

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: 6 Oct 2022

Our Ref: SMC9669S

Your Ref:

To: Allianz Insurance Singapore Pte. Ltd
12 Marina View
#14-01 Asia Square Tower 2
Singapore 018961

Dear Sirs,

ACCIDENT INVOLVING SMC9669S AND SNE818R

We are the representative for Yeo Chiew Luan whose vehicle registration number SMC9669S 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 SNE818R. 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: \$10,021.24

Loss of Use 5 days @ \$120/day: \$600

Search Receipts: \$7.45

Administrative Fees: \$550

Total: \$11,178.69

Enclosed are the supporting documents for your perusal: -

GIA Report
LTA Search Invoice
Repair Bill

Kindly let us have your payment of **\$11,178.69** 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 stylized flourish at the end.

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	24/09/2022 15:22 (SGT)
Reported by	Both
Date of Accident	23/09/2022 10:26 (SGT)
Exact Location of Accident	Downtown East, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9669S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO CHIEW LUAN
NRIC No	S6925547G
Email Address	tanghungwung@gmail.com
Mobile Phone No	(Phone) +65-93657174
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00185382101

DRIVER

Name of Driver	TANG HUNG WUNG
NRIC No	S6912261B
Date Of Birth	08/04/1969
Occupation	Outdoor

Date Of Driving Pass	27/03/1987
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96796995
Alt. Phone Number	-
Email Address	tanghungwung@gmail.com
Address	27 TAMPINES ST 86 #12-22
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	0
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 SKETCH.

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	SNE818R
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) -

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 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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

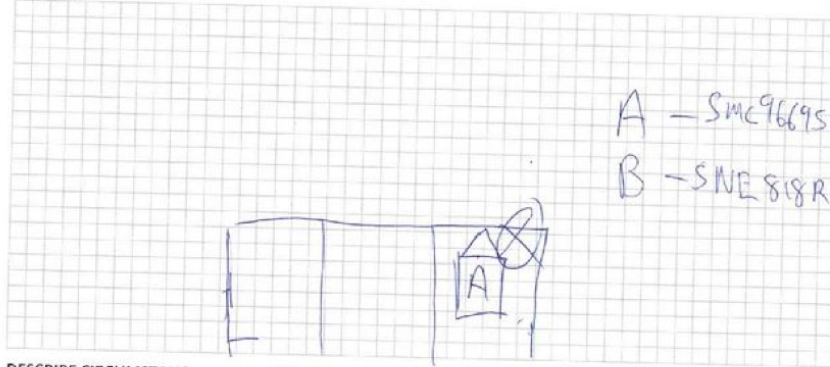
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SIAMAC SketchPlanForm_v3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at the carpark this morning, when I
go back to drive, I found my car was hit.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GARATC Sketch Form_V3



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Sep 2022 / 11:26:50

Receipt Date/Time : 26 Sep 2022 / 11:26:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220926-001248

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 - SNE818R

As at 23 Sep 2022/10:26:00

Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.

1 Insurance Enquiry - SNE818R

Enquiry Fee	7.00	0.49	7.49
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20220926112534628022

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.



利民达摩多

Jementah Motor Works

Blk 14 Defu Lane 10, #01-406 Singapore 539195

H/P: 9299 6636

喷漆, 打吗甲, 意外保险赔偿, 出租汽车和货车

Spray Painting, Panel Beating, Accident Insurance Claims,

Rental of Passenger & Commercial Vehicle


Reg No: 506010200M

M/s. Allianz Insurance Singapore Pte. Ltd 109

Vehicle No SMC9669S 06-Oct-22

Description	Qty	Amount
Repair Cost		10021.24
Adminstrative Fees		550
Total		\$ 10,571.24

收货人Customer's Sign & Chop



Issued By: