



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.: PC2897K

Your Ref.: SHD440Y

Date: 17.05.2023

ATTN: Motor Claims Department

INS : **HSBC INSURANCE (S'PORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: PC2897K & SHD440Y

Date of Accident: 16.03.2023 @ 20:30 HOURS

Location: KPE BEFORE BUANGKOK EXIT

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 7,300.00</u>
Loss of Rental:	
(\$260.00 X 06Days):	<u>\$ 1,560.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 8,886.75</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 Joanne @ 97231055, or email to hdperfectautowork@gmail.com

Thank You,

Joanne

Authorisation To Act


I, Kim Heng Marine & Oilfield Pte Ltd. ("the third party claimant") of
9 Pandan Crescent S (128465),
(address), owner of PC 2897 K, (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. PC 2897 K that was
damaged pursuant to the accident which occurred on 16.3.2023 (date)
at/along KPE Before Buangkok Exit.
(location) involving vehicle no/s SHD440Y ("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 18 day of 03 (month) 20 23 (year)



Signed by "the third party claimant"





Signed by "the workshop"



Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC 2897K and SHD 440Y on 15/3/2023
at/along KPE Before Buangkok Exit

1. I/We, the Owner of motor vehicle no. PC 2897K 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 18 day of 03 20 23

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :



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
17.05.2023	HDP202305-00429	PC2897K

HSBC INSURANCE (S'PORE) PTE LTD

NO. 20 PASIR PANJANG ROAD (EAST LOBBY)

#10-21 MAPLETREE BUSINESS CITY

SINGAPORE 117439

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,300.00
Total	\$ 7,300.00

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 : 17 Mar 2023 / 16:49:56

Receipt Date/Time : 17 Mar 2023 / 16:49:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230317-003318

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 - SHD440Y				
As at 16 Mar 2023/20:30:00				
Insurance Co: HSBC LIFE (SINGAPORE) PTE. LTD.				
1	Insurance Enquiry - SHD440Y			
	Enquiry Fee	24.77	1.98	26.75
	20230317164909272087			
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			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.

HIRING AGREEMENT

Vehicle No. PC7890X
Owner Hup Hoe Coach Service
Hirer JAMALUDIN BIN ABDUL RAHMAN
Address BLK 673A EDGEFIELD PLAINS
#03-605 S(821673)
Contact No. 96378507
Hiring Period 18/3/23 SAT 1135HR
23/3/23 THURS 1930HR
Hiring Rate 6 DAYS x \$260/- = \$1560/-
Hiring Rules Full tank of diesel at the point of vehicle-hand-over before and after used.

DOB

24/05/1963

All damages, summons and accident's excess during the hiring period are to be borne by the hirer.

The standard terms and conditions of hiring services apply over the hiring period.

Pickup point

Please pickup the vehicle at

PREMIER @ KAKI BUKIT

Attn : Mr Lim 93227087
: Ms Lilian 96881679
: Ms Sandy 97306185

Signature of Owner

I/C no.

Name :

Date :

(Please attach copies of I/C, Driving Licence & Vocational Licence of the hirer.)

Signature of hirer

I/C no.

Name :

Date :



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	17/03/2023 12:45 (SGT)
Reported by	Driver
Date of Accident	16/03/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE BEFORE BUANGKOK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2897K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KIM HENG MARINE & OILFIELD PTE LTD
Company Reg No	197800703R
Email Address	JAMALUDINRAHMAN1963@GMAIL.COM
Mobile Phone No	(Phone) +65-96378507
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	1030

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122556482-01

DRIVER

Name of Driver	JAMALUDIN BIN ABDUL RAHMAN
NRIC No	S1584719J
Date Of Birth	24/05/1963
Occupation	Outdoor

Date Of Driving Pass	16/03/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-96378507
Alt. Phone Number	-
Email Address	JAMALUDINRAHMAN1963@GMAIL.COM
Address	BLK 673A EDGEFIELD PLAINS
Address complement	#03-605
Postcode	821673
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON THE SAID DATE AND LOCATION I WAS ON THE EXTREME LEFT LANE WHEN THE CAR AHEAD OF ME STOPPED. I THEN ALSO STOPPED. SUDDENLY I FELT AN IMPACT ON MY REAR AS THE CAR BEHIND ME REAR ENDED INTO MY VEHICLE. IT WAS CAUSE BY A THIRD VEHICLE THAT HIT INTO THE CAR AND THEN THE CAR HIT INTO MY VEHICLE. NO INJURY IN THIS CASE.

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	SHD440Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	TAN TIONG BOON
NRIC No	S1493368I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN9244B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHRISTOPHER TAN
NRIC No	T0025498Z
Contact Number	(Phone) +65-98241112
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 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 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

(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

[Signature]

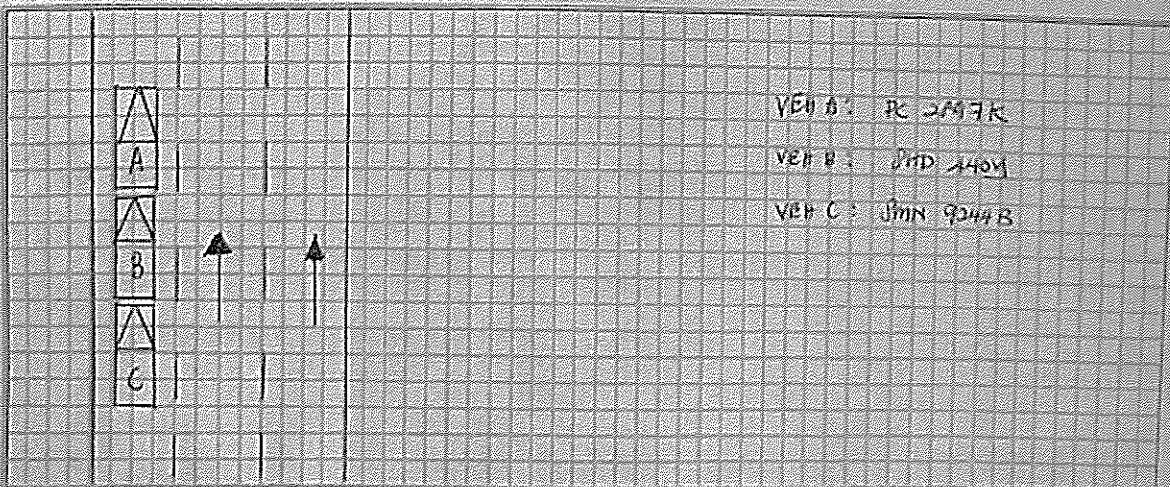
17/10/2023

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

[Signature]

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

Sketch Plan



VEH A: RC 2457K

VEH B: JMD 4404

VEH C: JMN 9044B

Describe Circumstance of the Accident

REFER TO GEORGE REPORT

Declaration

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



Signature / Date & Time

A handwritten signature in black ink.



17/03/2023

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

A handwritten signature in black ink.

Witnessed by Reporting Officer / Date & Time
(Name as in NRIC/ID card)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1584719J



Name
JAMALUDIN BIN ABDUL RAHMAN

Race
MALAY

Date of birth
24-05-1963

Sex
M

Country/Place of birth
SINGAPORE

S1584719J

Driver PC2897K

5505572



NRIC No. S1584719J

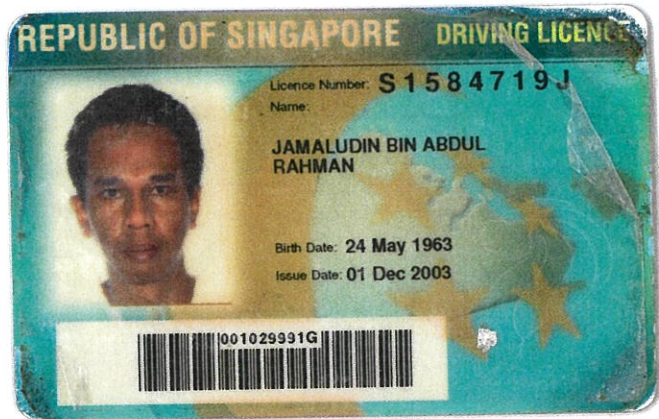


Date of Issue
31-07-2015

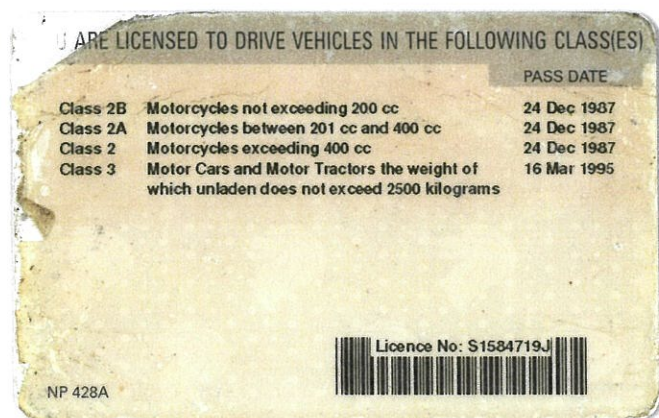
APT BLK 673A EDGEFIELD PLAINS #03-005
SINGAPORE 821673

NRIC No. S1584719J
SINGAPORE 870070

Date: 19/01/2016



Driver pc 2897 k





* NRIC No/FIN S1584719J

* Date of birth 24-05-1963

* Own customer
particulars
(PC2897K)

Submit

STATUS OF VOCATIONAL LICENCE

The information contained herein is correct as at 18-03-2023

TYPE OF VOCATIONAL LICENCE

VL Type	Status	Expiry Date
Bus Driver's Vocational Licence (BDVL)	Valid	28-02-2025
Bus Attendant's Vocational Licence (BAVL)	Valid	28-02-2025
Taxi Driver's Vocational Licence (TDVL)	Application Lapsed	N.A.

OneMotoring by Land Transport Authority

Digital Services	Home
Facts & Figures	Buying
Forms	Owning
	Driving
	Selling / Deregistering



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 : 5122556482-01-000003

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC2897K**
Chassis Number : JTFST22P900020681
2. Name of Policyholder : KIM HENG MARINE & OILFIELD PTE LTD
3. Effective Date of Insurance : **01 Jul 2022**
4. Expiry Date of Insurance : **30 Jun 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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 13 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : L C H LOCKTON PTE. LTD. (00000691147)

Date of Issue : 13 Jun 2022 09:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive