



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
 Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 22.05.2019

Attn: Motor Claims Dept

**ACCIDENT ON 18.01.2019 INVOLVING VEHICLE SKH 1446 T & SLD 3857 L ALONG
 ECP TWDS CITY BEFORE MARINE PARADE EXIT**

With regards to the above, we are writing on behalf of the registered owner of vehicle SKH 1446 T 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 SLD 3857 L. 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	\$	7,500.00
2) Loss of use-\$200 X8days	\$	1600.00
3) LTA search	\$	7.49
Total	\$	9,107.49

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

- | | |
|------------------------------------|--|
| a) Final Repair Bill Of SKH 1446 T | c) LTA SEARCH |
| b) GIA report | d) Owner / Driver NRIC & Driving License |

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Lew

Yours faithfully,
HUA MENG SPRAY PAINTING WORKSHOP



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Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

Our Ref :

5/4/2019

Date:.....

VEHICLE NO :SKH 1446 T
 MAKE / MODEL :TOYOTA ESTIMATE
 NAME :AOW SWEE HENG RIAVHARD
 ADDRESS :BLK 325 TAMPINES ST 32
 #06-402
 S 520325

FINAL REPAIR BILL FOR VEHICLE NO:SKH 1446 T

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR
 REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING
 (LUMP SUM REPAIR) \$ 7,500.00

SINGAPORE DOLLARS:SEVEN THOUSAND AND FIVE 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 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 Report	18/01/2019 17:22
Date Of Accident	18/01/2019 07:40
Exact Location Of Accident	ECP TWDS CITY BEFORE MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1446T
Insured/Policyholder	
Name Of Registered Owner	AOW SWEE HENG RICHARD
NRIC No	S1662619H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97450745
Alternative Phone No	OFFICE-97450745
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V07260/VPC/R01
Cover Note Number	
Driver	
Name of Driver	AOW SWEE HENG, RICHARD
NRIC No	S1662619H
Date Of Birth	09/03/1964
Occupation	INDOOR
Date Of Driving Pass	30/07/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97450745
Fax Number	
Contact Number	OFFICE-97450745
Email Address	NOEMAIL

Address BLK 325 TAMPINES STREET 32
#06-402

Postcode 520325

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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) 2

Passenger 1
NAME:
GENDER: : MALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SLD3857L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver MASRON BIN OSLAND

NRIC/Passport Number S0072142E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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 lodgment 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.
- (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:
 - (i) 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
 - (ii) 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)
Date & Time:



Reporting Centre personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jan 2019 / 13:29:26

Receipt Date/Time : 21 Jan 2019 / 13:29:26

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190121-001635

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 - SLD3857L				
As at 18 Jan 2019/07:40:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLD3857L Enquiry Fee 20190121132822868660	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20190121132843870	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1662619H

Name: AOW SWEE HENG, RICHARD

Birth Date: 09 Mar 1964

Issue Date: 22 Dec 2016



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1662619H



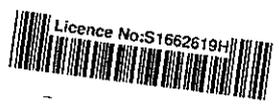
Name
AOW SWEE HENG, RICHARD

Race
CHINESE
Date of birth
09-03-1964
Country/Place of birth
SINGAPORE
Sex
M
S1662619H

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	12 Jul 1988
Class 2A	Motorcycles between 201 cc and 400 cc	12 Jul 1988
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	30 Jul 2003

NP 428A



Licence No: S1662619H

5683487



NRIC No. S1662619H



Date of issue
29-12-2016

Address
APT BLK 325 TAMPINES STREET 32
#06-402
SINGAPORE 520325