



# 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 : SLK 750 T

Date: 30-03-2020

Lonpac Insurance Berhad

Attn: Motor Claims Dept

**ACCIDENT ON 15.11.2019 INVOLVING VEHICLE SLK 750 T & MOBILE EQUIPMENT ALONG  
BLK 189A RIVERVALE DRIVE**

With regards to the above, we are writing on behalf of the registered owner of vehicle SLK 750 T 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. 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	\$	4,200.00
2) Loss of use-\$120 X 04 days	\$	480.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>4,687.49</b>

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

- a) Final Repair Bill Of SLK 750 T
- b) GIA report

- c) LTA SEARCH
- 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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**HUA MENG SPRAY PAINTING WORKSHOP**

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Reg. No.: 254678/00M



Your Ref :

30/3/2020

Our Ref :

Date:.....

VEHICLE NO :SLK 750 T  
MAKE / MODEL :TOYOTA ALPHARD  
NAME :MZ EXPRESS  
ADDRESS :BLK 189A RIVERVALE DRIVE  
#04-1018  
S 541189

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**FINAL REPAIR BILL FOR VEHICLE NO:SLK 750 T**

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

\$ 4,200.00

**SINGAPORE DOLLARS:FOUR THOUSAND TWO HUNDRED ONLY**

MSME19152468 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 18/11/2019 17:23  
 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	18/11/2019 17:23
Date Of Accident	15/11/2019 10:05
Exact Location Of Accident	BLK 189A RIVERVALE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK750T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MZ EXPRESS
Co Reg No	53257612L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94599369

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD

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	5087291240-02

Cover Note Number

### Driver

Name of Driver	HANDAI BEE BINTE ABDUL RAHIM
NRIC No	S1364198F
Date Of Birth	06/11/1958
Occupation	INDOOR
Date Of Driving Pass	07/08/1987
Driving Experience	32 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94599369
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 189A RIVERVALE DRIVE #04-1018  
 Postcode 541189  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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 STATIONARY PARKED AT BLK 189A RIVERVALE DRIVE ON 15/11/2019 AT 1005HRS. I WAS INFORMED BY 2 SCHOOL TEACHERS THAT VEHICLE B REVERSE AND HIT ONTO MY CAR. VEHICLE B DRIVE OFF THE SCENE.

**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  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category MOBILE EQUIPMENT  
 Name of Driver ZAKARIAH BIN OTHMAN  
 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

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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:

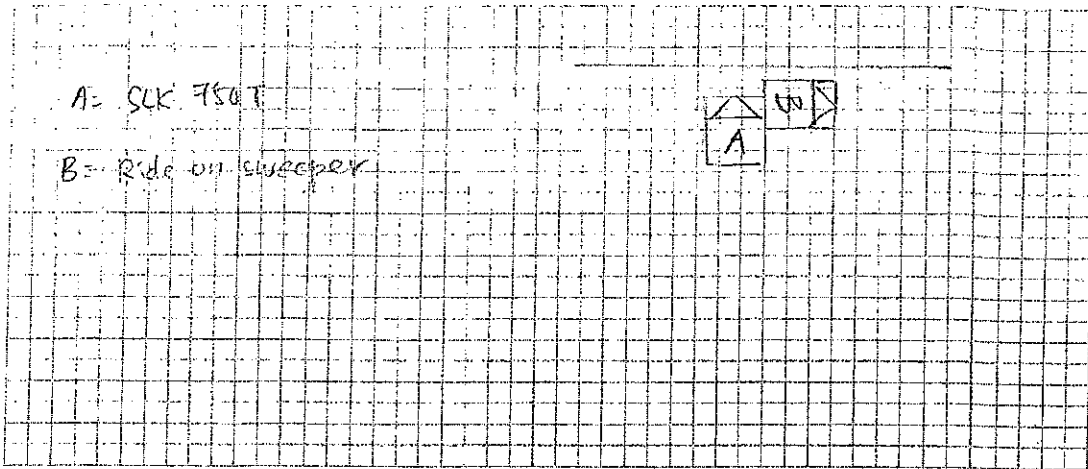
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*Handwritten signature*

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary park at Blk 189A Rivervale Drive on  
 15-11-2019 @ 1005 hours. I was inform by 2 school teachers that  
 Vehicle B reverse and hit on my car. Vehicle B was drive off  
 of the scene.



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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1364198F



Name

HANDAI BEE BINTE ABDUL  
RAHIM

Race

INDIAN

Date of birth

06-11-1958

Sex

F

Country of birth

SINGAPORE

S1364198F

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S1364198F

Name

HANDAI BEE BINTE ABDUL  
RAHIM

Birth Date: 06 Nov 1958

Issue Date: 24 Jun 2009



001754972D

4341857



NRIC No. S1364198F



Date of issue

05-01-2009

Address

APT BLK 189A RIVERVALE DRIVE  
#04-1018  
SINGAPORE 541189

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 Aug 1987  
of the driver; and other motor vehicles =< 2500kg

NP 428A



Licence No: S1364198F

## 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)

Certificate Number: 5087291240-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLK750T  
Chassis Number : AGH300040361
2. Name of Policyholder : MZ EXPRESS
3. Effective Date of Insurance : 04 Jan 2019
4. Expiry Date of Insurance : 03 Jan 2020
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HANDAI BEE BINTE ABDUL RAHIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TATCO CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

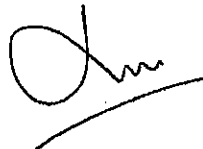
Agency : LEE LIN SUAN (00000331177)  
Date of Issue : 27 Dec 2018 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

達高企業  
TATCO ENTERPRISE  
250/252 JALAN KAYU  
SINGAPORE 799475/78  
TEL: 6482 0153 FAX: 6481 1903