



# 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 : SBH 1266 C

Our Ref : 8 YP 6793A

Date: 04/06/2020

AIK Asia Pacific Insurance Pte Ltd.

Attn: Motor Claims Dept

**ACCIDENT ON 20.02.2020 INVOLVING VEHICLE YP 6793 A & SBH 1266 C ALONG  
T-JUNCTION OF ANG MO KIO AVE 9 TWDS ANG MO KIO ST 61**

With regards to the above, we are writing on behalf of the registered owner of vehicle YP 6793 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 SBH 1266 C. 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	\$	11,000.00
2) Loss of use-\$180 X 09 days	\$	1,620.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>12,627.49</b>

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

a) Final Repair Bill Of YP 6793 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  
1, KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
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**

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Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

4/6/2020

Our Ref :

Date:.....

VEHICLE NO :YP 6793 A  
MAKE / MODEL :MITSUBISHI CANTER  
NAME :TRADEWIN LOGISTICS PTE LTD  
ADDRESS :111A JLN KEMBANGAN  
S 419150

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**FINAL REPAIR BILL FOR VEHICLE NO:YP 6793 A**

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

\$ 11,000.00

**SINGAPORE DOLLARS:ELEVEN THOUSAND ONLY**

MSME20022925 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 20/02/2020 16:35  
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	20/02/2020 16:35
Date Of Accident	20/02/2020 12:10
Exact Location Of Accident	T-JUNCTION OF ANG MO KIO AVE 9 TWDS ANG MO KIO ST
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	YP6793A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRADEWIN LOGISTICS PTE LTD
Co Reg No	2XXXXX932M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86614142
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091798163-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	FAHIL ASHRAFF BIN MOHAMED TAFEL
NRIC No	SXXXX302Z
Date Of Birth	30/09/1989
Occupation	INDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86614142
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 297B COMPASVALE STREET #04-16  
 Postcode 542297  
 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 - MAJOR/MINOR RD  
 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? YES  
 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 DRIVING ALONG T-JUNCTION OF ANG MO KIO AVE 9 TWDS ANG MO KIO ST 61 ON 20/02/2020 AT 1210HRS. I WAS DRIVING STRAIGHT. SUDDENLY, VEHICLE B DRIVE OUT FROM ANG MO KIO ST 61 AND HIT ONTO FRONT RIGHT 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 SBH1266C  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver CHEAH CHEW PING  
 NRIC/Passport Number SXXXX946H  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	FAHIL ASHRAFF BIN MOHAMED TAFEL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YP6793A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

Fahill Ashraff  
S8934302Z  
Fedex / DGF / DHLEX  
Trandewin  
YN6788A

Policyholder's Signature  
Date & Time:

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

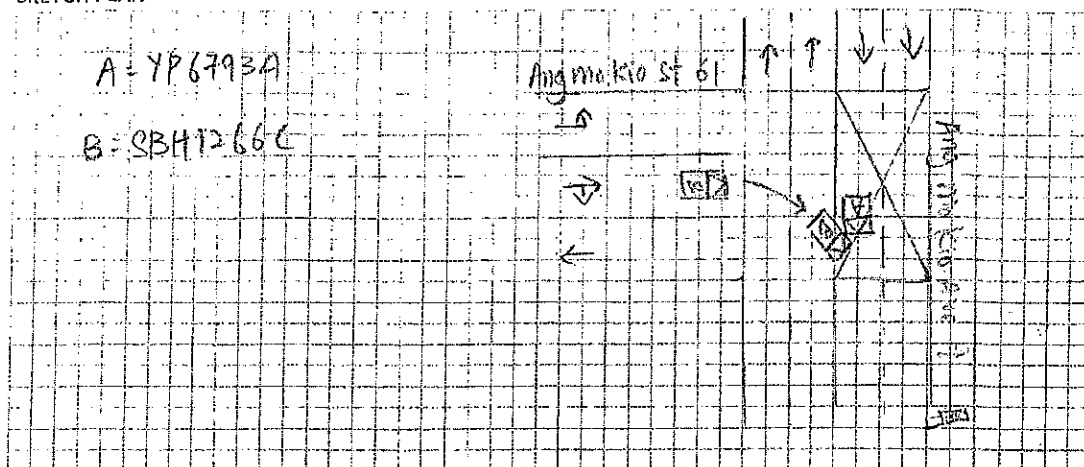
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

FAHILL ASHRAFF

1

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along T-junction of Ang mo Kio Ave 9 twds Ang mo Kio St 61 on 20.02.2020 @ 12:10 hours. I was driving straight.

Suddenly, vehicle B drive out from Ang mo Kio St 61 and hit onto front right portion of my vehicle.

## DECLARATION

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

Fahill Ashraff

S8934302Z

Fedex / DGF / DHLEX

Policyholder's Signature

Date: 20/02/20

YP6793A

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/02/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



F/20200222/7038

1 of 2

## POLICE REPORT (NP299)

Report No. F/20200222/7038

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 22/02/2020 15:52	Vide Report No.	Station Diary No.
Name Of Informant FAHIL ASHRAFF BIN MOHAMED TAFEL	Address APT BLK 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	
ID Type / ID No. NRIC NO / S8934302Z	Contact No. Home/Office:	Mobile: 86614142
Nationality SINGAPORE CITIZEN	Email Address zarynasumari@gmail.com	
Occupation DRIVER	Sex Male	Age 30
	Date of Birth 30/09/1989	Race Pakistani
Institution/School Name	Language English	
Date/Time Of Incident 20/02/2020 00:10 - 21/02/2020 00:00	Location Of Incident APT BLK 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	

### Brief details.

On 20th of february,at 12.05pm i was driving my company vehicle plate bearing yp6793a along ang mo kio ave 9...i was travelling straight along ang mo kio ave 9,a car plate bearing sbh1266c came out from ang mo kio st 61 turning right to ang mo kio ave 9,and hit my front right of my vehicle...traffic was light and weather was clear and dry..moments later a ambulance and fire engine came down to scene..scdf pull me out from my passenger door and my driver door was stuck..paramedics monitor my condition and i has having pain on right leg..i declined to be conveyed to the hospital...traffic police arrived,took our

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2020 15:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20200222/7038


particular and told us to make insurance report with our insurance..later in the night i went to khoo teck puat hospital as i was having pain on my right leg and my back..after examination doctor said there was some swelling on my leg and was told to rest at home and i was given 3 days mc from 21feb to 23feb..

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Cheah chew ping		
ID Type	NRIC NO	ID No	S2549946H
Gender	Female	Language	English
<b>Victim</b>			
Person Name	FAHIL ASHRAFF BIN MOHAMED TAFEL		
ID Type	NRIC NO	ID No	S8934302Z
Gender	Male	Age	30
Race	Pakistani	Language	English
Occupation	DRIVER	Address Type	
Address	APT BLK 297B COMPASSVALE STREET #04- 16 SINGAPORE 542297	Mobile No	86614142
Is Informant A Victim?	Yes		
<b>Person Name</b> FAHIL ASHRAFF BIN MOHAMED TAFEL (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2020 15:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8934302Z



Name  
FAHIL ASHRAFF BIN MOHAMED  
TAFEL



Race  
PAKISTANI

Date of birth  
30-09-1989


Country/Place of birth  
SINGAPORE

Sex  
M


S8934302Z

5780676




NRIC No. S8934302Z




Date of issue  
07-08-2017

Address  
APT BLK 297B COMPASSVALE STREET  
#04-16  
SINGAPORE 542297




REPUBLIC OF SINGAPORE DRIVING LICENCE




30 Sep 1989

08 Aug 2017



002711770J




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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	21 Dec 2009
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 $\leq$ 7250kg	17 Dec 2010

NP 428A

Licence No: S8934302Z





### 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 : 5091798163-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : YP6793A  
Chassis Number : FEB21EA21340
2. Name of Policyholder : TRADEWIN LOGISTICS PTE. LTD.
3. Effective Date of Insurance : 14 Jun 2019
4. Expiry Date of Insurance : 13 Jun 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 business or profession.  
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES 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 : PRO-LINK INSURANCE AGENCY (00000615233)

Date of Issue : 07 Jun 2019 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



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

Print Date/Time : 20 Feb 2020 / 17:19:29

Receipt Date/Time : 20 Feb 2020 / 17:19:29

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200220-002825

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 - SBH1266C				
As at 20 Feb 2020/12:10:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SBH1266C			
	Enquiry Fee	7.00	0.49	7.49
	20200220171835587515			
	<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				
	20200220171854132	Direct Debit: eNETS Debit (Internet Banking)		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.