

# 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	03/05/2023 14:32 (SGT)
Reported by	Owner
Date of Accident	30/04/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Clementi Avenue 6 towards 10 Buroh Street
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number XD4695M

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEO BAK SOAH TRADING CO
Company Reg No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fs1elkd
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	12913

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V10037/VCH/R03

### DRIVER

Name of Driver	Zhang Zhiyuan
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass .....	[REDACTED]
Driving experience .....	[REDACTED]
Gender .....	Male
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	-
Postcode .....	542463
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 - Head on collision
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 .....	Ng Voon Yee
Translator's ID .....	TXXXX410B
Translator's phone number .....	(Phone) +65-62650026
Translator's email .....	nicoleng@asmauto.com.sg
Original language used in the statement .....	Mandarin

#### 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 sketch plan.

#### 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 .....	GBB2407M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Uddin Jahar
Passport No/FIN .....	GXXXX306X

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.
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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' 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/can 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 sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

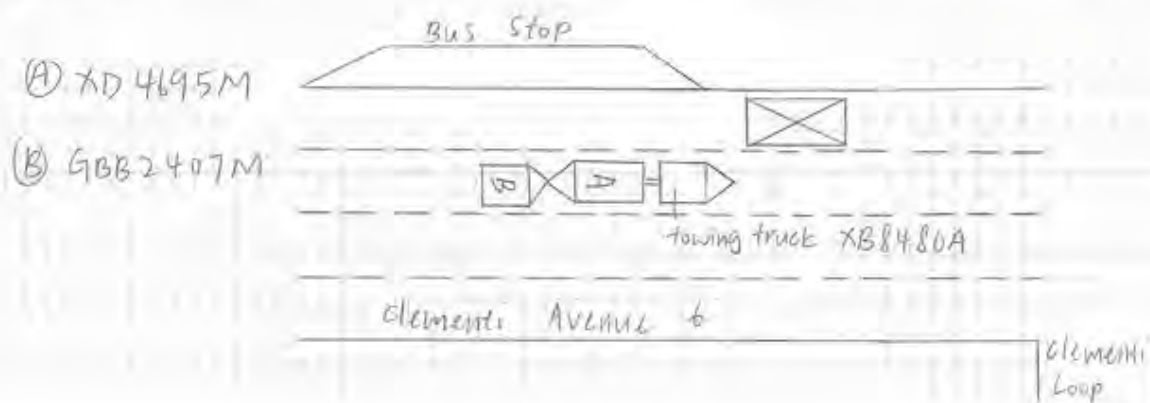
*[Signature]*

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



Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

I, Zhang Zhi Yuan, the manager of Teo Bak Soah Trading Co came to make accident report on behalf of my company.

on 30/4/23 around 11:30 hours,

^ Yishun towing company's staff Mr Tao helped us to tow our breakdown truck XD4695M along Clementi Avenue 6 towards 10 Buroh Street on lane 3. As the traffic light turned red, the towing truck then stopped. Out of sudden, there was a lorry GBB2407M came from behind and bang into our breakdown truck XD4695M front side.

## 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



































































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66350020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA1J23530003-01 Vehicle Registration No: XD4695M  
 Name (as shown in NRIC) : TEO BAK SOAH TRADING CO NRIC/FIN/Passport No : [REDACTED]  
 (\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : [REDACTED] Singapore (659533)  
 Contact (Tel) : [REDACTED] Mobile No. : [REDACTED]  
 Email Address : [REDACTED]  
 Date of Accident : 30/4/2023 Time of Accident : 11:30 hours  
 Place of Accident : Along Clementi Avenue 6 towards 10 Buroh Street  
 Insurance Company : Liberty Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend accident date \_\_\_\_\_  
 To reattach sketch plan \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Theng Jhi Yoon*



Policyholder / Driver's Signature  
 Date: 04/05/2023

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



**Liberty Insurance Pte Ltd**  
 Registration no: 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221-8611  
 Website: http://www.libertyinsurance.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1967  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969

<b>Certificate No.</b>	SD22V10837 /VCH /R08
<b>Form</b>	MZ301A
<b>Date Of Issue</b>	27-JUL-2022
<b>1. Index Mark and Registration No. of Vehicle:</b>	XD4695M
<b>2. Chassis number of Vehicle:</b>	JHDFS1ELKXXX10243
<b>3. Name of Policyholder:</b>	TEO BAK SOAH TRADING CO
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	02-AUG-2022 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	01-AUG-2023 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive:</b>	
<p>A) Whilst the vehicle is being used in connection with the Policyholder's business -          Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes -          Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<b>7. Limitations as to use:</b>	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
<b>8. The Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>	
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.</p>	
<p>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.</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers.</p>  Authorised Signatory	
<p><b>For Information only:</b></p> <p><b>COVERAGE :</b> Comprehensive, Unlimited Windscreen Third Party Working Risk, Additional Accessories</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> Section Drivers [REDACTED]</p> <p><b>FINANCE COMPANY:</b> DBS BANK LTD</p> <p><b>PRODUCER NAME:</b> TAN INSURANCE BROKERS PTE LTD</p>	

PLSL/127/07/2022

S1\_GL T1 T3\_OE\_Template2-Ver1

27/07/2022

Jul 27, 2022, 3:01 PM



**RED ANTS**  
ENGINEERING PRIVATE LIMITED  
UEN: 202133953D

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10 Buroh Street #04-26/28/29  
West Connect building  
Singapore 627564  
Hp: 93809381  
Email.: redantsengpl@yahoo.com  
CO REG NO: 202133953D

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## **REPAIR BILL**

**XD4695M  
Hino H700**

**For Cost of Repairs as recommended by surveyor \$21,693.84 (With GST)**

**SINGAPORE DOLLARS TWENTY ONE THOUSANDS SIX  
HUNDREDS NINTY THREE AND CENTS EIGHTY FOUR ONLY**

  
**Signature**

**Company Stamp**





6 tampines st 73, #01-03, singapore 528825  
tel: 6746 2118 fax: 6746 1148  
reg no: 53058468m

Claim Reference : -  
Insured Vehicle No. : -  
Thirty Party Veh No. : -  
Officer-In-Charge : -

Our Reference : KAAS/TA/6575/4695/TP/05.23  
Invoice No. : 6575  
Date : 15 June 2023

To: Teo Bak Soah Trading Co  
c/o 10 Buroh Street #04-26/28/29,  
West Connect Building,  
Singapore 627564

INVOICE	
PARTICULARS	AMOUNT
Vehicle No. : <b>XD 4695M</b> Make/Model : Hino FS1ELKD  <input checked="" type="checkbox"/> Inspection of Vehicle  <input checked="" type="checkbox"/> Appraisal Report  <input checked="" type="checkbox"/> 100 Colored Photographs  <input checked="" type="checkbox"/> Transport charges  <input checked="" type="checkbox"/> Re-inspection  <input type="checkbox"/> Others ( Specify )	SGD 945.00
Total	SGD 945.00

Dollars: **Nine Hundred and Forty-Five Only**

( Cheque should be crossed and make payable to " Kelvin Automotive Appraising Services " )



Kelvin Automotive Appraising Services





6 tampines st 73, #01-03, singapore 528825  
tel: 6746 2118 fax: 6746 1148  
reg no: 53058468m

Claim Reference : -  
Insured Vehicle No. : -  
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Officer-In-Charge : -

Our Reference : KAAS/TA/6575/4695/TP/05.23  
Date : 15 June 2023

To: Teo Bak Soah Trading Co  
c/o 10 Buroh Street #04-26/28/29,  
West Connect Building,  
Singapore 627564

## **VEHICLE APPRAISAL REPORT**

Name of Workshop : Redants Engineering Pte Ltd  
Place of inspection : 10 Buroh Street #04-26/28/29, West Connect Building, Singapore 627564  
Date of Assignment : 02 May 2023  
Date of Accident : 01 May 2023  
Date of Inspection : 02 May 2023

### **PARTICULARS OF INSPECTED VEHICLE**

Registration No.	: XD 4695M	Chassis Frame No.	: JHDFS1ELKXXX10243
Make / Model	: Hino FS1ELKD	Engine No. ( Logcard )	: E13CUN13076
Year of Manufacture/Reg	: 2011	Odometer Reading	: 793,933 KM
Colour	: Blue		
Class / Type	: Truck		

### **CONDITION OF VEHICLE DURING SURVEY (Visual & Static Check Only)**

General Condition : Good  
Paintwork : Good  
Market Value : -  
Scrap Value : -

### **CONDITION OF TYRES ON VEHICLE**

		<u>Make/Size</u>	<u>Thread Balance</u>
Front	L	BRIDGESTONE 295 / 80 R 22.5	18 mm
Front	R	BRIDGESTONE 295 / 80 R 22.5	18 mm
Rear	L	DURATURN 295 / 80 R 22.5	18 mm
Rear	R	DURATURN 295 / 80 R 22.5	18 mm

\*The above is an estimate of the remaining life of the tyre thread in millimeters

*The information contained in these documents may be privileged and confidential, and is intended for the exclusive use of the addressee designation. If you are not the addressee, any enclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this survey report in error, please contact us immediately by phone so that we can arrange for its return.*



6 tampines st 73, #01-03, singapore 528825  
 tel: 6746 2118 fax: 6746 1148  
 reg no: 53058468m

Our Reference : KAAS/TA/6575/4695/TP/05.23  
 Vehicle Number : XD 4695M

### APPRAISEMENT SCHEDULE

S/N	Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
		<b>LIST ITEMS:-</b>			
1	1 pc	front bumper	deformed	\$ 1,957.28	\$ 1,957.28
2	1 pc	front bumper reinforcement	buckled	\$ 1,083.33	\$ 1,083.33
3	1 pc	front bumper l/h garnish	cracked	\$ 90.00	\$ 90.00
4	1 pc	front bumper r/h garnish	cracked	\$ 90.00	\$ 90.00
5	1 pc	front bumper ctr garnish	broken	\$ 120.00	\$ 120.00
6	1 pc	front bumper l/h corner	missing	\$ 145.62	\$ 145.62
7	1 pc	front bumper r/h corner	missing	\$ 145.62	\$ 145.62
8	1 pc	front panel	buckled	\$ 2,058.00	\$ 2,058.00
9	1 pc	front upper grille	broken	\$ 770.49	\$ 770.49
10	1 pc	front lower grille	broken	\$ 290.00	\$ 290.00
11	1 pc	l/h headlamp	broken	\$ 290.00	\$ 290.00
12	1 pc	r/h headlamp	broken	\$ 290.00	\$ 290.00
13	1 pc	front l/h signal lamp	broken	\$ 135.85	\$ 135.85
14	1 pc	front r/h signal lamp	broken	\$ 135.85	\$ 135.85
15	1 pc	inter-cooler assy	buckled	\$ 8,254.76	\$ 8,254.76
16	1 pc	inter-cooler r/h hose	damaged	\$ 533.30	\$ 533.30
17	1 pc	l/h side mirror (B)	damaged	\$ 40.00	\$ 40.00
18	1 pc	l/h side mirror (M)	damaged	\$ 32.00	\$ 32.00
19	1 pc	l/h mirror arm	unconfirmed	\$ 121.00	not affected
20	1 pc	l/h lower panel stand	broken	\$ 290.00	\$ 290.00
				\$ 16,873.10	\$ 16,752.10
		Less 10%			\$ 1,675.21
				\$ 16,873.10	\$ 15,076.89
		<b>SPECIAL NETT ITEMS:-</b>			
21	1 pc	front no. plate	buckled	\$ 60.00	\$ 50.00
22	1 pc	advertisement sticker ( company )	necessary	\$ 200.00	\$ 180.00
				\$ 260.00	\$ 230.00
<b>Sub - Total</b>				<b>\$ 17,133.10</b>	<b>\$ 15,306.89</b>





6 tampines st 73, #01-03, singapore 528825  
 tel: 6746 2118 fax: 6746 1148  
 reg no: 53058468m

Our Reference : KAAS/TA/6575/4695/TP/05.23  
 Vehicle Number : XD 4695M

### APPRAISEMENT SCHEDULE

S/N	Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
		B/F		\$ 17,133.10	\$ 15,306.89
		<b>LABOUR &amp; OTHER CHARGES:-</b>			
1		To panel beating ,remove and replace all damaged parts. Dismantle and assemble of radiator assy, aircon pipes and air hose assy to change inter-cooler.		\$ 3,800.00	\$ 3,200.00
2		To check wiring and rewire		\$ 120.00	\$ 100.00
3		Coolant water 20 litres		\$ 120.00	\$ 80.00
4		Vacuum and refill gas R134a		\$ 150.00	\$ 120.00
5		To apply anti-rust		\$ 100.00	\$ 80.00
6		To putty and spray-paint of affected areas		\$ 1,600.00	\$ 1,200.00
				<b>\$ 5,890.00</b>	<b>\$ 4,780.00</b>
			<b>Sub - Total</b>	<b>\$ 23,023.10</b>	<b>\$ 20,086.89</b>



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tel: 6746 2118 fax: 6746 1148  
reg no: 53058468m

Our Reference  
Vehicle Number

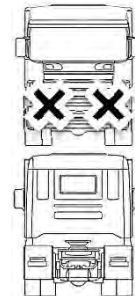
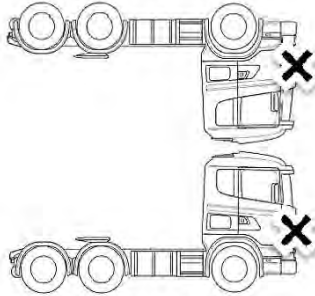
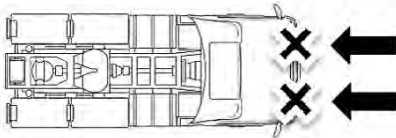
: KAAS/TA/6575/4695/TP/05.23  
: XD 4695M

### ASSESSMENT SUMMARY

Damages sustained were consistent with the subject vehicle being involved in a collision with another vehicle and the impact was delivered

**Squarely to the Front**

portion of the vehicle.



**Front portion**

The general area of damages is at the  
( Please refer to the parts list and photographs as attached for more information )

### ASSESSOR'S RECOMMENDATIONS

The estimated repair costs submitted by Messrs **Redants Engineering Pte Ltd** is \$ 23,023.10 .

We have adjusted the cost to \$ 20,086.89 and the repairer has agreed to undertake the repairs at a  
**Part by Part Basis of \$ 20,086.89** to a acceptable quality and standards.

However, we have not given authorization and instruction to the repairer to proceed with the repairs.

The repairs should be completed within a reasonable period of **10** working days.

**100** photographs were taken at the time of static inspection.

This report is strictly done in a **Without Prejudice Basis**.

We are reverting the matter to you a decision.

We enclose herewith our Invoice No. **6575** for our services rendered and  
we thank you for engaging our services.

**KELVIN AUTOMOTIVE APPRAISING SERVICES**

**KELVIN TEO**

*Licensed Automotive Appraiser*

*Nitec in Automotive Technology*

*Cert. Crash Investigation & Reconstruction*

*Dip MS*

*MSAAA, AM SAE-A*

**NOTE :** This revised estimate was from a visual inspection. Should there be any discrepancy or unseen items not listed in this survey, kindly notify the company within Seven (7) days from the date hereof. Otherwise this revised amount shall be treated as valid.





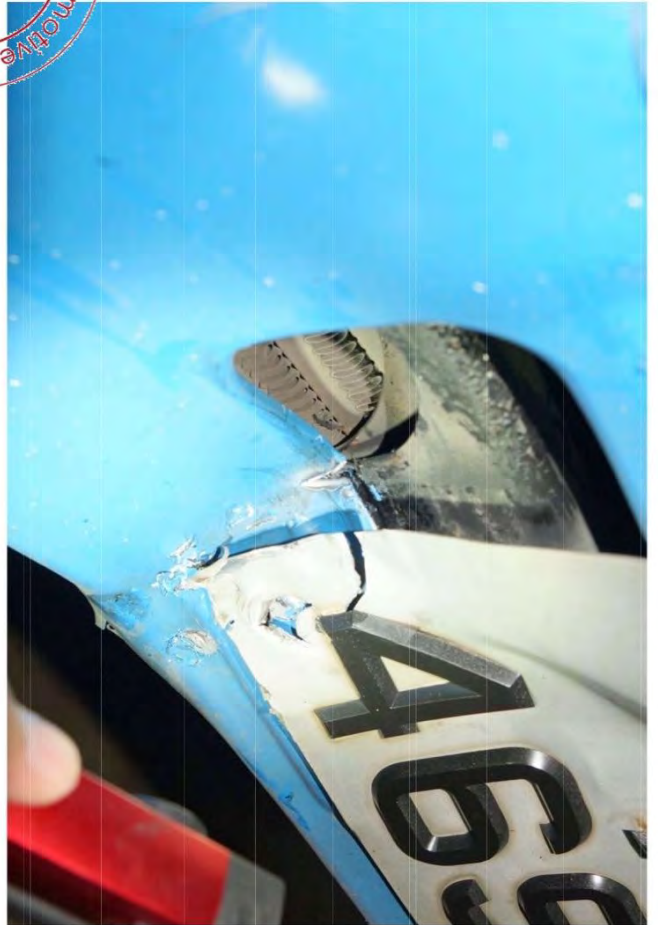
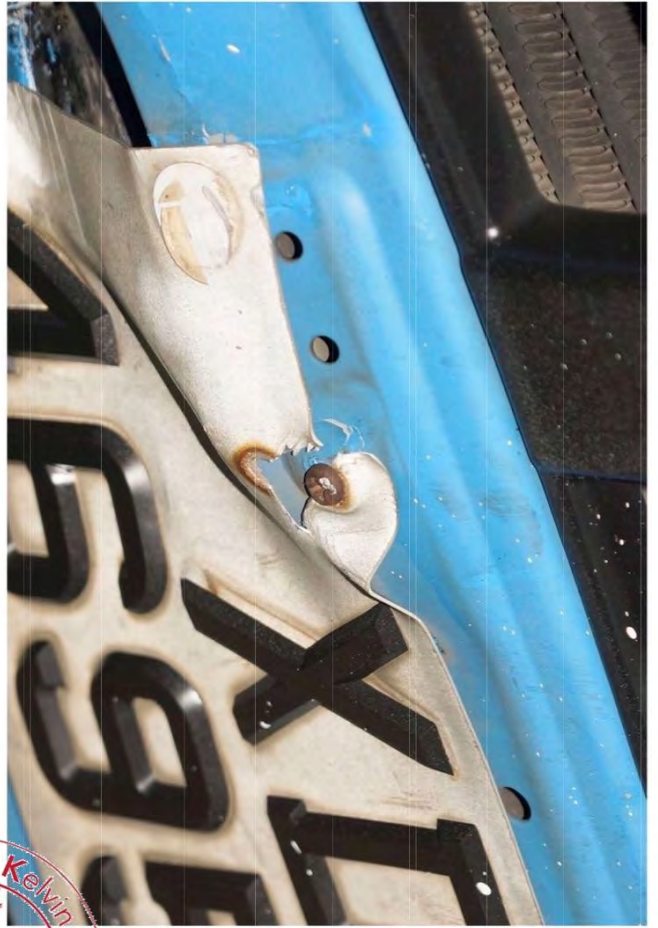
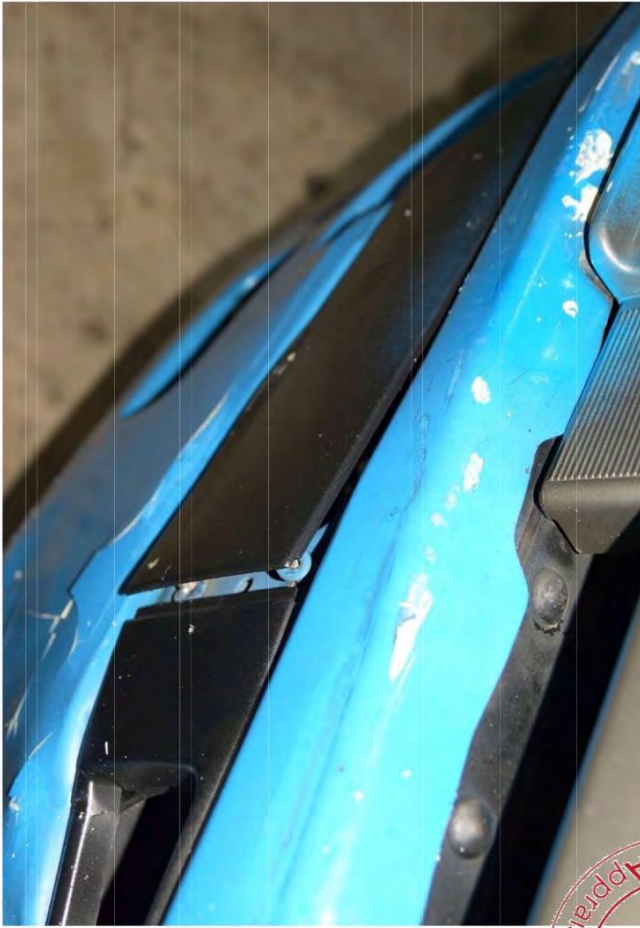




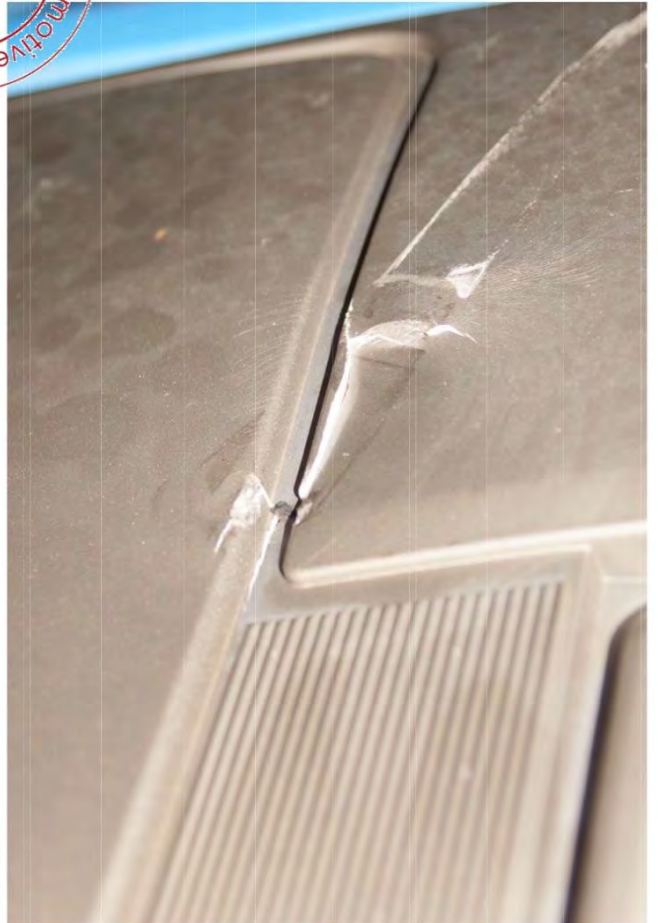




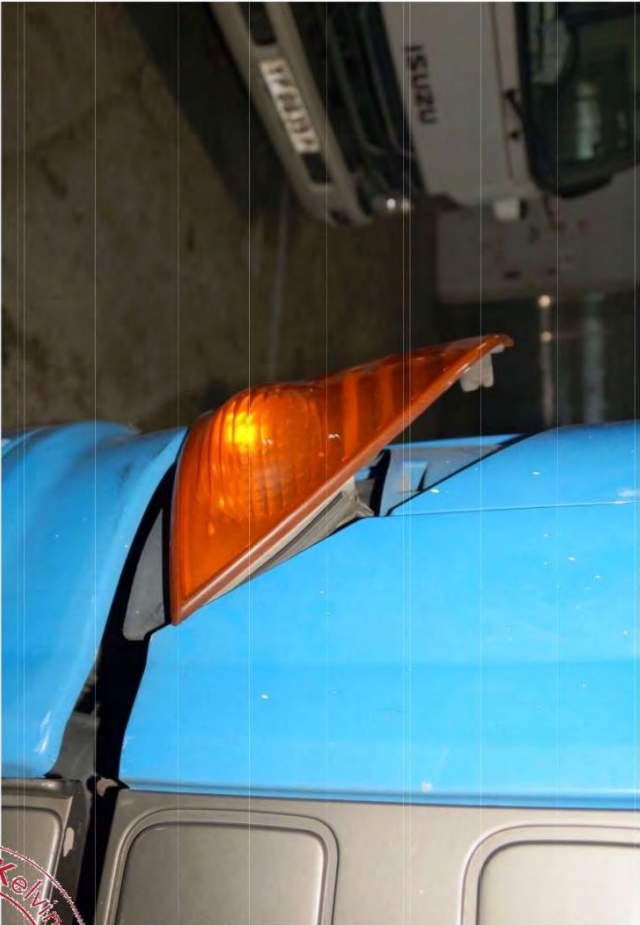








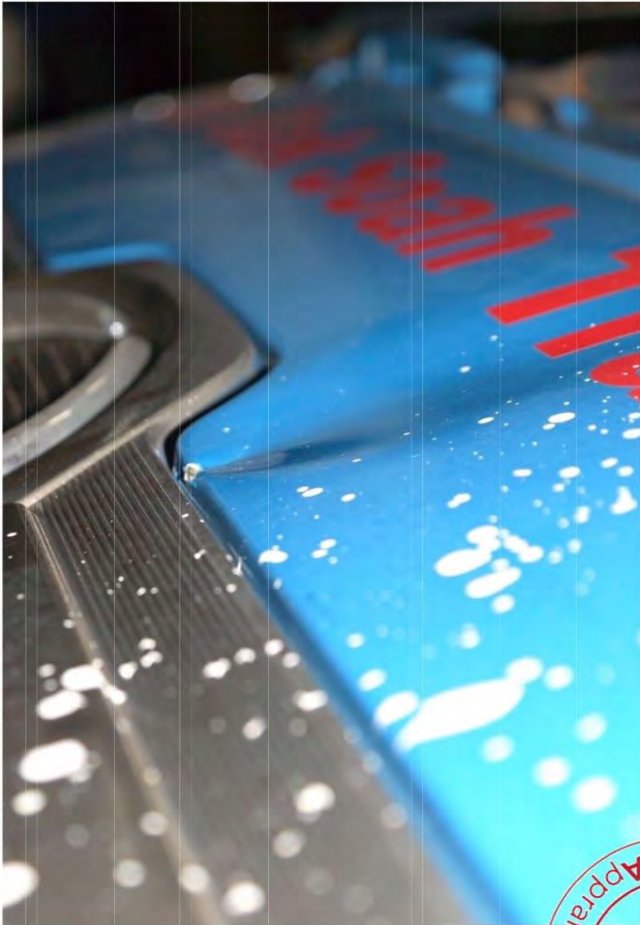








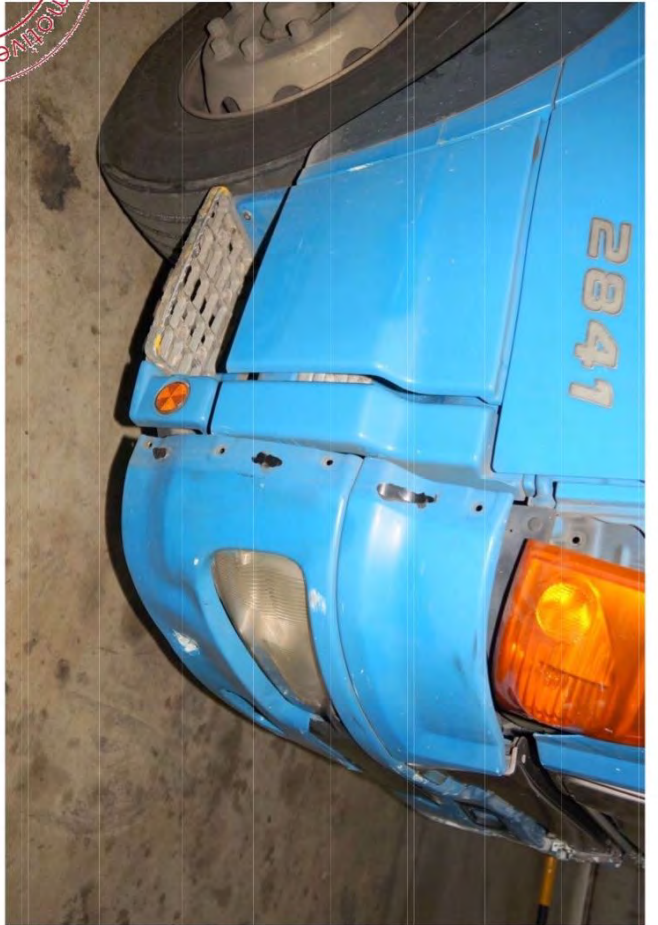
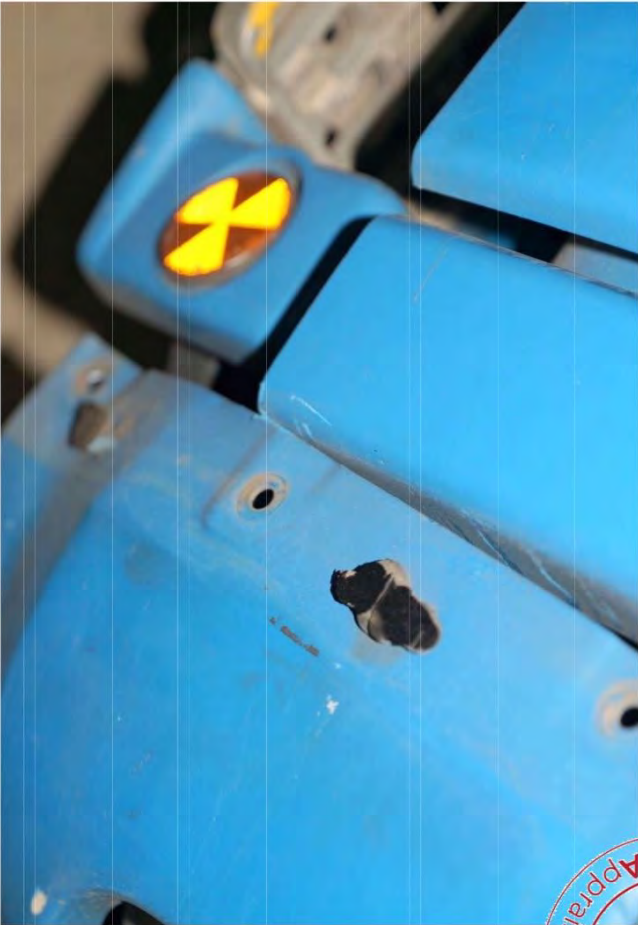




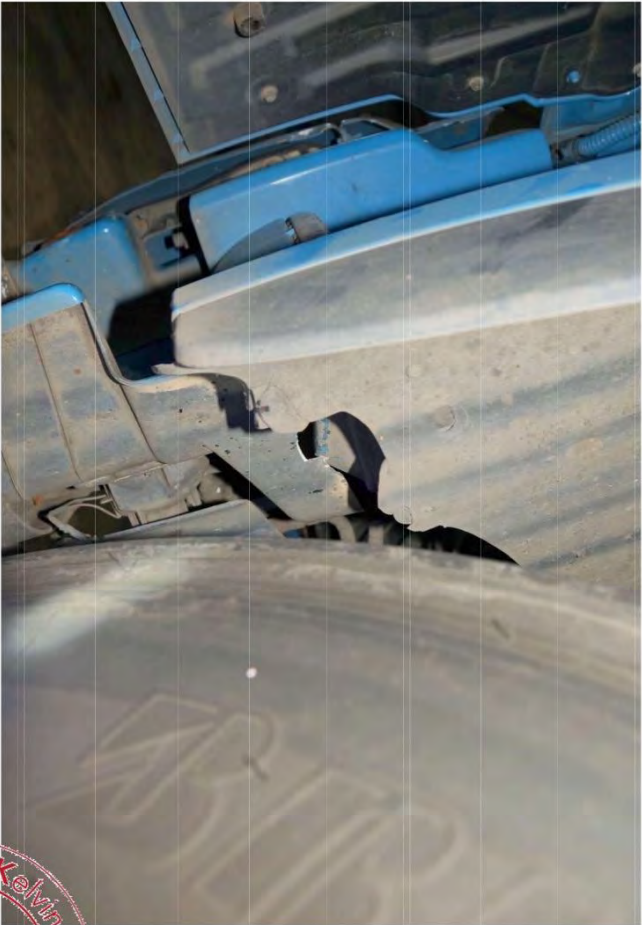




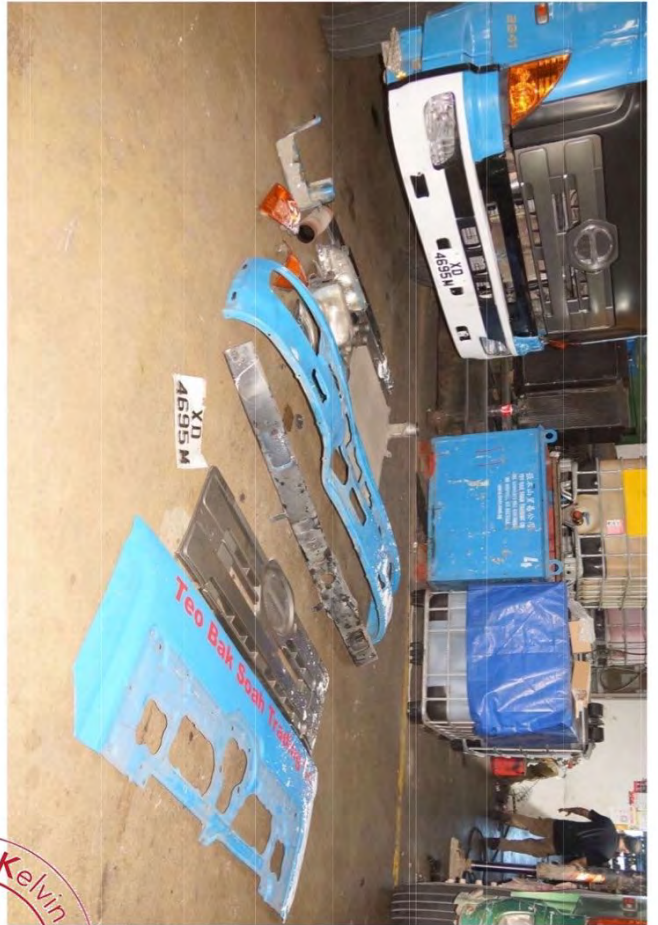












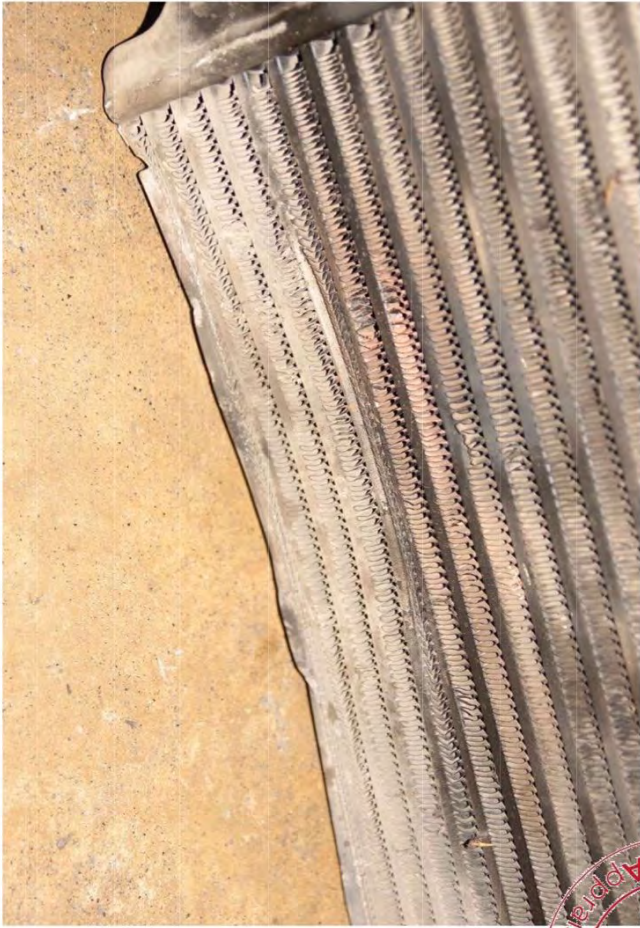
















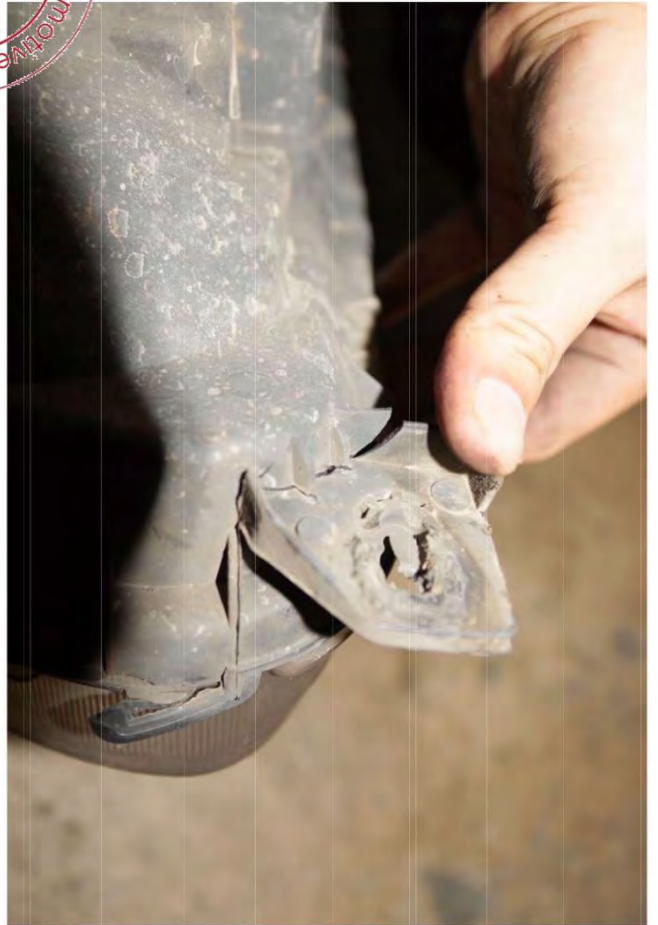








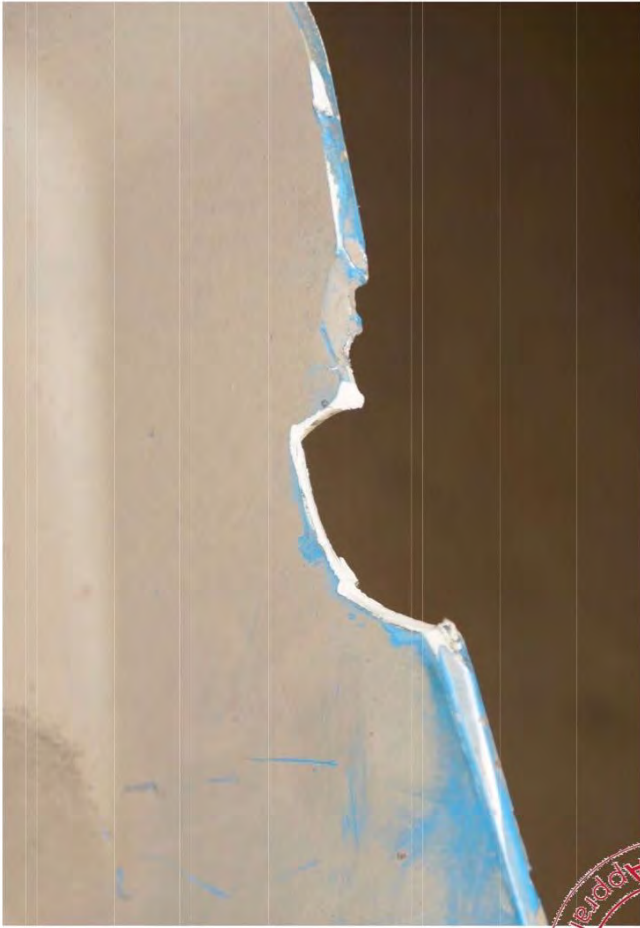




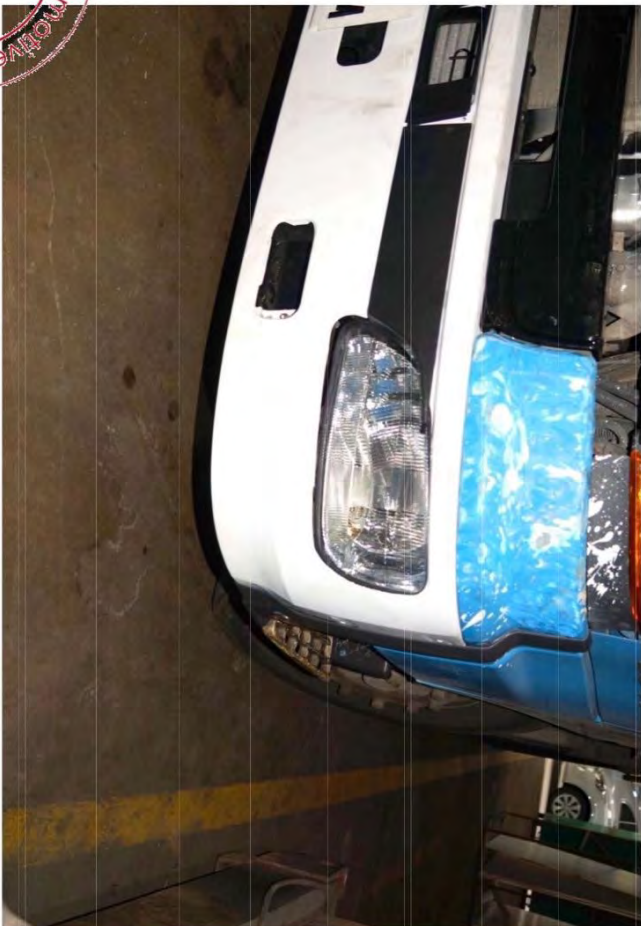








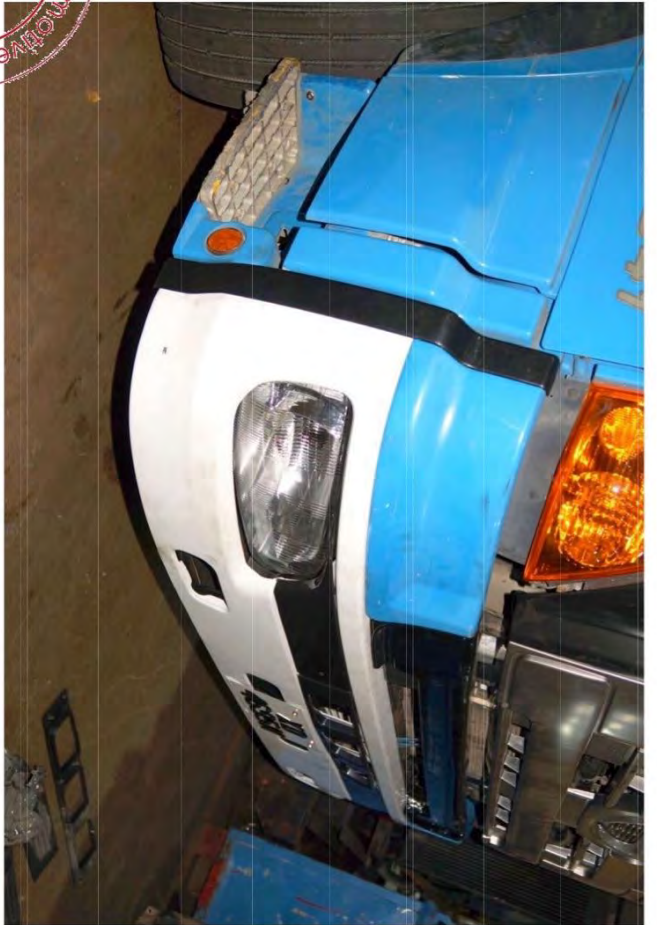




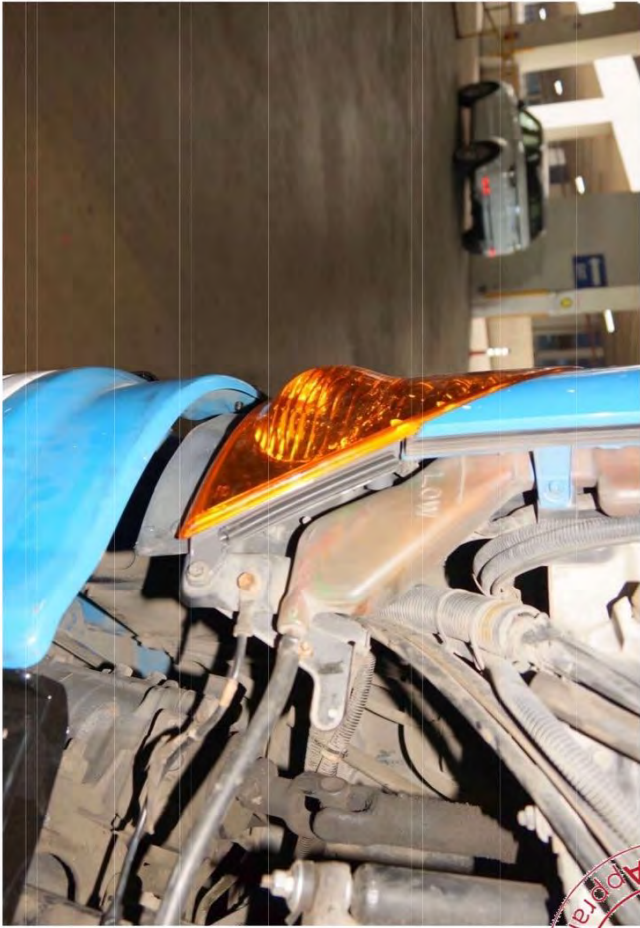














Your Ref : **GBB 2407M**  
Our Ref : JP/DS/22/XD 4695M/RED  
Date : 3 May 2024

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**LONPAC INSURANCE BHD**

BY EMAIL ONLY

**DATE OF ACCIDENT: 1 MAY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of XD 4695M to notify you of a road traffic accident on 1 May 2023 at 11.30am along Clementi Avenue 6 towards 10 Buroh Street, involving our client's vehicle registration number XD 4695M and vehicle registration number **GBB 2407M** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*DS*

Enc.



Your Ref : **GBB 2407M**  
Our Ref : **JP/DS/23/XD 4695M/RED**  
Date : 4 May 2023

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**LONPAC INSURANCE BHD.**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 1 MAY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Surveyor
1.	Kelvin Teo from Kelvin Automotive Appraising Services
2.	Ho Joo Loong, Danny

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : RedAnts Engineering Pte Ltd  
10 Buroh Street  
#04-26/29 West Connect Building  
Singapore 627564

Contact Person/Tel : Michael Kwek /Mb: 9380 9381

Yours faithfully,

*DS*





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 11/07/2023

Your Ref No: JP/DS/23/2886/RED

Dear Sir/Madam,

Date of Accident: 30/04/2023 12:03 (SGT)

Vehicle No: XD4695M

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
GBB2407M	Singapore	(31.00 )	1	(28.70 )
GST Amount				(2.30 )
Total Amount Due (GST Inclusive)				(31.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



# 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 .....	03/05/2023 14:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/04/2023 12:03 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CLEMENTI LOOP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBB2407M
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TARGET SERVICES ENGINEERING CO PTE LTD

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cabstar
Variant .....	-
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2953

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05012269

### DRIVER

Name of Driver .....	JAHAR UDDIN ABDUL KADIR
Passport No/FIN .....	G8180306X
Address .....	ATRIX , 82 LORONG 23 GEYLANG
Address complement .....	# 03-01
Postcode .....	388409
Does Driver Own Other Vehicles? .....	No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
------------------------	--------------------------



Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

\*Report was unable to submit on 02.05.2023 as Gear system was down."

#### 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 ..... XD4695M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Insurance Company Name ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... XB8480A  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... TAO XIAOJIAN  
Insurance Company Name ..... -



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 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 receipt 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.

3. 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Clementi Loop

please Refer to the attached

A - GBB 2407 M  
B - XD 4695 M  
C - XB 8480 A



Describe Circumstance of the Accident

*please refer to the attached statement*

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 02-05-2023

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

*[Signature]* 2/5/2023

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



On the above stated date and time, I was travelling along clementi avenue 6. I was on the 3<sup>rd</sup> lane and vehicle C was in front of me towing vehicle B. The traffic signal ahead of me was red so vehicle C slowed down and came to a complete stop. At that point of time, my water bottle fell to my brake pedal. I tried to brake but I couldn't brake on time, and I hit Vehicle vehicle B. no damages to vehicle C.

A - GBB2407M

B – XD 4695M

C- XB 8480A

D.O.A- 30/04/2023 @ 12.03PM



*Handwritten signature and date: 02-05-2023*



5/2/23, 4:29 PM

Clementi Ave 6 - Google Maps

Google Maps Clementi Ave 6

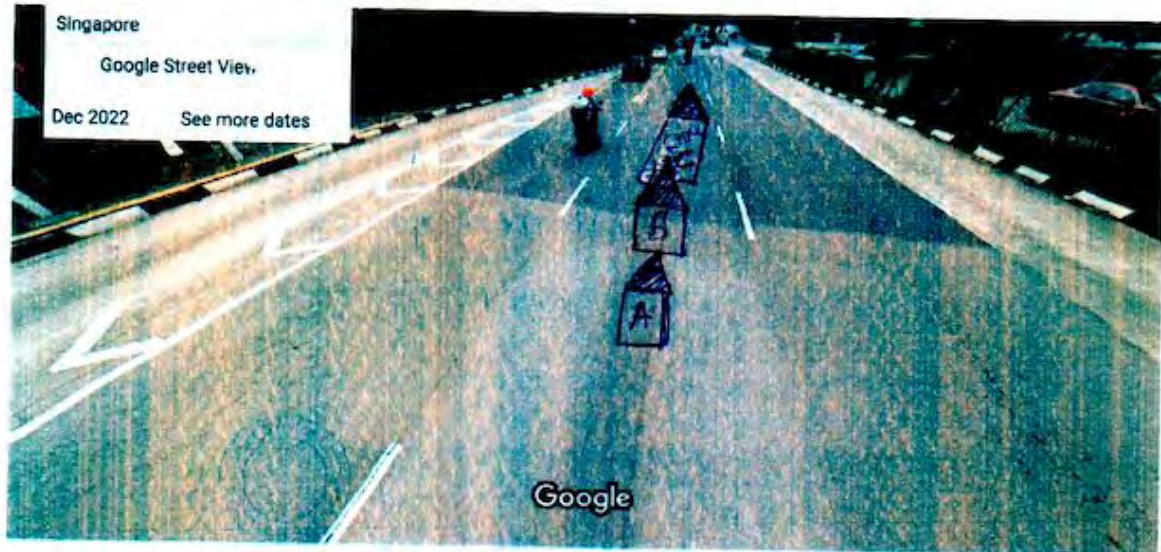


Image capture: Dec 2022 © 2023 Google

Tot



C

Lo

Comm

A - GIBB 2407M

B - XD 4645M

C - XB 8480A

(Gunnell 5/5/2023)



02-05-2023

[https://www.google.com/maps/@1.3265979,103.7642135,3a,90y,160.85h,46.96t/data=!3m7!1e1!3m5!1s8UBCGm7KoeBTNIA0\\_Lc7SQ!2e0!6shttps:%...](https://www.google.com/maps/@1.3265979,103.7642135,3a,90y,160.85h,46.96t/data=!3m7!1e1!3m5!1s8UBCGm7KoeBTNIA0_Lc7SQ!2e0!6shttps:%...) 1/1





































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0923530000 Vehicle Registration No: GBB 2407M  
 Name (as shown in NRIC): Jahar Uddin Abdul Kadir NRIC/FIN/Passport No: C18180306X  
 (Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Atrix, 82 Lorong 23 Geylang #03-01 Singapore (388409)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9398 1334  
 Email Address: sales.vtechwaterproofing@gmail.com  
 Date of Accident: 30/04/2023 Time of Accident: 12:03  
 Place of Accident: Clementi Joup  
 Insurance Company: Ionpac

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend sketch plan - Amend vehicle C number plate in  
(Google map print) sketch plan.  
Vehicle C - XB 8480 A

Policyholder / Actual Driver's Signature  
Date:

[Signature] 5/5/2023  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBB2407M

Date of Accident

01/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**

Period of Insurance ..... **10/06/2022 - 07/06/2023**

Requested By ..... **KSCGP02 (KSCGP JURIS LLP)**

Requested Date ..... **03/05/2023 15:43**

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



Enquire Vehicle's Insurance Particulars ( As At 30 Apr 2023 / 11:30:00 )

Vehicle No.:

**GBB2407M**

Make Description/Model:

**NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD  
3.4T**

Insurance Company Name:

**LONPAC INSURANCE BHD**

Business Transaction Reference No.:

**20230506082303275298**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

## Enquire Vehicle Owner Details ( As At 30 Apr 2023 / 11:30:00 )

### Vehicle Owner Details

Owner ID Type:

**Company**

Owner ID:

**198301417M**

Owner Name:

**TARGET SERVICE ENGINEERING CO PTE LTD**

Registered Address Type:

**Free Format**

Registered Block/House No.:

**82**

Registered Street Name:

**LORONG 23 GEYLANG**

Registered Unit No.:

**# 03 - 01**

Registered Building Name:

**ATRIX**

Registered Postal Code:

**388409**

### Vehicle Insurance Details

Vehicle No.:

**GBB2407M**

Make Description/Model:

**NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T**

Insurance Company Name:

**LONPAC INSURANCE BHD**





# Thank you







You have successfully logged out.

Your last login date and time was 06 May 2023, 08:19:05.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(S\$) 	Log Date/Time 
1	Vehicle	GBB2407M	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	06 May 2023 / 08:23:03