
X X

HIRER'S ACKNOWLEDGEMENT

I/We have Read & Agree to the Terms & Conditions on both side of this Agreement.

DE BAO
Jashim
X X
Company Stamp & Signature of Hirer Signature of Additional Driver

Owner

IMPORTANT NOTES

1. All vehicles are supplied with a complete set of tools and should be returned.
2. Only persons above 24 & below 65 years of age with more than Two (2) years driving experiences in Singapore, licensed and authorized driver stated in this Agreement may drive the vehicle. Any unauthorized driver shall not drive the vehicle stated in the Agreement. In case of accident, the Driver shall exchange particulars, take photos at scene before moving away vehicles, pull out in-car camera SD card or unplugged in-car camera power source and report to the Rental office within 12/24 hours.
3. To check Radiator water, engine oil, clutch/brake fluid every morning. To stop the vehicle immediately at any moment if temperature raise-up or any warning light lighted-up.
4. Minimum car washing fee of S\$50 chargeable on those who returned a dirty vehicle.

PARTICULARS OF HIRED VEHICLE

VEHICLE NO G28287S
MAKE / MODEL :
DIESEL PETROL E 1/4 1/2 3/4 F
OUT IN
DATE 13.3.23 16.3.23
TIME 2.25 AM PM 3.30 AM PM
MILEAGE
OUT KM IN KM

HIRE PERIOD EXPIRY / DUE RETURN DETAILS

DATE / TIME :
EXTENSION OF RENTAL DETAILS
Date
Sum Paid
Expiry
Remarks 100.00 300.00

RENTAL CHARGES (SGD)

Hours @		
1 Days @ <u>100</u>	<u>300</u>	<u>00</u>
Weeks @		
Months @		
Sub-Total (1)		
Delivery / Collection fee		
Repairs / Damages		
Fuel / Other Charges		
Sub-Total (2)		
GST	<u>24</u>	<u>00</u>
TOTAL CHARGES	<u>324</u>	<u>00</u>
Security Deposit Paid		
Advance Rental Paid		
TOTAL PAID		
Guard Total	<u>324</u>	<u>00</u>
Less Payments		
BALANCE DUE		

Charges subject to final audit

REFUND - COLLECTED BY :-

Amount	Signature
\$	X