



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: 08/05/2020

China Taiping Insurance (Singapore) Pte Ltd

Attn: Motor Claims Dept

**ACCIDENT ON 02.12.2019 INVOLVING VEHICLE GBE1765U&GBD9767S&YM6029P&FBK9123M ALONG SLE TWDS CTE**

With regards to the above, we are writing on behalf of the registered owner of vehicle GBE 1765 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 GBD 9767 S.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	\$	6,000.00
2) Loss of rental-\$120 X 06 days	\$	720.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>6,727.49</b>

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

- a) Final Repair Bill Of GBE 1765 U
- b) GIA report
- c) LTA SEARCH
- d) Owner / Driver NRIC & Driving License

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Yours faithfully,  
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Reg. No.: 254678/00M



Your Ref :

8/5/2020

Our Ref :

Date:.....

VEHICLE NO :GBE 1765 U  
MAKE / MODEL :NISSAN NV350  
NAME :LUMILUX DESIGN PTE LTD  
ADDRESS :50 SERANGOON NORTH AVE 4  
#08-18 FIRST CENTRE  
S 555856

**FINAL REPAIR BILL FOR VEHICLE NO:GBE 1765 U**

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR  
REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING  
(LUMPSUM REPAIR) \$ 6,000.00

**SINGAPORE DOLLARS:SIX THOUSAND ONLY**

MSME19158612 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 02/12/2019 13:21  
 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	02/12/2019 13:21
Date Of Accident	02/12/2019 08:05
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1765U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMILUX DESIGN PTE LTD
Co Reg No	199506390W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62803362
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MV007881-R03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM YU PENG
NRIC No	S8222628A
Date Of Birth	15/07/1982
Occupation	INDOOR
Date Of Driving Pass	17/10/2001
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97417976
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 217 PETIR ROAD #08-385  
 Postcode 570217  
 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 CHAIN COLLISION  
 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: : LIM YOU CUN  
 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**

I WAS STATIONARY ALONG LANE 2 OF SLE TWDS CTE ON 02/12/2019 AT 0805HRS. TRAFFIC WAS HEAVY 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 GBD9767S  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver YANG WEN QIANG  
 NRIC/Passport Number S8717490E  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YM6029P  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver SEEMAN PRABAHARAN  
NRIC/Passport Number G2534208P  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number FBK9123M  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE D  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
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.
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.

*[Handwritten Signature]*



*[Handwritten Signature]*

Policyholder's Signature  
Date & Time:

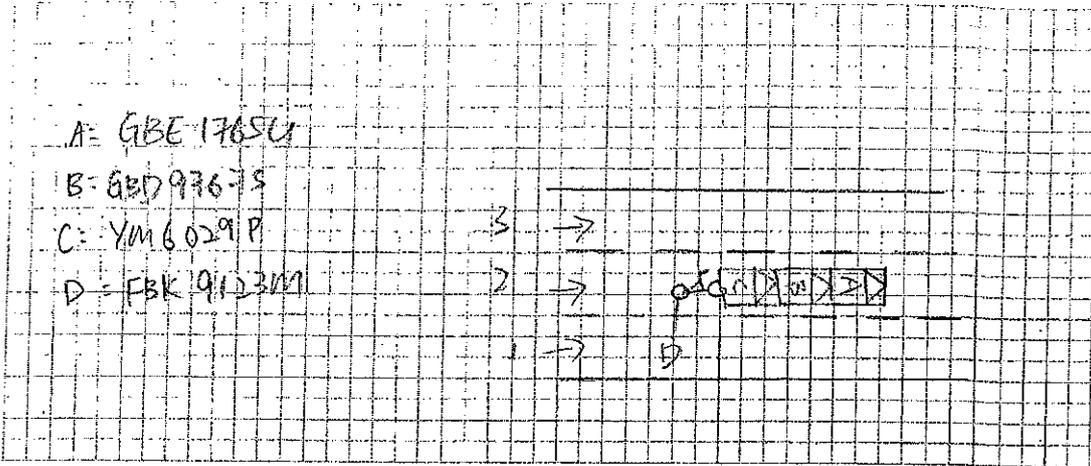
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*HAA MEALY*

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Lane 2 of SLE towards CTE on 02.12.2019 @ 0805 hours. Traffic was heavy on that time. Suddenly, I heard a bang sound and felt an impact from my rear. Vehicle B was collided onto rear portion of my vehicle.

DECLARATION

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

*[Handwritten Signature]*



*[Handwritten Signature]*

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. S8222628A




Name  
**LIM YU PENG**  
**(LIN YOUBIN)**  
**林友冰**

Race  
**CHINESE**

Date of birth      Sex  
**15-07-1982**      **M**

Country of birth  
**SINGAPORE**

S8222628A

5097619



NRIC No. S8222628A



Date of issue  
**26-07-2012**

Address  
**APT BLK 217 PETIR ROAD**  
**#08-385**  
**SINGAPORE 670217**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8222628A**

Name:  
**LIM YU PENG**  
**(LIN YOUBIN)**

Birth Date: **15 Jul 1982**

Issue Date: **06 Apr 2017**



002673094G



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	17 Oct 2001
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	06 Apr 2017

NP 428A





> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Dec 2019 / 13:24:16

Receipt Date/Time : 02 Dec 2019 / 13:24:16

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191202-001823

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 - GBD9767S As at 02 Dec 2019/08:05:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBD9767S Enquiry Fee 20191202132330239295	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45

Paid By

20191202132346234	Direct Debit: eNETS Debit (Internet Banking)	7.45
<b>Total</b>		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.