



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: 06.12.2024

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

Attn: Motor Claims Dept

**ACCIDENT ON 29.10.2024 INVOLVING VEHICLE SMQ4923S & GBG4075Y ALONG  
NORTH BUONA VISTA RD TOWARDS COMMONWEALTH AVE**

With regards to the above, we are writing on behalf of the registered owner of vehicle SMQ4923S 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 GBG4075Y. 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	\$	800.00
2) Loss of use - \$120 x 3 days	\$	360.00
3) 3rd PARTY GIA search	\$	31.00
<b>Total</b>	<b>\$</b>	<b>1,191.00</b>

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

a) Final Repair Bill Of SMQ4923S

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

Yours faithfully,

**HUA MENG SPRAY PAINTING WORKSHOP**

 華 明 噴 漆 廠  
HUA MENG SPRAY PAINTING WORKSHOP  
AUTOBAY @ KAKI BUKIT  
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
TEL: 6747 8064, 6746 5519 FAX: 6743 4896



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: 06.12.2024

VEHICLE NO : SMQ 4923 S  
MAKE / MODEL : SUZUKI APV  
NAME : KHAIRUDDIN BIN SA'ADON  
ADDRESS : BLK 243 BUKIT PANJANG RING ROAD  
#03-177  
(S) 670243

**FINAL REPAIR BILL FOR VEHICLE NO : SMQ4923S**

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

\$ 800.00

**SINGAPORE DOLLARS : 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	30/10/2024 17:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/10/2024 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BUONA VISTA RD TOWARDS COMMONWEALTH AVE WEST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4923S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHAIRUDDIN BIN SA'ADON
NRIC No	S1719570J
Email Address	MALNIF1965@GMAIL.COM
Mobile Phone No	(Phone) +65-91058046
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Apv
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118306036-03

### DRIVER

Name of Driver .....	KHAIRUDDIN BIN SA'ADON
NRIC No .....	S1719570J
Date Of Birth .....	01/07/1965
Occupation .....	Outdoor
Driving Pass Date .....	25/03/1987
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	37 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91058046
Alt. Phone Number .....	-
Email Address .....	MALNIF1965@GMAIL.COM
Address .....	BLK BUKIT PANJANG RING RD
Address complement .....	#03-177
Postcode .....	670243
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 .....	Chain 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 .....	3
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

I WAS DRIVING ON NORTH BUONA VISTA RD ENTERING A SLIP ROAD TO ROCHESTER PARK AND I SUDDENLY FELT AN IMPACT ON MY REAR OF MY VEHICLE. UPON INSPECTION I NOTICE THAT THERE'S A DAMAGE ON MY REAR RIGHT AND I DROVE BACK WHERE I FELT THE IMPACT. I SAW THAT THE SAME VEHICLE THAT HIT ONTO MINE AND HIT ONTO ANOTHER VEHICLE.

#### 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 .....	GBG4075Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUPANDI BIN MOHD YUNUS
NRIC No .....	S1803885D
Contact Number .....	(Phone) +65-82238735
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNN5850R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	ONG CHAU WAN
NRIC No .....	S7919049G
Contact Number .....	(Phone) +65-97290607
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLANIMPORTANT 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.

*K. Heng*

30/10/2024  
1704HRS

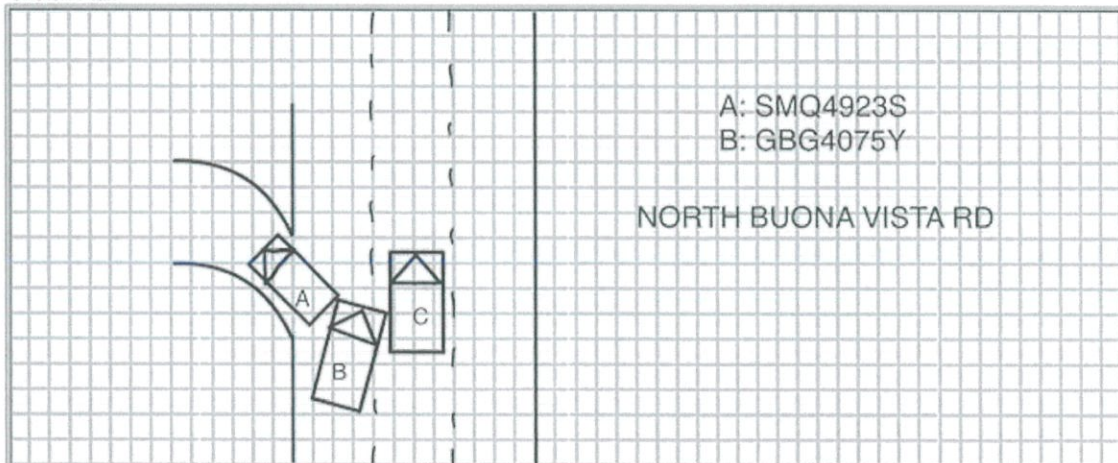
Policyholder's Signature / Date & Time

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

*Nur Asyraf Bin Zainal*

NUR ASYRAF BIN ZAINAL  
S997042

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

Sketch Plan

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

 30/10/2024  
1704HRS

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
NUR ASYRAF BIN ZAINAL  
S997042



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
9 Temasek Boulevard #42-01b, Singapore 038989  
Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)  
GST Reg No: M400017735  
UEN: S66SS0020G

TAX INVOICE

HUA MENG SPRAY PAINTING  
WORKSHOP - KHAIRUDDIN BIN  
SA'ADON

Invoice Number  
GR-2024-007528

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	05/11/2024,29/10/2024,SMQ4923S,GBG4075Y	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. S1719570J



Name  
KHAIRUDDIN BIN SA'ADON


Race  
MALAY

Date of birth  
01-07-1965

Country/Place of birth  
SINGAPORE

Sex  
M

S1719570J



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1719570J

Name: KHAIRUDDIN BIN SA'ADON

Birth Date: 01 Jul 1965


Issue Date: 06 Jun 2023

0033399112J



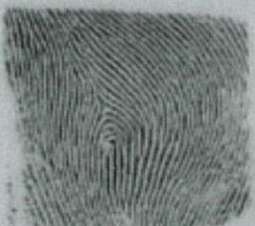
6484020

NRIC No. S1719570J



Date of issue  
19-08-2020

Address  
APT BLK 243 BUKIT PANJANG RING ROAD  
#03-177  
SINGAPORE 670243




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

EFFECTIVE DATE  
14 Feb 1985  
25 Mar 1987

Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW  
Class 3 Ambulances / Medical transport vehicles / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / Motor tractors or vehicles ≤ 2500kg

Licence No: S1719570J



428A

## AUTHORISATION TO ACT

I/We, Khairuddin Bin Sa'adon ("the third party claimant") of  
243 Bukit Panjang Ring Road #03-177 (S) 670243 (address),  
owner of SMA 4923 S (vehicle no.) hereby authorise **HUA MENG SPRAY PAINTING**  
**WORKSHOP** ("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. SMA 4923 S that was damaged pursuant  
to the accident which occurred on 29.10.2024 (date) along North Buona Vista Rd twds  
Commonwealth Ave (location) involving vehicle no/s GBG 4075 Y ("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 09 (day) of Nov (month) 2024 (year)

X Khairuddin Bin Sa'adon  
Signed by "the third party claimant"  
(with company stamp if applicable)

華明噴漆廠  
HUA MENG SPRAY PAINTING WORKSHOP  
AUTOBAY @ KAKI BUKIT  
Signed by Yuen "the workshop" #01-34 SINGAPORE 417883  
(with company stamp) TEL: 6747 8064, 6746 5519 FAX: 6743 4896