



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: 25-10-2019

Attn: Motor Claims Dept

**ACCIDENT ON 20.07.2019 INVOLVING VEHICLE SLF 5944 U & PC 7304 Y ALONG  
DUNEARN ROAD TOWARDS BUKIT TIMAH ROAD**

With regards to the above, we are writing on behalf of the registered owner of vehicle SLF 5944 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 PC 7304 Y. 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                | \$        | 15,000.00        |
| 2) Loss of use-\$180 X10 days | \$        | 1,800.00         |
| 3) LTA search                 | \$        | 7.49             |
| <b>Total</b>                  | <b>\$</b> | <b>16,807.49</b> |

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

a) Final Repair Bill Of SLF 5944 U

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

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1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
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Yours faithfully,

**HUA MENG SPRAY PAINTING WORKSHOP**



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Reg. No.: 254678/00M



Your Ref :

24/10/2019

Our Ref :

Date:.....

VEHICLE NO :SLF 5944 U  
MAKE / MODEL :BMW X1  
NAME :NICHOLAS ER WEI-TIEN  
ADDRESS :151 COVE DRIVE  
#03-03  
S 098221

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**FINAL REPAIR BILL FOR VEHICLE NO:SLF 5944 U**

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

\$ 15,000.00

**SINGAPORE DOLLARS:FIFTEEN THOUSAND 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             | 22/07/2019 16:44                      |
| Date Of Accident           | 20/07/2019 03:00                      |
| Exact Location Of Accident | DUNEARN ROAD TOWARDS BUKIT TIMAH ROAD |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLF5944U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NICHOLAS ER WEI-TIEN |
| NRIC No                     | S7903476B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96685667 |
| Alternative Phone No        | OTHERS-90905200      |

### Vehicle Particulars

|              |                       |
|--------------|-----------------------|
| Manufacturer | BMW                   |
| Model        | X1-1.8 SDRIVE 18L (A) |

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 | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | P1829721              |
| Cover Note Number         |                       |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TOH SU HUAI          |
| NRIC No              | S7902883E            |
| Date Of Birth        | 30/01/1979           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 08/12/2011           |
| Driving Experience   | 7 YEARS AND 7 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-90905200 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 941 JURONG WEST STREET 91 #08-479<br>SINGAPORE |
| Postcode  | 640941   |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | FRIEND   |
| Vehicle Registration Number of Driver's Own Vehicle | -  |
|   | -  |
|   | -  |
| Insurance Company of Driver's Own Vehicle           | -  |
|   | -  |
|   | -  |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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         | PC7304Y |
| Vehicle Make/Model/Colour           |         |
| Details Of Properties               |         |
| Vehicle Category                    | BUS     |
| Name of Driver                      |         |
| NRIC/Passport Number                |         |
| Contact Number                      |         |
| Address                             |         |
| Postcode                            |         |
| Insurance Company Name              |         |
| Nature Of Damage                    |         |
| No. Of Passenger (Including Driver) |         |

## Sketch Plan

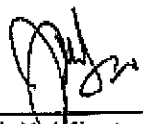
### SKETCH PLAN

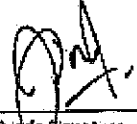
#### IMPORTANT NOTICE


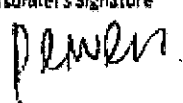
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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.

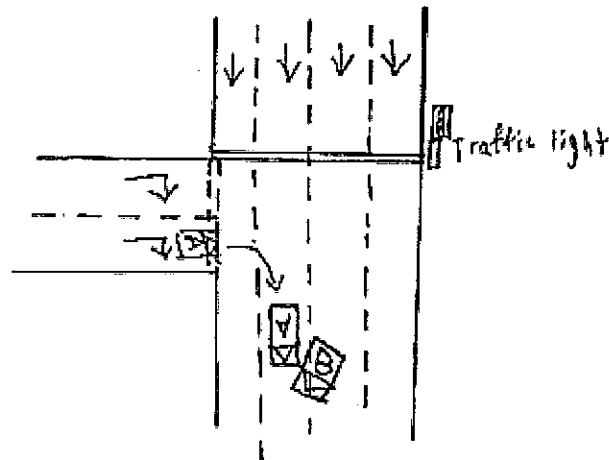
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



Vehicle A: SLF59446

Vehicle B: PCT304Y


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

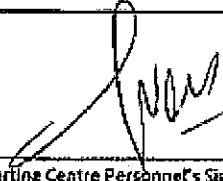
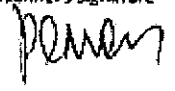
I was travelling along Dunearn road, making a right turn towards Bukit Timah road after Whitley road. I was stationary at the stop line awaiting for the traffic light to turn red, in order for me to make a right turn. The traffic light turn red, I make sure that the road is clear, and proceeded out. I was on my own lane, when suddenly vehicle B cut into my lane and hit onto the left front portion of my vehicle. I got down my vehicle and the driver of the vehicle B got down. He repeatedly apologised to me. And admitted that it's his fault, as he had beat the red light and cannot stop in time. I therefore proceeded to draft a black and white letter with the driver of vehicle B as he admitted his fault and got him to sign as well for his statement.

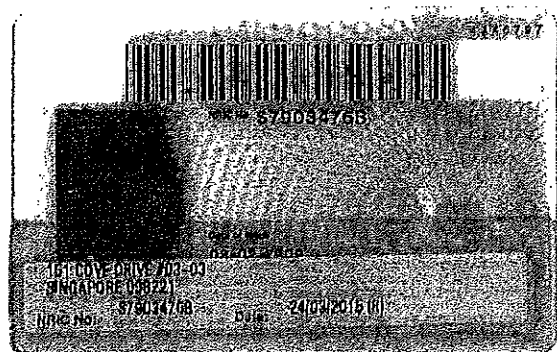
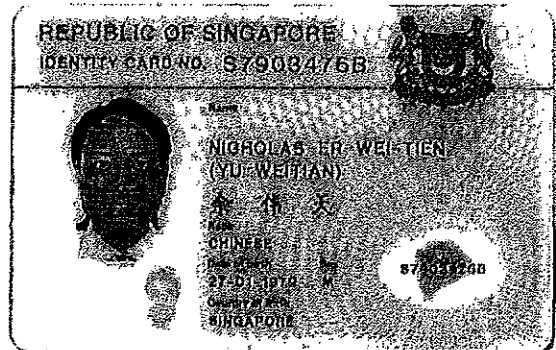
### DECLARATION

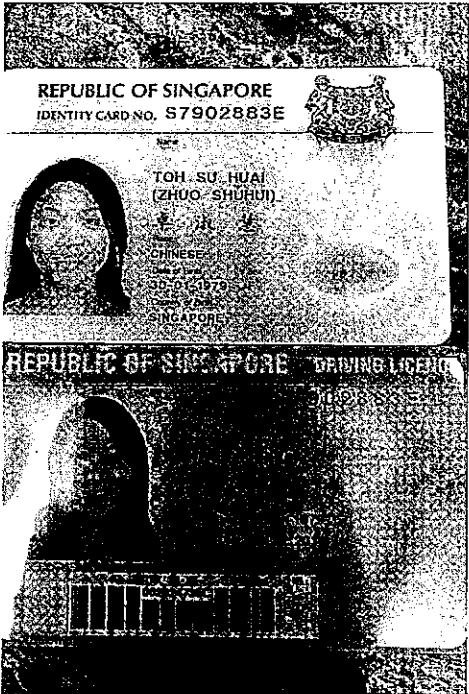
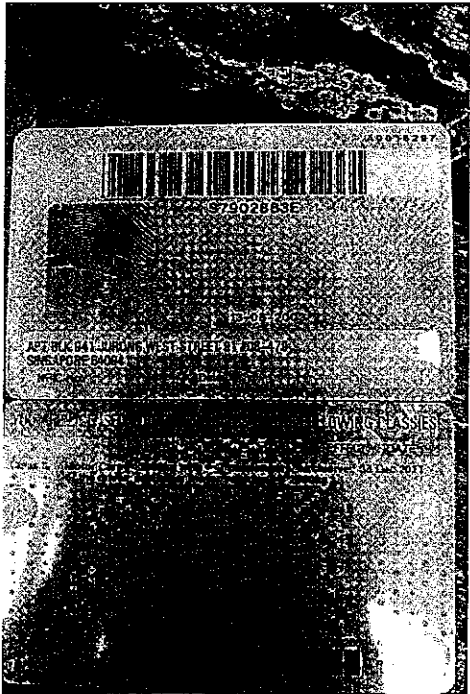
I/We declare the foregoing particulars are true in every respect.

  
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.:







## Enquire Vehicle & Owner Information ( Vehicle No. PC7304Y As At 20 Jul 2019 / 03:00:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: SLF5944U

### Current Owner Details

Owner ID Type: Business  
Owner ID: 53385284J  
Owner Name: JD TRANSIT  
Registered Address Type: HDB / HUOC  
Registered Block/House No.: 633A  
Registered Street Name: SENJA ROAD  
Registered Unit No.: # 10 - 155  
Registered Building Name: SENJA GREEN  
Registered Postal Code: 671633

### Current Vehicle Details

Vehicle No.: PC7304Y  
Make Description/Model: TOYOTA / HIACE COMMUTER GL 3.0 A  
Insurance Company Name: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD