



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 : SJK 3069 G

Our Ref : YN 8738H

Date: 09/12/2020

United Overseas Ins Ltd

Attn: Motor Claims Dept

**ACCIDENT ON 07.03.2019 INVOLVING VEHICLE YN 8738 H & SJK 3069 G ALONG
LORNIE RD TWDS BRADDELL RD**

With regards to the above, we are writing on behalf of the registered owner of vehicle YN 8738 H 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 SJK 3069 G. 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 | \$ | 8,000.00 |
| 2) Loss of use-\$200 X 07 days | \$ | 1,400.00 |
| 3) LTA search | \$ | 7.49 |
| Total | \$ | 9,407.49 |

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

- | | |
|-----------------------------------|--|
| a) Final Repair Bill Of YN 8738 H | 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
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Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date:..... 8/12/2020

VEHICLE NO :YN 8738 H
MAKE / MODEL :ISUZU NHR85AUE4A
NAME :ISLAND RECOVERY SERVICES
ADDRESS :59 UBI AVE 1
#07-08 BIZLINK CENTRE
S 408938

FINAL REPAIR BILL FOR VEHICLE NO:YN 8738 H

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

\$ 8,000.00

SINGAPORE DOLLARS:EIGHT THOUSAND ONLY

MSME19031564 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 08/03/2019 16:31
 SUBMITTED BY: Chia Pei Ying

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 | 08/03/2019 16:31 |
| Date Of Accident | 07/03/2019 12:50 |
| Exact Location Of Accident | LORNIE RD TWDS BRADDELL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | YN8738H |
| Insured/Policyholder | |
| Name Of Registered Owner | ISLAND RECOVERY SERVICES |
| Co Reg No | 53120055L |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91828211 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | ISUZU |
| Model | NHR85AUE4A R1 |

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P1916177 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LI ZHONGYU |
| NRIC No | G7792171R |
| Date Of Birth | 22/04/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/12/2014 |
| Driving Experience | 4 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90217295 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address BLK 131 JALAN BUKIT MERAH #04-1599
 Postcode 160131
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190308/2088.

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 SJK3069G
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LIM KHEE MING
 NRIC/Passport Number S1182523J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LI ZHONGYU

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN8738H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 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 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 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.:

SKETCH PLAN

Sketch of road

View A: 1 N 8738M

View B: SJF3069.G

Turn left towards Boulder Road

1

2

3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report 7/20/2019 0308/208

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

DECLARATION OF THE FOREGOING

83120956

12/2006

Holder's Signature

ry respect.

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190308/2088

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 08/03/2019 13:24 | | Vide Report No.: | | Station Diary No.: 14 | |
| Informant's Particulars | | | | | |
| Name of Informant: LI ZHONGYU | | | Address: APT BLK 131 JALAN BUKIT MERAH #04-1599 SINGAPORE 160131 | | |
| ID Type / ID No.: FIN NO / G7792171R | | | Contact No.: Home/Office: Mobile: 90217295 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 22/04/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Other heavy truck and lorry drivers | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/03/2019 12:50 | Type of Location: Straight Road |
| Location: Along Road 1 LORNIE ROAD TOWARDS BRADDELL ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
|------------|-------|------------------|-------------------|-------|---------------------|-----------------|
| SJK3069G | Car | MERCEDES BENZ | E200K | Grey | Slightly Damaged | 0 |
| YN8738H | Lorry | ISUZU | NHR85AUE4 A R1 | Blue | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20190308/2088

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|--|-----------------------------------|
| Driver | | | |
| Name | LIM KHEE MING | ID No. | S1182523J |
| Related Vehicle | SJK3069G (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LI ZHONGYU | ID No. | G7792171R |
| Related Vehicle | YN8738H (Lorry) | Contact No. | 90217295 |
| Hospital/Clinic | GALILEE CLINIC | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 08/03/2019 | Date Discharge | 08/03/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 07/03/2019 at around 1252hrs, I was driving along Lornie Road towards Bradell road as I was transporting vehicles to the Traffic Police Compound on the third lane when I suddenly felt an impact from the rear. Due to the impact, my lorry was pushed to my right in lane 2 before I steer it back into lane 3 and that's when I saw one Grey vehicle passing by me on lane 3 and stopping at the road shoulder ahead. The driver of the car then alighted and apologized saying he lost control of the car. We then exchanged particulars and took photos of the scene before I reported the incident to my company. On 08/03/2019, I then visited the doctor as I felt unwell and was given 3 days MC. The insurance company then advised me to lodge a Police report. The vehicle that I am driving was damaged on the rear left portion and the nut controlling the movable platform is spoilt thus making it unusable now.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190308/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20190308/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LIEW CHONG XIANG, VINCENT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/03/2019 13:24

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

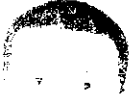
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC



Licence Number: **G7792171R**
Name

LI ZHONGYU

Birth Date: **22 Apr 1987**
Issue Date: **13 Dec 2014**
Valid Till: **12 Dec 2019**



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

Class 3
Class 4

Mo or cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors <= 2500 kg
Heavy motor cars and motor tractors > 2500 kg

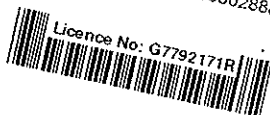
EFFECTIVE DATE

13 Dec 2014
13 Feb 2019

G7792171R

NP 428A

S / No. 9000288832



WORK PERMIT

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

Employer
ISLAND RECOVERY SERVICES



Name
LI ZHONGYU
Work Permit No.
0 57133198 Sector
SERVICE



K0689855

VISIT PASS
Immigration Regulations

15-08-2018

Name
LI ZHONGYU

FIN
G7792171R

Date of Birth
22-04-1987

Nationality
CHINESE

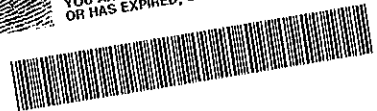
Sex
M

Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg

**CERTIFICATE OF INSURANCE**

■ 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)

CERTIFICATE NO. : VCA/P1916177 **Account No.** : 03936
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : ISLAND RECOVERY SERVICES
Vehicle Registration No. : YN8738H
Period of Insurance : From 01/04/2018 To 31/03/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their 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.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
 - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)


EXCESS :

Sect I - Any Authorised Driver : SGD 900.00
Sect II-Any Authorised Driver : SGD 900.00
Windscreen Excess : SGD 100.00
 (Please refer to your policy for Additional Excess)

* 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.

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

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOMCHA on 27/02/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

3/9/2019

Vehicle Hub

Enquire Vehicle & Owner Information (Vehicle No. SJK3069G As At 07 Mar 2019 / 12:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: H47-YN8738H

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1182523J

Owner Name: LIM KHEE MING

Registered Address Type: Private Residential (non-Condo Apt / non-House)

Registered Block/House No.: 41C

Registered Street Name: CHARLTON ROAD

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 539613

Current Vehicle Details

Vehicle No.: SJK3069G

Make Description/Model: MERCEDES BENZ / E200K

Insurance Company Name: UNITED OVERSEAS INS LTD