

## 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	14/03/2020 11:15
Date Of Accident	13/03/2020 14:50
Exact Location Of Accident	BEDOK SOUTH AVE 1 BEFORE BEDOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4345M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH YONG HENG TRADING PTE LTD
Co Reg No	2XXXXX004E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101097755-01
Cover Note Number	

### Driver

Name of Driver	CHUA WEE MENG
NRIC No	SXXXX501H
Date Of Birth	11/06/1985
Occupation	INDOOR
Date Of Driving Pass	24/03/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90692445
Fax Number	
Contact Number	OFFICE-90692445
Email Address	NOEMAIL

Address	BLK 470C UPPER SERANGOON CRESCENT #03-352
Postcode	533470
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?	
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: : SIM KIM SOON, JOHN 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 STATEMENT.

#### 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	GBE5071L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### 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.:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A: 9BH4345M

Vehicle B: 9BE5071L

← Bedok Road

Bedok South Ave 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', 9BH4345M, was stationary along the stated venue due to red light. About 1-2 minutes later, vehicle 'B', 9BE5071L, hit onto my stationary vehicle's rear portion.

My passenger: Sim Kim Soon, John  
S0537189D

## 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.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

Attn: **Motor Claims Department**

Date: 1<sup>st</sup> June 2020

Dear Sir/Madam,

Claimant: **Seah Yong Heng Trading Pte Ltd**

**"WITHOUT PREJUDICE"**

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 13/03/2020 at along Bedok South Avenue 1 before Bedok Road involving our client's vehicle registration number GBH 4345 M and vehicle registration number GBE 5071 L driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Vehicle Repair Costs	\$3,700.00
2) Loss of Rental (SGD\$140.00 x 6Days)	\$898.80
3) LTA Search Fee	\$7.45
4) Purchase of GIA Report	\$29.00

**Total :** **\$4,635.25**

A copy each of the following supporting documents is enclosed:

- Singapore Accident Statement
- Rental Invoice & Agreement
- LTA Search Fee Receipt
- Purchase of GIA Report Receipts

Please send us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice.

Yours faithfully,

***Elin Cai***

**Zoom Autowerks Pte Ltd**

130 Bedok Reservoir Road  
#08-1339 Singapore 470130

Mobile: 9450 7920 | E-mail: zoomautowerks@gmail.com

**ZOOM AUTOWERKS PTE LTD**

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

**PROFORMA INVOICE**

To: **AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
#07-16  
Singapore 079120

PF No. : ZP0000428  
Date : 1/6/2020  
VRN : GBH 4345 M  
Make & Model : Toyota Hiace  
DOA : 13/3/2020  
Terms : COD

S/N.	Description	Qty	U/P	Amt
1	Repair & Respray Accident Affected Portions			3,700.00
2	Loss of Rental (\$140.00 x 6Days)			898.80
3	LTA Search			7.45
4	Purchase of GIA Report			29.00

<b>TOTAL :</b>	<b>\$4,635.25</b>
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I agree to the price as listed above and confirm that goods are received in good condition.

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(Customer's Signature )

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(by Zoom Autowerks Pte Ltd)





## ZOOM AUTOWERKS PTE LTD

130 Bedok Reservoir Road, Eunos Spring

#08-1339 Singapore 470130

Tel: 9450 7920

✉ zoomautowerks@gmail.com

### LETTER OF AUTHORIZATION

Accident on 13/03/2020 @ 14:50 along Bedok South Ave 1 before Bedok Rd  
Involving vehicles GBH4345M & ABE5071L

In consideration of **Zoom Autowerks Pte Ltd, 130 Bedok Reservoir Road, Eunos Spring, #08-1339 Singapore 470130**, repairing my/our motor vehicle no GBH4345M at my request, I/We, Seah Yong Heng Trading P/L ("the claimant") of \_\_\_\_\_ (address) bearing NRIC No 2XXXXX 004E the owner of motor vehicle no GBH4345M, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Zoom Autowerks Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Zoom Autowerks Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Zoom Autowerks Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Zoom Autowerks Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Zoom Autowerks Pte Ltd** shall amount to a good discharge of **Zoom Autowerks Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 13 day of 03 (month) 20 20 (year)



Signed by "the claimant"

Name: Seah Yong Heng trading P/L

NRIC No: \_\_\_\_\_



Signed by Zoom Autowerks Pte Ltd

Name: Elin Cai

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Mar 2020 / 12:41:11

Receipt Date/Time : 18 Mar 2020 / 12:40:27

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-200318-001441

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 - GBE5071L As at 13 Mar 2020/14:50:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBE5071L Enquiry Fee 20200318123902417196	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
<b>Paid By</b>				
	xxxxxxxxxxxx0962	Credit Card: Visa /MasterCard		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.





# wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896  
Tel: 6344-4012 Fax: 6345-3140 Email: admin@wellcome.com.sg  
Website: www.wellcome.com.sg  
CO. REG. NO: 39853800W / GST REG. NO: M9-0001228-R

## TAX INVOICE

Seah Yong Heng Trading Pte Ltd  
c/o Zoom Autowerks  
15 Kaki Bukit road 4  
#01-53 Barley Biz Centre  
Singapore 417808

NO: 03-30205

DATE: 30/03/2020

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 31625	Being rental charges for One Unit Toyota Hiace Van No: GBJ 461B for period: 19/03/20 to 25/03/20	6 Days X \$140	S\$ 840.00

SUB TOTAL SGD S\$ 840.00

ADD 7% GST S\$ 58.80

GRAND TOTAL SGD S\$ 898.80

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made  
within 7 days to WELLCOME  
MOTOR AGENCIES

\_\_\_\_\_  
Authorised Signature

Thank You  
For Renting





# wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896

Tel: (65) 6344-4012 Fax: (65) 6345-3140

Email: admin@wellcome.com.sg Website: www.wellcome.com.sg

RA No: 31625

CO. REG. NO: 39853800W

GST REG. NO: M9-0001228-R

DATE: 19/3/20

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULARS

Name: Seah Yong Heng Trading Pte Ltd

Address: Pte Ltd

Name & Address of Employer:

IC/PP No: DL No:

Date of Birth: Date of Issue/Expiry:

Nationality: PL of Issue:

Occupation: Driving Exp:

Tel No:(O) (R) (HP)

### DRIVER'S PARTICULARS

Name:

Address:

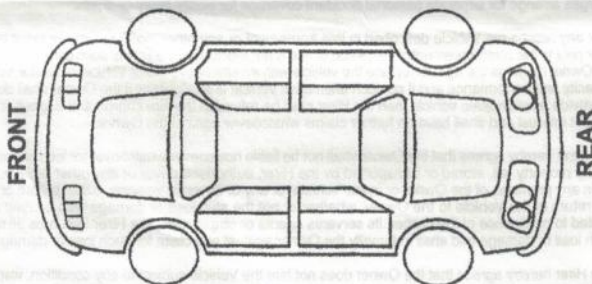
IC/PP No: DL No:

Date of Birth: Date of Issue/Expiry:

Nationality: PL of Issue:

Occupation: Driving Exp:

Tel No:(O) (R) (HP)



A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES

### VEHICLE'S PARTICULARS

VEHICLE NO: 68J 461

REPL. VEH. NO:

MAKE/MODEL Toyota

MAKE/MODEL

Make (A)

MILEAGE OUT

MILEAGE OUT

DATE OUT 19/3/20

DATE OUT

TIME OUT 12pm

TIME OUT

HIRE/PERIOD EXPIRY

### Rental Charges

Daily 6 @ \$ 140 per day 840

Weekly @ \$ per week

Monthly @ \$ per month

Hours @ \$ per hour

Others @ \$

CDW @ \$ per day/week/month

PAI @ \$ per day/week/month

DELIVERY SERVICE

SUB-TOTAL \$

PETROL/DIESEL LEVEL

OUT E 1/4 1/2 3/4 F  
IN E 1/4 1/2 3/4 F

Extension of Rental

Repairs/Damages

Collection Service

MISC

GST @ 7%

TOTAL CHARGES \$

SECURITY DEPOSIT

ADVANCE RENTAL PAID

BY: CASH NETS CHEQUE BILL CARD

CHEQUE/CARD NO:

EXPIRY DATE

AMOUNT DUE REFUND

REFUND

BY

RECEIVED \$

RECEIVER

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

### IMPORTANT

- Only persons above 23 and below 70 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited).
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000 excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

**RETURN OF VEHICLE** - The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks
25/03/2020				



## TAX INVOICE

Our Ref No: GR-20-050993

Date of Request: 27/03/2020

Your Ref No: WALKIN ELIN

ZOOM AUTOWERKS PTE LTD  
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339  
SINGAPORE 470130

Dear Sir/Madam,

Your Vehicle No: GBH4345M

Date of Accident: 13/03/2020

Place of Accident: BEDOK SOUTH AVE 1

Involving Vehicle No: GBE5071L (NO REPORT) VALID TILL 30-7/4

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

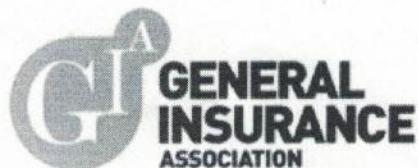
Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-058518  
Date of Request: 20/04/2020

Your Ref No: WALKIN ELIN

ZOOM AUTOWERKS PTE LTD  
130 BEDOK RESERVOIR ROAD, EUNOS SPRING, #08-1339  
SINGAPORE 470130

Dear Sir/Madam,

Date of Accident: 13/03/2020  
Vehicle No: GBH4345M  
Place of Accident: BEDOK SOUTH AVE 1 BEFORE BEDOK RD  
Involving Vehicle No: GBE5071L

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBE5071L	BEDOK SOUTH AVE 1 BEFORE BEDOK RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque