



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: 01/10/2022

AIG ASIA PACIFIC INSURANCE PTE LTD

Attn: Motor Claims Dept

ACCIDENT ON 16.08.2022 INVOLVING VEHICLE SJY 419 B & SMV 3950 T ALONG UPPER SERANGOON RD & BOUNDARY RD

With regards to the above, we are writing on behalf of the registered owner of vehicle SJY 419 B 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 SMV 3950 T. 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	\$	4,200.00
2) Loss of Rental-\$200 X 04 days	\$	800.00
3) LTA search	\$	7.45
Total	\$	5,007.45

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

- a) Final Repair Bill Of SJY 419 B
- b) GIA report
- c) LTA SEARCH
- d) Owner / Driver NRIC & Driving License

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

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Your Ref :

Our Ref :

1/10/2022

Date:.....

VEHICLE NO :SJY 419 B
MAKE / MODEL :AUDI A5
NAME :TAN WEI LOONG WILSON
ADDRESS :33 UPPER SERANGOON VIEW
#14-26
S 534042

FINAL REPAIR BILL FOR VEHICLE NO:SJY 419 B

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

\$ 4,200.00

SINGAPORE DOLLARS:FOUR 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 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	17/08/2022 14:16 (SGT)
Reported by	Both
Date of Accident	16/08/2022 20:00 (SGT)
Exact Location of Accident	Upper Serangoon Rd & Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY419B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN WEI LOONG, WILSON
NRIC No	S9211067B
Email Address	SALVATOREE-BB@HOTMAIL.SG
Mobile Phone No	(Phone) +65-93889551
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5118682193-02

DRIVER

Name of Driver	TAN WEI LOONG, WILSON
NRIC No	S9211067B
Date Of Birth	12/03/1992
Occupation	Indoor

Date Of Driving Pass	09/01/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93889551
Alt. Phone Number	-
Email Address	SALVATOREE-BB@HOTMAIL.SG
Address	33 UPPER SERANGOON VIEW
Address complement	14-26
Postcode	534042
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 - Cross Junction
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)	2
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	-

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

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	SMV3950T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	2

PASSENGER 1

Name	PASSENGER
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN WEI LOONG, WILSON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SJY419B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

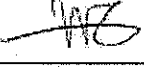
Name of injured person	ASIYA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJY419B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

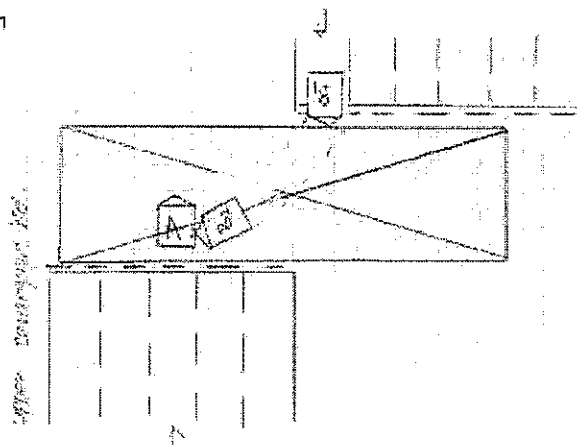
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 the 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 packet(s); 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



Vehicle A: SJY419D
Vehicle B: SMV3950T

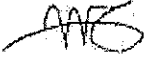
Describe Circumstances of the Accident


On the stated date and time, I was traveling straight along Upper Serrano Rd, traffic light was in my favour and I planned to travel straight, suddenly I felt a huge impact on my right portion and motor vehicle is has collided onto my right portion of vehicle.

Declaration

I/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**



F/20220818/7037

1 of 3

POLICE REPORT (NP299)

Report No. F/20220818/7037

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 18/08/2022 13:38		Vide Report No.		Station Diary No.	
Name Of Informant TAN WEI LOONG, WILSON		Address 33 UPPER SERANGOON VIEW #14-26 SINGAPORE 534042			
ID Type / ID No. NRIC NO / S9211067B		Contact No. Home/Office: Mobile: 93889551			
Nationality SINGAPORE CITIZEN		Email Address SALVATOREE-BB@HOTMAIL.SG			
Occupation Financial/Investment adviser		Sex Male	Age 30	Date of Birth 12/03/1992	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 16/08/2022 20:00 - 16/08/2022 20:20		Location Of Incident 33 UPPER SERANGOON VIEW #14-26 SINGAPORE 534042			

Brief details.

The accident took place on 16th Aug at approximately 8 pm along upper serangoon Road after passing by Upper serangoon shopping centre. I stop at the traffic light junction as traffic was red. I started moving off when it turn green as I have the right of way on the straight road. The next moment, i realised a car SMV3950T came from my right side and hit onto my drivers side door.

At the point of the accident, both my wife and I are were in the car. My wife Name: Asiya, Nric: S9284194D. We got off the car and the driver of SMV3950T admitted that it was his mistake and we did

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2022 13:38
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220818/7037

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220818/7037

the necessary exchange of particulars and photos. The driver also wrote a slip to acknowledge that he had knocked into my car SJY419B. I will attach the slip written by the driver.

My wife head knocked onto the side window when the incident happened. She did mention of slight neck and shoulder ache on the night itself. The next day 17th Aug 2022, I realised that my neck and back started to hurt. My wife still feel the same. We then decided to head to the clinic Our Family Physician Clinic & Surgery. I was issued a 4 days MC and my wife was issued a 3 days MC.

Subjects Involved			
Victim			
Person Name	Asiya		
ID Type	NRIC NO	ID No	S9284194D
Gender	Female	Race	Chinese
Language	English	Occupation	Administration manager
Address	33/14-26 33 upper serangoon view #14-26 Boathouse residences SINGAPORE 534042	Mobile No	96277058
Relation To Informant	Wife		
Person Name			
TAN WEI LOONG, WILSON			
ID Type	NRIC NO	ID No	S9211067B
Gender	Male	Age	30
Race	Chinese	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2022 13:38
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220818/7037

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: F/20220818/7037

Occupation	Financial/Investment adviser	Address	33 UPPER SERANGOON VIEW #14-26 SINGAPORE 534042
Mobile No	93889551	Is Informant A Victim?	Yes
Person Name	TAN WEI LOONG, WILSON (Informant)		

Signature Of Officer Recording The Report: Not applicable.	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable.	Date/Time: 18/08/2022 13:38
Officer In-Charge Of Case:	Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9211067B



Name

TAN WEI LOONG, WILSON

陳 威 龍

Race
CHINESE

Date of birth
12-03-1992

Sex
M

Country of birth
SINGAPORE

S9211067B



NP 428A

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
09 Jan 2012

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9211067B

Name

TAN WEI LOONG, WILSON

Birth Date: 12 Mar 1992

Issue Date: 09 Jan 2012



002033215C

NRIC No: S9211067B Date: 10/08/2020

APT BLK 33 UPPER SERANGOON VIEW #14-26
SINGAPORE 534042

16-03-2007
Date of issue



S9211067B



4017065



SJY419B

DAWN ENTERPRISES

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

Nº 38217**RENTAL AGREEMENT**DATE 18/8/2022**HIRER'S PARTICULARS**

Name Tan Wei Loong Wilson
Address 33 upper serangoon view
#14-26 S(534042)
I/C or Passport No. S9211067B Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (HP) 93889551 (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 8p 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.

CHARGES

A Day at \$ <u>200.00</u> per days	\$ <u>800.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>800.00</u>
AMOUNT PAID	\$ <u>800.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

SCHEDULE**MODEL**Smp 5498 B Mazda 5

Date	Time	Mileage
<u>18/8/22</u>	<u>5.15 pm</u>	
<u>22/8/22</u>		

FROM

18/8/22

TO

22/8/22

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

OFFICIAL RECEIPT

Received from

the sum of Dollars

being Payment Of

\$ 800 ¹⁴/₁₀₀

Cash/Cheque No.

Tan Wei Leong Wilson

Eight hundred only

SNR 52083 (18/8/22 - 22/8/22)

DAWN ENTERPRISES

No. 20797

Date,

22/8/22

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Aug 2022 / 17:31:22

Receipt Date/Time : 18 Aug 2022 / 17:31:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220818-003273

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 - SMV3950T				
As at 16 Aug 2022/20:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMV3950T Enquiry Fee 20220818173012636225	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				
20220818173033254		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.