



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 : SMD 1572 J

Our Ref : SJF 7076 K

Date: 27/05/2020

QBE Insurance (singapore) Pte Ltd

Attn: Motor Claims Dept

ACCIDENT ON 13.11.2019 INVOLVING VEHICLE SJF 7076 K & SMD 1572 J ALONG BALESTIER ROAD TWDS CTE

With regards to the above, we are writing on behalf of the registered owner of vehicle SJF 7076 K 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 SMD 1572 J.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

2) Loss of use-\$100 X 02 days

3) LTA search

Total	\$ 707.49		
_	\$ 7.49		
	\$ 200.00		
	\$ 500.00		

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

a) Final Repair Bill Of SJF 7076 K

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

HUA MENG SPRAY PAINTING WORKSHOP
AUTOBAY@KAKI BUKIT

1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417882
TEL: 6747 8064, 6746 5519 FAX: 6743 4896

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP



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 :

27/5/2020

Date:

VEHICLE NO

:SJF 7076 K

MAKE / MODEL

:HONDA CIVIC

NAME

:MOHAMED YUSOF BIN MAKMOR

ADDRESS

:BLK 128 MARSILING RISE

#09-268

S 730128

FINAL REPAIR BILL FOR VEHICLE NO:SJF 7076 K

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

\$ 500.00

SINGAPORE DOLLARS: FIVE HUNDRED ONLY

MSME19150290 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/11/2019 15:45 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number **EMail Address**

- 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.
- 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 15:45
Date Of Accident	13/11/2019 09:35
Exact Location Of Accident	BALESTIER ROAD TWDS CTE
Country/State of Loss	SINGAPORE
ם	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF7076K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED YUSOF BIN MAKMOR
NRIC No	S1136579E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94351356
Alternative Phone No	OFFICE-94351356
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	80000695
Cover Note Number	rays company to the control of superior country to the superior to the control of the control of the control of
Driver	
Name of Driver	MOHAMED YUSOF BIN MAKMOR
NRIC No	S1136579E
Date Of Birth	29/04/1955
Occupation	INDOOR
Date Of Driving Pass	00/00/4000
	29/03/1983

MALE

NOEMAIL

(LOCAL) +65-94351356

OFFICE-94351356

Address BLK 128 MARSILING RISE #09-268

Postcode 730128

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1

NAME: : RADIAH

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS STATIONARY ALONG THE MOST LEFT LANE OF BALESTIER ROAD TWDS CTE ON 13/11/2019 AT 0935HRS. I WAS WAITING TO TURN TO CTE. SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT AGAINST MY CAR RIGHT SIDE.

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 SMD1572J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver TAN KOK POH

NRIC/Passport Number S0063888I Contact Number 81571954

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

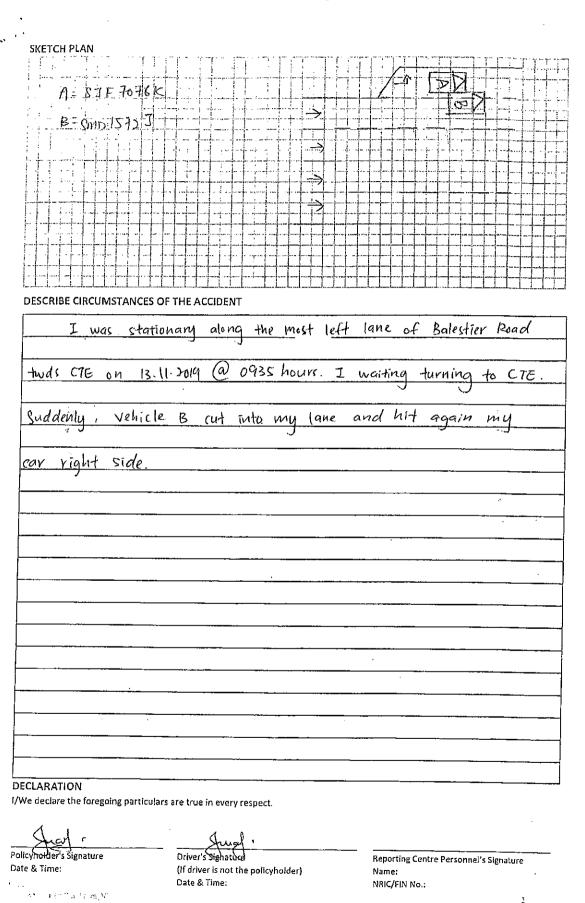
Name:

NRIC/FIN No.:

୍ଦ୍ର ପ୍ରକ୍ରୀ ପ୍ରକ୍ରମ ଅନ୍ତର୍

frum mence

Sketch Plan #2 Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1136579E





MOHAMED YUSOF BIN MAKMOR

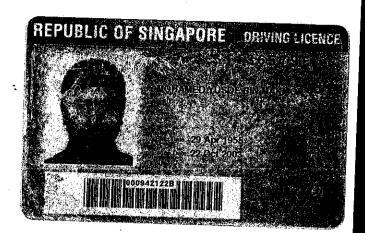
محمدء يوسف بن مكمور Race

MALAY Date of birth 29-04-1955

511**3657**9E

Country/Place of birth

SINGAPORE



6031681



26-09-2018

APT BLK 128 MARSILING RISE #09-268 SINGAPORE 730128

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

Class 2B

Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms.
Heavy Motor Cars and Motor Tractors the

Class 4

Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms. Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

PASS DATE

20 Oct 1982 29 Mar 1983

23 Jul 1983

07 Dec 1983



COVER NOTE

Name of Producer: LYDIA SUI	Cover Note No.: 80000695
Date of Issue: 23/04/2018	Quotation/Proposal/Policy No.:

IMPORTANT NOTE: This cover note is valid for 60 days from the date of issue.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of Aviva Ltd's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by Aviva Ltd by notice in writing in which case the insurance will thereupon cease and a proportionate of the premium payable for such insurance will be charged for the time Aviva Ltd has been on risk.

Details of Schedule

Name of Insured:	MOHAMED YUSOF BIN MAKMOR		
Period of Insurance:	From: 23/04/2018 To: 22/04/2020		
Registration No.:			
Make and Model:	HONDA CIVIC 1.6 VTI YM2018		
Engine Capacity:	1597		
Year of Manufacture/ Registration:	2018		
Chassis No.:	MRHFC5650JT000094		
Engine No.:	R16B25500158		
Sum Insured:	Market Value inclusive of COE		
Name of Finance Company:	OCBC BANKING CORPORATION LIMITED		
Type of Plan:	Kah Motor Scheme - Comprehensive		
Premium:	S\$ 1764.13		
Own Damage Policy Excess:	\$\$ 500.00		

I/We hereby certify that this Cover Note 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) or any amendment, act or acts passed in substitution thereof.

ued by:

On behalf of Aviva Ltd

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

13 Nov 2019 / 12:51:51

Receipt Date/Time: 13 Nov 2019 / 12:51:51

Tax Invoice/Receipt

Receipt No.: ITNET-00000-191113-001426

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)	
Result of Insurance Enquiry - SMD1572J					
As at 13 Nov 2019/09:35:00					
Insurance Co: QBE INSURANCE (SINGAPO	ORE) PTE LTD				
1 Insurance Enquiry - SMD1572J					
Enquiry Fee 20191113125051689131		7.00	0.49	7.49	
, 20191113125051009131	Sub-Total	7.00	0.49	7.49	
	Total Before Rounding	7.00	0.49	7.49	
i	Rounding Difference			0.04	
	Total Amount Payable			7.45	
t .					
	Paid By				
	20191113125119126	Direct Debit: eNETS Debit		7.45	
,	20191113123119120	(Internet Banking	iternet Banking)		
•	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.