



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

Reg. No.: 254678/00M



Your Ref:

Our Ref :

Date: 07 12.2018

Attn: Motor Claims Dept

ACCIDENT ON 19.03.2018 INVOLVING VEHICLE GY 4604 S & GBF 4758 R ALONG 5 MANDAI LINK DRIVEWAY

With regards to the above, we are writing on behalf of the registered owner of vehicle GY 4604 S 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 GBF 4758 R.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 expenses, particulars of which are follows:

1) Repair cost

2) Loss of use-\$250 X 3days

3) LTA search

	\$ 1,300.00
	\$ 750.00
	\$ 7.49
-	\$ 2,057.49

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

a) Final Repair Bill Of GY 4604 S

c) LTA SEARCH

Total

b) GIA report

d) Owner / Driver NRIC & Driving License

華明 噴漆廠
HUA MENG SPRAY PAINTING WORKSHOF
AUTOBAY@KAKI BUKIT
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883
AEK: 6747 8064, 6746 5519 FAX: 6743 4896

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP





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Your Ref:

Our Ref :

27/11/2018

Date:

VEHICLE NO

:GY 4604 S

MAKE / MODEL

:MITSUBISHI FB511

NAME

:FOOD PARADISE ENTERPRISE PTE LTD

ADDRESS

:7 MANDAI LINK

#06-25 MANDAI CONNECTION

S 728653

FINAL REPAIR BILL FOR VEHICLE NO:GY 4604 S

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

1,300.00

SINGAPORE DOLLARS: ONE THOUSAND THREE 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

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 opies of this report will, for a fee, be made available upon application by interested parties. 7. By the lodgement of this report to the insur

:	ACCIDENT STATEMENT	
Date Of Report	20/03/2018 12:22	
Date Of Accident	19/03/2018 12:30	
Exact Location Of Accident	5 MANDA LINK DRIVEWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY4604S	
Insured/Policyholder		
Name Of Registered Owner	FOOD PARADISE ENTERPRISE PTE LTD	
Co Reg No	201216687M	
Email Address	NOEMAIL	
Mobile Phone No		
Mornotius Dharaki		

Alternative Phone No

Vehicle Particulars

Manufacturer MITSUBISHI Model FB511BOJSRDE

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?

If No. Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy Policy Number

Cover Note Number

Driver

Name of Driver Passport No/FIN

Date Of Birth Occupation Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Gender

Contact Number **EMail Address**

OFFICE-67940180

WORKING

NO

THIRD PARTY

COMMERCIAL VEHICLE

NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY FIRE AND/OR THEFT

NO 5088995167

JIANG SHUREN

G3128391X 14/08/1973 **OUTDOOR**

23/03/2017 0 YEAR AND 11 MONTH

MALE

(LOCAL) +65-88694100

OFFICE-88694100

NOEMAIL

5.44.1克斯克尼斯 [4]

Address

7 MANDAI LINK

#06-25 MANDAI CONNECTION

Postcode

728653

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

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 this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF4758R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GAO MING

NRIC/Passport Number

S9774773C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Accident Sketch Plan

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 <u>jouthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- By the ladgment 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 consont 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 florm) 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 :
 - processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
 - fill investigating the accident and/or my cialms;
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(b) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

Oate & Time:

Reporting Centre Personnel's Signature

Mame:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	all handles for the second of prices and second	
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		E. GRE VIESR
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DECLARATION A	iculars are true in every respect.	M
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Policyholder's Signature	Oriver's Sgrature	Reporting Centre Personnel's Signature
Date & Time	(if driver is not the policyholder) Date & Time;	Name: NRIC/FIN No :

Accident Sketch Plan

ON STATED DATE AND TIME, MY VEHICLE WAS SATIONARY PARK 5 MANDAI LINK DRIVEWAY BESIDE COFFEE SHOPS. WHEN I CAME OUT FROM THE COFFEE SHOP, I SAW THAT VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION. 19th Morch 2018, Manda's Foodlink, 5 monolai Link, 57,7854

Mg loving reverse (GSF 4758R) to another loving (6446048)

at 19th Morch 2018, 12:30pm and we are cetting

for private settlement and I will pay for the

oldmages incurred.

99774773C GAO Ming (China)
DOB:30 | 09 | 1947 (M)
BIK 836 Woodlands Street 83
10-135, Singapore 730836
Mobile: 4355 3187



WORK PERMIT

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

Employer FOOD PARADISE ENTERPRISE PTE. LTD.



Name JIANG SHUREN

Work Permit No. 0 76760764

Sector: SERVICE







05-03-2018

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

 $_{\mathcal{E}^{-\gamma}}$ EFFECTIVE DATE — .

Class 3

23 May 2017

G3128391X

NP 428A

S / No.9000268236



FIN G3128391X Date of Birth 14-08-1973

VISIT PASS Immigration Regulations

MULTIPLE JOURNEY VISA ISSUED



Name JIANG SHUREN





