



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 : GBH9791A

Our Ref : SLP9675S

Date: 28/04/2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn: Motor Claims Dept

ACCIDENT ON 28.03.2022 INVOLVING VEHICLE SLP 9675 S & GBH 9791 A ALONG PIONEER SECTOR 1

With regards to the above, we are writing on behalf of the registered owner of vehicle SLP 9675 S 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 GBH 9791 A. 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	\$	16,200.00
2) Loss of rental-\$120 X 17 days	\$	2,040.00
3) LTA search	\$	7.45
Total	\$	18,247.45

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

- | | |
|------------------------------------|--|
| a) Final Repair Bill Of SLP 9675 S | 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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Your Ref :

Our Ref :

Date: 28/4/2022

BILL TO : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

VEHICLE NO :SLP 9675 S
MAKE / MODEL :HONDA VEZEL
NAME :LIANG LONG MARINE PTE LTD
ADDRESS :36 TUAS SOUTH AVENUE 2
TUAS BAY INDUSTRIAL CENTRE
S 637539

FINAL REPAIR BILL FOR VEHICLE NO:SLP 9675 S

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

\$ 16,200.00

c) UTA STATION

d) Owner / Driver NRIC & Driving License

SINGAPORE DOLLARS: SIXTEEN THOUSAND TWO 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	29/03/2022 13:59 (SGT)
Date of Accident	28/03/2022 13:45 (SGT)
Exact Location of Accident	Pioneer Sector 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9675S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIANG LONG MARINE PTE LTD
Company Reg No	200618701C
Email Address	lianglong64@singnet.com.sg
Mobile Phone No	(Phone) +65-96269934
Alternative Phone No	(Office) +65-67932359

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	8-V0022680-MVA-R002
Cover Note Number	-

DRIVER

Name of Driver	NG POH HONG
NRIC No	S1670710D

Date Of Birth	29/04/1964
Occupation	Outdoor
Date Of Driving Pass	17/07/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96269934
Alt. Phone Number	-
Email Address	lianglong64@singnet.com.sg
Address	BLK 533 BEDOK NORTH STREET 3 #12-778
Address complement	-
Postcode	460533
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG PIONEER SECTOR 1 ON 28/03/2022 AT ABOUT 1345HRS, I SLOWED DOWN MY CAR TO WAIT THE OPPOSITE TRAFFIC TO CLEAR IN ORDER TO MAKE A RIGHT TURN. OUT OF SUDDEN, I FELT AN IMPACT FROM MY REAR CAUSE MY CAR MOVE FORWARD. 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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH9791A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SELIM
Passport No/FIN	G8295065L

Contact Number	(Phone) +65-85426743
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 based outside of Singapore, for one or more of the above Purposes.



Rehman

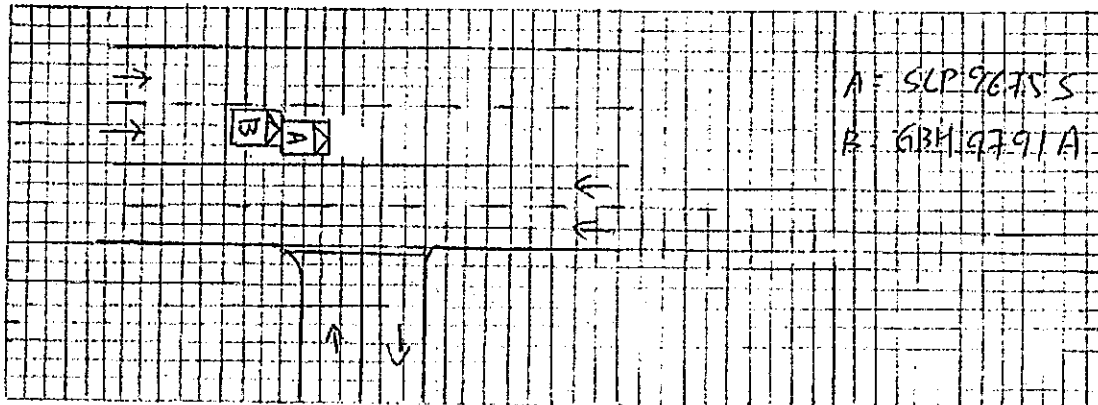
22/3/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Pioneer Sector 1 on 28-03-2022 at about 1345 hours. I slow down my car to wait the opposite traffic to clear in order to make a right turn. Out of sudden, I felt an impact from my rear cause my car move forward. Vehicle B was hit onto rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Tehtaan

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

Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1670710D



Name

NG POH HONG

黄宝丰

Race

CHINESE

Date of birth

29-04-1964

Sex

M

S1670710D

Country/Place of birth

SINGAPORE



NRIC No. S1670710D



Date of issue

24-05-2019

Address

APT BLK 533 BEDOK NORTH STREET 3
#12-778
SINGAPORE 460533

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1670710D

Name:

NG POH HONG

Birth Date: 29 Apr 1964

Issue Date: 06 May 2015



002424299C



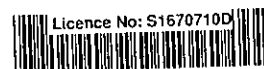
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

17 Jul 2014

NP 428A



Licence No: S1670710D

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Mar 2022 / 17:11:51

Receipt Date/Time : 28 Mar 2022 / 17:11:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220328-003526

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 - GBH9791A				
As at 28 Mar 2022/13:45:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBH9791A			
	Enquiry Fee	7.00	0.49	7.49
	202203281711046530497			
	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				
	20220328171104191	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.



DAWN ENTERPRISES

21 Seletar West Farmway 1

Singapore 798125

Tel: 63832661 Fax: 64842836

Reg No.430058/00D

SLP 96755

Nº 37498

RENTAL AGREEMENT

DATE 28/3/22

HIRER'S PARTICULARS

Name Ng Poh Hong

Address Blk 533 Bedok North Street 3
12-778 S(460533)

I/C or Passport No. S1670710D Country _____

Occupation _____

Date of Birth _____ Age _____

Driving Licence No. _____ Date Passed _____

Tel: (HP) 96269934 (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:

- 1 No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving licence.
- 2 This vehicle is licenced to carry 04 passengers only.
- 3 Hirer is liable to pay first \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
- 4 For usage to Malaysia subject to higher excess all claims of S\$5,000.00 and different rental rate
- 5 Please notify our office should there be any accident involving this hired vehicle within 24 hrs
- 6 No refund will be given for vehicle returns early.
- 7 No refund will be given for petrol left in vehicle.
- 8 Hirer is liable to pay all parking fee and traffic summonses.
- 9 Vehicles to be return during office hour only.
- 10 No Service on Public Holiday and Sunday.

SCHEDULE

MODEL

SKZ 8565S Honda Vezel

Date	Time	Mileage
<u>28/3/22</u>	<u>1640</u>	
<u>14/4/22</u>		

CHARGES

17 Day at \$ <u>120.00</u> per days	\$ <u>2040.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>2040.00</u>
AMOUNT PAID	\$ <u>2040.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

FROM

28/3/22

TO

14/4/22

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. **20827**

OFFICIAL RECEIPT

Date, 14/4/22

Received from

the sum of Dollars

Ng Poh Hong
Two thousand forty only

being Payment Of

SXZ 85658 (28/2/22 - 14/4/22)

DAWN ENTERPRISES

\$

20827

Cash/Cheque No.

[Signature]