

PTE/SGV156K/20180110/DS-CL
09/01/2019

M/s EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block
MND Complex
Singapore 069110
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 10/01/2018 INVOLVING SGV156K & SJD4691P
ALONG PIE NEAR LORNIE ROAD

We are the authorised repair workshop for the owner of vehicle, SGV156K, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SJD4691P, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	909.50
2. Car Rental	-
3. 3.0 days Loss of Use @ \$120	360.00
4. Surveyor Fee	-
5. LTA Fee	7.49
6. TP/GIA Fee	-
7. Medical	-
8. Others	-

(E&OE) 1,276.99

We enclose the following documents to support the claims: -

<input checked="" type="checkbox"/> Repair/Excess Bill	<input checked="" type="checkbox"/> Insurance Certificate
<input type="checkbox"/> Surveyor Report	<input checked="" type="checkbox"/> Power of Attorney
<input type="checkbox"/> Coloured Photographs	<input type="checkbox"/> Car Rental Bill
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Medical Bill
<input checked="" type="checkbox"/> GIA/TP Search	<input type="checkbox"/> Witness Statement
<input type="checkbox"/> Others: _____	

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6383 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 609286

Tel 6338 8778

Sin Ming

383 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

7 Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6848 5721

www.SPARKcarcare.com

A member of

COMFORTDELGRO



ComfortDelGro Engineering Pte Ltd

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205 Braddell Road
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45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
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320 Ubi Road 3 Singapore 408649
501 Yishun Industrial Park A Singapore 768732
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Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6848 5721
Tel: 6757 7898



COMPANY REG. NO.: P99508048W
GST REG. NO. M2-8921817
Page: 1

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO
SGV 156KMAKE
TOYOTAMODEL
Camry 2.0 (A)

DATE OF REG

NO/DATE
91416087 26.12.2018JOB NO.
305243488

ODOMETER READING

CHASSIS CODE
MR053BK4107008409

JOB TYPE

Description : NTUC INS TP CLAIMS AGAINST EQ INS

Invoice for Lump Sum Repair

Lump Sum Amt	850.00
Subtotal	850.00
Add GST @ 7.000 %	59.50
Total Invoice amount	909.50

Issued by : DEASEX08 26.12.2018 09:37:29
Repair Type : CPSO/52/5T
Payment Type :

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY (NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJD4691P	10 Jan 2018 / 15:20:00	Successful	E04	EQ INSURANCE COMPANY LTD

[Previous](#) [OK](#)

Thank you



Teo Chin Chye has successfully logged out.

Your last login date and time was 22 Jan 2018, 08:18:48.

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

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

Session Transaction History

<u>S/No.Asset</u> <u>Type</u>	<u>Asset ID</u>	<u>Asset</u> <u>Owner ID</u>	<u>Transaction Type</u>	<u>Transaction</u> <u>Amount</u> <u>(S\$)</u>	<u>Log</u> <u>Date/Time</u>
1 Vehicle	SJD4691P -		18.32 Insurance Enquiry (GIRO Payment)	7.49	22 Jan 2018 / 08:19:52



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/05631/2018
Date : 23 MARCH 2018

DAVID LIM HENG LUNG
BLK 259 BUKIT PANJANG RING ROAD
#04-16
SINGAPORE 671259

Dear Sir/Madam

ROAD TRAFFIC ACCIDENT INVOLVING SJD 4691 P AND SGV 156 K ALONG PAN ISLAND EXPRESSWAY ON 10/01/2018 AT ABOUT 3.30PM

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of **SJD 4691 P** had committed an offence of **Careless Driving under Rule 29 of the Road Traffic Rules**. Action has been initiated against the driver for the said offence.

Yours faithfully

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	11/01/2018 14:50
Date Of Accident	10/01/2018 15:20
Exact Location Of Accident	PIE NEAR LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV156K
Insured/Policyholder	
Name Of Registered Owner	DAVID LIM HENG LUNG
NRIC No	S7601660G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98511227
Alternative Phone No	OFFICE-98511227

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5090928416(CLASSIC)

Cover Note Number

Driver

Name of Driver DAVID LIM HENG LUNG

NRIC No S7601660G

Date Of Birth 14/01/1976

Occupation INDOOR

Date Of Driving Pass 02/10/1995

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98511227

Fax Number

Contact Number OFFICE-98511227

E Mail Address NOEMAIL

Address	BLK 259 BT PANJANG RING RD #04-16
Postcode	671259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TANGLIN POLICE DIV HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. E/20180111/7004

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD4691P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DRIVER
------	--------

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGV156K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DAUGHTER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGV156K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

11 JAN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1DAC BUKIT BATOK (VAC)

511 Bukit Batok St 23

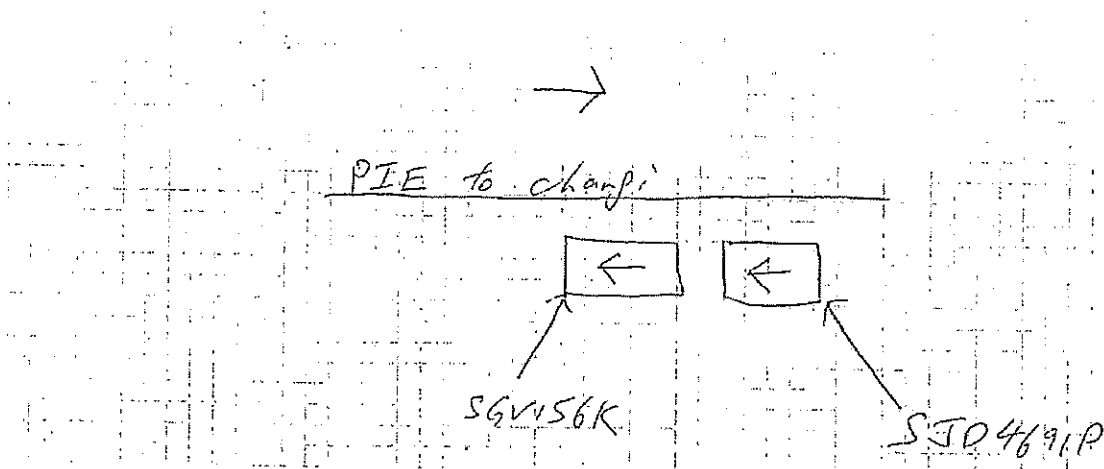
Reporting Centre Personnel's Signature

Tel: 6567 3427 / 6567 3312

Name: Fax: 6567 3712

NRIC/FIN No: Email: vacbb@sing.afl.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature _____

~~Driver's Signature~~

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok St 23
 Singapore 655545
 Tel: 676 8127 / 6550 3312
 Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



E/2018/0111/7004

1 of 5

POLICE REPORT (NP299)

Report No. E/20180111/7004

Police Station Of Origin
Tanglin Police Divisional HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 11/01/2018 14:15	Vide Report No.	Station Diary No.		
Name Of Informant DAVID LIM HENG LUNG	Address APT BLK 259 BUKIT PANJANG RING ROAD #04-16 SINGAPORE 671259			
ID Type / ID No. NRIC NO / S7601660G	Contact No. Home/Office:	Mobile: 98511227		
Nationality SINGAPORE CITIZEN	Email Address davidlimhl@gmail.com			
Occupation Managing Director	Sex Male	Age 41	Date of Birth 14/01/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/01/2018 15:19 - 10/01/2018 15:30	Location Of Incident PAN ISLAND EXPRESSWAY			

Brief details.

Dear Sir / Madam,

Greetings.

On 10 Jan 2018, I was driving along PIE on the right lane. I saw two trucks on my left came very near to me and there was one motorcyclist injured and parked on the extreme right of the expressway (You can view from the video). I slowed down to allow the 2 trucks to passed first.

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: 11/01/2018 14:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20180111/7004

2 of 5

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

The "Plot Map" is an estimated area. I am not sure the exact location.

At about 3:19pm, a car SJD 4691 P hit the rear of my car.

There was an impacted to my daughter, Mum and myself.

The driver name Lex Lim alighted first and came to check on me. I need to check on my 2 years old girl first and then my mum and adjusted myself from the injured postured.

I alighted and we both exchanged information.

The information of the driver who hit into the rear of my car:

- 1) Name: LEX LIM ZHI WEI
- 2) NRIC: S9122858J
- 3) APT BLK 630 WOODLANDS RING ROAD #08-234 S(730630)

A police Inspector Officer came forward to ask about the accident and I told him that I have exchanged

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: 11/01/2018 14:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20180111/7004

3 of 5

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

information with the driver.

I need to rush off to send my girl to her P.D. doctor immediately at Novena Medical Center to have a check on her. I am very worried and concerned over her health than mine.

Initially, I wanted to send my daughter for flu and diarrhoea. But now her physical health too!

Doctor advised me to observe her for the next few days for bruises, her focus and any sign of vomiting.

My daughter was given 3 days M.C. from 10 - 12 Jan 2018.

I went to SGH, after medical examination, I was given 3 days M.C. I need to follow up with Specialists on 29 Jan 2018.

The video files are too big, please give me an email to email those large files.

Yours Truly,
DAVID LIM

Subjects Involved	
Victim	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	11/01/2018 14:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



E/20180111/7004

4 of 5

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

Person Name	DAVID LIM HENG LUNG		
ID Type	NRIC NO	ID No	S7601660G
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Managing Director	Address Type	
Address	APT BLK 259 BUKIT PANJANG RING ROAD #04-16 SINGAPORE 671259	Mobile No	98511227
Is Informant A Victim?	Yes		
Person Name	LIN YINZHI CLARISSA		
ID Type	NRIC NO	ID No	T1531158J
Gender	Female	Age	2-3
Race	Chinese	Language	English
Address	#04-16 SINGAPORE 671259	Mobile No	98511227
Relation To Informant	DAUGHTER		
Person Name	TAN SIEW HUH		
ID Type	NRIC NO	ID No	S0995149J
Gender	Female	Age	64-65
Race	Chinese	Language	Chinese
Occupation	Housewife	Address	#04-16 SINGAPORE 671259
Mobile No	98511227	Relation To Informant	MOTHER

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. Date/Time: 11/01/2018 14:15 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp

**SINGAPORE
POLICE FORCE**

E/20180111/7004

5 of 5

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

Person Name	DAVID LIM HENG LUNG (Informant)
-------------	---------------------------------

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

11/01/2018 14:15

Classification Of Case:

Individual Statement Pg. 1



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: E/20080111/7004 Name: David Lim Heng Lung
Accident Date/Time: 10/11/2008 at 15:45hrs Address: BK 259 Bukit Panjang Ring Rd
Vehicle(s) involved: SGV 156K (Involved) 1520W # 04-16 SCL713597
SJD 4691P (Defendant) NRIC No: S76016604
Tel No: 93511227
Date: 12/1/13

Dear Sir / Madam

I wish to amend as follows:

Refer to Page 2 of 5 of E/20080111/7004. The add on will be as follows:

After I alighted, then I realised, there was a ^{man} ~~smaller~~ behind. SJD 4691P estimated four to five vehicles in total. But from the ~~the~~ rear camera view, I could only see SJD 4691P hit into my rear. How the chain collision happened, I am unaware.

above the last sentence: "A police inspector officer... etc."

KRETA AYER NIPP
55 North Canal Road
Singapore 059282
Central Division

SD: G1
Tanjung 1689143

SS. Tan Ngiam Heng

Yours faithfully

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 : MVA 11800 5402 Vehicle Registration No: SGV 156K
Name (as shown in NRIC) : DAVID LIM HENG LUNG NRIC/FIN/Passport No : S760 1660G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 259 BUKIT PANJANG RING RD Singapore 671259
Contact (Tel) : 98511227 Mobile No. : 98511227
Email Address : davidlimh1@gmail.com
Date of Accident : 10 JAN 2018 Time of Accident : 3:19 pm
Place of Accident : ATTN PIE near Lorong Road
Insurance Company: NTUC

(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:

After I alerted, then I realised, there was
a chain collision behind SJD 4691P. (Estimated
four to five vehicles in total). But from the
rear camera video I could only see
SJD 4691P hit into my rear. How the
chain collision happened, I am unaware.
I only have SJD 4691P information. The
rest of the chain collision behind SJD 4691P
information is unknown. Change from "Head to Re
to "Chain Collision".

Policyholder / Driver's Signature

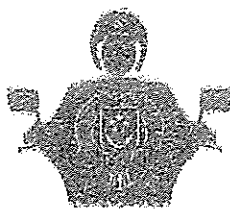
Date:

18 JAN 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: E/20080111/7004 Name: David Lim Heng Lung
Occident Date/Time: 10/1/2008 at 15:40hrs Address: B1K 259 Bukit Panjang Ring Rd
Vehicle(s) involved: SGV 156K (car) 153CHW # 04-16 SC671299
NRIC No: 976016609
SJD 469IP (Defendant) Tel No: 93511227
Date: 12/1/13

Dear Sir / Madam

I wish to amend as follows:

Refer to Page 2 of 5 of E/20080111/7004. The add on will be as follows:

After I alighted, then I realised, there was a ^{chain} collision behind. SJD 469IP estimated four to five vehicles in total. But from the ~~the~~ rear camera video, I could only see SJD 469IP hit into my rear. How the chain collision happened, I am unaware.

above the last sentence: "A police inspector officer ... etc."

KRETA AYER NPP
55 North Canal Road
Singapore 059282
Central Division

SD: G1

Timing 1629hrs

SS. Teo Ngiam Heng

Yours faithfully

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7601660G



Name

DAVID LIM HENG LUNG
(LIN XINGLONG)

林 兴 隆

Race

CHINESE

Date of birth

14-01-1976

Country of birth

SINGAPORE

Sex

M

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7601660G

Name:

DAVID LIM HENG LUNG
(DAVID LIN XINGLONG)

Birth Date: 14 Jan 1976

Issue Date: 25 Jan 2005



001318111F

COMFORTDELGRO ENGINEERING-PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

4 2 5 4 5 6 4



NRIC No. S7601660G



Date of issue

25-07-2008

Address

APT BLK 259 BUKIT PANJANG RING ROAD
#04-16
SINGAPORE 671259

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

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

PASS DATE

02 Oct 1995

Class 3 Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

NP 428A



Licence No: S7601660G

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

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

GST Reg No. M4-0003030-8

Policy Number	: 5090928416
The Policyholder	: DAVID LIM HENG LUNG 39 NORTH CANAL ROAD SINGAPORE 059295

Period of Insurance	: 09 May 2017 To 31 May 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$677.52

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: David Lim Heng Lung		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/CAMRY	Capacity	: 2000cc
Registration Number	: SGV156K	Registration Date	: 01 Jun 2007
Chassis Number	: MR053BK4107008409	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: N/A	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: INDEX CREDIT PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M4, M8

Agency	: AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue	: 08 May 2017 18:02 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SGV 156K and (Third Party's Vehicle No.) STJ 4691P on _____ along _____

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, David Lim Hong Lung *NRIC/Passport

No. S7601660G (Address)* Blk 759 Bukit Panjang Ring Road #04-16
Singapore 671759 / _____ a company

incorporate in Singapore and having its registered office at (Address)* _____

_____ owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a company incorporated in Singapore and having its registered office at 705 Bracknell Road

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day 12th of the month of January, Year Two Thousand - eighteen (2018)

Signed, Sealed & Delivered By

Customers Name:
NRIC No.:
Co's rubber Stamp

David Lim
S7601660G

delete as appropriate. Insurance