



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

Email: huameng@live.com.sg

Reg. No.: 254678/00M



Your Ref : S1M03BL1 (SH(8611Z)

Our Ref : SH 2807J

Date: 07/01/2022

AXA Insurance Pte Ltd.

Attn: Motor Claims Dept

**ACCIDENT ON 09.06.2021 INVOLVING VEHICLE SH 2807 J & SHC 8611 Z ALONG
JUNCTION OF BALESTIER ROAD TWDS SERANGOON ROAD**

With regards to the above, we are writing on behalf of the registered owner of vehicle SH 2807 J 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 SHC 8611 Z. 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	\$	5,300.00
2) Loss of use-\$120 X 08 days	\$	960.00
3) LTA search	\$	7.45
Total	\$	6,267.45

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

- | | |
|-----------------------------------|--|
| a) Final Repair Bill Of SH 2807 J | c) LTA SEARCH |
| b) GIA report | d) Owner / Driver NRIC & Driving License |

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

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Your Ref :

Our Ref :

Date:..... 7/1/2022

BILL TO : AXA INSURANCE PTE LTD

VEHICLE NO :SH 2807 J
MAKE / MODEL :TOYOTA AXIO
NAME :YEO AH HEE
ADDRESS :BLK 589D MONTREAL DRIVE
#04-124
S 754589

FINAL REPAIR BILL FOR VEHICLE NO:SH 2807 J

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

\$ 5,300.00

SINGAPORE DOLLARS:FIVE THOUSAND THREE HUNDRED ONLY

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 Submission	10/06/2021 11:02 (SGT)
Date of Accident	09/06/2021 10:20 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	JUNCTION OF SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2807J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO AH HEE
NRIC No	SXXXX046J
Email Address	LOWBOONKUN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97478752
Alternative Phone No	+65-97478752

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-210097016MSH
Cover Note Number	-

DRIVER

Name of Driver	LIM SIANG HOCK
NRIC No	SXXXX941I

Date Of Birth	24/09/1952
Occupation	Outdoor
Date Of Driving Pass	16/06/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-93524315
Alt. Phone Number	-
Email Address	LOWBOONKUN@HOTMAIL.COM
Address	BLK 316D PUNGGOL WAY
Address complement	#07-683
Postcode	824316
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CAN'T UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8611Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS




INJURED 1

Name of injured person	LIM SIANG HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SH2807J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

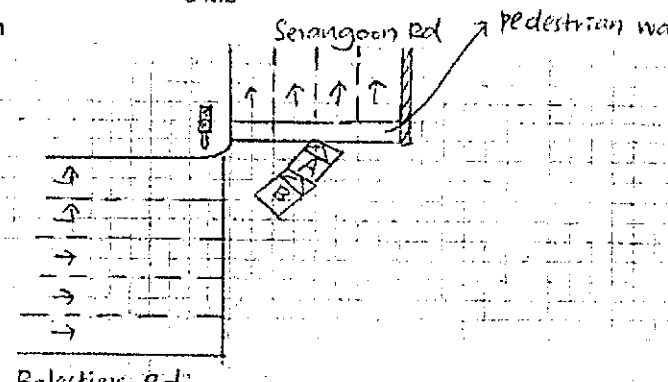
SKETCH PLAN

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 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.
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 making 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/mz 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 10/10/21 Witnessed by Reporting Centre Personnel
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Sketch Plan





Describe Circumstances of the Accident


I was driving along Junction of Balestier Rd to Serangoon Rd on 09.06.2021 @ 1020 hours I stop to give way to pedestrian. Out of sudden, I felt an impact from my rear. Vehicle B hit onto rear portion of my vehicle.

Declaration

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

 10/06/21
Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S00419411



Name

LIM SIANG HOCK

Race

CHINESE

Date of birth

24-09-1952

Country/Place of birth

SINGAPORE

Sex

M

S00419411

6495761



NRIC No. S00419411



Date of issue

04-09-2020

Address

APT BLK 316D PUNGGOL WAY
#07-683
SINGAPORE 824316

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S00419411

Name:

LIM SIANG HOCK

Birth Date: 24 Sep 1952

Issue Date: 27 Jun 2003



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

PASS DATE

Class 3 Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg 24 Aug 1976

S00419411

S / No.9000342102



NP 428A

Land Transport Authority

VOCATIONAL LICENCE



Licence No : S00419411

Name : LIM SIANG HOCK

Issue Date : 27/5/2008

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description
02	TAXI VL

Issue Date
16/06/1978





Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Jun 2021 / 14:00:38

Receipt Date/Time : 09 Jun 2021 / 14:00:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210609-001759

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 - SHC8611Z				
As at 09 Jun 2021/10:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC8611Z Enquiry Fee 20210609135922732898	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
20210609135951163		Direct Debit: eNETS Debit (Internet Banking)		7.45
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.