



# 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 : S2M04BS8 (SHC 7397 Z)

Our Ref : SLX 5301 E

Date: 08/12/2022

## AXA INSURANCE PTE LTD

Attn: Motor Claims Dept

### ACCIDENT ON 24.09.2022 INVOLVING VEHICLE SLX 5301 E & SHC 7397 Z ALONG GEYLANG ROAD

With regards to the above, we are writing on behalf of the registered owner of vehicle SLX 5301 E 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 SHC 7397 Z. 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	\$	9,800.00
2) Loss of rental-\$120 X 10 days	\$	1,200.00
3) LTA search	\$	7.45
<b>Total</b>	<b>\$</b>	<b>11,007.45</b>

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

- |                                    |  |
|------------------------------------|--|
| a) Final Repair Bill Of SLX 5301 E | c) LTA SEARCH                            |
| b) GIA report                      | d) Owner / Driver NRIC & Driving License |

Yours faithfully,

**HUA MENG SPRAY PAINTING WORKSHOP**

華明噴漆廠  
HUA MENG SPRAY PAINTING WORKSHOP  
AUTOBAY @ KAKI BUKIT  
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
TEL: 6747 8064, 6746 5519 FAX: 6743 4896



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**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:..... 8/12/2022

VEHICLE NO :SLX 5301 E  
MAKE / MODEL :VOLKSWAGEN SCIROCCO  
NAME :CHUA GUAN HENG  
ADDRESS :BLK 277 TAMPINES STREET 22  
#05-184  
S 520277

**FINAL REPAIR BILL FOR VEHICLE NO:SLX 5301 E**

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

\$ 9,800.00

**SINGAPORE DOLLARS:NINE THOUSAND EIGHT 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	04/10/2022 18:24 (SGT)
Reported by	Both
Date of Accident	24/09/2022 02:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5301E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA GUAN HENG
NRIC No	S9012017D
Email Address	REIIWXNG@GMAIL.COM
Mobile Phone No	(Phone) +65-90267772
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	1400

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124624858

### DRIVER

Name of Driver	YEOW ZHI RONG
NRIC No	T0102823A
Date Of Birth	14/01/2001
Occupation	Outdoor



Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

17/12/2019  
2 YEARS AND 9 MONTHS  
Female  
(Phone) +65-84520129  
-  
REIIWXNG@GMAIL.COM  
462C YISHUN AVE 6 #06-1105 S763462  
-  
-  
No  
Relative  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Change/cross lane  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  
Translator's name  
Translator's ID  
Translator's phone number  
Translator's email  
Original language used in the statement

No  
2  
Yes  
No  
Yes  
3  
No  
-  
-  
-  
-  
-

#### PASSENGER 1

Name  
Gender

YEOW ZHI RONG  
Male

#### PASSENGER 2

Name  
Gender

MARTIN LOKE  
Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Police Station Name  
Police Station Phone No  
Alt. Police Station Phone No  
Police Station Address  
Was notice of intended Prosecution given?  
If yes, against whom?

Yes  
Traffic Police  
(Phone) +65-65470000  
(Fax) +65-65474900  
10 Ubi Avenue 3 Singapore 408865  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT ATTACHED

#### ATTACHMENT(S)

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

Yes  
No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7397Z
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	YEOW ZHI RONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLX5301E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	MARTIN LOKE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLX5301E
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 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. 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.

**5. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop or 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' law yers/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' law yers/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature: [Signature] Date & Time

Driver's Signature (if driver is not the policyholder): [Signature] Date & Time 08/01/22 2:40

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A. 10/10/16

B. 10/10/16

Refer to Police Report No: T 12022 0727 / 7059

We declare the foregoing statements are true in every respect.

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



1-20220929/7059

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 4

Report No: T20220929/7059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
29/09/2022 16:25

Vide Report No.:  
G-20220924/0048

Station Diary No.:

**Informant's Particulars**

Name of Informant: YEOW ZHI RONG			Address: 462C YISHUN AVENUE 6 #06-1105 SINGAPORE 763462		
ID Type / ID No.: NRIC NO / T0102823A			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 84520129		
Email: retliwng@gmail.com					
Sex: Male	Age: 21	Date of Birth: 14/01/2001	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation:			Institution / School Name:		
			Driving Licence Information:		
			Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2022 02:45	Type of Location: Straight Road
Location:  GEYLANG ROAD				

Weather: Clear	Road Surface: Dry	Road Speed Limit: 70 Km/h
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

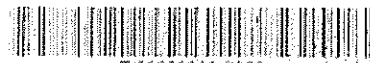
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC7397Z	TAXI				Slightly Damaged	0
SLX5301E	Car	VOLKSWAGO	SCIROCCO	Black	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65479000



T 20220929/4059

2 of 4

Report No. T 20220929/7359

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5301E	NTUC Income Insurance Co-Operative Limited			

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	YEOW ZHI RONG	ID No.	T0102823A
Related Vehicle	SLX5301E (Car)	Contact No.	84520129
Hospital/Clinic	WOODGROVE MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	24/09/2022	Date	28/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious

**Passenger**

Name	MARTIN LOKE	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	WOODGROVE MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	24/09/2022	Date	28/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME I WAS TRAVELLING STRAIGHT ALONG GEYLANG ROAD.

OUT OF NOWHERE, (SHC7397Z) ABRUPTLY SWITCH INTO MY LANE FROM THE LEFT AND INTO MY LANE.

I IMMEDIATELY APPLIED MY BRAKES AND HONKED BUT (SHC7397Z) KEPT COMING INTO MY LANE.

I COULDN'T SWITCH LANES TO THE RIGHT AS THERE WERE PEOPLE WALKING ALONG THE ROAD AS SUCH I KEPT JAMMING MY BRAKES BUT (SHC7397Z) SWITCHED LANES TOO ABRUPTLY AND HIT ONTO MY VEHICLE'S LEFT SIDE.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408866  
Tel No: 65470000



1:20220929-7059

3 of 4

Report No: T20220929-7059

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408966  
Tel No: 65470000



T 20220829/7059

Report No. T 20220829/7059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

NP107

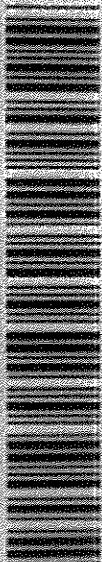
Signature Of Informant:


The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
29/08/2022 16 25

Classification Of Case:

5472904

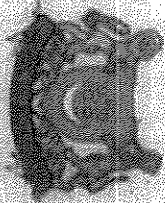
  
NRIC No. S9012017D




Date of Issue  
21-05-2015

Address  
APT BLK 277 TAMPINES STREET 22  
#05-184  
SINGAPORE 520277

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9012017D




  
Name  
CHUA GUAN HENG

  
Race  
CHINESE

Date of Birth  
15-04-1990

Sex  
M

Country/Place of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. T0102823A



Name

YEOW ZHI RONG

姚 杜 融

RACE

CHINESE

Date of birth

14-01-2001

Country/Place of birth

SINGAPORE

Sex

M

5683169



NRIC No. T0102823A



Date of issue

27-12-2016

Address

APT BLK 487 JURONG WEST AVENUE 1  
#05-57  
SINGAPORE 640487

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: T0102823A

Name:

YEOW ZHI RONG

Birth Date: 14 Jan 2001

Issue Date: 17 Dec 2019



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 17 Dec 2019



NP 428A

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Oct 2022 / 16:10:19

Receipt Date/Time : 04 Oct 2022 / 16:10:19

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221004-002827

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**  
Result of Insurance Enquiry - SHC7397Z  
As at 24 Sep 2022/02:45:00  
Insurance Co: AXA INSURANCE PTE LTD  
1 Insurance Enquiry - SHC7397Z  
Enquiry Fee  
20221004160837476495

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

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

20221004160940167

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.



# DAWN ENTERPRISES

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

SLX 5301E

Nº 38226

## RENTAL AGREEMENT

DATE 30/09/2022

### HIRER'S PARTICULARS

Name Yeow Zhi Rong  
Address 462C Yishun Ave 6  
# 06-1105  
S(763462)  
I/C or Passport No. S T0102823A Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Driving Licence No. \_\_\_\_\_ Date Passed \_\_\_\_\_  
Tel: (HP) 845 20 129 (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 2000 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

10 Day at \$ <u>120.00</u> per days	\$ <u>1200.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>1200.00</u>
AMOUNT PAID	\$ <u>1200.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

### SCHEDULE

### MODEL

SNA6680B

Nissan Qashqai

Date	Time	Mileage
<u>30/09/2022</u>	<u>645pm</u>	
<u>10/10/2022</u>		

FROM

30/9/22

TO

10/10/22

I/we have read and understood the terms and conditions above and hereby agreed to abide

gmm

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

No. **20645**

Date, 10/10/22

### OFFICIAL RECEIPT

Received from

the sum of Dollars

Leon Zhi Rong

One thousand two hundred only

being Payment Of

8NA 6680B (30/9/22 - 10/10/22)

DAWN ENTERPRISES

\$ 1200.00

Cash/Cheque No.