

# SIN HWEE MOTOR PTD LTD

BLK 3023A UBI RD 1 #01-59  
SINGAPORE 408717  
UEN: 201327079M

Web Site WWW.SINHWEE MOTOR.COM  
E-mail SINHWEE MOTOR@GMAIL.COM  
Phone # 9766 6672

## Invoice

Date	Invoice #
1/10/2022	1018C
Vehicle No	Model
SJH 952 S	TOYOTA WISH

Bill To
LOH WEE MENG

Quantity	Description	Unit	Amount
	LUMP SUM	2,700.00	2,700.00



**Total**

\$2,700.00



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Aug 2022 / 17:04:12

Receipt Date/Time : 10 Aug 2022 / 17:04:12

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220810-002936

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 - SHC1215E				
As at 09 Aug 2022/16:04:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC1215E Enquiry Fee 20220810170246575830	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				
526471XXXXXX9434		eNETS Credit Card		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.

TO WHOM IT MAY CONCERN

LETTER OF AUTHORITY

Accident on 09/08/22 at/along SENGKANG E DR

involving SJH9525 AND SJC1215E

I / We LOH WEE MENG Nric No. S7525685Z

of 333 SERANGGUN AVE 3 #08-283 S(550333) owner of Motor

Vehicle Registration No. SJH9525 insured by NTUC INCOME INSURANCE CO-OP LTD

under Policy No. 5100989058 do hereby authorise M/s Sin Hwee Motor Pte Ltd

as my authorised representative to write, negotiate & settle claim on my behalf in my claim against the owner

and/or driver of motor Vehicle Registration No. SJC1215E in respect of the above mentioned accident.

I also hereby authorise that the agreed settlement sum be made in favour of my representative, M/s

Sin Hwee Motor Pte Ltd and the said payment be forwarded to them as full and final

discharge of my claim.

I hereby exonerate the AXA INSURANCE RE LTD and / or their insured and/or

driver of vehicle number SJC1215E from any liability after payment of any claim to my authorised

representative M/s Sin Hwee Motor Pte Ltd

Owner's Signature :

Full Name :

Nric No :

Date :



LOH WEE MENG

S7525685Z

10/08/22

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7525685Z



Name

LOH WEE MENG  
(LU WEIMIN)

Race

CHINESE

Date of birth

04-09-1975

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7525685Z

Name:

LOH WEE MENG  
(LU WEIMIN)

Birth Date: 04 Sep 1975

Issue Date: 06 Oct 2003



NRIC No. S7525685Z



Date of issue

19-12-2005

Address

APT BLK 333 SERANGOON AVENUE 3  
#08-283  
SINGAPORE 550333

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

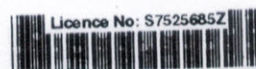
Class 2B	Motorcycles not exceeding 200 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

08 Dec 1993

06 Oct 2003

NP 428A



## 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 Actual 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	10/08/2022 13:58 (SGT)
Reported by	Both
Date of Accident	09/08/2022 16:04 (SGT)
Exact Location of Accident	Sengkang E Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH952S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WEE MENG
NRIC No	SXXXX685Z
Email Address	17D.C.DESIGN@GMAIL.COM
Mobile Phone No	(Phone) +65-94550703
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income insurance Co-operative Ltd
Policy Number / Cover Note Number	5100989058

#### DRIVER

Name of Driver	LOH WEE MENG
NRIC No	SXXXX685Z
Date Of Birth	04/09/1975
Occupation	Outdoor

Date Of Driving Pass	06/10/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94550703
Alt. Phone Number	-
Email Address	17D.C.DESIGN@GMAIL.COM
Address	BLK 333 SERANGOON AVE 3 #08-283
Address complement	-
Postcode	550333
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED, SO I FOLLOWED TOO. SUDDENLY, VEHICLE B HIT ONTO MY REAR PORTION.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1215E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG WEI JIE

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

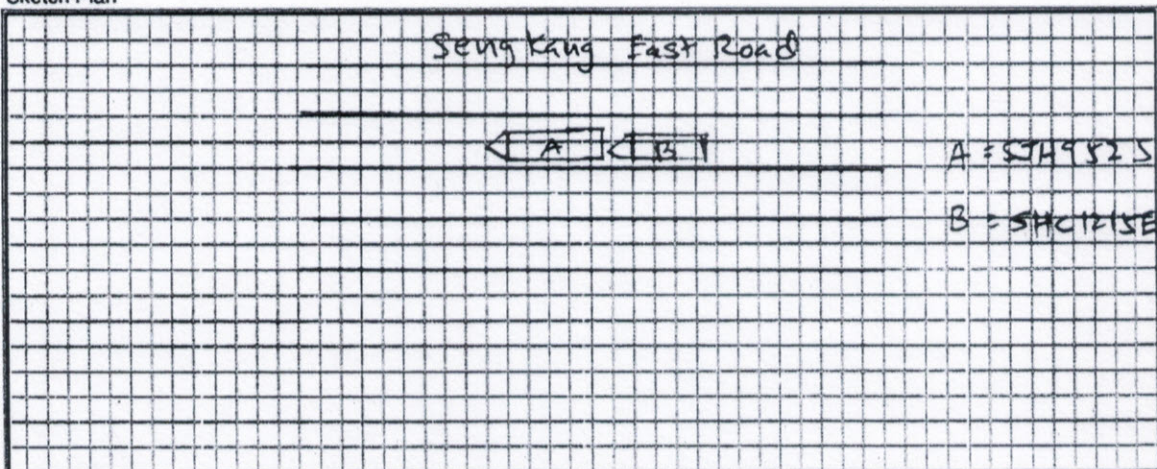
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
10/08/2022  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



vJun2022


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

**Describe Circumstance of the Accident**

Vehicle in front of me slowed down and stopped,  
 so I followed too.  
 Suddenly, vehicle B hit onto my rear partian.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
 10/08/2022  
 Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)