



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SJT28Y

Your Ref.: SHA3636X

Date: 17.05.2023

ATTN: Motor Claims Department

INS : **HSBC LIFE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: SJT28Y & SHA3636X

Date of Accident: 10.04.2023 @ 17:55 HOURS

Location: CROSS JUNCTION OF ROCHOR ROAD AND VICTORIA STREET

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 13,200.00</u>
Loss of Use :	
(\$220.00 X 10 Days)	<u>\$ 2,200.00</u>
LTA SEARCH	<u>\$ 26.75</u>
Grand Total:	<u>\$ 15,426.75</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 jlperfectautowork@gmail.com

Thank You,

Joanne





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Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJT28Y and SHA3636X on 10.4.2023.
at/along Cross Junction Rocher Road and Victoria Street

1. I/We, the Owner of motor vehicle no. SJT28Y hereby instruct and authorise JL 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 11 day of 04 2023

Signature of vehicle owner

Name: Mok Chek Ngam

IC/UEN No: S1652198A

(Company stamp, if applicable)

Address: 15 Tanah Merah Kechil Ridge
S. 465599

Tel: 98000430

Witnessed by:

Joanne



JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, MOK chek Ngam ("the third party claimant") of
15 Tanah Merah Kechil Ridge
(address), owner of SJT 28Y (vehicle no.)
hereby authorise JL 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. SJT 28Y that was
damaged pursuant to the accident which occurred on 10-4-2023 (date)
at/along Cross Junction Rochor Road and Victoria Street
(location) involving vehicle no/s SHA3636X ("the accident").

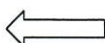
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

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 11 day of 04 (month) 20 23 (year)

Signed by "the third party claimant"



Signed by "the workshop"

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
17.05.2023	JLP202305-00276	SJT28Y

HSBC LIFE (SINGAPORE) PTE LTD

10 MARINA BOULEVARD

MARINA BAY FINANCIAL CENTRE TOWER 2

#48-01

SINGAPORE 018983

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 13,200.00
Total	\$ 13,200.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



**Notification of Successful Vehicle Insurance Search for
Receipt No.: ITNET-00000-230411-001729**

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 11 Apr 2023 was successful and the Receipt No. is ITNET-00000-230411-001729.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result	
SHA3636X	10 Apr 2023	17:55:00	HSBC LIFE (SINGAPORE) PTE. LTD.	\$26.75

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.

4. Visit onemotoring.lta.gov.sg for more information, or go to www.lta.gov.sg/feedback if you have any feedback. This email is auto-generated, please do not reply to this email.

5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

SA18234B000A-01 / Abwin Service Pte Ltd
ENTRY DATE & TIME: 11/04/2023 18:29 (SGT)
SUBMITTED BY: Hazel Chng
VERSION: 2 (12/04/2023 16:37 (SGT))

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	11/04/2023 18:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2023 17:55 (SGT)
Exact Location of Accident	143 Victoria St, Singapore 188020
Additional Location Information	CROSS JUNCTION OF ROCHOR ROAD AND VICTORIA STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT28Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOK CHEK NGAM
NRIC No	SXXXX198A
Email Address	MATTHEWMOKMM@GMAIL.COM
Mobile Phone No	(Phone) +65-98000430
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5102847071-04

DRIVER

Name of Driver	MOK CHEK NGAM
NRIC No	SXXXX198A
Date Of Birth	22/08/1964

Occupation	Indoor
Date Of Driving Pass	03/04/1986
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-98000430
Alt. Phone Number	-
Email Address	MATTHEWMOKMM@GMAIL.COM
Address	15 TANAH MERAH KECHIL RIDGE
Address complement	-
Postcode	465599
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	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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10.04.2023 A TABOUT 17:55 HOURS AT CROSS JUNCTION OF ROCHOR ROAD AND VICTORIA STREET, I WAS TRAVELLING STRAIGHT ON LANE 4 (ALONG ROCHOR ROAD TOWARDS ROCHOR CANAL ROAD) AND WHEN THE FRONT VEHICLE SLOWED DOWN AND STOPPED, HENCE I FOLLOWED SUIT.

SUDDENLY I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED, I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A).

VEHICLE (A): SJT28Y
VEHICLE (B): SHA3636X

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	SHA3636X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOK CHEK NGAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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 At-fault 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. The 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 the report will for a fee be made available upon application by interested parties.
7. By the lodging 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 elsewhere.

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 have permission 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 insurers 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/packages) and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may have permission to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may 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 used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature (Date & Time)

[Signature]

A. Date

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

[Signature]

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

Sketch Plan

Grid area for sketch plan with handwritten notes:

- A = SGT 28N
- B = SHA 3636X
- Grids Junction of Road
- Road and Victoria Street

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230411/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 15:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOK CHEK NGAM			Address: 15 TANAH MERAH KECHIL RIDGE SINGAPORE 465599		
ID Type / ID No.: NRIC NO / S1652198A			Contact No.: Home/Office: Mobile: 98000430		
Nationality: SINGAPORE CITIZEN			Email: MATTHEWMOKMM@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 22/08/1964	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2023 17:55	Type of Location:
Location: ROCHOR CANAL ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT28Y	Car	TOYOTA	VELLFIRE 2.5ZG CVT	Grey		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJT28Y	NTUC Income Insurance Co-Operative Limited	5102847071-04	08/08/2022	07/08/2023	



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20230411/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOK CHEK NGAM	ID No.	S1652198A
Related Vehicle	SJT28Y (Car)	Contact No.	98000430
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SJT28Y was travelling straight along Rochor Canal Road towards Bukit Timah Direction.

As the vehicle in front stopped I gradually follow suit.

Suddenly vehicle SHA3636X came from behind and hit onto my vehicle's rear portion.

The impact was great.

After a while I start to feel pain on my neck, shoulders and back areas.

The next day I proceeded to LifePlus medical group bedok to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230411/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHHRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/04/2023 15:57

Classification Of Case:



Owner and Driver

SJT28Y



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1652198A**
Name: **MOK CHEK NGAM**

Birth Date: **22 Aug 1964**
Issue Date: **02 May 2003**

000437119A



SJT 28Y

Owner and Driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Apr 1986

NP 428A

Licence No: S1652198A

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: 5102847071-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJT28Y**
 Chassis Number : AGH300193321
2. Name of Policyholder : **MOK CHEK NGAM**
3. Effective Date of Insurance : **08 Aug 2022**
4. Expiry Date of Insurance : **07 Aug 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 social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOK CHEK NGAM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : VINCAR PTE LTD (00000614250)

Date of Issue : 28 Jul 2022 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive