



華明噴漆廠
HUA MENG SPRAY PAINTING WORKSHOP
AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883
Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680
Email: huameng@live.com.sg
Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 25.07.2025

LONPAC INSURANCE BHD

Attn: Motor Claims Dept

**ACCIDENT ON 04.11.2024 INVOLVING VEHICLE SMS362B AND GBH3472K ALONG
YISHUN AVE 9 TOWARDS YISHUN AVE 6**

With regards to the above, we are writing on behalf of the registered owner of vehicle SMS362B which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle GBH3472K. AS a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expense, particulars of which are follows:

1) Repair cost	\$	3,800.00
2) Loss of use- \$120 x 6 days	\$	720.00
3) Purchase 3rd party GIA	\$	31.00
Total	\$	4,551.00

We hereby enclosed herewith the following documents for your consideration of the above claim.

- a) Final Repair Bill Of SMS362B
b) GIA report

- c) Purchase 3rd party GIA
d) Owner / Driver NRIC & Driving License

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

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HUA MENG SPRAY PAINTING WORKSHOP
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Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 25.07.2025

VEHICLE NO : SMS 362 B
MAKE / MODEL : HONDA SHUTTLE
NAME : NUR-KAMARIAH ABDUL RAZAK
ADDRESS : BLK 259 YISHUN STREET 22
#02-79
(S) 760259

FINAL REPAIR BILL FOR VEHICLE NO : SMS362B

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR
REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING
(LUMPSUM REPAIR)

\$ 3,800.00

SINGAPORE DOLLARS : THREE THOUSAND EIGHT HUNDRED ONLY

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 First Submission	05/11/2024 15:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/11/2024 19:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Yishun Ave 9 Towards Yishun Ave 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS362B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Nur-Kamariah Binte Abdul Razak
NRIC No	SXXXX465J
Email Address	nur_kamariah_91@hotmail.com
Mobile Phone No	(Phone) +65-89226362
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT SENSING
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 hire
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC06686

DRIVER

Name of Driver	Nur-Kamariah Binte Abdul Razak
NRIC No	SXXXX465J
Date Of Birth	11/08/1991
Occupation	Outdoor
Driving Pass Date	14/08/2015
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	9 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89226362
Alt. Phone Number	-
Email Address	nur_kamariah_91@hotmail.com
Address	259 Yishun Street 22 #02-79 S760259
Address complement	-
Postcode	-
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 - Cross Junction
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)	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

Refer to attached

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	GBH3472K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Miah Nazmul
Passport No/FIN	GXXXX600L
Contact Number	(Phone) +65-94605399
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	Nur-Kamariah Binte Abdul Razak
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 Days MC
Injured person in which vehicle?	SMS362B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

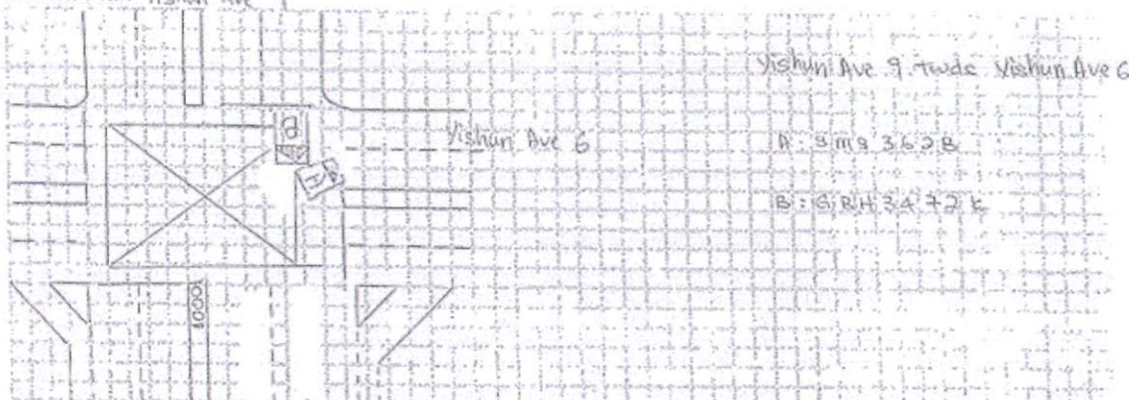
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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.
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

Sketch Plan Yishun Ave 9



Describe Circumstances of the Accident

Refer to Police Report : T / 20241105 / 7058

Declaration

We declare the foregoing particulars are true in every respect.

1500hrs.
5/11/2024.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241105/7058

1 of 3

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

Report No. T/20241105/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2024 14:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR KAMARIAH BINTE ABDUL RAZAK			Address: 259 YISHUN STREET 22 #02-79 SINGAPORE 760259		
ID Type / ID No.: NRIC NO / S9128465J			Contact No.: Home/Office: Mobile: 89226362		
Nationality: SINGAPORE CITIZEN			Email: nur_kamariah_91@hotmail.com		
Sex: Female	Age: 33	Date of Birth: 11/08/1991	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Social worker (general)			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2024 19:25	Type of Location: X-Junction
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3472K	Lorry					1
SMS362B	Motor car	HONDA	SHUTTLE 1.5G CVT SENSING	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS362B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MZC06686	06/02/2024	05/02/2025



**SINGAPORE
POLICE FORCE**



T/20241105/7058

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

2 of 3

Report No. T/20241105/7058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NUR KAMARIAH BINTE ABDUL RAZAK	ID No.	S9128465J
Related Vehicle	SMS362B (Motor car)	Contact No.	89226362
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

Along Yishun Avenue 9 twds Yishun Avenue 6 on 04.11.2024 at about 07.25pm.

At the traffic light, my vehicle (SMS362B) turned to the right onto Yishun Ave 6, and GBH3472K ran a red light from the opposite direction, thus colliding with the left rear portion of my vehicle (SMS362B).

After crashing the vehicle, GBH3472K immediately drove away from the scene of the accident and parked the vehicle on the side of the road. Therefore, it is impossible to take photos of the accident at the scene.



SINGAPORE
POLICE FORCE

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



T/20241105/7058

3 of 3

Report No. T/20241105/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
05/11/2024 14:25

Classification Of Case:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1 H

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)

Policy No.: MZC06686 (Private Car)

- | | | |
|--|--|-------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMS352B | Chassis No.: GK82103480 |
| 2. Name of Policyholder | NUR-KAMARIAH BINTE ABDUL RAZAK | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 06/02/2024 (00:00:00) | |
| 4. Date of Expiry of Insurance | 05/02/2025 | |
| 5. Persons or Class of Persons entitled to drive* | The Policyholder
Any person who is driving on the Policyholder's order or with the 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. And provided further that this Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
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.
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services.
- 4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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.

We hereby certify that this Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION		Account No: 334003A	
Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000.00	(Original Excess : SGD 2,000.00)
	Excess-Third Party (Sect II)	SGD 1,500.00	
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperienced Driver(s)	SGD 1,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	GB HELIOS PTE LTD		
Additional Terms:	1.Private Hire Usage Vehicle Endorsement is included. 2.Unnamed Driver Excess is not applicable 3.Car is licensed for private hire (PH) by LTA. 4.Only PH licensed Named Drivers can use car for PH in Singapore only 5.No rental to unnamed driver. 6.YID excess on Section 1 & 2 separately. 7.Approved workshop plan only 8.Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

TAX INVOICE

HUA MENG SPRAY PAINTING
WORKSHOP - NUR KAMARIAH
BINTE ABDUL RAZAK

Invoice Number
GR-2024-007517

Invoice Issue Date
06 Nov 2024

Invoice Due Date
13 Nov 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	05/11/2024,04/11/2024,SMS362B,GBH3472K	28.44	2.56	31.00
Total Amount (S\$)				28.44
Total GST 9.00% (S\$)				2.56
Total Amount Incl. of GST (S\$)				31.00

*This is a computer generated document.
No signature is required.*

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9128465J



Name

NUR-KAMARIAH BINTE ABDUL
RAZAK

نور كماريه بنت ابدل رازق

Race

MALAY

Date of birth

11-08-1991

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9128465J

Name:

NUR-KAMARIAH BINTE ABDUL
RAZAK

Birth Date: 11 Aug 1991

Issue Date: 14 Aug 2015



002462068G

SG
50

Land Transport Authority
AUTO TRANSMISSION
VEHICLE ONLY



VOCATIONAL LICENCE

Licence No : S9128465J

Name : NUR-KAMARIAH BINTE ABDUL
RAZAK

Card Issue Date : 02/02/2018

Please visit www.lta.gov.sg to check
the status of this vocational licence

6812497



NRIC No. S9128465J



Date of issue

10-03-2022

Address

APT BLK 259 YISHUN STREET 22
#02-79
SINGAPORE 760259

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 14 Aug 2015
< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



Licence No: S9128465J

NP 428A

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	02/02/2018

