



HD PERFECT
AUTOWORK PTE LTD

HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Date: 24.03.2025

ATTN: Motor Claims Department

INS: **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SNN7458C & SLG7195X

Date of Accident: 28.12.2024

Location: KPE

We refer to the above-mentioned accident.

We are claiming as follows:

| | | |
|---------------------|----------------------------|-----------------|
| Cost of Repair: | <u>\$ 9,374.00</u> | |
| Loss of Rental: | | |
| (\$120 X 12 Days): | <u>\$ 1,440.00</u> | (12Repair Days) |
| LTA SEARCH | <u>\$ 27.25</u> | |
| Grand Total: | <u>\$ 10,841.25</u> | |

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

Thank You,


Joanne

82979787



HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act

I, Tan Jun Heng ("the third party claimant") of
170C Punggol Field #11-695 S-823170
(address), owner of SNN7458C (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SNN7458C that was
damaged pursuant to the accident which occurred on 28/12/2024 (date)
at/along KPE
(location) involving vehicle no/s SLG7195X ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 28 day of 12 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNN7458C and SLG7195X on 28/12/24
at/along KPE.

1. I/We, the Owner of motor vehicle no. SNN7458C hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 28 day of 12 2024

Signature of vehicle owner





Name :

Tan Jun Heng

IC/UEN No :

S9713393Z

Witnessed by :



Xin

(Company stamp, if applicable)

Address :

170C Punggol Field
#11-695 S-823170.

Tel :

98500531

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



HD PERFECT
AUTOWORK PTE LTD

| Date | Invoice Number | Vehicle Number |
|------------|-----------------|----------------|
| 24.03.2025 | HDP202503-01058 | SNN7458C |

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

| Description | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 8,600.00 |
| Total | \$ 8,600.00 |
| Add: 9% GST | \$ 774.00 |
| Total | \$ 9,374.00 |

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

23 RENTAL PTE LTD

106D Punggol Field

#09-506

Singapore 824106

Company Registration Number : 202347820H



Tax Invoice # : E2401286

Date : 13.01.2025

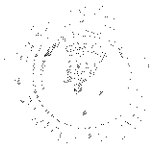
Bill To:

HD Perfect Autowork Pte Ltd

C/O : TAN JUN HENG

170C PUNGGOL FIELD #11-695

SINGAPORE



Description

Amount

Vehicle Rental for Period 28.12.2024 TO 09.01.2025

12 DAYS X \$120.00

\$ 1,440.00

Replacement Car No. : SLX4414U

Your Vehicle No.: SNN7458C

Your Order #: 235326

Total Invoice Amount: \$ 1,440.00

GST: -

Balance Due: \$ 1,440.00



23 RENTAL PTE LTD

95 Aljunied Crescent Macpherson View #06-513 Singapore 380095
Tel: 91733305 / 91732332
Email: 23rentalpteltd@gmail.com

No: 235326

SNN7458C
(#D)

UEN: 202347820H

VEHICLE RENTAL AGREEMENT

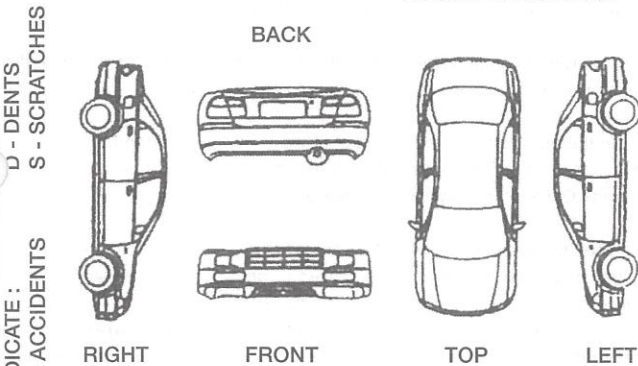
HIRER'S PARTICULAR

Name: (as in I/C) Tan Jun Heng.
Email: _____
NRIC/PASSPORT No: S9713393Z.
Date of Birth: 11/10/1997.
Address (Res): 170 C Punggol Field.
#11-695.
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____
Tel: (O) _____ HP _____
Company Name: _____
Company UEN: _____
Company Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
NRIC/PASSPORT No: _____
Date of Birth: _____
Address (Res): _____
Driving Licence No: _____ D/L Type: Local / International
Issue Date: _____
Tel: (O) _____ HP _____

VEHICLE CHECK LIST



| | |
|--|---------------------------------------|
| Vehicle No: <u>SLX4414U</u> | Replace Veh No: _____ |
| Mileage out: _____ | |
| Make & Model: <u>Toyota Sienta</u> | <u>Auto</u> Manual |
| OUT : Date <u>28/12/2024</u> | Time: <u>1:10pm</u> |
| HIRE PERIOD | |
| OWN DAMAGE CLAIM | Excess S\$ <u>3</u> <u>\$5,000.00</u> |
| THIRD PARTY CLAIM | Excess S\$ _____ |
| CHARGES | |
| Daily <u>12</u> @\$ <u>120</u> per day | <u>1440</u> <u>00</u> |
| Weekly @\$ _____ per week | |
| Monthly @\$ _____ per month | |
| Others @\$ _____ | |
| Delivery Service | |
| GST | |
| SUB- TOTAL \$ | |
| PETROL LEVEL | |
| Out | E 1/4 1/2 3/4 <u>(F)</u> |
| In | E 1/4 1/2 3/4 <u>(F)</u> |
| EXTENSION | |
| Misc. | |
| GST | |
| TOTAL CHARGES <u>1440</u> <u>00</u> | |
| Rented out by : _____ | |
| Hirer's Signature | <u>[Signature]</u> |
| Addition Driver's Signature | _____ |

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given 23 Rental Pte Ltd in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS | |
|-----------------|---------------|---------|------------|---------|---|
| <u>09/01/25</u> | <u>3:30pm</u> | | | | <u>[Signature]</u> HIRER'S SIGNATURE |

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Dec 2024 / 13:03:21

Receipt Date/Time : 28 Dec 2024 / 13:03:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241228-001396

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 - SLG7195X As at 28 Dec 2024/12:10:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - SLG7195X Enquiry Fee 20241228130249842347 | 25.00 | 2.25 | 27.25 |
| Sub-Total | | 25.00 | 2.25 | 27.25 |
| Total Before Rounding | | 25.00 | 2.25 | 27.25 |
| Rounding Difference | | | | 0.00 |
| Total Amount Payable | | | | 27.25 |
| Paid By | | | | |
| 512972XXXXXX5672 | | eNETS Credit Card | | 27.25 |
| Total | | | | 27.25 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 27.25 |
| 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.

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 First Submission | 30/12/2024 11:13 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 28/12/2024 12:10 (SGT) |
| Exact Location of Accident | KPE, Singapore |
| Additional Location Information | TOWARDS ECP (BEFORE AIRPORT RD) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SNN7458C |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN JUN HENG |
| NRIC No | SXXXX393Z |
| Email Address | SHAWNT_97@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-98500531 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Hr-v |
| 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 | 1500 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|--|-----------------------|
| Name of Driver | TAN JUN HENG |
| NRIC No | SXXXX393Z |
| Date Of Birth | 18/04/1997 |
| Occupation | Outdoor |
| Driving Pass Date | 03/04/2017 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 7 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98500531 |
| Alt. Phone Number | - |
| Email Address | SHAWNT_97@HOTMAIL.COM |
| Address | 170C PUNGGOL FIELD |
| Address complement | #11-695 |
| Postcode | 823170 |
| 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 | Chain 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 | 3 |
| 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) | 5 |
| 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 | PASSENGER |
| Gender | Female |

PASSENGER 2

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 3

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

PASSENGER 4

| | |
|--------|-----------|
| Name | PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|--|----------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |

| | |
|---|----------------------------------|
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

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 | SLG7195X |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SNQ9013Z |
| 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 | DRIVER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | SNN7458C |

| | |
|---|-----------|
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |
| INJURED 2 | |
| Name of injured person | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | SNN7458C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |
| INJURED 3 | |
| Name of injured person | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | SNN7458C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |
| INJURED 4 | |
| Name of injured person | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | SNN7458C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |
| INJURED 5 | |
| Name of injured person | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | SNN7458C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

Describe Circumstance of the Accident

Refer to Police Report
7/2024/228/7067

Declaration

We declare the foregoing particulars are true in every respect.

A handwritten signature in dark ink, appearing to be "A. J. ...".

Pinholder's Signature / Date & Time



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



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

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 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 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.

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 (Name as in NRIC/ID card)

Sketch Plan

| | |
|---|---------------|
| A | A = SNN 7458C |
| B | B = SLG 7195X |
| C | C = SNQ 9013Z |



**SINGAPORE
POLICE FORCE**



T/20241228/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20241228/7067

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------|
| Date/Time Report Made: 28/12/2024 18:49 | | Vide Report No.: | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: TAN JUN HENG | | Address: 170C PUNGGOL FIELD #11-695 SINGAPORE 823170 | | |
| ID Type / ID No.: NRIC NO / S9713393Z | | Contact No.: Home/Office: Mobile: 98500531 | | |
| Nationality: SINGAPORE CITIZEN | | Email: SHAWNT_97@HOTMAIL.COM | | |
| Sex: Male | Age: 27 | Date of Birth: 18/04/1997 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | |
| Occupation: Self employed | | 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: 28/12/2024 12:10 | Type of Location: |
| Location: KALLANG PAYA LEBAR EXPRESSWAY | | | | |
| Weather: | | Road Surface: | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|-----------|-------|-------------------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SNN7458C | Motor car | HONDA | HRV 1.5 LX CVT | White | | 4 |

| | | | | |
|-------------------------------------|---------------------------|--------------|----------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| SNN7458C | LIBERTY INSURANCE PTE LTD | SI24V13144 | 08/11/2024 | 07/11/2025 |



**SINGAPORE
POLICE FORCE**



T/20241228/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20241228/7067

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|--|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN JUN HENG | ID No. | S9713393Z |
| Related Vehicle | SNN7458C (Motor car) | Contact No. | 98500531 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | 05 | Degree of Injury | Serious |

Brief Details.

On the stated date and time I was ferrying my family on board vehicle SNN7458C.

1. Ooi Qiu Min
2. Tan Bee Gek
3. Tan Zi Rui
4. Tan Zi Yan

All were belted.

We were travelling straight on the extreme right lane along KPE towards the tunnel to airport road.

As the vehicle in front jammed brake, I immediately swerved to my right to avoid hitting onto my front vehicle.

I managed to avoid colliding with my front vehicle and came to a stop.

Suddenly vehicle SLG7195X came from behind and slammed onto my vehicle's rear portion.

After that I felt another huge impact from behind.

I was hit twice.

The impact was great and caused my right hand to slip and hit onto my steering, my left knee hit onto my dashboard.

My wife (Ooi) was lunged forward only to be pulled back by her seatbelt and she felt pain on her right arm area.

My mum hit her right knee onto the seat in front.

My elder sister hit her left knee and left arm onto the seat in front.

My younger sister injured both her wrist due to impact.

I later alighted and realised that we were involved in a 3 vehicles chain collision and I am the 1st car.

1. SNN7458C



SINGAPORE
POLICE FORCE



T/20241228/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20241228/7067

CONTINUATION OF REPORT

2. SLG7195X
3. SNQ9013Z

After a while, all of us felt pain on our neck, shoulders and back areas.

We then seek treatment from Norwood Medical Clinic and we were all given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20241228/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20241228/7067

CONTINUATION OF REPORT

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 28/12/2024 18:49 |
| Officer In Charge Of Case: TP / TPIS / MUHAMMAD NORSIDDIQ BIN IBRAHIM Contact No.: 65476138 | Classification Of Case: |

NP168

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

TAN JUN HENG

NRIC NO.

S9713393Z

DATE OF BIRTH

18 APR 1997

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

14 OCT 2019

ADDRESS

170C PUNGGOL FIELD

#11-695

SINGAPORE 823170

^ Hide details



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S9713393Z 

CLASS AND ISSUE DATE

3 • 03 APR 2017

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0


CARD SERIAL NO.

002671871A

^ Hide details



Last updated on 28 Dec 2024

 Show NRIC

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; Motor Vehicles (Third Party Risks) Rules, 1959

| | | |
|--|---|--|
| Name of Policyholder: TAN JUN HENG | | Certificate No.: SI24V13144/ VPE / R00 |
| Date of Issue: 08 Nov 2024 | Effective Date of Commencement: 08 Nov 2024 00:17 | Date of Expiry: 07 Nov 2025 23:59 |
| Registration No.: SNN7458C | Chassis No.: JHMRU1830GX200255 | Type of Certificate: MX1 |

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 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.

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*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.

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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

| | |
|--------------------------|---|
| Coverage(s): | Comprehensive, Unlimited Windscreen |
| Sum Insured: | MARKET VALUE AT THE TIME OF LOSS |
| Excess: | Section I -Named Drivers S\$600, Section I -Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | DBS BANK LTD |
| Name of Producer: | GENERAL INSURANCE AGENCY PTE LTD (A1596-1) |

