



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 :

Our Ref :

Date: 15/01/2022

Attn: Motor Claims Dept

**ACCIDENT ON 24.09.2021 INVOLVING VEHICLE SLN 9459 K & SKC 3862 M ALONG
MARINA BOULEVARD**

With regards to the above, we are writing on behalf of the registered owner of vehicle SLN 9459 K 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 SKC 3862 M. 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	\$	5,900.00
2) Loss of use-\$120 X 05 days	\$	600.00
3) LTA search	\$	7.45
Total	\$	6,507.45

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

- | | |
|------------------------------------|--|
| a) Final Repair Bill Of SLN 9459 K | c) LTA SEARCH |
| b) GIA report | d) Owner / Driver NRIC & Driving License |

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

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Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date:..... 5/1/2022

VEHICLE NO :SLN 9459 K
MAKE / MODEL :HONDA VEZEL
NAME :YEO KAR YAN DARREN
ADDRESS :BLK 217 PASIR RIS STREET 21
#01-152
S 510217

FINAL REPAIR BILL FOR VEHICLE NO:SLN 9459 K

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

\$ 5,900.00

SINGAPORE DOLLARS:FIVE THOUSAND NINE 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 25/09/2021 13:28 (SGT)
Date of Accident 24/09/2021 18:55 (SGT)
Exact Location of Accident Marina Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN9459K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO KAR YAN DARREN
NRIC No S9343406D
Email Address dairen-yeo@hotmail.com
Mobile Phone No (Phone) +65-97545624
Alternative Phone No +65-97545624

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122716291
Cover Note Number -

DRIVER

Name of Driver YEO KAR YAN DARREN
NRIC No S9343406D

Date Of Birth	13/11/1993
Occupation	Outdoor
Date Of Driving Pass	26/07/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97545624
Alt. Phone Number	+65-97545624
Email Address	darren-yeo@hotmail.com
Address	BLK 217 PASIR RIS STREET 21 #01-152
Address complement	-
Postcode	510217
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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 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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210925/2007.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3862M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHD SA'AT BIN HASSIM
NRIC No	S1702392F
Contact Number	(Phone) +65-85993306
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	5

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO KAR YAN DARREN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN9459K
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)**

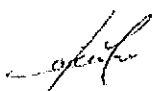

I understand, acknowledge, agree and consent that:

(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 a 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:

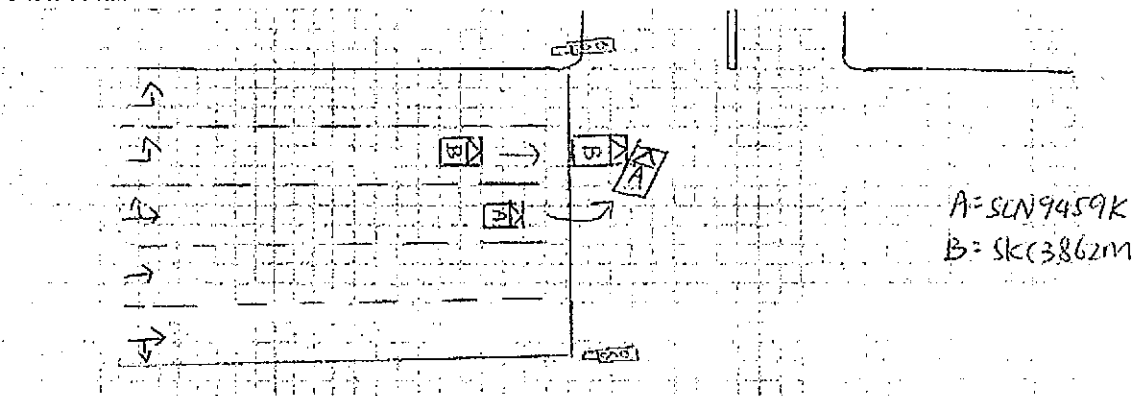
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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/are 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	Witnessed by Reporting Centre Personnel
---	---	---

Sketch Plan



HUA MENYEN


Describe Circumstances of the Accident

Refer to Police Report No = T/20210925/2007.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210925/2007

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20210925/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2021 03:44		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: YEO KAR YAN, DARREN			Address: APT BLK 217 PASIR RIS STREET 21 #01-152 SINGAPORE 510217		
ID Type / ID No.: NRIC NO / S9343406D			Contact No.: Home/Office: Mobile: 97545624		
Nationality: SINGAPORE CITIZEN			Email: darren-yeo@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 13/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2021 18:55	Type of Location: X-Junction
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC3862M	Car	AUDI	A8	Maroon	Slightly Damaged	4
SLN9459K	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210925/2007

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210925/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9459K	NTUC Income Insurance Co-Operative Limited	5122780095	25/06/2021	22/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHD SA'AT BIN HASSIM		ID No.	S1702392F
Related Vehicle	SKC3862M (Car)		Contact No.	85993306
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	YEO KAR YAN, DARREN		ID No.	S9343406D
Related Vehicle	SLN9459K (Car)		Contact No.	97545624
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2021		Date Discharge	25/09/2021
No. of Days granted Medical Leave		03	Degree of Injury	Slight

Brief Details.

On 24/09/2021 at about 1855hrs, I was driving my Grab car, a blue Honda Vezel bearing the registration plate number SLN9459K, along Marina Boulevard towards Sheares Ave Flyover. It was a 5-lane road and I was on the third lane from the right, which was a going straight or turning left lane. The fourth and fifth lanes from the right are left-turn only lanes. When I was driving, the traffic light was green and I proceeded to make a left turn into Sheares Ave flyover. As my car was turning left, the maroon Audi A8 bearing the registration plate SKC3862M, which was on the fourth lane from the right (left-turn only lane), drove straight and collided into the left side of my car.

Both the driver of the Audi and myself stopped our respective vehicles at the side of the road. The driver of the Audi told me that he thought the lane he was in allows him to drive straight. As such, he drove straight and subsequently collided into my car. He admitted that the accident was his fault as he did not pay attention to the road markings. We exchanged our personal particulars and contact details.

At the time of accident, there was no passenger in my car. The Audi driver, however, had about four



**SINGAPORE
POLICE FORCE**



T/20210925/2007

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20210925/2007

CONTINUATION OF REPORT

passengers in his car.

Due to the collision, there were scratches and dent marks on the left side of my car. The rims of the left front wheel of my car is also damaged. The steering alignment of my car is also affected due to the collision.

I felt pain at the left lower back area and right side of my neck. As such, I sought medical attention at a clinic and was given three days of medical leave from 25/09/2021 to 27/09/2021.

I have an in-car camera installed in my car which captured the accident. There was no Traffic Police or ambulance at the accident location.


**SINGAPORE
POLICE FORCE**


T/20210925/2007

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20210925/2007

CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report G / Sr Staff Sgt SHARIFAH AMIRA BINTE SYED SHEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2021 03:44
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9343406D



Name

YEO KAR YAN, DARREN
(YAO JIAYAN)

姚佳延

Race

CHINESE

Date of birth

13-11-1993

Sex

M

Country of birth

SINGAPORE

S9343406D



4309329

NRIC No. S9343406D



Date of issue

18-11-2008

APT BLK 217 PASIR RIS STREET 21 #01-152
SINGAPORE 510217

NRIC No: S9343406D

Date: 13/05/2012

No: 7074756

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9343406D
Name:

YEO KAR YAN, DARREN
(YAO JIAYAN)

Birth Date: 13 Nov 1993

Issue Date: 26 Jul 2014



002328663F

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 26 Jul 2014



NP 428A

Land Transport Authority



PDVL/TDVL
33 888 88888
295637

VOCATIONAL LICENCE

Licence No: S9343406D

Name: YEO KAR YAN, DARREN



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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	20/02/2019





Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Sep 2021 / 12:43:18

Receipt Date/Time : 25 Sep 2021 / 12:43:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210925-001122

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 - SKC3862M				
As at 24 Sep 2021/18:55:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKC3862M			
	Enquiry Fee	7.00	0.49	7.49
	20210925124216224395			
	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				
	20210925124234254	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.