



# 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 :

Date: 05-08-2019

Our Ref :

Attn: Motor Claims Dept

**ACCIDENT ON 10.04.2019 INVOLVING VEHICLE SKT 969 U & SKK 6858 P ALONG  
BEDOK ROAD**

With regards to the above, we are writing on behalf of the registered owner of vehicle SKT 969 U 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 SKK 6858 P. 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	\$	3,500.00
2) Loss of use-\$150 X05 days	\$	750.00
3) LTA search	\$	7.49
Total	\$	4,257.49

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

- a) Final Repair Bill Of SKT 969 U
- b) GIA report

- c) LTA SEARCH
- d) Owner / Driver NRIC & Driving License

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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 :

29/7/2019

Our Ref :

Date:.....

VEHICLE NO :SKT 969 U  
MAKE / MODEL :TOYOTA HARRIER  
NAME :TAN CHEE HOW  
ADDRESS :9 JALAN NIPAH  
S 488814

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**FINAL REPAIR BILL FOR VEHICLE NO:SKT 969 U**

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

\$ 3,500.00

**SINGAPORE DOLLARS:THREE THOUSAND AND FIVE HUNDRED ONLY**

MSME19046857 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 10/04/2019 16:13  
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 10/04/2019 16:13  
Date Of Accident 10/04/2019 08:50  
Exact Location Of Accident BEDOK ROAD  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT969U  
**Insured/Policyholder**  
Name Of Registered Owner TAN CHEE HOW  
NRIC No S8635071H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98516889  
Alternative Phone No OFFICE-98516889

## Vehicle Particulars

Manufacturer TOYOTA  
Model HARRIER

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 EQ INSURANCE COMPANY LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMPPHQ19-000785  
Cover Note Number

## Driver

Name of Driver GOH KENG HUAY  
NRIC No S7622873F  
Date Of Birth 24/07/1976  
Occupation INDOOR  
Date Of Driving Pass 27/03/2007  
Driving Experience 12 YEARS AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-98516922  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address 9 JALAN NIPAH  
 Postcode 488814  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - -  
 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? 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 TRAVELLING ALONG BEDOK ROAD APPROACHING THE RED TRAFFIC LIGHT GREEN ARROW TURNING TO THE RIGHT. THEN, I FELT A BUMP ON MY REAR. I STOPPED MY CAR AND REALISED THAT VEHICLE B HIT ONTO MY LEFT REAR.

**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 SKK6858P  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver CHAN SEW CHU  
 NRIC/Passport Number  
 Contact Number 81896959  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## 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:

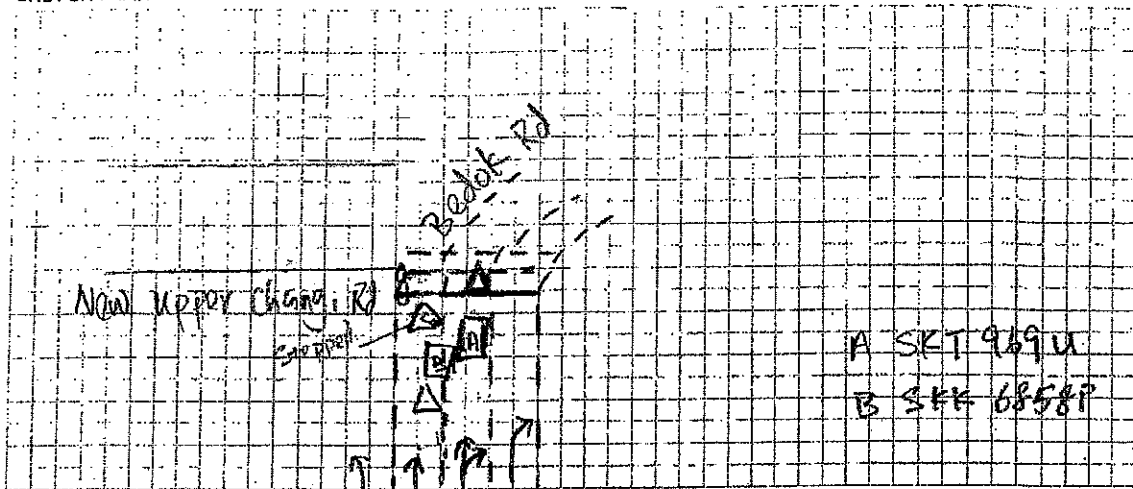
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

HUA MING

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bedok Rd approaching the red traffic light green arrow turning to the right then I feel a bump on my rear. I stopped my car and realize that vehicle B hit on my left rear.

## DECLARATION

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

*Tan*  
Policyholder's Signature  
Date & Time:

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

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7622873F**  
 Name: **GOH KENG HUAY**

Birth Date: **24 Jul 1976**  
 Issue Date: **27 Mar 2007**

1001488574A

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7622873F**



Name  
**GOH KENG HUAY**

吴琼花

Race  
**CHINESE**

Date of birth

**24-07-1976**

Country of birth

**SINGAPORE**

Sex  
**F**

**S7622873F**

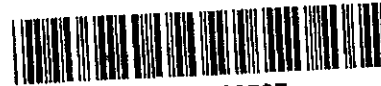
3921675

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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg  
 with =< 7 passengers, exclusive of the driver; and  
 other motor vehicles without clutch pedals =< 2500kg

PASS DATE

**27 Mar 2007**



NRIC No. **S7622873F**



Date of issue  
**22-08-2006**

23A NALLUR ROAD #04-01  
 SINGAPORE 456644  
 NRIC No: **S7622873F**

Date: **07/10/2009**

No: **6362051**



NP 428A

4/10/2019

Vehicle Hub

**Enquire Vehicle & Owner Information ( Vehicle No. SKK6858P As At 10 Apr 2019 / 08:50:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SKT969U-H47

**Current Owner Details**

Owner ID Type: Company

Owner ID: 199803778Z

Owner Name: DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 1

Registered Street Name: GATEWAY DRIVE

Registered Unit No.: # 15 - 08

Registered Building Name: WESTGATE TOWER

Registered Postal Code: 608531

**Current Vehicle Details**

Vehicle No.: SKK6858P

Make Description/Model: MERCEDES BENZ / E200 SEDAN (R17)

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.