

# SIN HWEE MOTOR PTD LTD

BLK 3023A UBI RD 1 #01-59

SINGAPORE 408717

UEN: 201327079M

Web Site

WWW.SINHWEEMOTOR.COM

E-mail

SINHWEEMOTOR@GMAIL.COM

Phone #

9766 6672

## Invoice

Date	Invoice #
30/9/2022	1016C
Vehicle No	Model
SBP 20 J	M/BENZ E

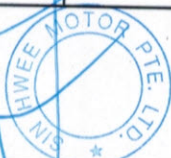
Bill To

CHAN HSIEN CHYE

Quantity	Description	Unit	Amount
	LUMP SUM	2,340.00	2,340.00

**Total**

\$2,340.00





Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 17 Sep 2022 / 09:42:11

Receipt Date/Time : 17 Sep 2022 / 09:42:11

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220917-000416

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SGU3668K

As at 16 Sep 2022/10:30:00

Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.

1 Insurance Enquiry - SGU3668K  
Enquiry Fee  
20220917094103474724

7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

526471XXXXXX9434	eNETS Credit Card	7.45
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<b>Total</b>		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6843246D




Name  
CHAN HSIEN CHYE

Race  
CHINESE

Date of Birth  
11-11-1968

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S6843246D




Birth Date: 11 Nov 1968


Issue Date: 28 Oct 2003

1000934055E

0 0 1 1 3 8 9



NRIC No. S6843246D



Blood Group Date of issue  
11-06-1991

APT BLK 642 BEDOK RESERVOIR ROAD #11-75  
SINGAPORE 410642  
NRIC No: XXXXX246D

Date of change: 07/06/2022


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 28 Nov 1988

NP 428A

License No: S6843246D





TO WHOM IT MAY CONCERN

LETTER OF AUTHORITY

Accident on 16/09/22 at/along JUNCTION OF PAYA LEBAR ROAD AND UBI RD

involving SBP 20J AND SG43668K

I / We CHIAN HSIEN CHYE

Nric No. S6843246D

of 642 BEDOK RESERVOIR RD #11-75 S(410642) owner of Motor

Vehicle Registration No. SBP 20J insured by ECICS LIMITED

under Policy No. MP22A00109100 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. SG43668K 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 ALLIANZ INSURANCE SG PTE LTD and / or their insured and/or

driver of vehicle number SG43668K 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 :

CHIAN HSIEN CHYE

S6843246D

1/10/22

# 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	16/09/2022 11:39 (SGT)
Reported by	Both
Date of Accident	16/09/2022 10:30 (SGT)
Exact Location of Accident	Paya Lebar, Singapore
Additional Location Information	JUNCTION OF PAYA LEBAR ROAD AND UBI ROAD SINGAPORE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SBP20J

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN HSIEN CHYE
NRIC No	S6843246D
Email Address	JIMMYCHANHC@OUTLOOK.COM
Mobile Phone No	(Phone) +65-98398511
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	MERCEDES BENZ / E200 ML
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	1796

### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22A00109100

### DRIVER

Name of Driver	CHAN HSIEN CHYE
NRIC No	S6843246D
Date Of Birth	11/11/1968



Occupation	Indoor
Date Of Driving Pass	28/11/1988
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98398511
Alt. Phone Number	-
Email Address	JIMMYCHANHC@OUTLOOK.COM
Address	APT BLK 642 BEDOK RESERVOIR ROAD #11-75
Address complement	-
Postcode	410642
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

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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	SGU3668K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93635264
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



**Describe Circumstances of the Accident**

I was driving along Paya Lebar Road to PIE on 16/9/22 (Friday) at about 10.30am. When approaching the junction @ Macpherson MRT, the traffic light turned 'RED' so I stopped my car. The car behind me (SGH 3668K) did not stop and rammed into my car.

**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



## 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

PAYA LEBAR RD

A: SLP 20J

B: SG4368K

