

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

Attn: **Motor Claims Department**

Date: 11th July 2023

Dear Sir/Madam,

Claimant: **Teo Eng Hock**

"WITHOUT PREJUDICE"

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 18/05/2023 at along Eunos Link Before Bedok Reservoir Road Junction involving our client's vehicle registration number SDR 8680 S and vehicle registration number SLR 2657 E 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	\$2,500.00
2) Loss of Rental (SGD\$180.00 x 8 Days)	\$1,440.00
3) LTA Search Fee	\$26.75

Total : **\$3,966.75**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Agreement
- LTA Search Fee 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. : ZP0000783
Date : 11/7/2023
VRN : SDR 8680 S
Make & Model : Nissan X-Trail
DOA : 18/5/2023
Terms : COD

	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			2,500.00
2	Loss of Rental (SGD\$180.00 x 8Days)			1,440.00
3	LTA Search			26.75

TOTAL : **\$3,966.75**

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

Bank Name: Oversea-Chinese Banking Corporation Ltd

Account Number: 623326998001

Paynow UEN: 201725603G

(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	19/05/2023 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 20:00 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	BEFORE BEDOK RESERVOIR ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR8680S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ENG HOCK
NRIC No	SXXXX597C
Email Address	ehte068@yahoo.com
Mobile Phone No	(Phone) +65-97946778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070116491-01

DRIVER

Name of Driver	TEO ENG HOCK
NRIC No	SXXXX597C
Date Of Birth	08/06/1964
Occupation	Indoor

Date Of Driving Pass	29/05/1985
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-97946778
Alt. Phone Number	-
Email Address	ehte068@yahoo.com
Address	21 ELLIOT ROAD #01-05
Address complement	-
Postcode	458703
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	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

PLEASE REFER TO SKETCH PLAN

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	SLR2657E
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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature] 19/05/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan

Vehicle A: SDR8660S
 Vehicle B: CLR7057E

EVMS LINK


Redat Person on Rd

Describe Circumstance of the Accident

On the stated date and time, I, Vehicle A,
was stationary when vehicle B suddenly collide
onto my vehicle's rear left portion.

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
19/05/2023Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)























ZOOM AUTOWERKS PTE LTD

UEN No.: 201725603G

✉ zoomautowerks@gmail.com

LETTER OF AUTHORIZATION

Accident on 18/05/2023 2000Hrs along EUNOS LINK BEF BEDOK RESERVOIR RD JUNCTION.

Involving vehicles SDR 8680S & SLR 2657E

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no SDR 8680S at my request, I/We, TED ENG HOCK ("the claimant") of _____ (address) bearing NRIC No S1629597C the owner of motor vehicle no SDR 8680S, 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 18 day of 05 (month) 20 23 (year)

Signed by "the claimant"

Name: TED ENG HOCK

NRIC No: S1629597C



Signed by Zoom Autowerks Pte Ltd

Name: Lin Cai

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 May 2023 / 23:11:32

Receipt Date/Time : 18 May 2023 / 23:11:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230518-004034

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 - SLR2657E				
As at 18 May 2023/20:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLR2657E			
	Enquiry Fee	24.77	1.98	26.75
	20230518231012689718			
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				
	DICNV20230518231013243540	SGQR(PayNow)		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.



Invoice

SDR8680S
TEO ENG HOCK

Invoice No : GPLIN0003315
Invoice Date : 26/5/2023
Due Date : 26/5/2023
VHA No : 3668
Referral ID : Z013

Description :	Amount
Rental for 8 Day/s @ \$180 per Day \$	1,440.00

Vehicle No : SLZ4239Z

Vehicle Description : Mazda 6 2.0 A

Rental Period : 18/05/2023 to 26/05/2023

Total Amount Payable : \$ 1,440.00

