



**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](mailto:hdperfectautowork@gmail.com)

Our Ref.: GBB4368D

Your Ref.: SLH9151D

Date: 24.04.2023

ATTN: Motor Claims Department

INS : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: GBB4368D & SLH9151D

Date of Accident: 18.02.2023 @ 18:15 HOURS

Location: BENOI ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

|                       |           |                        |
|-----------------------|-----------|------------------------|
| Cost of Repair:       | \$        | <u>3,650.00</u>        |
| Loss of Use :         |           |                        |
| (\$180.00 X 05 Days): | \$        | <u>900.00</u>          |
| 3rd Party Report      | \$        | <u>31.00</u>           |
| <b>Grand Total:</b>   | <b>\$</b> | <b><u>4,581.00</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

HD Perfect Autowork Pte. Ltd.  
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#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Authorisation To Act

I, Tong Shing Contractors Private Limited ("the third party claimant") of  
140, Tagore Lane, Sindo Industrial State, Singapore 787560  
(address), owner of G8B4368D (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. G8B4368D that was  
damaged pursuant to the accident which occurred on 18/02/2023 (date)  
at/along Bencoi Road  
(location) involving vehicle no/s SLH9151D ("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 06 day of 03 (month) 20 23 (year)



Signed by "the third party claimant"



Signed by "the workshop"

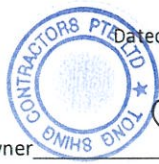


HD Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136904Z  
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Tel: 6341 6789 Fax: 6341 6778  
Email: hdperfectautowork@gmail.com

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. 4BB4368D and SLH9151D on 18/02/2023  
at/along Bencoolen Road

1. I/We, the Owner of motor vehicle no. 4BB4368D 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.



Signature of vehicle owner

Name: Tong Shing Contractors Private Limited

IC/UEN No: 197401925N

(Company stamp, if applicable)

Address: 140, Tagore Lane, Sindo  
Industrial State, Singapore 787560

Tel: 6451 0622

Dated this 06 day of 03 20 23

Witnessed by:

Joanne

# TAX INVOICE

**HD PERFECT AUTOWORK PTE LTD**

Co. Reg No: 202136904Z

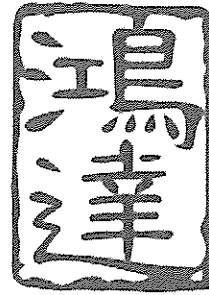
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Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT  
AUTOWORK PTE LTD**

| Date       | Invoice Number  | Vehicle Number |
|------------|-----------------|----------------|
| 24.04.2023 | HDP202304-00399 | GBB4368D       |

## 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 | \$ 3,650.00  |
| Total   | \$ 3,650.00  |

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**  
9 Temasek Boulevard #42-01b, Singapore 038989  
Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)  
GST Reg No: M400017735  
UEN: S66SS0020G

### TAX INVOICE

HD Perfect Autowork Pte Ltd - Tong  
Shing Contractors Private Limited

**Invoice Number**  
GR-2023-000743

**Invoice Issue Date**  
23 Feb 2023

**Invoice Due Date**  
02 Mar 2023

**Total Amount (S\$)** 28.70  
**Total GST 8.00% (S\$)** 2.30  
**Total Amount Incl. of GST (S\$)** 31.00

| Bill Type                      | Reference                               | Amount (S\$)                           | GST 8.00% (S\$) | Amount Incl. of GST (S\$) |
|--------------------------------|---|--|-----------------|---------------------------|
| Sale of Accident Report - Publ | 23/02/2023,18/02/2023,GBB4368D,SLH9151D | 28.70                                  | 2.30            | 31.00                     |
|                                |   | <b>Total Amount (S\$)</b>              |                 | <b>28.70</b>              |
|                                |   | <b>Total GST 8.00% (S\$)</b>           |                 | <b>2.30</b>               |
|                                |   | <b>Total Amount Incl. of GST (S\$)</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 12:47 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 18/02/2023 18:15 (SGT) |
| Exact Location of Accident      | Benoi Rd, Singapore    |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBB4368D |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |  |
|--------------------------|--|
| Is company?              | Yes                                    |
| Name Of Registered Owner | TONG SHING CONTRACTORS PRIVATE LIMITED |
| Company Reg No           | 197401925N                             |
| Email Address            | TSCONTR@SINGNET.COM.SG                 |
| Mobile Phone No          | (Phone) +65-64510622                   |
| Alternative Phone No     | -                                      |

#### VEHICLE PARTICULARS

|  |                                   |
|--|-----------------------------------|
| Manufacturer   | Nissan                            |
| Model  | CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T |
| 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   | 2953                              |

#### INSURANCE COMPANY

|                                   |                      |
|-----------------------------------|----------------------|
| Name of Insurance Company         | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number | Z22VC05010562        |

#### DRIVER

|                |                   |
|----------------|-------------------|
| Name of Driver | ETHIRAJ KUBENDIRN |
| NRIC No        | G7926106N         |
| Date Of Birth  | 30/05/1982        |
| Occupation     | Outdoor           |

|  |                        |
|--|------------------------|
| Date Of Driving Pass   | 07/08/2019             |
| Driving experience   | 3 YEARS AND 6 MONTHS   |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-84038098   |
| Alt. Phone Number  | -                      |
| Email Address  | TSCONTR@SINGNET.COM.SG |
| Address  | 140 TAGORE LANE        |
| Address complement   | -                      |
| Postcode   | 787560                 |
| 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   | 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?  | 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   | SELVARAJ KAVIDASS |
| Gender | Male              |

PASSENGER 2

|        |                      |
|--------|----------------------|
| Name   | KARUTHARAJ VIJAYARAN |
| Gender | Male                 |

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

-

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             | SLH9151D    |
| 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 | -           |
| 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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.

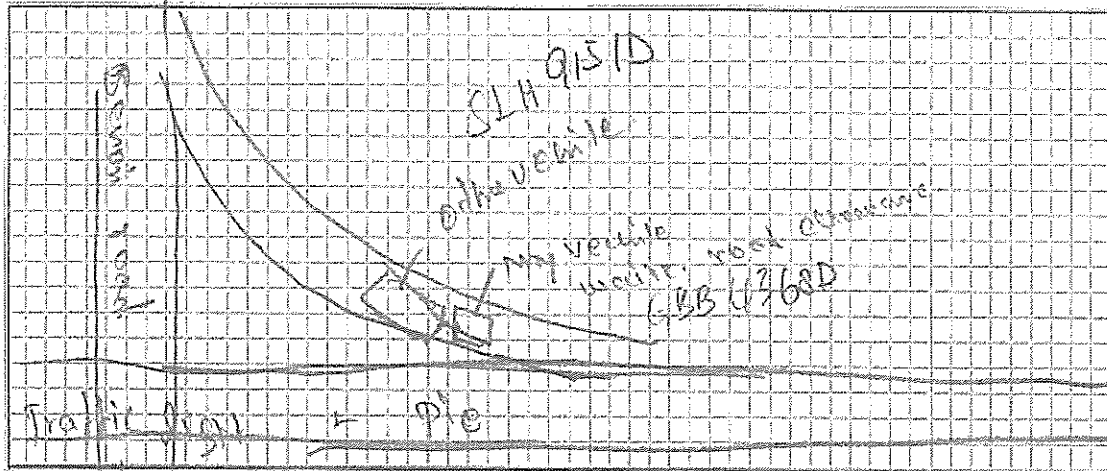


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Staff (Name as in NR 2012 Log)

**Sketch Plan**



Traffic Light

**Describe Circumstance of the Accident**

VEHICLE NO: GPR 4368D ACCIDENT DATE & TIME: 18/feb/2025 6:15

CONTACT NUMBER: 64510622 E-MAIL: ts centy @ singnet.com.sg

LOCATION: Ramai road.

at 1st on my vehicle hit by stolen vehicle.

done damage. our back light and.

back sensor. or be the Electrician

down air con. Cassette Air con

broken di cabon. not con.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE  CLAIM OWN POLICY  CLAIM THIRD PARTY  CLAIM OD/TP AT OTHER WORKSHOP  REPORTING ONLY

**Declaration**

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




Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*




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


 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
TONG SHING CONTRACTORS PRIVATE LIMITED

Name  
ETHIRAJ KUBENDIRAN

Work Permit No.      Sector:  
0 3364034-      CONSTRUCTION

 K3569704

G1BB 4368D  
Driver

**VISIT PASS**  
Immigration Regulations 25-01-2023

Name  
ETHIRAJ KUBENDIRAN

FIN  
G7926106N

Date of Birth      Sex  
30-05-1982      M

Nationality  
INDIAN


MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G7926106N**  
 Name: **ETHIRAJ KUBENDIRAN**

Birth Date: **30 May 1982**  
 Issue Date: **01 Oct 2018**  
 Valid Till **03/10/2023**

002851310G

GBB 4368D

Driver

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

|          |   | EFFECTIVE DATE |
|----------|---|----------------|
| Class 2B | Motorcycles =< 200 CC   | 04 Oct 2013    |
| Class 3  | Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg | 07 Aug 2019    |

G7926106N

S / No.9000337190

NP 428A

Licence No:G7926106N



**LONPAC INSURANCE BHD** (514905635C)

Incorporated in Malaysia.  
Singapore Office: 30 Beach Road #11-04/07, The Concourse, Singapore 189568  
Tel: 65 4350 1888 Fax: 65 4356 5757 Website: www.lonpac.com.sg  
GST Reg No: FB-6066835-C

9/2/2022

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
ROAD TRANSPORT ACT 1987 (MALAYSIA).  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
T-8: MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1919 (MALAYSIA).

|   |   |
|---|---|
| Certificate No. : 222VCO1010662   | Type of Cover : COMPREHENSIVE   |
| 1. Index Mark and Vehicle Registration Number   | NISSAN LORRY<br>- 08843689  |
| 2. Name of Policy Holder  | TONG SHING CONTRACTORS PTE LTD  |
| 3. Effective Date of the Commencement of Insurance for the purpose of the Act   | 22/03/2022  |
| 4. Date of Expiry of the Insurance  | 22/03/2023  |
| 5. Person To Drive<br>(A) THE POLICYHOLDER.<br>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION.<br>Provided that the person driving is 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<br>USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.<br>USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.<br>USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.<br>THE POLICY DOES NOT COVER :<br>USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.<br>USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. |   |
| Excess  | • S\$ 600.00 (SECTION 1)<br>S\$ 2,000.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS<br>S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS) |

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered imperative by Section 9b of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under this policy.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: ELL184NANG  
Date Issued: 01/02/2022