

To: **India International Insurance Pte Ltd**  
64 Cecil Street #04/#05  
IOB Building  
Singapore 049711

Attn: **Motor Claims Department**

Date: 8<sup>th</sup> June 2023

Dear Sir/Madam,

Claimant: **Muhammad Danial Haiqal Bin Jailani**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 23/04/2023 at along Choa Chu Kang Park, near MacDonald's involving our client's vehicle registration number SLP 7062 Z and vehicle registration number SLB 5928 M driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$2,700.00
2) Loss of Rental	\$720.00
3) LTA Search Fee	\$26.75
4) Purchase of GIA Report	\$31.00

**Total :** **\$3,477.75**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement & Invoice
- LTA Search Fee Receipt
- Purchase of GIA Report Receipt

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

***Elin Cai***

**Zoom Autowerks Pte Ltd**

130 Bedok Reservoir Road, Eunos Spring  
#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

**PROFORMA INVOICE**

To: **India International Insurance Pte Ltd**  
64 Cecil Street #04/#05  
IOB Building  
Singapore 049711

PF No. : ZP0000772  
Date : 8/6/2023  
VRN : SLP 7062 Z  
Make & Model : Mit. Attrage  
DOA : 23/4/2023  
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,700.00
2	Loss of Rental (SGD\$120.00 x 6Days)			720.00
3	LTA Search			26.75
4	Purchase of GIA report			31.00

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**TOTAL :** **\$3,477.75**

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All crossed cheques must be made to "**ZOOM AUTOWERKS PTE LTD** "

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

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(by Zoom Autowerks Pte Ltd)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date of Submission .....	25/04/2023 16:38 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/04/2023 23:00 (SGT)
Exact Location of Accident .....	Choa Chu Kang, Singapore
Additional Location Information .....	CHOA CHU KANG PARK (NEAR MACDONALDS)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLP7062Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD DANIAL HAIQAL BIN JAILANI
NRIC No .....	SXXXX570A
Email Address .....	WORKSBYDANI@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97870252
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1198

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124920186

#### DRIVER

Name of Driver .....	MUHAMMAD DANIAL HAIQAL BIN JAILANI
NRIC No .....	SXXXX570A
Date Of Birth .....	25/05/1996
Occupation .....	Indoor

Date Of Driving Pass .....	16/06/2015
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97870252
Alt. Phone Number .....	-
Email Address .....	WORKSBYDANI@GMAIL.COM
Address .....	BLK 762 BEDOK RESERVOIR VIEW #17-309
Address complement .....	-
Postcode .....	470762
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 on 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 .....	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) .....	5
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 .....	SRI NURSAQDAH BINTE SALIM
Gender .....	Female

#### PASSENGER 2

Name .....	MASYHA BINTE DAUD
Gender .....	Female

#### PASSENGER 3

Name .....	MOHAMMAD FARHAN BIN MOHD SAIN
Gender .....	Male

#### PASSENGER 4

Name .....	YASIN RAFIQI BIN NAZRUL ARWYN
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

ON THE STATED DATE AND TIME, I, VEHICLE 'A', WAS STATIONARY ALONG THE STATED VENUE AS I SAW VEHICLE 'B' APPROACHING. I HONKED AT HIM TO GIVE HIM A HEADS-UP. DESPITE THAT, THE SAID DRIVER CONTINUE AND HIT ONTO MY VEHICLE. I WISH TO STATE THAT THERE WAS A VEHICLE BEHIND ME, AND THAT THERE WAS NO WAY I COULD HAVE AVOIDED IT.

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 ..... SLB5928M  
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) ..... -

**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 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

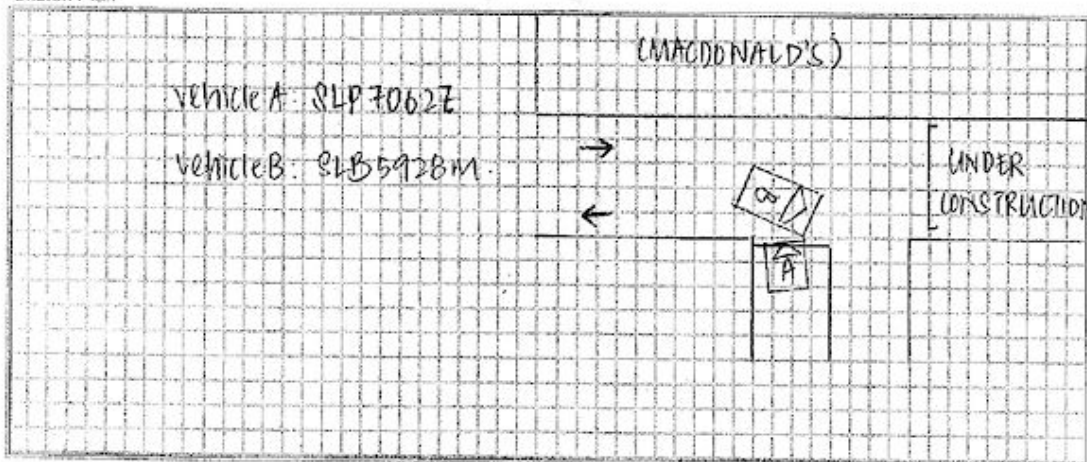
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I, vehicle X,  
 was stationary along the stated venue as I saw  
 vehicle 'B' approaching. I honked at him to give him  
 a heads-up. Despite that, the said driver continue and  
 hit onto my vehicle. I wish to state that there  
 was a vehicle behind me, and that there was no  
 way I could have avoided it.

Declaration

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



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

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



































**ZOOM AUTOWERKS PTE LTD**

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

**LETTER OF AUTHORIZATION**

Accident on 23/04/2023 @ 23:00 along Choa Chu Kang Road (near MacDonald's).  
Involving vehicles SLP70627 and SLB5928M.

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SLP70627 at my request, I/We, Muhammad Danial Haigal Bin Jailani ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No S9617570A the owner of motor vehicle no SLP70627, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 24 day of 04 (month) 20 23 (year)

Signed by "the claimant"

Name: Muhammad Danial

NRIC No: S9617570A

Signed by Zoom Autowerks Pte Ltd

Name: Tim Cai



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 27/04/2023

**Your Ref No: SLP7062Z**

Dear Sir/Madam,

Date of Accident: 23/04/2023 23:10 (SGT)

Vehicle No: SLP7062Z

Place of Accident: Choa Chu Kang Dr, Choa Chu Kang Park, Singapore 688845

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SLB5928M</b>	Choa Chu Kang Dr, Choa Chu Kang Park, Singapore 688845	(31.00 )	1	(28.70 )
GST Amount				(2.30 )
Total Amount Due (GST Inclusive)				(31.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Apr 2023 / 12:16:49

Receipt Date/Time : 25 Apr 2023 / 12:16:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230425-001452

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 - SLB5928M				
As at 23 Apr 2023/23:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLB5928M			
	Enquiry Fee	24.77	1.98	26.75
	20230425121538282066			
<b>Sub-Total</b>		24.77	1.98	26.75
<b>Total Before Rounding</b>		24.77	1.98	26.75
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				26.75
Paid By				
	540012XXXXXX6077	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.



Zoom Car Leasing  
Registration No.: 5339410M  
e-mail : zoomcarleasing@gmail.com

### RENTAL INVOICE

Zoom Autowerks Pte Ltd  
Tel: 9450 7920

Invoice No. : **INV0000780**  
Date : 6/6/2023  
Ref : SKP 1847 C  
Your Ref : SLP 7062 Z  
Terms : 30Days

#	Rental Period	Rate	Quantity	Amount
1	Rental Charges for SKP 1847 C (24/04/2023 to 30/04/2023)	\$120.00	6 Days	\$720.00

C/O Muhammad Danial Haiqal Bin Jailani  
762 Bedok Reservoir View  
#17-309 Singapore 470762  
Contact: 9787 0252

**Total : \$720.00**

(Customer's Signature/Stamp)

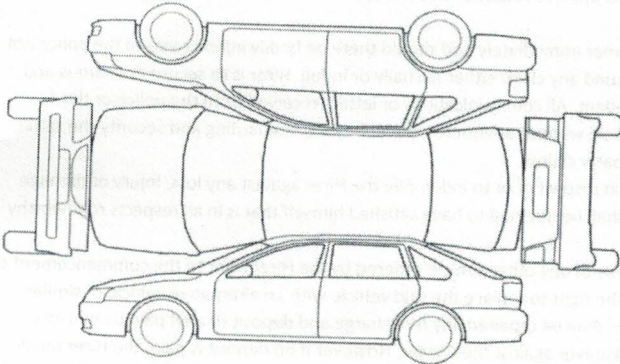



  
(For Zoom Car Leasing)



# ZOOM CAR LEASING

## RENTAL AGREEMENT

Zoom Car Leasing  
Registration No.: 53349410M  
E-mail: zoomcarleasing@gmail.com

<b>HIRER'S PARTICULAR</b> Name: <u>Bin Jailani</u> NRIC/Passport No.: <u>89617570A</u> Address: <u>762 Bedok Reservoir View</u> <u>#17-309 S(470762)</u> Tel: <u>9787 0252</u> Driving License No./Exp.: _____		<b>VEHICLE DETAIL</b> Vehicle No.: <u>8FP1847C</u> Vehicle Make/Model: <u>Mazda 6</u> Date/Time Out: <u>24/04/2023</u> Date/Time In: <u>30/04/2023</u> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">OUT</td> </tr> </table> </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td>E</td><td>¼</td><td>½</td><td>¾</td><td>F</td> </tr> <tr> <td colspan="5">IN</td> </tr> </table> </div> </div>		E	¼	½	¾	F	OUT					E	¼	½	¾	F	IN				
E	¼	½	¾	F																			
OUT																							
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<b>ADDITIONAL DRIVER'S PARTICULAR</b> Name: _____ NRIC/Passport No.: _____ Address: _____ Tel: _____ Driving License No./Exp.: _____		Mileage: _____ Mileage: _____ <b>RENTAL CHARGES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Hours</td><td>@</td><td>per hour</td><td></td></tr> <tr> <td><u>6</u> Days</td><td>@</td><td><u>\$ 120</u> per day</td><td><u>\$720</u></td></tr> <tr> <td>Weeks</td><td>@</td><td>per week</td><td></td></tr> <tr> <td>Months</td><td>@</td><td>per month</td><td></td></tr> </table> Other Charges _____ Petrol Top-Up _____ Sub-total _____		Hours	@	per hour		<u>6</u> Days	@	<u>\$ 120</u> per day	<u>\$720</u>	Weeks	@	per week		Months	@	per month					
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Weeks	@	per week																					
Months	@	per month																					
(A) - Accident (D) - Dent (S) - Scratch <div style="text-align: center;">  </div>		<b>TOTAL CHARGES</b> <u>\$720 -</u> <b>PRE-PAYMENT</b> Downpayment and Deposit _____ Amount Refunded Due _____ I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.																					
<b>PHYSICAL DAMAGE EXCESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Singapore - Own Damage</td><td>S\$2,000.00</td></tr> <tr> <td>Singapore - 3rd Party</td><td>S\$2,000.00</td></tr> <tr> <td>Malaysia*</td><td>S\$8,000.00</td></tr> <tr> <td>For Drivers aged &lt; 27 or &gt; 65 and/or less than 2 years driving experience regardless of age</td><td>S\$3,000.00 (Additional)</td></tr> </table>		Singapore - Own Damage	S\$2,000.00	Singapore - 3rd Party	S\$2,000.00	Malaysia*	S\$8,000.00	For Drivers aged < 27 or > 65 and/or less than 2 years driving experience regardless of age	S\$3,000.00 (Additional)	<b>ACKNOWLEDGEMENT</b> <div style="text-align: center;">  </div>													
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<b>IMPORT NOTE:</b> 1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Zoom Car Leasing 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Zoom Car Leasing immediately.																							
		Hirer's Signature / Date <div style="text-align: center;">  </div>																					
		Owner's Signature / Date <div style="text-align: center;">  </div>																					