



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 : SLQ 4227 E

Our Ref : SMQ 8333 T

Date: 13.05.2022

INDIA INTERNATIONAL INSURANCE PTE LTD

Attn: Motor Claims Dept

ACCIDENT ON 03.01.2022 INVOLVING VEHICLE SMQ 8333 T & SLQ 4227 E ALONG PIE EXIT LORNIE

With regards to the above, we are writing on behalf of the registered owner of vehicle SMQ 8333 T 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 SLQ 4227 E. 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	\$	3,000.00
2) Loss of use-\$120 X 03 days	\$	360.00
3) LTA search	\$	7.45
Total	\$	3,367.45

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

- | | |
|------------------------------------|--|
| a) Final Repair Bill Of SMQ 8333 T | c) LTA SEARCH |
| b) GIA report | d) Owner / Driver NRIC & Driving License |

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

華明噴漆廠
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AUTOBAY @ KAKI BUKIT
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Your Ref :

Our Ref :

Date:.....13/5/2022.....

VEHICLE NO :SMQ 8333 T
MAKE / MODEL :MITSUBISHI OUTLANDER
NAME :HONG SHU FEN
ADDRESS :BLK 185 BISHAN ST 13
#09-333
S 570185

FINAL REPAIR BILL FOR VEHICLE NO:SMQ 8333 T

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

\$ 3,000.00

SINGAPORE DOLLARS:THREE 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	04/01/2022 15:45 (SGT)
Date of Accident	03/01/2022 13:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT LORNIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8333T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HONG SHU FEN
NRIC No	S8135635A
Email Address	shufen_hong@yahoo.com
Mobile Phone No	(Phone) +65-94376888
Alternative Phone No	+65-94376888

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC21P00210700
Cover Note Number	-

DRIVER

Name of Driver	HONG SHU FEN
NRIC No	S8135635A

Date Of Birth	09/11/1981
Occupation	Indoor
Date Of Driving Pass	10/12/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-94376888
Alt. Phone Number	+65-94376888
Email Address	shufen_hong@yahoo.com
Address	BLK 185 BISHAN ST 13 #09-333
Address complement	-
Postcode	570185
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HOLIDAY NG YUZI
Gender	Female

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

I WAS DRIVING ALONG PIE EXIT LORNIE ON 03/01/2022 AT 1310HRS. THE LEFT LANE HAS ROAD BLOCK. SO TRAFFIC WAS HEAVY ON THAT TIME. VEHICLE IN FRONT STOP AND I FOLLOWED SUIT. OUT OF THE SUDDEN, I FELT AN IMPACT FROM MY REAR. VEHICLE B HIT ONTO REAR 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	SLQ4227E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEH CHIN JIONG
Contact Number	(Phone) +65-94563899
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

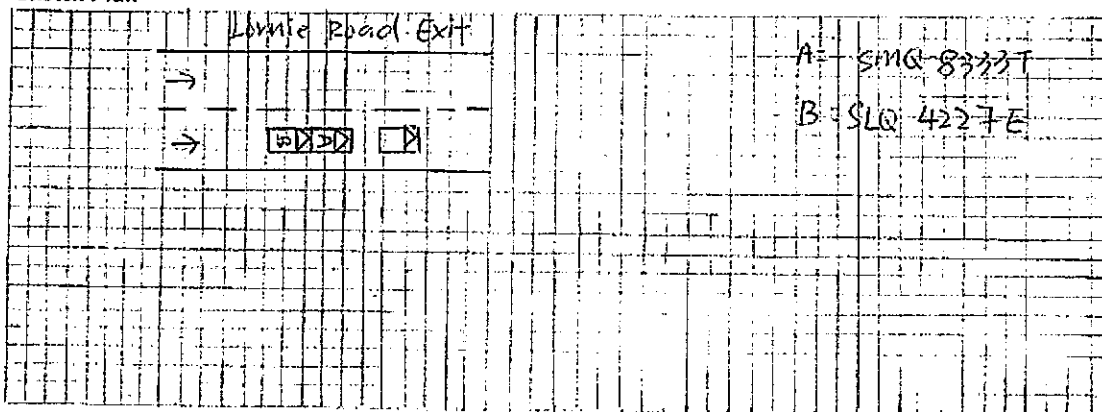
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




HUA MEANG


Describe Circumstances of the Accident

I was driving along PIE exit Lorne on 03.01.2022 @ 12:10 hours.
 The left lane has road block, so traffic was heavy on that time.
 Vehicle in front stop and I follow suit. Out of sudden, I felt an
 impact from my rear. Vehicle B hit into 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

Witnessed by Reporting Centre
 Personnel

IDENTITY CARD NO. S8135635A



Name

HONG SHUFEN

洪淑芬

Race

CHINESE

Date of birth

09-11-1981

Sex

F

S8135635A

Country of birth

SINGAPORE

4842431



NRIC No. S8135635A



Date of issue

22-03-2012

APT BLK 185 BISHAN STREET 13 #09-333
SINGAPORE 570185

NRIC No: S8135635A

Date:

14/06/2020

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 1 3 5 6 3 5 A**

Name:

HONG SHUFEN

Birth Date: **09 Nov 1981**

Issue Date: **23 Feb 2010**

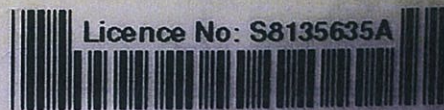


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **10 Dec 2001**

NP 428A





Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Jan 2022 / 12:00:52

Receipt Date/Time : 04 Jan 2022 / 12:00:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220104-001546

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 - SLQ4227E				
As at 03 Jan 2022/13:10:00				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLQ4227E			
	Enquiry Fee	7.00	0.49	7.49
	20220104115943271410			
	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				
	20220104120002286	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.