

OUR REF : TP/SHA9398T/50110683/ AD /4/6/2018/ MF
YOUR REF : SJD5089Y
22 June 2018

Motor Claims Department
AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD
190 CLEMENCEAU AVENUE
#03-01 SINGAPORE SHOPPING CENTRE
SINGAPORE 239924
ATTN: CLAIMS OFFICER IN CHARGE

ACCIDENT INVOLVING SHA9398T and SJD5089Y ON 4/6/2018
ALONG NEIL ROAD EXITING KAMPONG BAHRU ROAD

We refer to the above matter.

	Rate per day	Repair days	AMOUNT BEFORE GST	AMOUNT AFTER GST
Cost of Repair			\$3,222.47	\$3,448.04
Loss of Rental	\$117.20	5	\$586.00	\$586.00
Loss of Income	\$80.00	5	\$400.00	\$400.00
LTA Search Fee			\$1.87	\$2.00
Total				\$4,436.04

The accident was caused solely by the negligence of your insured and as a result, We had incurred the following costs of repair and losses:

Enclosed are copies of the following documents for your perusal:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Original Photocopy Survey Report | <input checked="" type="checkbox"/> Certificate of Insurance |
| <input checked="" type="checkbox"/> Original Photographs | <input checked="" type="checkbox"/> Letter of Authority (Hirer) |
| <input checked="" type="checkbox"/> GIA/ Police Report | |
| <input checked="" type="checkbox"/> LTA Search Slip | |

Please look into our client's claim soonest possible

Yours sincerely
DING AUTOMOTIVE PTE LTD
Michelle Fang
HP: 8748 3145
Office: 6452 1208 Fax: 6452 0614

LETTER OF AUTHORITY

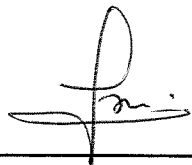
ACCIDENT

INVOLVING SHA 9398 T & SJD 5089 Y ON 04.06.2018

I, LOH NGIAP LENG NRIC NO. S1798912-Z of
citycab pte ltd owner/ hirer of the Vehicle Registration
No. SHA 9398 T hereby authorize **Ding Automotive Pte
Ltd** to submit, correspond, negotiate and settle my claim for
cost of repair and uninsured losses arising from the above
accident.

I further authorize that agreed settlement sum for cost of
repair, loss of income and rental, survey report fee, third
party vehicle insurance particulars enquiry fee etc. Be made
in favour of the **Ding Automotive Pte Ltd** and that the said
payment be forwarded to them as full and final discharge of
my claim.

SIGNED BY:



DATE:

04.06.2018

Date Issued : 12/10/2017

CERTIFICATE REF. : MZ400A

**CERTIFICATE OF INSURANCE
(MASTER)**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. D-18088937MFSH
Index Mark and Registration Number of Vehicle All CityCab taxis operating in the Republic of Singapore.
Name of Insured CityCab Pte Ltd
Coverage Third Party Fire and Theft
Effective date of the Commencement of Insurance for the purpose of the Act 01/01/2018
Date of Expiry of Insurance 31/12/2020

Persons or Classes of Persons entitled to drive

- a) Any licensed taxi driver driving on the Insured's order or with their permission.
b) Any person provided he is in the Insured's employ and is driving on their order or with their 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.

Limitations as to use :

- Use as a taxi.
Use for social, domestic and pleasure purposes.

The Policy does not cover

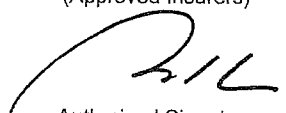
- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Excess : All Claims \$2,000.00 each and every accident

*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 (Malaysia), are not to be included under these headings.

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 (Malaysia).

A/C NO. : B0101

First Capital Insurance Limited
(Approved Insurers)
Authorised Signature

Satisfaction VoucherDate: 08/06/2018MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

LOH Ngiam Leng.

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA9398T

which has been repaired to my/our satisfaction and acceptance. I/We admit that

the payment of SGD _____ account for such repairs is in full discharge

of my/our claim upon the corporation under the policy number D-18088937MFSHreference claim number 50110683 in respect of the damage caused to thesaid vehicle in an accident that occurred thereto or about the 04/06/2018at ALONG NEIL ROAD EXITING KAMPOI

Dated this day of _____, 201 _____

Signature: NRIC No: 51798912-2

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

**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

Third Party Insurer Enquiry

Our Ref No: GR-18-084570
Date of Request: 04/06/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 04/06/2018
Enquiry By You Jing Feng
TP Vehicle No. SJD5089Y
Accident Date 04/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJD5089Y	Auto & General Insurance (Singapore) Pte. Limited.	27/02/2018-25/03/2019	6540 2180

Thank You.

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.

This is a computer generated document and requires no signature.

**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-18-084570
Date of Request: 04/06/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 04/06/2018
Enquiry By You Jing Feng
TP Vehicle No. SJD5089Y
Accident Date 04/06/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



Date: 08 June 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	04/06/2018 @ 08:50 hrs
ALONG	ALONG NEIL ROAD EXITING KAMPONG BAHRU ROAD
INVOLVING	SJD5089Y

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA9398T** (the "Taxi"). The Taxi was hired to **LOH NGIAP LENG IC NO S1798912Z** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

Subject: Fw: SHA9398T - Finalize Amount & After Repair Photo.
From: taxiscs@stengg.com
Date: 22/6/2018 2:18 PM
To: ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG

----- Forwarded by Taxis Customer Service/KAS/CBG/ST Kinetics on Fri 22 Jun 2018 02:18 PM -----

From: "Veron Chen (LKKAUTO)" <veronchen@lkkauto.com>
To: Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "Taufikh (LKKAUTO)" <Taufikh@lkkauto.com>
Cc: ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG, "SUR" <sur@lkkauto.com>
Date: Mon 11 Jun 2018 11:39 AM
Subject: RE: SHA9398T - Finalize Amount & After Repair Photo.

*****WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.*****

Dear Alex,

WITHOUT PREJUDICE

Confirmed final amount \$3,222.47 before GST @ 4 working days.

Final invoice and all supporting documents sent over to BUDGET DIRECT INSURANCE

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]

Sent: Sunday, 10 June 2018 1:27 PM

To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>

Cc: "ACCOUNTS@DINGAUTO.SG"@stms.st.com.sg; "ADMIN@DINGAUTOMOTIVE.COM.SG"@stms.st.com.sg; SUR <sur@lkkauto.com>

Subject: SHA9398T - Finalize Amount & After Repair Photo.

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA9398T
AFTER PAINT PHOTO & BEFORE PAINT & REQUEST ITEM IN ESTIMATE NO.02 & 16 .

Finalize Amount

Total Repair - 04 Days

P/P

Labour - \$980

Special Netts - \$570

Parts - \$2229.97

Parts after 25% discount =\$1629.47

Total L+P+S=\$3222.47

SHA9398T - Finalize Amount & After Repair Photo.

Taxis Customer Service to: taufikh

Sun 10 Jun 2018 01:27 PM

Cc "ACCOUNTS@DINGAUTO.SG",
: "ADMIN@DINGAUTOMOTIVE.COM.SG", sur

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA9398T
AFTER PAINT PHOTO & BEFORE PAINT & REQUEST ITEM IN ESTIMATE NO.02 &16 .

Finalize Amount

Total Repair - 04 Days

P/P

Labour - \$980

Special Netts - \$570

Parts - \$2229.97

Parts after 25% discount =\$1629.47

Total L+P+S=\$3222.47

Final Amount = \$3222.47

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

31 Corporation Road Singapore 649825

Alex Khong

Hp : 62657130 / 83039588



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DSC00566.JPG



DSC00565.JPG



DSC00564.JPG



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DSC00569.JPG



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DSC00684.JPG



DSC00683.JPG

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C

#01-20

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

05/06/2018 9:33

JOB-NO: 50110683

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA9398T

TRANS: AUTO

CHASSIS: JTDKB3FU703557338

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS044069

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	700.00	0.00	700.00		Y	400
2 R&R BOOTLID COMPENENTS	1.00	120.00	0.00	120.00		Y	X
3 R&R SPARE TYRE BOARD/ CARPET/ TRIM	1.00	120.00	0.00	120.00		Y	40
4 R&R REAR WNDSCREEN UPPER & LOWER GLASS	1.00	180.00	0.00	180.00		Y	X
5 CHECK WIRING AND LIGHTING SYSTEM	1.00	80.00	0.00	80.00		Y	30
6 RUST PROOFING	1.00	80.00	0.00	80.00		Y	
7 SUNDRIES	1.00	50.00	0.00	50.00		Y	30
8 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
9 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	- photo.	Y	200
10 RESPRAY BOOTLID	1.00	250.00	0.00	250.00		Y	X
11 RESPRAY BOOTLID REGISTERED GARNISH	1.00	250.00	0.00	250.00		Y	200
12 RESPRAY REAR DIFFUSER EXTENSION LH	1.00	150.00	0.00	150.00		Y	80
TOTAL:		2,480.00	0.00	2,480.00			

MATERIALS

1 REAR BUMPER	1.00	490.50	0.00	490.50	L	Y	de
2 REAR BUMPER REINFORCEMENT	1.00	318.80	0.00	318.80	L	X	?
3 REAR BUMPER RETAINER LH	1.00	92.30	0.00	92.30	L	Y	we
4 REAR BUMPER MUD-FLAPS LH	1.00	95.03	0.00	95.03	L	Y	?
5 REAR BUMPER DIFFUSER	1.00	558.30	0.00	558.30	L	Y	de
6 REAR BUMPER DIFFUSER EXTENSION LH	1.00	119.90	0.00	119.90	L	Y	de
7 REAR BUMPER TOWING CAP	1.00	21.70	0.00	21.70	L	Y	X
8 REAR BUMPER ANTENNA KEY	1.00	116.40	0.00	116.40	L	Y	X
9 REAR END PANEL	1.00	629.80	0.00	629.80	L	Y	Rx
10 BOOTLID	1.00	1,113.40	0.00	1,113.40	L	Y	Rx
11 BOOTLID REGISTERED GARNISH	1.00	891.20	0.00	891.20	L	Y	Rx
12 BOOTLID EMBLEM-LOGO	1.00	56.70	0.00	56.70	L	Y	we
13 BOOTLID EMBLEM-HYBRID	1.00	49.97	0.00	49.97	L	Y	we
14 BOOTLID EMBLEM-PRIUS	1.00	56.70	0.00	56.70	L	Y	we
15 TAIL LAMP UPPER LH	1.00	438.10	0.00	438.10	L	Y	?
16 TAIL LAMP BOTTOM LH	1.00	486.80	0.00	486.80	L	Y	?
17 REAR BUMPER CLIP SET	1.00	25.00	0.00	25.00	S	Y	we
18 REAR BUMPER REVERSE SENSOR	1.00	230.00	0.00	230.00	S	Y	200 at
19 REAR BUMPER SCREW & GROMMET SET	1.00	25.00	0.00	25.00	S	Y	we
20 REAR END PANEL SCREW & GROMMET	1.00	25.00	0.00	25.00	S	Y	X
21 REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	X

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
22 BOOTLID STICKER-COMFORTDELGRO BOOKING 65521111	1.00	80.00	0.00	80.00	S	Y	<u>new</u>
23 BOOTLID STICKER-APPS BOOK NOW	1.00	60.00	0.00	60.00	S	Y	<u>new</u>
24 REAR BUMPER RUBBER PROTECTOR PAD	1.00	180.00	0.00	180.00	S	Y	<u>new</u>
TOTAL:		6,210.60	0.00	6,210.60			
TOTAL PARTS & LABOUR :		8,690.60	0.00	8,690.60			

EXCESS/LOADING:\$ 0.00

No. Of Day: 4

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 6/6/18

SURVEYED BY: Taylor

CONTACT NO: 97495719

FAX NO: _____

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL: _____

FAX: _____

Labour \$ 980/-
S/N \$ 570/-
Parts \$ 2229.97 - 25%
= \$ 1629.47/-
LTS+P = \$ 3222.47/-

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	04/06/2018 11:44
Date Of Accident	04/06/2018 08:50
Exact Location Of Accident	ALONG NEIL ROAD EXITING KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9398T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 CVT (A)
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN THIAM SOON
NRIC No	S1162845A
Date Of Birth	17/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98158929
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 328 TAH CHING ROAD #18-06 SINGAPORE 610328
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (T/20180604/2023) .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5089Y
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)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1798912Z



Name

LOH NGIAP LENG

盧 业 麟

Race

CHINESE

Date of birth

01-09-1967

Sex

M

Country of birth

SINGAPORE

S1798912Z



NRIC No. S1798912Z



Date of issue

26-08-2008

Address

APT BLK 355 KANG CHING ROAD
#05-07
SINGAPORE 610355

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S1798912Z

LOH NGIAP LENG

Birth Date: 01 Sep 1967

Issue Date: 18 Aug 2003



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Oct 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Nov 1995
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Apr 1997
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	19 Sep 1997



Licence No. S1798912Z

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

NRIC No. S1798912Z

LOH NGIAP LENG

Issue Date: 22/11/2014

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	14/12/2000



Vehicle No: SHA 9398 (Hirer / Relief)

Reporting Date: ___/___/___ Time: ___ hrs

Accident Date: ___/___/___ Time: ___ hrs

[OD / TP / WC / Cash] [PG: ___] [SPD: ___ Km/H]

Mileage: _____

[HP: 46800507] [Weather Condition : Clear / Raining / other : _____] [Road surface: Wet / Dry / Other: _____]

[Location: _____]

TP1: Number Plate _____ Name: _____ NRIC: _____ HP: _____

TP2: Number Plate _____ Name: _____ NRIC: _____ HP: _____

TP3: Number Plate _____ Name: _____ NRIC: _____ HP: _____

[Withness: _____] [HP: _____] [Tow: Y/N]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1162845A

Name
TAN THIAM SOON

陈添顺
Race
CHINESE

Date of Birth 17-11-1956 Sex M S1162845A
Country of Birth
SINGAPORE

NRIC No. S1162845A

Blood Group B+ Date of issue 30-04-1994

Address
APT BLK 328 TAN CHING RD #18-06
SINGAPORE 610328

NRIC No. S1162845A Date 04-07-1998 No. 1916952

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1162845A
Name: TAN THIAM SOON

Birth Date: 17 Nov 1956
Issue Date: 23 Feb 2004

001132788J

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Aug 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Jan 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	16 Jul 1979

Licence No: S1162845A

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1162845A
Name: TAN THIAM SOON

Issue Date: 6/4/2005

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	13/05/1996
02	TAXI VL	13/04/1988
04	BUS ATTENDANT	13/05/1996

Vehicle No: SHA9398T (Hirer / Relief)

Reporting Date: 4/6/18 Time: 11:40 hrs

Accident Date: 4/6/18 Time: 08:50 hrs

[OD / TP / WC / Cash] [PG: Q] [SPD: 3 Km/H]

Mileage: 186215

[HP: 98158929] [Weather Condition: Clear / Raining / other:] [Road surface: Wet / Dry / Other:]

[Location: Along Neil Road Exiting Kampong Bahru Road]

TP1: Number Plate SSD5089Y Name: _____ NRIC: _____ HP: _____

TP2: Number Plate _____ Name: _____ NRIC: _____ HP: _____

TP3: Number Plate _____ Name: _____ NRIC: _____ HP: _____

[Withness: _____] [HP: _____] [Tow: Y/N]

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:

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

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

Kampong Bahru Road

A: SHA9398T

B: S5D5089Y

Nei Road

Nei Road

Refer to Police Report (T/20180604/2023).

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

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180604/2023

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180604/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 10:29		Vide Report No.:		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: TAN THIAM SOON			Address: APT BLK 328 TAH CHING ROAD #18-06 SINGAPORE 610328		
ID Type / ID No.: NRIC NO / S1162845A			Contact No.: Home/Office: Mobile: 98158929		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 17/11/1956	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2018 08:50	Type of Location: Straight Road
Location: Along Road 1 NEIL ROAD NEIL ROAD EXITING KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9398T	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Slightly Damaged	0
SJD5089Y	Car	KIA	PICANTO 1.1(A)	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180604/2023

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180604/2023

CONTINUATION OF REPORT

Driver				
Name	TAN THIAM SOON		ID No.	S1162845A
Related Vehicle	SHA9398T (Car)		Contact No.	98158929
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SABBI IZZUDDIN BIN MUSTAFFA KAMAL		ID No.	S9115927I
Related Vehicle	SJD5089Y (Car)		Contact No.	82331891
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	NIL		Degree of Injury	NIL

Brief Details.

On 4/6/2018 at 0850hrs, I was a taxi driver, bearing plate SHA9398T, travelling along Neil Road and trying to make an exit at Kampong Bahru Road. As there was car approaching from the Kampong Bahru Road, I stopped before the give way line.

After I came to a complete stop at the give way line, I felt someone hit on the rear of my vehicle. I then went down and make a check, discovered a car, bearing plate SJD5089Y hit onto the rear of my vehicle. I also discovered on the rear of my vehicle and the front of the driver car has some slight damages.

When we exchanged for particulars, I checked with the driver namely, Sabbi Izzuddin Bin Mustaffa Kamal, S9115927I, Hp: 82331891, to check whether did he sustained any forms of injuries. I also noticed there were no visible injuries on the driver. After that, we continued our journey to our destination.



**SINGAPORE
POLICE FORCE**



T/20180604/2023

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180604/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J/ Sgt 3 ARVIN PILLAI S/O MANI RAJAN <i>8C/Cpl Lee Jm Jm</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 10:29
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168

SH 126

[Signature]

