



# 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 : SBC 2690 E

Our Ref : GBD 7619 A

Date: 30-03-2020

ALG Asia Pacific Insurance Pte Ltd

Attn: Motor Claims Dept

**ACCIDENT ON 12.11.2019 INVOLVING VEHICLE GBD 7619 A & SBC 2690 E ALONG  
OUTRAM RD TWDS CTE/AYE**

With regards to the above, we are writing on behalf of the registered owner of vehicle GBD 7619 A 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 SBC 2690 E. 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	\$	4,500.00
2) Loss of use-\$120 X 06 days	\$	720.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>5,227.49</b>

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

- |                                    |  |
|------------------------------------|--|
| a) Final Repair Bill Of GBD 7619 A | c) LTA SEARCH                            |
| b) GIA report                      | d) Owner / Driver NRIC & Driving License |

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HUA MENG SPRAY PAINTING WORKSHOP  
- AUTOBAY@KAKI BUKIT  
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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**HUA MENG SPRAY PAINTING WORKSHOP**

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Reg. No.: 254678/00M



Your Ref :

30/3/2020

Our Ref :

Date:.....

VEHICLE NO :GBD 7619 A  
MAKE / MODEL :NISSAN NV350  
NAME :INDOBOX PTE LTD  
ADDRESS :11 LORONG 21A GEYLANG  
#6 LAM THONG BUILDING  
S 388429

**FINAL REPAIR BILL FOR VEHICLE NO:GBD 7619 A**

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

\$ 4,500.00

**SINGAPORE DOLLARS:FOUR THOUSAND FIVE HUNDRED 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	13/11/2019 15:56
Date Of Accident	12/11/2019 09:40
Exact Location Of Accident	OUTRAM RD TWDS CTE/AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7619A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INDOBOX PTE LTD
Co Reg No	201128568K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98587141

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350

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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MT101372-R01
Cover Note Number	

### Driver

Name of Driver	ABDU RAHIMAN BIN MOHAMED YUSOFF @ IMAN YUSOFF
NRIC No	S7690012D
Date Of Birth	25/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98587141
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 782 PASIR RIS ST 71 #06-586
Postcode	510782
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?	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)	2
Passenger 1	NAME: : NURSHAHID GENDER: : MALE

#### 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 ATTACH.

#### 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	SBC2690E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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**

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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.

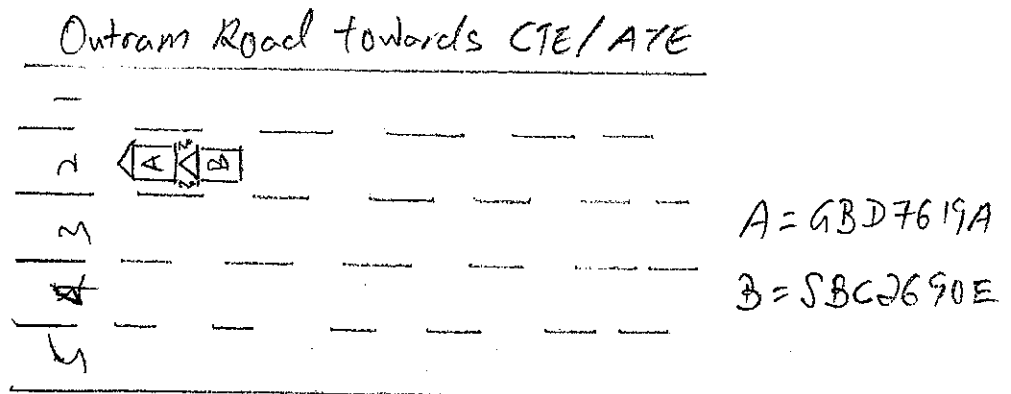


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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:

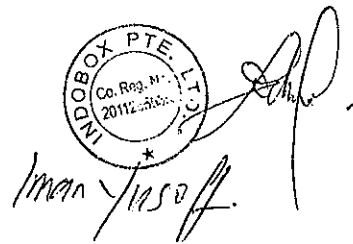
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

On 12.11.19 at about 09:40 hours at along Outram Road towards CTE /AYE. While I was travelling on the lane 2, when coming towards the traffic light I saw the traffic light turn red ,I slow down and stop my vehicle.

Suddenly I heard a loud bang from behind and when my passenger alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have one passenger inside the vehicle.


Vehicle (A) : GBD7619A

Vehicle (B) : SBC2690E

A circular stamp from INDOBOX PTE. LTD. with the text "Co. Reg. No. 20112-0150" and a star. Below the stamp is a handwritten signature that appears to read "Iman / as off.".



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7690012D




Name  
ABDUL RAHMAN BIN  
MOHAMED YUSOFF  
@IMAN YUSOFF

Race  
INDIAN


Date of birth 25-10-1976 Sex M

Country of birth  
INDIA




U3D7819 A  
driver

4880624



NRIC No. S7690012D



Date of issue  
05-09-2012

Address  
APT BLK 782 PASIR RIS STREET 71  
#06-586  
SINGAPORE 510782




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7690012D  
Name  
ABDUL RAHMAN BIN  
MOHAMED YUSOFF

Birth Date 25 Oct 1976  
Issue Date 08 Jun 2012

002075506G



G3D7B19A  
driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 03 Jul 1996

NP 428A

Licence No: S7690012D

**Marine Insurance Singapore Ltd.**

Company Reg. No.: 192300014M (GST Reg No.: M2-0000023-4)  
111 Cecil Street #09-01 Tokio Marine Centre Singapore 069046  
(65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
**INSURANCE GROUP**

FORM MZ300

**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)**

Policy No.: 19-MT101372-R01 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBD7619A **Chassis No.:** JN1MC2E26Z0003525
2. **Name of Policyholder** INDOBOX PTE. LTD.
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 14/04/2019
4. **Date of Expiry of Insurance** 13/04/2020

**5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2193DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Excess - All Claims SGD 1,000
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	ABWIN PRIVATE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Nov 2019 / 12:55:11

Receipt Date/Time : 13 Nov 2019 / 12:55:11

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191113-001437

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SBC2690E

As at 12 Nov 2019/09:40:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SBC2690E  
Enquiry Fee  
20191113125423158360

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

20191113125439111 Direct Debit: eNETS Debit  
(Internet Banking) 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

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.