



JL PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: jlperfectautowork@gmail.com

Our Ref.: SLV9473B

Your Ref.: SMK1431X

Date: 22.11.2024

ATTN: Motor Claims Department

INS: **INCOME INSURANCE LIMITED**

Dear Sir/Madam,

Accident Involving: SLV9473B & SMK1431X

Date of Accident: 09.08.2024 @ 17.35 HOURS

Location: WOODLANDS ST 13

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	\$ 7,357.50
Loss of Rental:	
(\$120.00 X 6 Days)	\$ 720.00 (7 Repair Days)
LTA Search	\$ 27.25
Grand Total:	\$ 8,104.75

motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Joanne @ 97231055, or email to jlperfectautowork@gmail.com

Thank You,

Joanne



JL Perfect Autowork Pte. Ltd.
Co. Reg No: 202136905K
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: jlperfectautowork@gmail.com

Authorisation To Act

I, RONNIE PEH SOON HUAT ("the third party claimant") of
BLK 344 WOODLANDS STREET 32 #05-158, S 730344
(address), owner of SLV9473B (vehicle no.)
hereby authorise JL PERFECT AUTOWORK P/L ("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. SLV9473B that was
damaged pursuant to the accident which occurred on 09/08/24 (date)
at/along WOODLANDS STREET 13
(location) involving vehicle no/s SMK 1431X ("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 12 day of 08 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"



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Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLV 9473B and SMK1431X on 09.08.24
at/along WOODLANDS STREET 13

1. I/We, the Owner of motor vehicle no. SLV9473B hereby instruct and authorise JL PERFECT AUTOWORK P/L ("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 12 day of 08 20 24

Signature of vehicle owner _____

Name: RONNIE PEH SOON HUAT

IC/UEN No: S9037927E

(Company stamp, if applicable)

Address: BLK 344 WOODLANDS STREET

32 #05-158, S 730344

Tel: 9423 6443

Witnessed by: _____

Ring

TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

GST Reg. No. : 202136905K



Date	Invoice Number	Vehicle Number
22.11.2024	JLP202411-00770	SLV9473B

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	\$ 6,750.00
Total	\$ 6,750.00
Add: 9% GST	\$ 607.50
Total	\$ 7,357.50

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD
Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Aug 2024 / 11:54:38

Receipt Date/Time : 10 Aug 2024 / 11:54:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240810-000690

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 - SMK1431X

As at 09 Aug 2024/17:35:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SMK1431X
Enquiry Fee
20240810115400403658

25.00	2.25	27.25
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Sub-Total	25.00	2.25	27.25
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Total Before Rounding	25.00	2.25	27.25
------------------------------	-------	------	-------

Rounding Difference			0.00
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Total Amount Payable			27.25
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Paid By

512972XXXXXX5672	eNETS Credit Card	27.25
------------------	-------------------	-------

Total		27.25
-------	--	-------

Cash Change		0.00
-------------	--	------

Tendered Amount		27.25
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Excess Refundable Amount		0.00
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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.

23 RENTAL PTE LTD

106D Punggol Field

#09-506

Singapore 824106

Company Registration Number : 202347820H



Tax Invoice # : E2401112

Date : 21.08.2024

Bill To:

JL Perfect Autowork Pte Ltd

C/O : RONNIE PEH SOON HUAT

344 WOODLANDS ST 32 #05-158

SINGAPORE 730344

Description	Amount	Job No.
Vehicle Rental for Period 10.08.2024 TO 16.08.2024		
6 DAYS X \$120.00	\$ 720.00	
Replacement Car No. : SLX4414U		
Your Vehicle No.: SLV9473B		

Your Order #: 235129

Total Invoice Amount: \$ 720.00

GST: -

Balance Due: \$ 720.00



23 RENTAL PTE LTD

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

No: 235129

UEN: 202347820H

VEHICLE RENTAL AGREEMENT

SLV 9473B 3C.

HIRER'S PARTICULAR				Vehicle No: SLX4414U Replace Veh No:			
Name: (as in I/C) <u>Ronnie Peh Soon Huat.</u>				Mileage out: <u>60363 km</u>			
Email: _____				Make & Model: <u>Toyota Sienta</u> <u>Auto</u> Manual			
NRIC/PASSPORT No: <u>S9037927E</u>				OUT : Date <u>10/08/2024</u> Time: <u>12:00 pm</u>			
Date of Birth: <u>08.10.1990.</u>				HIRE PERIOD			
Address (Res): <u>344 Woodlands St. 32.</u>				OWN DAMAGE CLAIM Excess S\$ <u>5,000.00</u>			
<u>#05-158 Singapore 730344.</u>				THIRD PARTY CLAIM Excess S\$ <u>5,000.00</u>			
Driving Licence No: _____ D/L Type: <u>Local</u> / International				CHARGES			
Issue Date: _____				Daily <u>6</u> @\$ <u>120</u> per day <u>720 00</u>			
Tel: (O) _____ HP _____				Weekly @\$ _____ per week			
Company Name: _____				Monthly @\$ _____ per month			
Company UEN: _____				Others @\$ _____			
Company Address: _____				Delivery Service			
ADDITIONAL DRIVER'S PARTICULARS				GST			
Name: (as in I/C) _____				SUB- TOTAL \$			
NRIC/PASSPORT No: _____				PETROL LEVEL			
Date of Birth: _____				Out E 1/4 1/2 3/4 <u>F</u>			
Address (Res): _____				In E 1/4 1/2 3/4 <u>F</u>			
Driving Licence No: _____ D/L Type: Local / International				EXTENSION			
Issue Date: _____				Misc.			
Tel: (O) _____ HP _____				GST			
VEHICLE CHECK LIST				TOTAL CHARGES <u>720 00</u>			
D - DENTS S - SCRATCHES A - ACCIDENTS				Rented out by :			
				Hirer's Signature <u>Ron</u>			
				Addition Driver's Signature <u>Koh Hui Jun</u>			

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	MLEAGE	CHECKED BY	REMARKS	
<u>16/8/24</u>	<u>1038.</u>				 Koh Hui Jun HIRER'S 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 First Submission	12/08/2024 13:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/08/2024 17:35 (SGT)
Actual Location of Accident	155 Woodlands Street 13, Block 155, Singapore 730155
Additional Location Information	ALONG WOODLANDS STREET 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9473B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RONNIE PEH SOON HUAT
NRIC No	SXXXX927E
Email Address	ronnie_peh@hotmail.com
Mobile Phone No	(Phone) +65-94236443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	SUV
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200
Vehicle Fuel	Petrol
First Registration Date	23/01/2018
Chassis no	SJNFEAJ11U2161902
Effective Date/Time of Ownership	23/01/2018 00:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10684568R02

DRIVER

Name of Driver	RONNIE PEH SOON HUAT
NRIC No	SXXXX927E
Date Of Birth	08/10/1990
Occupation	Indoor
Driving Pass Date	17/10/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94236443
Alt. Phone Number	-
Email Address	ronnie_peh@hotmail.com
Address	NA
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	Raining
Road Surface	Wet

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)	6
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	HUI JUN
Gender	Female

PASSENGER 2

Name	KENNETH PEH
Gender	Male

PASSENGER 3

Name	DARIUS PEH
Gender	Male

PASSENGER 4

Name	JACOB PEH
Gender	Male

PASSENGER 5

Name	MARY GRACE
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 POLICE REPORT T/20240810/7056

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	SMK1431X
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	RONNIE PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HUI JUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	KENNETH PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	
Name of injured person	DARIUS PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	JACOB PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 6	
Name of injured person	MARY GRACE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

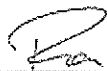
SKETCH PLAN

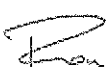
IMPORTANT NOTICE

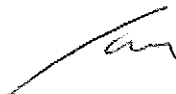
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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:

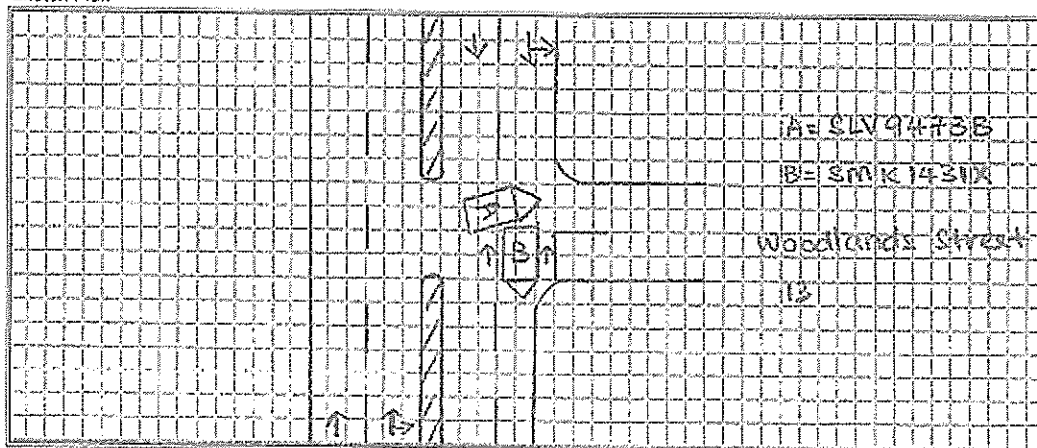
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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



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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer's Personnel
(Name as in NRICAD card)



**SINGAPORE
POLICE FORCE**



T/20240810/7056

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

1 of 3

Report No: T/20240810/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2024 16:12			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: RONNIE PEH SOON HUAT			Address: 344 WOODLANDS STREET 32 #05-158 SINGAPORE 730344		
ID Type / ID No.: NRIC NO / S9037927E			Contact No.: Home/Office: Mobile: 94236443		
Nationality: SINGAPORE CITIZEN			Email: RONNIE_PEH@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 08/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Civil servant			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2024 17:35	Type of Location:
Location: WOODLANDS STREET 13				
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
SLV9473B	Motor car	NISSAN	QASHQAI 1.2 DIG-T CVT	Red		5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLV9473B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10684568R02	23/01/2024	22/01/2025



**SINGAPORE
POLICE FORCE**



T/20240810/7056

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

2 of 3

Report No. T/20240810/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RONNIE PEH SOON HUAT	ID No.	S9037927E
Related Vehicle	SLV9473B (Motor car)	Contact No.	94236443
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 SLV9473B.

1. KOH HUI JUN - WIFE
2. PEH SHUN JIE KENNETH - BRO
3. SEPALON MARY GRACE BARREDO - HELPER
4. JACOB PEH WEN YU
5. DARIUS PEH ZHUO LE

Jacob who is 2 years old was seated behind in the middle in his baby seat.

Darius who is 11 months old was carried by my helper, they are seated behind front pax.

I was travelling straight on the rightmost lane along Woodlands St 13 towards Woodlands centre direction.

I then signalled my intention to turn right to the carpark compound of Blk 182.

I looked out for traffic on the opposite direction and when it was safe to make my right turn, I proceeded to do so.

When I completed my right turn and was about to reach the gantry.

Suddenly I felt a great impact from my vehicle's right portion.

The impact was great and caused Jacob to hit his right knee onto something.

My youngest who was in my helper arms hit his neck and shoulder area onto my helper.

I later alighted and realised that vehicle SMK1431X had reversed abruptly and hit onto my vehicle's right portion.

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

Today we seek treatment at Norwood Medical Clinic Woodlands and all of us were given 5 days MC.



SINGAPORE
POLICE FORCE

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



T/20240810/7056

3 of 3

Report No. T/20240810/7056

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: 10/08/2024 16:12
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9037927E



Name

RONNIE PEH SOON HUAT

白 顺 发

Race

CHINESE

Date of birth

08-10-1990

Country/Place of birth

SINGAPORE

Sex

M

S9037927E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9037927E
Name

RONNIE PEH SOON HUAT

Birth Date 08 Oct 1990

Issue Date 05 Nov 2009



001801415G

SLV9473B

Owner and Driver

6520053



NRIC No. S9037927E



Date of issue

12-10-2020

Address

APT BLK 344 WOODLANDS STREET 32
#05-158
SINGAPORE 730344

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

	PASS DATE
Class 2B Motorcycles \leq 200 CC	05 Nov 2009
Class 2A Motorcycles between 201 CC and 400 CC	14 Jun 2011
Class 2 Motorcycles $>$ 400 CC	28 May 2013
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	17 Oct 2011

S9037927E

S / No. 9000184675

NP 428A



Licence No: S9037927E

It pays to choose

**Budget
Direct**
insurance

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10684568R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10684568R02 (Comprehensive / Named Driver Plan)

- | | | |
|--|---|----------------------|
| 1) Vehicle Registration Number | : | SLV9473B |
| Chassis Number | : | SJNFEAJ11U2161902 |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 23/01/2024 (00:00) |
| 3) Date / Time of Expiry of Insurance | : | 22/01/2025 (23:59) |
| 4) Excess (i) Policy | : | S\$ 600.00 |
| (ii) Windscreen | : | S\$ 100.00 |
| 5) Policyholder | : | Ronnie Peh Soon Huat |

6) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any 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 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Ronnie Peh Soon Huat(08/10/1990)

Named Driver(s) / Date of Birth : Koh Hui Jun (25/07/1990)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or 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 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.*

- | | | |
|--------------------|---|---|
| 8) Finance Company | : | Oversea-Chinese Banking Corporation Limited |
|--------------------|---|---|

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
06/11/2023

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer