



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: 28.8.2019

Attn: Motor Claims Dept

**ACCIDENT ON 29.04.2019 INVOLVING VEHICLE SKP 9971 Z & SGL 8351 M ALONG  
PIE TWDS TUAS (ALJUNIED WEST FLYOVER)**

With regards to the above, we are writing on behalf of the registered owner of vehicle SKP 9971 Z 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 SGL 8351 M. 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	\$	12,000.00
2) Loss of use-\$150 X14 days	\$	2,100.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>14,107.49</b>

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

a) Final Repair Bill Of SKP 9971 Z

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

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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

Yours faithfully,

**HUA MENG SPRAY PAINTING WORKSHOP**



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Reg. No.: 254678/00M



Your Ref :

Our Ref :

26/8/2019

Date:.....

VEHICLE NO :SKP 9971 Z  
MAKE / MODEL :MAZDA 5  
NAME :AZME BIN YUNOS  
ADDRESS :BLK 212 PASIR RIS ST 21  
#04-222  
S 510212

**FINAL REPAIR BILL FOR VEHICLE NO:SKP 9971 Z**

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

\$ 12,000.00

**SINGAPORE DOLLARS:TWELVE THOUSAND ONLY**

MSME19055660 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 30/04/2019 10:34  
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	30/04/2019 10:34
Date Of Accident	29/04/2019 15:30
Exact Location Of Accident	PIE TWDS TUAS (ALJUNIED WEST FLYOVER)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKP9971Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AZME BIN YUNOS
NRIC No	S7243472B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96635547
Alternative Phone No	OFFICE-96635547

**Vehicle Particulars**

Manufacturer	MAZDA
Model	5

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 PRIVATE CAR

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098058340-01
Cover Note Number	

**Driver**

Name of Driver	AZME BIN YUNOS
NRIC No	S7243472B
Date Of Birth	22/11/1972
Occupation	INDOOR
Date Of Driving Pass	18/12/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96635547
Fax Number	
Contact Number	OFFICE-96635547
EMail Address	NOEMAIL

Address BLK 212 PASIR RIS ST 21 #04-222  
 Postcode 510212  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? NO  
 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

I WAS STATIONARY ALONG LANE 1 OF PIE TOWARDS TUAS (ALJUNIED WEST FLYOVER) ON 29/04/2019 AT 1530HRS. I FOLLOWED THE VEHICLE TO STOP. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE. THE IMPACT PUSHED ME FORWARD TO HIT VEHICLE C. AFTER ACCIDENT, WE EXCHANGED PARTICULARS AND SCENE PHOTO TAKEN.

**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 SGL8351M  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver SULAIMAN BIN MAUSOR  
 NRIC/Passport Number S1390651C  
 Contact Number 92313694  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL2336L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category -	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

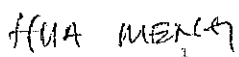
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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6. 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:

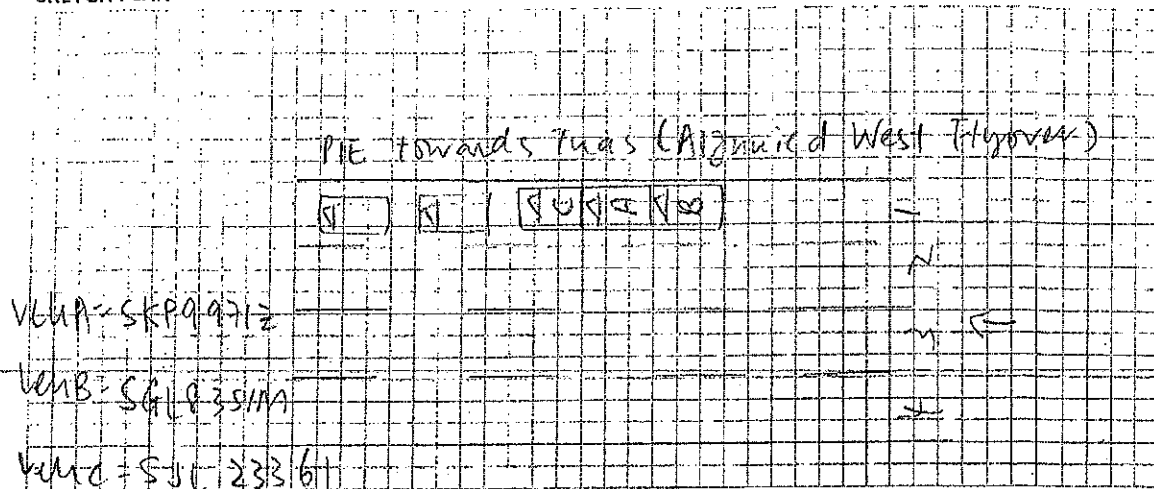
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

Sketch Plan Pg. 1/3

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Stationary along lane 1 of PIE towards  
 Tuas (Agnunied West Flyover) on 29.04.2019 @  
 1530hrs. I was followed the vehicle C to stop.  
 Suddenly, I heard a bang sound and felt  
 an impact from my rear. Vehicle B was  
 collided onto rear portion of my vehicle.  
 The impact push me forward to hit  
 Vehicle C. After accident, we exchange  
 particulars and scene photo taken.

## DECLARATION

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

My.  
 Policyholder's Signature  
 Date & Time:

My.  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7243472B**

Name: **AZME BIN YUNOS**

Birth Date: **22 Nov 1972**

Issue Date: **29 Sep 2003**

000871513E

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7243472B**



Name: **AZME BIN YUNOS**

Race: **MALAY**

Date of Birth: **22-11-1972**

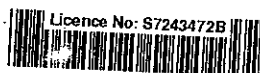
Sex: **M**

Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Nov 1990
Class 2A	Motorcycles between 201 cc and 400 cc	21 Apr 1995
Class 2	Motorcycles exceeding 400 cc	29 Oct 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1991

NP 428A



3269353



NRIC No **S7243472B**

Blood Group: **-** Date of issue: **29-11-2002**

**APT. BLK 212 PASIR RIS STREET 21 #04-222**  
**SINGAPORE 510212**

NRIC No: **S7243472B** Date: **13/02/2012** No: **6924412**



&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Apr 2019 / 11:08:29

Receipt Date/Time : 30 Apr 2019 / 11:08:29

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190430-001089

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
--------------------------------	-------------------------	-------------------------------

Result of Insurance Enquiry - SGL8351M

As at 29 Apr 2019/15:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SGL8351M  
Enquiry Fee  
20190430110718376490

7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

20190430110740956	Direct Debit: eNETS Debit (Internet Banking)	7.45
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<b>Total</b>			7.45
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<b>Cash Change</b>			0.00
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<b>Tendered Amount</b>			7.45
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<b>Excess Refundable Amount</b>			0.00
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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.

Print Receipt

OK

Save as PDF