

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18020940
Claimant Ref: SLD 336T

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

We/I, EM-1 AUTO PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 13,950.00 (Global Sum) (repair cost) S\$ 13,950.00 (loss of use/rental), S\$ 0.00 (search fee), vehicle no. SLD 336T that was damaged pursuant to the accident which occurred on 28/02/2018 (date) at ALONG GAMBAS AVE TOWARDS YISHUN (location) involving vehicle no. SH 6525X (insured vehicle). This is pursuant to the inspection conducted on 06/03/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TAN SAY JOON ("the third party claimant") of vehicle no. SLD 336T to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLD 336T (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 13,950.00 to EM-1 AUTO PTE LTD.

Dated this 23 day of August 2018

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

Chia Sin Muk

NRIC:

S1306599C

Address:

EM1 AUTO PTE LTD

Blk 8 Sin Ming Rd

#01-68 Industrial Estate Sector C

Singapore 575643

Nationality:

HP: 96666556 Fax: 64375776

Occupation:

DIRECTOR

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

TAX INVOICE

M/S TAN SAY JOON

Invoice No : 19/00281/5226TPG

Date : 23-Aug-2019

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Date of Accident : 28-Feb-2018
Our Client's Vehicle Number : SLD 336T
Vehicle Make / Model : HONDA CIVIC
Your Insurer : SH 6525X

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Global Sum (for property claim only)	13,037.38	912.62	13,950.00 SR

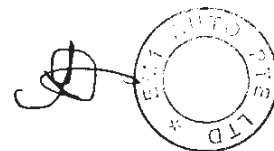
SGD (Thirteen Thousand Nine Hundred Fifty only)

GRAND TOTAL

13,950.00

Subject to 7% GST

912.62



Authorised Signature and Company Stamp

張建福 (機件) 拖車服務
TEO KIAN HOCK (CHEE CHEN) TOWING SERVICES

Mailing Address: 40 Cactus Road, Singapore 809597

Tel: 6858 4067 Fax: 6854 0407

廿四小時服務 24 HOURS SERVICE

Reg. No. 413736/00L

Copy

CASH SALE / WORK ORDER

No. 18300

Date: 28/2/18

寶號

Messrs:

車號

Vehicle No: SHD336T

車型

Model No:

由

From: W'lands Ave 12

到

To: S.M. - 2M1

時間 (日/夜)

Time (day/night):

其他

Others:

PAID

CASH \$: 60

CHEQUE:

經手人

Authorised by:

收貨人

Received by:

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.



友立旅遊服務私人有限公司

UNIQUE TOURIST SERVICE (PTE) LTD

SLD 336T

Mr Tan Say Joon
Blk 283 Tampines Street 22
07-131
Singapore 520283

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573968
Tel: 6292 7656

1, Rochor Road, #02-574,
Rochor Centre Singapore 180001
Tel: 6292 7656 Fax: (65) 6293 97
E-mail: uniqtour@singnet.com.sg
STB LIC TA/00076

Co. Reg. No.: 197401067R
GST Reg. No.: M2-0019671-6

TAX INVOICE

NO. **WP2017333**

16.03.2018

Singapore, _____ 20

DATE

PARTICULARS

@

\$

cts

Rental of one unit Honda Civic 1.6 Auto
Registration no. SJG 9865 G self driven as from
01.03.2018 at 1240 hrs to 15.03.2018 at 1540 hrs.

15 days at \$115.00 per day

\$ 1725.00

\$ 1725.00

Add GST at 7%
Amount Due

\$ 120.75

\$ 1845.75

(SIN DOLLARS: ONE THOUSAND EIGHT HUNDRED FORTY FIVE & SEVENTY FIVE CTS ONLY)

Standard Rated Supplies:\$ 1725.00

Total Amount of GST:\$ 120.75


AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 21356

VEHICLE NO.

SJG 9865G

MAKE/MODEL

HONDA CIVIC

NAME OF HIRER <u>Tan Sng & Joun</u>	
ADDRESS <u>BLK 283 Tampines St 22 #07-131</u>	
SINGAPORE <u>520283</u>	
OFFICE TEL _____	RES TEL _____
HP <u>97936898</u>	
NAMED DRIVER _____	
OCCUPATION _____	NATIONALITY _____
PASSPORT / NRIC <u>S72026046</u>	DATE OF BIRTH <u>8/1/72</u>
DRIVING LIC NO. <u>S72026046</u>	
PLACE OF ISSUE _____	DATE PASS/EXPIRY <u>11/7/16</u>
ADDITIONAL NAMED DRIVER _____	
ADDRESS _____	
SINGAPORE _____	
OFFICE TEL _____	RES TEL _____
HP _____	
OCCUPATION _____	NATIONALITY _____
PASSPORT / NRIC _____	DATE OF BIRTH _____
DRIVING LIC NO _____	
PLACE OF ISSUE _____	DATE PASS/EXPIRY _____
BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS	
A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"	
B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"	
• THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.	

DATE OUT <u>01/03/18</u>	TIME OUT <u>1240HRS</u>
PETROL OUT <u>E</u> 1/4 1/2 3/4 <u>F</u>	
DATE IN <u>15/03/18</u>	TIME IN <u>1540HRS</u>
PETROL IN <u>E</u> 1/4 1/2 3/4 <u>F</u>	
RENTAL RATES:	\$ _____ ¢ _____
MONTHLY @ \$ _____	
WEEKLY @ \$ _____	
DAILY <u>15 @ \$ 115 =</u>	<u>1725.00</u>
C.D.W. FEE _____	
PETROL CONSUMPTION _____	
DELIVERY CHARGE _____	
COLLECTION CHARGE _____	
SUB-TOTAL _____	
GST @ <u>7%</u>	<u>120.75</u>
RENTAL DEPOSIT _____	
TOTAL:	<u>1845.75</u>
DEPOSIT REFUND	
PAYMENT BY: BILL CO / CREDIT CARD / CASH	
ATTENDED BY: <u>[Signature]</u>	
OF UNIQUE TOURIST SERVICE (PTE) LTD.	

COMPULSORY EXCESS, DOLLAR

\$ 1200

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. _____ ON _____ TIME _____
2. _____ ON _____ TIME _____
3. _____ ON _____ TIME _____

DATE: _____

SIGNATURE OF HIRER

DATE: _____

SIGNATURE OF HIRER



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-032767

Date of Request: 02/03/2018

Your Ref No: WALK IN KOA

EM1 AUTO PTE LTD
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575643

Dear Sir/Madam,

Date of Accident: 28/02/2018
Vehicle No: SLD336T
Place of Accident: ALONG GAMBAS AVE TOWARDS YISHUN
Involving Vehicle No: SH6525X

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH6525X	ALONG GAMBAS AVE TOWARDS YISHUN	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-18-032022

Date of Request: 01/03/2018

Your Ref No: WALK IN KOA

EM1 AUTO PTE LTD
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575643

Dear Sir/Madam,

Your Vehicle No: SLD336T
Date of Accident: 28/02/2018
Place of Accident: GAMBAS AVE TWDS YISHUN
Involving Vehicle No: SH6525X (NO REPORT) CALL WITHIN 7 DAYS 2-12/3

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SLD336T and SH6585X,
ON 28/2/18 ALONG Gambas Ave twds Yishun

I, Tan say Joon, NRIC No. / Company Reg. No.
S72026046 of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number

SLD336T hereby authorise your workshop EM-1 Auto P/L (Company/GST REG.No. :

201316380R) Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto P/L on my/our behalf to negotiate a settlement with the third party and/or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto P/L by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto P/L, and should I get approval from EM-1 Auto P/L to bank in the said cheques, I agree to pay EM-1 Auto P/L the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto P/L or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto P/L or the Repairer.

Signature: 

Company Stamp:
(if applicable)

Name: Tan say Joon

NRIC No: S72026046

Contact No: 97930848

Date: 28/2/18

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

M/S TAN SAY JOON

Proforma Invoice : 18/PI00333/5226TP

Date : 05-Oct-2018

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Without Prejudice

Date of Accident : 28-Feb-2018
Our Client's Vehicle Number : SLD 336T
Vehicle Make / Model : HONDA CIVIC
Your Insurer : SH 6525X

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Mr Ma)	12,600.00	882.00	13,482.00 SR
GIA Fee	27.10	1.90	29.00 SR
Towing Fee	60.00		60.00 ES
Loss of (Rental/Use) (15 days x \$ 115)	1,725.00	120.75	1,845.75 SR

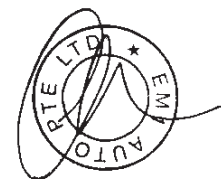
SGD (Fifteen Thousand Four Hundred Sixteen And Cents
Seventy-Five only)

GRAND TOTAL

15,416.75

Subject to 7% GST

1,004.65



Authorised Signature and Company Stamp

5/10 Team A

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	01/03/2018 14:21
Date Of Accident	28/02/2018 17:25
Exact Location Of Accident	ALONG GAMBAS AVE TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD336T
Insured/Policyholder	
Name Of Registered Owner	TAN SAY JOON
NRIC No	S7202604G
Email Address	ERIC_TAN81@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97930848
Alternative Phone No	OFFICE-97930848

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA190589/1
Cover Note Number	

Driver

Name of Driver	TAN SAY JOON
NRIC No	S7202604G
Date Of Birth	08/01/1972
Occupation	INDOOR
Date Of Driving Pass	12/07/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97930848
Fax Number	
Contact Number	OFFICE-97930848
EMail Address	ERIC_TAN81@YAHOO.COM.SG

Address	BLK 283 TAMPINES ST 22 #07-131
Postcode	520283
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVENUE 3 SINGAPORE 408865
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SH6525X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT3374D
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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 TAN SAY JOON

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SLD336T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Individual Statement

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to cancel the 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 statement may be referred to the Police for investigation.
6. The 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 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 claim 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:


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


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

SKETCH PLAN

[illegible][illegible]

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

Reporting Centre Personnel's Signature:
Name:
PRRC/FIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/7012

1 of 3

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

Report No T/20180301/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 13:05			Vide Report No.: F/20180228/0169		Station Diary No.:
Name of Informant: TAN SAY JOON			Address: APT BLK 283 TAMPINES STREET 22 #07-131 SINGAPORE 520283		
ID Type / ID No.: NRIC NO / S7202604G			Contact No.: Home/Office: Mobile: 97930848		
Nationality: SINGAPORE CITIZEN			Email: enc_tan81@yahoo.com.sg		
Sex: Male	Age: 46	Date of Birth: 08/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Supply and distribution/Logistics/Warehousing manager			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2018 17:25	Type of Location: Straight Road
Location: GAMBAS AVENUE GAMBAS AVE TOWARD YISHUN				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 35 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6525X	Car				Seriously Damaged	0
SLD336T	Car	HONDA	CIVIC			0
SLT3374D	Car	MERCEDES BENZ			Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/7012

2 of 3

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

Report No T/20180301/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD336T	AXA INSURANCE SINGAPORE PTE LTD	GA190589/1	17/05/2017	16/05/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SAY JOON	ID No.	S7202604G
Related Vehicle	SLD336T (Car)	Contact No	97930848
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	02	Degree of Injury	Serious

Brief Details:

I WAS TRAVELLING ALONG GAMBAS AVENUE TOWARDS YISHUN BEFORE JUNCTION OF WOODLANDS AVE 10 ON LANE 2. DUE TO THE FRONT VEHICLE STOPPED, I FOLLOW SUIT (STATIONARY) SUDDENLY BEHIND VEHICLE (SH 6525X) HIT INTO MY VEHICLE (SLD 336T) REAR PORTION AND DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO HIT ONTO FRONT VEHICLE (SLT 3374D). AFTER THE ACCIDENT I STEP DOWN FROM MY VEHICLE THEN I REALISED TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. WHEN WE EXCHANGE PARTICULAR, THEN ONE POLICE CAR CAME TO ATTEND THIS ACCIDENT. I FELT INJURED THEN POLICE OFFICER CALL FOR AMBULANCE AND I CONVEYED BY AMBULANCE TO KHOO TECK PUAT HOSPITAL AND MC WAS GIVEN 2 DAYS.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180301/7012

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

Report No. T/20180301/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP188

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

Date/Time:
01/03/2018 13:05

Classification Of Case: