



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: 17/09/2021

LONPAC INSURANCE BERHAD

Attn: Motor Claims Dept

**ACCIDENT ON 04.07.2021 INVOLVING VEHICLE SKH 4827 H & GBB 5682 P ALONG
 AYE TOWARDS TIONG BAHRU**

With regards to the above, we are writing on behalf of the registered owner of vehicle SKH 4827 H 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 GBB 5682 P. 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	\$	10,000.00
2) Loss of rental-\$120 X 20 days	\$	2,400.00
3) LTA search	\$	7.45
Total	\$	12,407.45

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

- | | |
|------------------------------------|--|
| a) Final Repair Bill Of SKH 4827 H | 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 :

17/9/2021

Date:.....

BILL TO : LONPAC INSURANCE BERHAD

VEHICLE NO :SKH 4827 H
MAKE / MODEL :TOYOTA ALTIS
NAME :DAWN ENTERPRISES
ADDRESS :21 SELETAR WEST FARMWAY 1
S 798125

FINAL REPAIR BILL FOR VEHICLE NO:SKH 4827 H

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

\$ 10,000.00

SINGAPORE DOLLARS:TEN THOUSAND 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 08/07/2021 11:23 (SGT)
Date of Accident 04/07/2021 11:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARDS TIONG BAHRU
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH4827H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DAWN ENTERPRISES
Company Reg No 4XXXX800D
Email Address dawnent88@gmail.com
Mobile Phone No (Phone) +65-63832661
Alternative Phone No +65-63832661

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number SD20V09549/VPZ/R09
Cover Note Number -

DRIVER

Name of Driver Tay Jun Hao Clement
NRIC No SXXXX898F

Date Of Birth	23/02/1992
Occupation	Indoor
Date Of Driving Pass	29/12/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96231343
Alt. Phone Number	-
Email Address	clementtay1992@gmail.com
Address	APT BLK 910 HOUGANG STREET 91 #06-80
Address complement	-
Postcode	530910
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Property
Weather Conditions	CLOUDY
Road Surface	Wet

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?	Yes
Was any other vehicle 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

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	GBB5682P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 Tay Jun Hao, Clement
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKH4827H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

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 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.



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

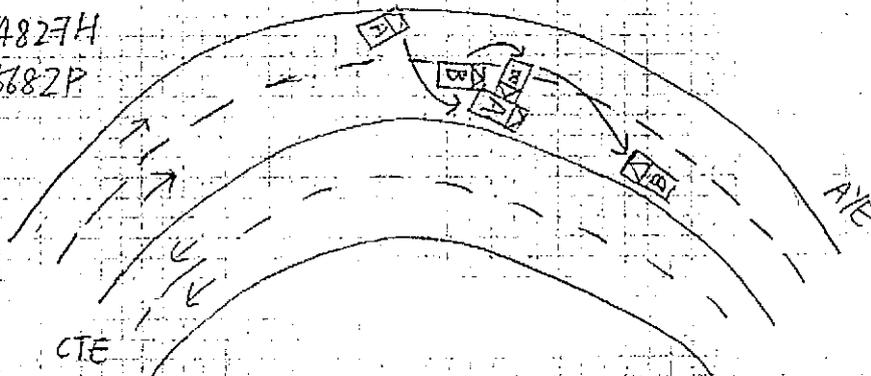
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

A = SKH4827H
B = GBB582P





T/20210707/2058

1 of 3

Report No. T/20210707/2058

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210705/2095
 Report Number T/20210707/2058
 Vic Report Number
 Date/Time of Report Made 07/07/2021 15:05
 Place Report Lodged Traffic Police
 Type of Informant Driver
 Name of Informant TAY JUN HAO
 ID Type / ID No. NRIC NO / S9206898F
 Home/Office
 Mobile 96231343
 Email
 Type of Accident Injury / Attended by Police
 Drink Drive No
 Anyone conveyed by ambulance No
 Date/Time of Accident 04/07/2021 11:30
 Accident Location AYER RAJAH EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKH4827H	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210707/2058

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Report No. T/20210707/2058

Continuation of CSF For NP168

Driver			
Name	TAY JUN HAO	ID No.	S9206898F
Related Vehicle	SKH4827H (Car)	Contact No.	96231343
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2021	Date Discharge	05/07/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Facts.

ON STATED DATE, TIME AND LOCATION.

ON THE 04/07/2021 AT ABOUT 1130 HRS I WAS BEARING PLATE NUMBER SKH4827H,

I WAS DRIVING A RENTED CAR ALONG AYE TOWARS TIONG BAHRU. AT A BEND ROAD I LOSE CONTROL OF MY CAR AND HIT LEFT BARRIER

AND I TRIED TO REGAIN CONTROL OF MY VEHICLE BUT I WENT TO THE SECOND LANE AND STOPPED WHEN I NEARLY COLLIDED INTO THE OTHER SIDE BARRIER.

I STOPPED AND TURNED ON MY HAZARD LIGHTS. I THEN ALLIGHTED AND STOOD BESIDE MY CAR.

SUDDENLY A LORRY COLLIDED ONTO MY CAR RESULTING MY CAR TO CRASH INTO ME.

I THEN FELL INSIDE THE BARRIER. I WAS NOT ABLE TO EXCHANGE CONTACT WITH THE LORRY DRIVER DUE TO MY INJURIES.

AMBULANCE AND POLICE ARRIVED AT SCENE. I THEN WAS CONVEYED TO HOSPITAL VIA AMBULANCE AND WAS DISCHARGED THE NEXT DAY.

THAT IS ALL.



T 20210707 2058

3 of 3

Report No. T/20210707/2058

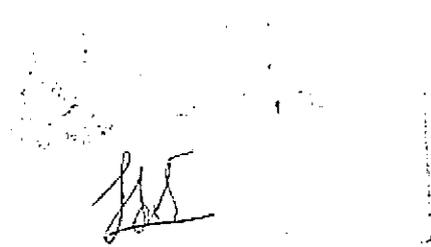
Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN
Classification of Case	1) INJURY / ATTENDED BY POLICE



Informant's Signature

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9206898F



Name
 TAY JUN HAO, CLEMENT

戴俊豪

Race
 CHINESE

Date of birth
 23-02-1992

Sex
 M

Country of birth
 SINGAPORE

S9206898F

4005432



NRIC No. S9206898F



Date of issue
 22-02-2007

APT BLK 910 HOUGANG STREET 91 #06-80
 SINGAPORE 530910

NRIC No: S9206898F Date: 15/08/2012 No: 7091902

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9206898F

Name:
 TAY JUN HAO, CLEMENT

Birth Date: 23 Feb 1992
 Issue Date: 29 Dec 2010




001924422C

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 29 Dec 2010

NP 428A

Licence No: S9206898F



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jul 2021 / 16:21:52

Receipt Date/Time : 06 Jul 2021 / 16:21:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210706-003063

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 - GBB5682P As at 04 Jul 2021/11:30:00 Insurance Co: LONPAC INSURANCE BHD Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBB5682P Enquiry Fee 20210706161900281108	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				
20210706162046140		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.



SKH A827H

DAWN ENTERPRISES

21 Seletar West Farmway 1
Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No.430058/00D

Nº 37477

RENTAL AGREEMENT

DATE 6/7/21

HIRER'S PARTICULARS

Name Tay Jun Hao, Clement
Address Hougang Street 91 B1K910
#06-80 (5530910)
I/C or Passport No. S9206898F Country Singapore
Occupation _____
Date of Birth 23/02/1992 Age 29
Driving Licence No. _____ Date Passed _____
Tel: (HP) 96231343 (Residence) _____

DRIVER'S PARTICULARS

Name _____
Address _____
I/C or Passport No. _____ Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (Office) _____ (Residence) _____

IMPORTANT NOTES:

- No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving licence.
- This vehicle is licenced to carry 2850 passengers only.
- Hirer is liable to pay first \$ 2850 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
- For usage to Malaysia subject to higher excess all claims of S\$5,000.00 and different rental rate
- Please notify our office should there be any accident involving this hired vehicle within 24 hrs
- No refund will be given for vehicle returns early.
- No refund will be given for petrol left in vehicle.
- Hirer is liable to pay all parking fee and traffic summonses.
- Vehicles to be return during office hour only.
- No Service on Public Holiday and Sunday.

CHARGES

20 Day at \$ <u>120.00</u> per days	\$ <u>2400.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>2400.00</u>
AMOUNT PAID	\$ <u>2400.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

SCHEDULE

SKF 552PA		MODEL
Date	Time	Mileage
<u>6/7/21</u>		
<u>26/7/21</u>		

FROM

6/7/21

TO

26/7/21

I/we have read and understood the terms and conditions above and hereby agreed to abide

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1

SINGAPORE 798125

TEL: 6383 2661 FAX: 6484 2836

REG. NO: 430058/00D

No. 20587

Date,

26/7/21

OFFICIAL RECEIPT

Received from

Yong Jun Han Clement

the sum of Dollars

Two thousand four hundred only

being Payment Of

SKF 5528 A (6/7/21 - 26/7/21)

DAWN ENTERPRISES

\$

2400/-

Cash/Cheque No.