



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: 08/03/2023

AXA INSURANCE PTE LTD

Attn: Motor Claims Dept

**ACCIDENT ON 17.01.2023 INVOLVING VEHICLE SME 1743 C & SHC 7257 U ALONG
WOODLANDS AVE 1 TWDS WOODLANDS AVE 2**

With regards to the above, we are writing on behalf of the registered owner of vehicle SME 1743 C 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 7257 U. 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	\$	3,100.00
2) Loss of use-\$120 X 03 days	\$	360.00
3) LTA search	\$	26.75
Total	\$	3,486.75

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

- | | |
|------------------------------------|------------------------------------------|
| a) Final Repair Bill Of SME 1743 C | c) LTA SEARCH |
| b) GIA report | d) Owner / Driver NRIC & Driving License |

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

Y. 華明噴漆廠
HUA MENG SPRAY PAINTING WORKSHOP
AUTOBAY @ KAKI BUKIT
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883
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Your Ref :

Our Ref :

Date:..... 8/3/2023

VEHICLE NO :SME 1743 C
MAKE / MODEL :TOYOTA NOAH
NAME :SIVA PRAKASH
ADDRESS :685C WOODLANDS DR 73
#03-30
S 733685

FINAL REPAIR BILL FOR VEHICLE NO:SME 1743 C

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

\$ 3,100.00

SINGAPORE DOLLARS:THREE THOUSAND ONE 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	17/01/2023 14:15 (SGT)
Reported by	Both
Date of Accident	17/01/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 1 TOWARDS WOODLANDS AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1743C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIVA PRAKASH
NRIC No	S7528277Z
Email Address	SIVAPRAKASH9975@GMAIL.COM
Mobile Phone No	(Phone) +65-97479960
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117787822-02

DRIVER

Name of Driver	SIVA PRAKASH
NRIC No	S7528277Z
Date Of Birth	09/09/1975
Occupation	Outdoor



Date Of Driving Pass	09/03/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97479960
Alt. Phone Number	-
Email Address	SIVAPRAKASH9975@GMAIL.COM
Address	685C WOODLANDS DR 73 #03-30 S.733685
Address complement	-
Postcode	-
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?	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	PAX -UNKNOWN
Gender	Male

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 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	SHC7257U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NEO ENG SOON
-	S1653412I
Contact Number	(Phone) +65-93890437
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	SIVA PRAKASH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
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.
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

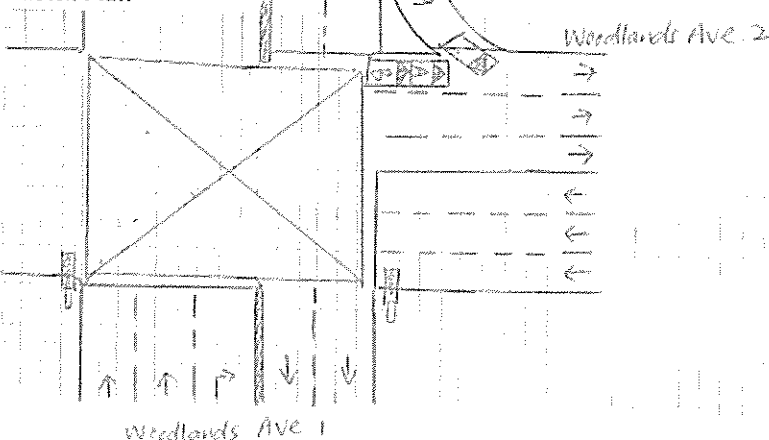
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SME1743C


B = SHC7257U

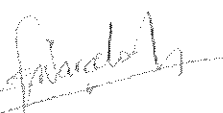
Describe Circumstances of the Accident

I was driving along Woodlands Ave 1 towards Woodlands Ave 2 on 17.01.2023 at about 0730 hours. I turn right to Woodlands Ave 2 once the traffic turn green. A car come from the slip road without check the traffic. I applied brake to avoid collision with the car. out of sudden, I felt an impact from my rear. Vehicle B (SHC72574) was hit onto rear portion of my vehicle.

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S7528277Z**

Name: **SIVA PRAKASH**

Birth Date: **09 Sep 1975**

Issue Date: **20 Feb 2018**

002774935J



A00872


NRIC No: **S7528277Z**

Blood Group: **B+** Date of Issue: **11-12-2001**

APT BLK 685C WOODLANDS DRIVE 73 #03-30
SINGAPORE 733685
NRIC No: **S7528277Z**

Date: **30/08/2019**

NO: **7087320**



REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S7528277Z**

Name: **SIVA PRAKASH**

Race: **INDIAN**

Date of Birth: **09-09-1975** Sex: **M**

Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

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

EFFECTIVE DATE **09 Mar 2009**

NP 428A

Licence No: **S7528277Z**





VOCATIONAL LICENCE

Licence No : S7528277Z

Name : SIVA PRAKASH

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	31/08/2018



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5117787822-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SME1743C**
 Chassis Number : ZWR800334382
2. Name of Policyholder : SIVA PRAKASH
3. Effective Date of Insurance : 20 Sep 2022
4. Expiry Date of Insurance : 19 Sep 2023
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIVA PRAKASH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ESTEEM CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 06 Sep 2022 13:38 hrs

For INCOME INSURANCE LIMITED



Chief Executive

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 17 Jan 2023 / 13:00:26

Receipt Date/Time : 17 Jan 2023 / 13:00:26

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230117-001833

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 - SHC7257U				
As at 17 Jan 2023/07:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC7257U			
	Enquiry Fee	24.77	1.98	26.75
	20230117125909784868			
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
Paid By				
	20230117125931281	Direct Debit: eNETS Debit (Internet Banking)		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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.