

**HD PERFECT AUTOWORK PTE LTD**

Co. &amp; 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.: PC7874TYour Ref.: GBJ6208CDate: 17.07.2023

ATTN: Motor Claims Department

INS: **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: PC7874T & GBJ6208CDate of Accident: 03.04.2023 @ 16.30 HOURSLocation: BENDEMEER ROAD & WHAMPOA WEST FILTER LANE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 8,100.00</u>
Loss of Rental:	
(\$260.00 X 09Days):	<u>\$ 2,340.00</u>
LTA Search	<u>\$ 26.75</u>
Towing	<u>\$ 130.00</u>
<b>Grand Total:</b>	<b><u>\$ 10,596.75</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 Joanne @ 97231055, or email to [hdperfectautowork@gmail.com](mailto:hdperfectautowork@gmail.com)

Thank You,

Joanne



## Authorisation To Act

I, Singapore Cab Booking Pte Ltd ("the third party claimant") of  
100, Peck Seah Street, #08-14, PS 100, Singapore 079333  
(address), owner of PC 7874 T (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 7874 T that was  
damaged pursuant to the accident which occurred on 3/4/2023 (date)  
at/along Bendemeer Road & Whampoa West Filter Lane  
(location) involving vehicle no/s GBJ 6208C ("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 04 day of 04 (month) 20 23 (year)



Signed by "the third party claimant"



Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. PC 7874T and GBJ 6208C on 3/4/23  
at/along Bendemeer Road x Whampoa West Filter Lane.

1. I/We, the Owner of motor vehicle no. PC 7874T, 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 04 day of 04 2023

Signature of vehicle owner M

Name :

Singapore Cab Booking Pte Ltd

IC/UEN No :

201616923K

(Company stamp, if applicable)

Address :

100, Peck Seah st.  
#08-14, PS 100, Singapore 079333.

Tel :

98224405



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](mailto:hdperfectautowork@gmail.com)

GST Reg. No. : 202136904Z



HD PERFECT  
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
17.07.2023	HDP202307-00478	PC7874T

## CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,500.00
Total	\$ 7,500.00
Add: 8% GST	\$ 600.00
Total	\$ 8,100.00

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



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Apr 2023 / 19:12:04

Receipt Date/Time : 03 Apr 2023 / 19:12:04

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230403-003974

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 - GBJ6208C				
As at 03 Apr 2023/16:30:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBJ6208C			
	Enquiry Fee	24.77	1.98	26.75
	20230403191114462519			
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.

PA7890G

Owner

Hup Hoe Coach Service

Hirer

MOHAMAD AZRI SAMAT

Address

BLK 212 MARSILING CRESCENT  
#08-15 (730212)

Contact No.

87844914

Hiring Period

3/4/23 Mon 1725HR

11/4/23 TUES 2020HR

Hiring Rate

9 DAYS x \$260/- = \$2340/-

Hiring Rules

Full tank of diesel at the point of vehicle-hand-over before and after used.

**DOB**

9/3/1987

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 :

96881679  
S1627039/C  
Lim Yew Kian S  
3/4/23

S8706257/J  
MOHAMAD AZRI SAMAT  
3/4/23

**CASH ORDER / WORK ORDER**

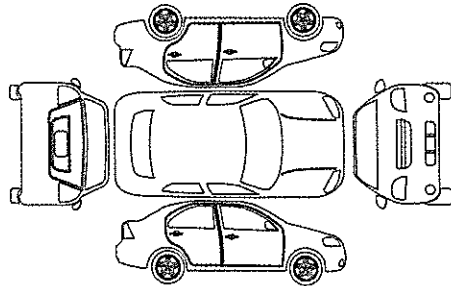
No. A 22247

Service Date: 03/4/2023 Time Received: 18:00  
Member Name: Cash Time Arrived: 19:00  
Contact Person: \_\_\_\_\_ Time Completed: 19:50  
Contact No.: \_\_\_\_\_ From: 30 Bendemeer RD  
Car Reg No.: PC 7874 T To: 08-09 Premier  
Car Make/Model: Hiroo Tow Truck No.: YN 6230 T  
Battery: \_\_\_\_\_  
Remarks: \_\_\_\_\_ Amount: \$130  
Cash / Credit

**ADDITIONAL CHARGES:**

- ☐ Dolly Wheels / Flat Bed
- ☐ Basement / Multi Storey
- ☐ Crane up / Bogged
- ☐ Jumpstart
- ☐ Low Body Kit
- ☐ Collection of Key
- ☐ ERP / Carpark \_\_\_\_\_

**BODY & PAINT CONDITION:**



**bizSAFE<sub>3</sub>**



Tow Diver's Name & Signature

Member's Name & Signature

**PAY NOW** 202136139R  
**AUTOCREW PTE LTD**

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle / asset whilst being towed.

## 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	04/04/2023 15:57 (SGT)
Reported by	Actual Driver
Date of Accident	03/04/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BENDEMEER RD & WHAMPOA WEST FILTER LANE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7874T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SINGAPORE CAB BOOKING PTE LTD
Company Reg No	201616923K
Email Address	mohamadazrisamat@gmail.com
Mobile Phone No	(Phone) +65-98224405
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
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	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00001772300

### DRIVER

Name of Driver	MOHAMAD AZRI SAMAT
NRIC No	S8706257J
Date Of Birth	09/03/1987
Occupation	Outdoor



Date Of Driving Pass	06/01/2014
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87844914
Alt. Phone Number	-
Email Address	mohamadazrisamat@gmail.com
Address	BLK 212 MARSILING CRESCENT
Address complement	#08-15
Postcode	730212
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
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	PASSENGER
Gender	Male

#### PASSENGER 2

Name	PASSENGER
Gender	Male

#### PASSENGER 3

Name	PASSENGER
Gender	Female

#### PASSENGER 4

Name	PASSENGER
Gender	Female

#### PASSENGER 5

Name	PASSENGER
Gender	Female

#### PASSENGER 6

Name	PASSENGER
Gender	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ6208C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	MOHAMAD AZRI SAMAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	PC7874T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC7874T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PASSENGER
Gender	Female
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC7874T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

**8 Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

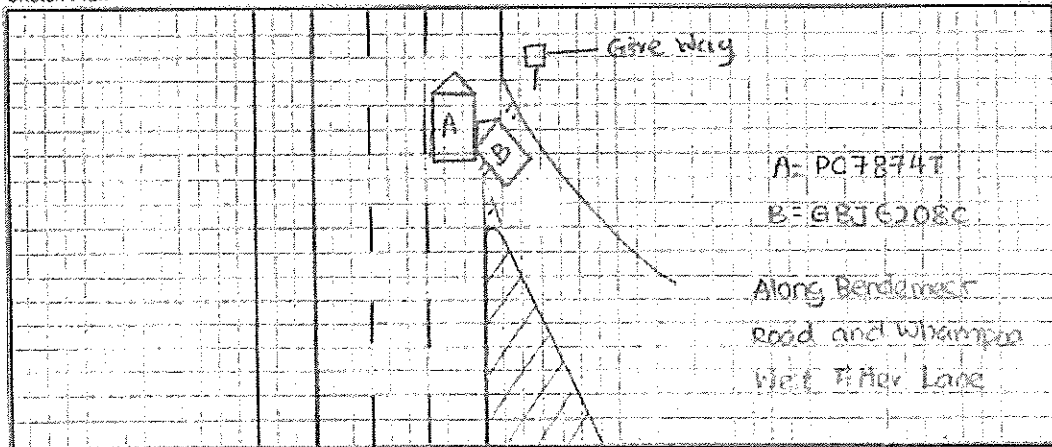


Policyholder's Signature : Date & Time

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

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

**Sketch Plan**



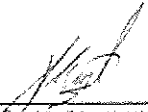
**Describe Circumstance of the Accident**

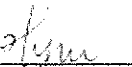
On the stated date & time, I, vehicle 'A' was travelling along the stated route. Suddenly vehicle 'B' from unknown west side lane dash out & hit onto my vehicle near right portion. I wish to state that vehicle 'B' was in the given way direction which he never stopped.

**Declaration**

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

  
Policyholder's Signature / Date & Time

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

 04/04/17  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8706257J



Name

MOHAMAD AZRI SAMAT

Race

MALAY

Date of birth

09-03-1987

Sex

M

Country/Place of birth

SINGAPORE

Driver

PC 7874T

6518564



NRIC No. S8706257J

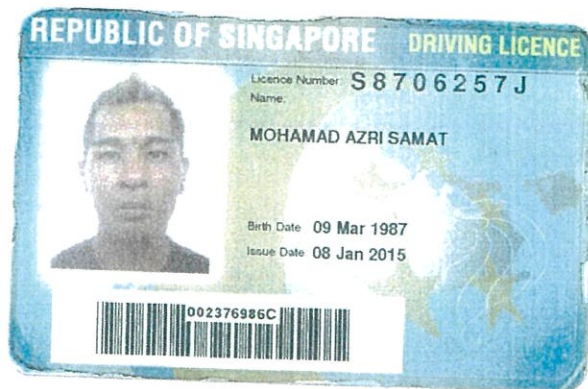


Date of issue

09-10-2020

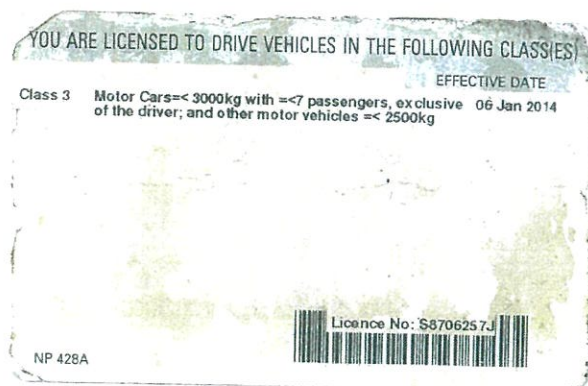
Address

APT BLK 212 MARSILING CRESCENT  
#08-15  
SINGAPORE 730212



Driver

PC7874T



Land Transport Authority

**VOCATIONAL LICENCE**

PDVL/TDVL  
33 888 88888  
272647

MOHAMED AZRI SAMAT

29/04/2015

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Driver

PC7874T

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	29/04/2015
04	BUS ATTENDANT	29/04/2015



Motor Bus

MZ601

**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)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN

AN0706B

Cov. Type:C

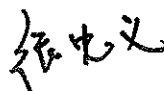
CERTIFICATE No.	DMB1SNW00001772300	Engine No.: 1KD2845636	
		Cha. No.: JTFST22P700039536	
1. Index Mark and Registration Number of Vehicle	PC7874T	AUTOSAFE	=====
2. Name of Policy Holder	SINGAPORE CAB BOOKING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (14:19:41) Ordinance or Enactment	27/01/2023	Excess Sect I .	SS\$1,500.00
		Excess Sect. II	SS\$3,000.00
		EX ON WINDSCREEN .	SS\$100.00
4. Date of Expiry of Insurance	26/01/2024		
5. Persons or Classes of Persons entitled to drive*	Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:*	Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.  The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		

HIRE PURCHASE CO. : MOTOR CREDIT PTE LTD  
\* 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 (Malaysia), 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 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HON BROTHERS PTE. LTD.  
Authorised Officer  
Authorised Signatory