

利 民 达 摩 多
JEMENTAH MOTOR WORKS
Blk 14 #01-406 Defu Lane 10 Singapore 539195
噴漆, 打嗎呷, 意外保險賠償, 出租汽車和貨車
Spray Painting, Panel Bending & Accident Insurance Claims
Rental of Passenger & Commercial vehicle

Date: 13 Sep 2022

Our Ref: GBF844B

Your Ref:

To: AXA Insurance Pte Ltd
9 North Buona Vista Drive, #18-01/06,
Tower 1
The Metropolis, Singapore 138588

Dear Sirs,

ACCIDENT INVOLVING GBF844B AND SHC3863X

We are the representative for Lian Cheng Contracting Pte Ltd whose vehicle registration number SHC3863X was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration SHC3863X. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows: -

Cost of Repairs: \$3600

Loss of Rental: \$513.60 (Incl. GST)

Search Receipts: \$7.45

Total: \$4121.05

Enclosed are the supporting documents for your perusal: -

GIA Report
LTA Search Invoice
Rental Bill
Repair Bill

Kindly let us have your payment of \$4121.05 in our workshop's name within the next 14 days.

Please do not hesitate to contact Mr Lee Zhen Yang or email leezhenyang@jmentah.com should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Lee Zhen Yang', with a long horizontal stroke extending to the right.

Lee Zhen Yang
Account Manager

Encl.

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	25/08/2022 14:58 (SGT)
Reported by	Driver
Date of Accident	25/08/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEPOT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF844B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN CHENG CONTRACTING PTE LTD
Company Reg No	198802394C
Email Address	wilson_teo@liancheng.sg
Mobile Phone No	(Phone) +65-87206167
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22008243

DRIVER

Name of Driver	LIM ENG HOE
NRIC No	S1154927F
Date Of Birth	20/06/1956
Occupation	Outdoor

Date Of Driving Pass	26/04/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91773641
Alt. Phone Number	-
Email Address	wilson_teo@liancheng.sg
Address	APT BLK 20 TELOK BLANGAH CRESCENT #09-86 (S) 090020
Address complement	-
Postcode	-
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 - 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?	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

REFER WITH ATTACH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3863X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

SKETCH PLAN

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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.

X

Policyholder's Signature / Date & Time

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

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

Sketch Plan

25/8/2022 @ 1422hr

A - G1BF844B
B - SHC8863X

Describe Circumstance of the Accident

While I was driving straight, suddenly a taxi SHC3863X cut into my path from the right and collided with my vehicle.

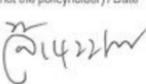
Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

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

x

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time
25/8/2022




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



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 31 Aug 2022 / 10:38:41

Receipt Date/Time : 31 Aug 2022 / 10:38:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220831-001055

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 - SHC3863X As at 25 Aug 2022/07:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC3863X			
	Enquiry Fee	7.00	0.49	7.49
	20220831103721328940			
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				
	411911XXXXXX6699	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.

HUI WANG ENTERPRISE PTE LTD

BLK 5, DEFU LANE 10, #01-570 / 576, SINGAPORE 539186
TEL: 6286 4541, 6283 0717 | FAX: 6281 0647
EMAIL: Huiwang576@Gmail.com | GST No. 201426468N

TAX INVOICE

To :

Jementah Motor Works
Blk 14 #01-406 Defu Lane 20
Singapore 539195

Invoice No. : 00026801
Date : 9/9/2022
Reference : RA25659
Vehicle Number :
Repair Date :

Attn : Jementah Motor Works

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Rental of GBE4472U From 5/9/22- 9/9/22	\$480.00	\$480.00

INTEREST AT THE RATE 1.5% PER MONTH WILL BE CHARGE ON OVERDUE ACCOUNTS	Sub-Total	\$480.00
	GST 7%	\$33.60
	Total Payable	\$513.60

Payment Options

Please note that if you wish to make payment via Bank Transfer or Cheque, indicate the Bank, Amount Transfer & Invoice Number in the email so we are able to confirm that the funds came through. The email can be sent to Accounts@HuiWangEnterprise.com

OCBC SGD Account

Bank Name: Oversea-Chinese Banking Corporation Limited
Account Number: 689 021 566 001
Account Name: Hui Wang Enterprise Private Limited

PayNow



UEN: 201426468N

Received By _____

Issued By _____

*This is computer generated no signature required

E. & O. E.

