



**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: hdperfectautowork@gmail.com

Our Ref.: SMD9834B

Your Ref.: SLH6759X

Date: 17.07.2023

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SMD9834B & SLH6759X

Date of Accident: 24.04.2023 @ 12:00 HOURS

Location: MOULMEIN FLYOVER TOWARDS CITY

We refer to the above-mentioned accident.

We are claiming as follows:

|                      |                           |
|----------------------|---------------------------|
| Cost of Repair:      | <u>\$ 5,400.00</u>        |
| Loss of Use:         |                           |
| (\$220.00 X 08Days): | <u>\$ 1,760.00</u>        |
| LTA Search           | <u>\$ 26.75</u>           |
| <b>Grand Total:</b>  | <b><u>\$ 7,186.75</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





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

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMD 9834B and SLH 6759X on 24/04/2023  
at/along moulmein flyover.

1. I/We, the Owner of motor vehicle no. SMD 9834B 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 24 day of 04 20 23

Signature of vehicle owner Austh ←

Name: JANAKIRAMAN ANAMH.

IC/UEN No: G5417891W

(Company stamp, if applicable)

Address: =

Tel: 83067505

Witnessed by:

Joanne



... execution of this Disclaim...  
Voucher is only for my claim...  
for property damage and re...  
prejudicial to any other claim...

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, JANAKIRAMAN ANANTH ("the third party claimant")

of \_\_\_\_\_ (address),

owner of SMD 9834B (vehicle no.) hereby authorize

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. SMD 9834B that was damaged pursuant to the

accident which occurred on 24/4/23 (date) along Moulmein

Flyover (location)

involving vehicle no/s SLH 6759X

("the accident").

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

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

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

Ananth

Signed by "the third party claimant"

[Signature]

Signed by "the workshop"  
(with chop)



HD PERFECT  
AUTOWORK PTE LTD  
REGD NO: 2001248847

# 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

GST Reg. No. : 202136904Z



**HD PERFECT  
AUTOWORK PTE LTD**

| Date       | Invoice Number  | Vehicle Number |
|------------|-----------------|----------------|
| 17.07.2023 | HDP202307-00468 | SMD9834B       |

## **AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

| Description   | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 5,000.00  |
| Total   | \$ 5,000.00  |
| Add: 8% GST   | \$ 400.00    |
| Total   | \$ 5,400.00  |

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Apr 2023 / 16:38:35

Receipt Date/Time : 24 Apr 2023 / 16:38:35

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230424-003470

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (\$\$) | GST<br>Amount<br>(\$\$) | Amount<br>After GST<br>(\$\$) |
|-----|--|--------------------------------|-------------------------|-------------------------------|
|-----|--|--------------------------------|-------------------------|-------------------------------|

Result of Insurance Enquiry - SLH6759X

As at 24 Apr 2023/11:50:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

|   |   |       |      |       |
|---|---|-------|------|-------|
| 1 | Insurance Enquiry - SLH6759X<br>Enquiry Fee<br>20230424163747944558 | 24.77 | 1.98 | 26.75 |
|---|---|-------|------|-------|

**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.

## 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 11:37 (SGT)      |
| Reported by                     | Actual Driver               |
| Date of Accident                | 24/04/2023 12:00 (SGT)      |
| Exact Location of Accident      | Moulmein Flyover, Singapore |
| Additional Location Information | TOWARDS CITY                |
| Country/State of Loss           | Singapore                   |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD9834B

#### INSURED/POLICYHOLDER

|                          |                               |
|--------------------------|-------------------------------|
| Is company?              | No                            |
| Name Of Registered Owner | JANAKIRAMAN ANANTH            |
| Passport No/FIN          | G5417891W                     |
| Email Address            | FLASHTRACK.SCAFFOLD@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-93508774          |
| Alternative Phone No     | -                             |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Stream                    |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1799                      |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00023412301                            |

#### DRIVER

|                 |                 |
|-----------------|-----------------|
| Name of Driver  | SUBBAIAH RAMESH |
| Passport No/FIN | G7876508P       |
| Date Of Birth   | 03/04/1985      |
| Occupation      | Outdoor         |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass   | 08/04/2019                    |
| Driving experience   | 4 YEARS                       |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-83067505          |
| Alt. Phone Number  | -                             |
| Email Address  | FLASHTRACK.SCAFFOLD@GMAIL.COM |
| Address  | 480 JURONG WEST ST 41         |
| Address complement   | -                             |
| Postcode   | -                             |
| Is the driver the policyholder?                              | No                            |
| If No, Relationship of the Driver with the Insured           | Friend                        |
| 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)   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |
| Translator's name   | -   |
| Translator's ID   | -   |
| Translator's phone number   | -   |
| Translator's email  | -   |
| Original language used in the statement   | -   |

DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

CIRCUMSTANCES OF ACCIDENT

ON 24/04/2023 @ AROUND 1200 HRS, I WAS TRAVELLING ALONG CTE TOWARDS CITY. WHILE DRIVING SUDDENLY THE VEHICLE IN FRONT STOP AND I ALSO FOLLOW TO STOP. BUT HOWEVER I FELT AND IMPACT ON MY REAR THEN REALISED THAT VEHICLE B HAD COLLIED ONTO MY REAR PORTION.

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 | SLH6759X    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|   |                      |
|---|----------------------|
| Name of Driver                          | DYLAN MA JUNXIANG    |
| NRIC No                                 | S9810656A            |
| Contact Number                          | (Phone) +65-81180350 |
| 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 repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

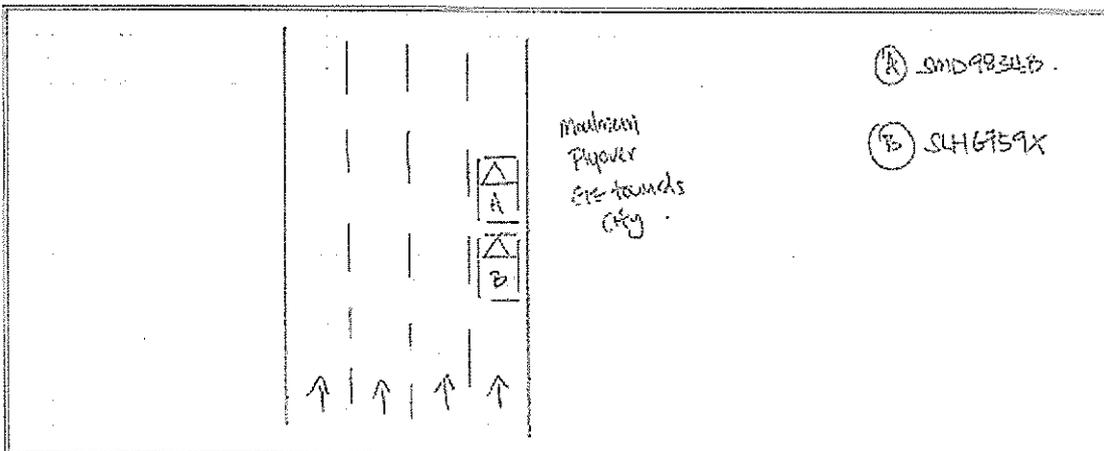
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJan2022

Describe Circumstance of the Accident

On 24/04/2023 @ around 17:00 hrs, I was travelling along C16 towards City while driving suddenly the vehicle in front stop & I also follow to stop. But however I felt an impact on my rear then realised that vehicle B had collided onto my rear partition.

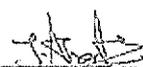
Claim own policy  
 Claim third party  
 Claim OD *at other workshop*  
 For records purpose

Policy No. *01MPCSN0000241230*  
 Insurer: *Chung*      Dist No. *0109134B*

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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

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

SMD9834B owner

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
YAM SENG ENGINEERING PTE. LTD.

Name  
JANAKIRAMAN ANANTH

FIN  
G5417891W



G5417891W

K1466799



**VISIT PASS**  
Immigration Regulations

30-05-2019

Name  
JANAKIRAMAN ANANTH

FIN  
G5417891W

Date of Birth      Sex  
04-01-1988      M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass  
App to check status



SMD9834B Driver

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
FLASH TRACK PTE. LTD.

Name  
SUBBAIAH RAMESH

S Pass No.  
0 33525052

Sector  
CONSTRUCTION

0 33525052

K2567364



**VISIT PASS**  
Immigration Regulations

21-05-2021

Name  
SUBBAIAH RAMESH

FIN  
G7876508P

Date of Birth  
03-04-1985

Sex  
M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



SMD9834B Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G7876508P  
Name: SUBBIAH RAMESH

Birth Date: 03 Apr 1985  
Issue Date: 08 Apr 2019  
Valid Till: 07/04/2024

002921193A

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

|   | EFFECTIVE DATE |
|---|----------------|
| Class 2B Motorcycles $\leq$ 200 cc  | 08 Apr 2019    |
| Class 3C Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver | 08 Apr 2019    |

NP 428A

Licence No: G7876508P

