



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 03.08.2019 INVOLVING VEHICLE PC 5681 X & SKP 2277 R ALONG CTE EXPRESSWAY

With regards to the above, we are writing on behalf of the registered owner of vehicle PC 5681 X 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 SKP 2277 R.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 | | Ş | 4,000.00 |
|----------------------------------|-------|----|----------|
| 2) Loss of rental-\$260 X03 days | | \$ | 780.00 |
| 3) LTA search | | \$ | 7.49 |
| | Total | \$ | 4,787.49 |

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

a) Final Repair Bill Of PC 5681 X

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

華明噴漆廠 HUA MENG SPRAY PAINTING WORKSHC OTTAUTOBAY®KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 41788 TEL: 6747 8064, 6746 5519 FAX: 6743 489

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP





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:

24/10/2019
Our Ref : Date:......

VEHICLE NO

:PC 5681 X

MAKE / MODEL

:TOYOTA HIACE

NAME

:MZ EXPRESS

ADDRESS

:189A RIVERVALE DRIVE

#4-1018 S 541189

FINAL REPAIR BILL FOR VEHICLE NO:PC 5681 X

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

\$ 4,000.00

SINGAPORE DOLLARS: FOUR 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 witholding 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.

| By the lodgement of this report to the insurers, you hereby con aforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available | | | |
|--|---|--|--|--|
| | ACCIDENT STATEMENT | | | |
| Date Of Report | 05/08/2019 16:43 | | | |
| Date Of Accident | 03/08/2019 12:10 | | | |
| Exact Location Of Accident | CTE EXPRESSWAY | | | |
| Country/State of Loss | SINGAPORE | | | |
| DETAILS OF OWN VEHICLE | | | | |
| Vehicle Registration Number | PC5681X | | | |
| Insured/Policyholder | | | | |
| Name Of Registered Owner | MZ EXPRESS | | | |
| Co Reg No | 53257612L | | | |
| Email Address | ZEENATH_REZA@HOTMAIL.COM | | | |
| Mobile Phone No | | | | |
| Alternative Phone No | OFFICE-94599369 | | | |
| Véhicle Particulars | | | | |
| Manufacturer | ТОУОТА | | | |
| Model | HIACE | | | |
| | | | | |

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

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Insurance Company

Name of Insurance Company **AXA INSURANCE PTE LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA435362

Cover Note Number Driver | | | | | |

JUNAIDI BIN ISMAIL Name of Driver

NRIC No S7529875G Date Of Birth 17/10/1975 Occupation **OUTDOOR Date Of Driving Pass** 19/01/2012

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84506208

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 334D YISHUN ST 31 #02-129

Postcode 764334

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 2 OF CTE EXPRESSWAY ON 03/08/2019 AT 1210HRS. TRAFFIC WAS JAM AT THAT TIME. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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 SKP2277R

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver YAP TECK HUA

NRIC/Passport Number \$1116562A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JUNAIDI BIN ISMAIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

PC5681X

Sketch Plan Pg. 1

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.
- 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)

Lunderstand, 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:
 - 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.

Corea Solution (Contact of the Contact of the Conta

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder)
Date & Time:

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

1

Sketch Plan #2 Pg. 1

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| SKETCH PLAN | |
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| Veh B-SKP 22 | ₹ ₹ ₽;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
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| | CES OF THE ACCIDENT Lane > of |
| I was st | rationary along aCTE express way on 03.08.2019 @ |
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| 1210 hours. Trat | ffic was jam at that time. Suddenly, I heard a |
| | |
| bana sound and | felt an impact from my rear. Vehicle B was |
| 3, | 1411 (44) 4 1 10011 19 10012 |
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| collided onto y | ear portion of my vehicle. |
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| DECLARATIONSRESS | |
| I/We declare the toresoing part | ticulars are true in every respect. |
| 12 (0 35°). | |
| | and the second s |
| Policyholder's Signature | Driver's Signature Reporting Centre Personnel's Signature |
| Date & Time: | (If driver is not the policyholder) Name: |
| | Date & Time: NRIC/FIN No.: |



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7529875G





JUNAIDI BIN ISMAIL

جونيدي بن اسمايل MALAY

Date of birth 17-10-1975 Country/Place of birth

SINGAPORE

875**2987**56

6157131



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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Date of Issue

09-03-2019

APT BLK 334D YISHUN STREET 31 SINGAPORE 764334

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to ETA, 10 Sin Ming Drive, Singapore 575701:

Description

Issue Date

03 04

16/07/2013

BUS VL BUS ATTENDANT

16/07/2013







AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

date 11/01/2019

CB1 / GA435362

policy number

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road Transport Act. 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name

MZ EXPRESS

Certificate number

GA435362 / 1

Cover

Comprehensive

NCD

0%

Engine number

1KD2665750

Chassis number

KDH2230030205

Vehicle Registration number

PC5681X

from 13/01/2019 to 12/01/2020 (both dates inclusive)

Period of Insurance

Market Value at The Time of Loss

Finance Loan Company

TATCO CREDIT PTE LTD

Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
- (b) Use only in the Republic of Singapore.

The Policy does not cover

- (a) Use for racing, pace-making, reliability trail or speed testing
- (b) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled mechanically propelled vehicle

Excess

| Section SGD2,500.00 Section SGD2,500.00 Windscreen SGD200.00 |
|--|
| Windscreen SGD200.00 |

An additional excess is applicable as follows:

Additional All Claims Excess of S\$2,000 is applicable for any named/unnamed drivers who:

a) is 18 years old to 26 years old and/or

b) Is 66 years old and above and/or

c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

^{*} Limitations rendered inoperative by Section 8 of the Commercial 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.

Enquire Vehicle & Owner Information (Vehicle No. SKP2277R As At 03 Aug 2019 / 00:00:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

HUAMENGPC568X

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S1116562A

Owner Name:

YAP TECK HUA

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 43

Registered Street Name:

MIMOSA ROAD

Registered Unit No.:

#10-45

Registered Building Name: -

Registered Postal Code:

808005

Current Vehicle Details

Vehicle No.:

SKP2277R

Make Description/Model:

TOYOTA/LEXUS GS300 AUTO MR

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

| | HIRING AGREE | MENT |
|-------------------------------|--|--|
| Vehicle No. | PAT | 890G |
| Owner | Hup t | FOE COACH SERVICE |
| Hirer | JUNAIDI | BIN JEMAIL |
| Address | BH 334D | YISHUN ST. 31 |
| | #02-129 | S (764334) |
| Contact No. | 8 | 4506208 |
| Hiring Period | . 26 8 19 | 9m |
| | 29/8/16 | 9 m |
| Hiring Rate | 30Ays X \$ | : 260 - = \$780 - |
| Hiring Rules | Full tank of diesel a before and after use | at the point of vehicle-hand-over |
| DOB | All damages, summ | nons and accident's excess during e to be borne by the hirer. |
| 17/10/1975 | | and conditions of hiring services g period. |
| Pickup point | Please pickup the ve | ehicle at DKAKI BUKIT ANG 6 |
| ego. | Attn: Mr Lim 9 : Ms Lilian 9 : Ms Sandy 9 | |
| Signature of Owner | | |
| I/C no. SIE | 527039 C | Signature of hirer I/C no. S752987500 Name: June 1011. B. Ismail |
| Date : 36/8 | 119 | Date . 26 . 8 . 9 @ 0 100 |
| (Please attach copies of I/C, | Driving Licence & Vocationa | Licence of the hirer.) |



HUP HOE COACH SERVICE Registration No. 52879439J 50 Serangoon North Ave 4 #05-18 First Centre Singapore 555856

No.: 5827

兹收到 Received From__

JUNE BE TRAMI

来大银 BEVEN HUNDRED EIGHTU

OFFICIAL RECEIPT

Rental, Hire & Chartered For Overland Cars, MPV, Lorries, Mini Buses

HP: +65-9322 7087 Email: huphoecoach2@hotmail.com

Date: 39/8/19

Being Payment of Newton of Sous Fram 36/8/19 Cheque No: Cash HUP HOE COACH SERVICE 18/18