Date In: 6)9/17 - 16: 39 Ja	b description	-Maring to Server	Date & Time Completed	5 E	Done by
	SAS e-filing				
	E-mail (within Shrs,	, AIC 2hrs)			
	-Motor Claim I	orm .			
	-Motor W/O (W	ithin: OD 2hrs,	TP 4hrs)		
OD TP Reporting Only	-Photo Uploade	d			
A	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: MA 703	2 .	INC (	)/Non-INC( )	ii 24	
Owner / Driver: (			Tel:	)	
Policy No: ( ) Period: (	(	)	Cover Type: (		)
Confirmed by : (	L	ate:	Time:	)	)
Insured/Driver Liability: ( %) [Note-l	Est. Status (WO)	): N: 0-20 <sup>6</sup>	%; P: 21-79%. F: 80	-100%]	59
Year of Registration: ( ) Warra	inty: YES ( )	/NO( )			
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000(	)			
General Remarks	7.3			57.00 F	
( ) Walk-In Customer: Customer's informatio			TODAY STATE OF THE PARTY OF THE		
( ) Total Luss Case : to e-mail Insurer UR	GENTLY.			9	
Drive-In ( )/ Towed-In ( ); Invoice: YES	S( )/NO	( ); To	wing Co: (	1	. )
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]			Date&Time Completed		one by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Timi Completed		one by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Time Completed	T.	ione by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Time Completed		ione by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Timi Completed		ioneby
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Timi Completed		ione by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Date&Time Completed		ione by
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )			Ant	(S) Am (S
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	sy Car ( )	voice Prep	nration Checklist		(5) Ahi (5
1) Apply for Transport Allowance ( )/ Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	sy Car ( )	voice Prep: AR: Accident R	ar ation Checklist.  eporting (\$30); sessment (\$100), INC	Ant fat.i	(5) Ain (5
1) Apply for Transport Allowance ( )/ Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Claimant's Particulars:	sy Car ( )	Voice Prepared to the control of the	tration Checklist, eporting (\$30); ssessment (\$100); INC	(\$80) \$40/\$45 \$120	(S) Am (S
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Claimant's Particulars:- river/Owner:	In (1) (2) (3) (4) (5) (5) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	Voice Preparation of the Prepara	eporting (\$30); ssessment (\$100); INC sough Survey sough Survey (Resurvey)	(\$80) 540/\$45 \$120 \$30	(S) Am (S
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  laimant's Particulars:- river/Owner:	sy Car ( )	Voice Prepi AR: Accident R DA: Damage A IF: Towing Fee FT: Follow-Thr FT: Follow-Thr For Claiming age IR: Re-inspecti	eration Checklist.  sporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 20 on	(\$80) \$40/\$45 \$120 \$30 (95) \$75	(5) Ahi (5
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Claimant's Particulars:- river/Owner: ontact No:	sy Car ( )	Voice Prepi AR: Accident R DA: Darnage A IF: Towing Fee FT: Follow-Thr For Claiming age IR: Re-inspecti N1: Idae DA +	eration Checklist.  sporting (\$30);  sessment (\$100); INC  sough Survey  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 20  on  SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (05)	(5) Ahi (5
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Sy Car ( )	Voice Prepi AR: Accident R DA: Darnage A IF: Towing Fee FT: Follow-Thr For claiming age IR: Re-inspecti N1: Idae DA + NTUC Addition	eration Checklist.  eporting (\$30);  sessment (\$100); INC  sough Survey  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 20  on  SMRT Survey  al Services:	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160	(5) Ahi (5
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Talimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Sy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Voice Prepi AR: Accident R DA: Damage A IF: Towing Fee FT: Follow-Thr For claiming age IR: Re-inspecti N1: Idae DA + NTUC Addition DIN*	ration Checklist.  sporting (\$30); ssessment (\$100); INC  ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2) on SMRT Survey al Services:-	(\$80) \$40/\$45 \$120 \$30 (95) \$75	(5) Ahi (5
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  armaged Portion:  C Checked by (Engr-In-Charge):	sy Car ( )	Voice Preparent	eration Checklist  sporting (\$30);  ssessment (\$100); INC  sough Survey  sough Survey (Resurvey)  inst INC Only (wef 10 Jan 2)  son  SMRT Survey  al Services:  ar / Tpt Allowance  ordination  Inspection	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160	(5) Ahi (5
1) Apply for Transport Allowance ( )/Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  C Checked by (Engr-In-Charge):  uditors' Comments::	sy Car ( )	Voice Prepi AR: Accident R DA: Darnage A IF: Towing Fee FT: Follow-Thr For claiming age IR: Re-inspecti N1: Idae DA + NTUC Addition DD* N5: Courtesy C N6: Repair Co- N7: Fost Repair N8: DV / Colle	aration Checklist.  sporting (\$30); ssessment (\$100); INC  sough Survey sough Survey (Resurvey) inst INC Only (wef 10 Jan 2) on SMRT Survey al Services:  ar/Tpt Allowance ordination	(\$80) \$40/\$45 \$120 \$30 \$105 \$5 \$10 \$25 \$5 \$5 \$5	(S) Ahr (S)
1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	Sy Car ( )	Voice Prepi AR: Accident R DA: Darnage A IF: Towing Fee FT: Follow-Thr For claiming age IR: Re-inspecti N1: Idae DA + NTUC Addition DD* N5: Courtesy C N6: Repair Co- N7: Fost Repair N8: DV / Colle	ration Checklist, eporting (\$30); esessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2) on SMRT Survey al Services: er/Tpt Allowance ordination Inspection at Excess Coordination Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$100 \$5 \$10 \$25 \$10 \$25 \$30 \$30	(5) Am. (5

#### 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 witholding 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.		
Market and the Alexander of the Life	ACCIDENT STATEMENT	
Date Of Report	06/09/2018 16:39	
Date Of Accident	05/09/2018 18:25	
Exact Location Of Accident	ALONG JOO CHIAT RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK3139B	
Insured/Policyholder		
Name Of Registered Owner	GOH EE MENG	
NRIC No	S7311192G	

 Mobile Phone No
 (LOCAL) +65-91139593

 Alternative Phone No
 OFFICE-91139593

### Vehicle Particulars

Email Address

Manufacturer VOLKSWAGEN

Model JETTA 1.4 TSI AT 1623Q5

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

NOEMAIL

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 LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z18VP05018011

Cover Note Number

### Driver

Name of Driver GOH EE MENG (WU YIMING)

 NRIC No
 \$7311192G

 Date Of Birth
 03/04/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 01/07/1992

Driving Experience 26 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91139593

Fax Number

Contact Number OFFICE-91139593

EMail Address NOEMAIL

BLK 309 HOUGANG AVENUE 5 Address

#01-285 530309

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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)

2

Passenger 1

NAME: : ZHOU LIN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Was there any audio recorded?

REFER TO POLICE REPORT - T/20180906/7004.

Attachment(s)

Are accident photos available for attachment?

YES

NO Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA7043X

Vehicle Make/Model/Colour MAZDA

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)

1

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKR9999J

Vehicle Make/Model/Colour

RANGE ROVER

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)

1

### **DETAILS OF INJURED PERSON 1**

Name GOH EE MENG (WU YIMING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK3139B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name ZHOU LIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK3139B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

. 1 .

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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 .:

### JIN CHIM PLD



(P) SKK3139B (B) SMA7043X (O) SKR9999J

DESCRIBE	IRCUMSTANCES	OF THE	ACCIDENT

Please	refer to	o the Poli	ce pepart	No > 7/201	80906 A
	, ,	115 131	<del>- роја, ј</del>	1/20/	/
					_
	J. 100 (1900)		Keljon amaria		
	(Asymptonia)			ALL STATES	
	3131111-111				1000000
1887				····	
The Miles and American					
46-46-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4					
					-35
	200007020				
		10000000	H==60=40000=1771100	Jestidika	77-72

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Owner New Address: BUK 309 Hougary Arenne 5. #01-285 (5) 53 0309.

Date of Accident	: 5/9/26/8 Accident Time: 18:25 (24-HR-Format)
A Ulant Place	JIO CHIAT RD.
Accident Place	0kk212Ab
Vehicle Reg. No. (Car Plate No.)	:SKK3137B
Vehicle Make/Model	: WIKSWAGEN JETTA 751 1-4
Insurance Company	:
Owner or Company Name /IC No.	: GOHEE MONG CIVU YIMING) / S73111924.
Owner or Company Contact No.	: 91139593 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: By Dwher
DRIVER'S Date Of Birth	: 3/4/1973 DRIVER'S License Pass Date 1JW 1992
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Ow her
DRIVER'S Address	: 6 Ah Hoodpd \$10-03 Cs) 329974
DRIVER'S Contact No./ Alt No.	:1) 9113 95 93 2)
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Driver): I driver, I presurper (female)
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES \NO ras being used at the time of accident: Private use Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No:	7043 × Vehicle Reg. No: O SKR 9999 J.
Vehicle Make\Model:	Vehicle Make\Model: LANGE POVER
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

Injured Pensons () Driver: GH EE MENG CHU YIMING) / S73/11936 @ Passeyer: ZHOU LIN /G6366804X (Female).





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20180906/7004

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 10:36	Made:	Vide Report No.: G/20180905/0181	Station Diary No.:	
Informa	nt's Partici	ulars			
Name of GOH EE	Informant: MENG		Address: 6 AH HOOD ROAD #10-03 S	INGAPORE 329974	
	/ ID No.: D / S73111	92G	Contact No.: Home/Office:	Mobile: 91139593	
Nationality: SINGAPORE CITIZEN			Email: desmondtcim@gmail.com		
Sex: Male	Age: 45	Date of Birth: 01/04/1973	Type of Informant: Driver	17	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business development manager			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2018 18:25	Type of Location: X-Junction
Location: JOO CHIAT F	ROAD			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKK3139B	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Black	Seriously Damaged	1
SKR9999J	Car	RANGE ROVER	120100000000	Red	Slightly Damaged	0
SMA7043X	Car	MAZDA		Brown	Seriously Damaged	

Details of Ve	hicle Insurance	
Vehicle No.	Insurance Company Insurance No	Effective Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180906/7004

#### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKK3139B	LONPAC INSURANCE BHD.	Z18VP05018011	02/04/2018	01/04/2019	

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	AND REAL PROPERTY AND REAL PRO		Use of Pe	destriar	Cross	ing: NA
Driver		(3)(7)2-(3)(2)	1914000000000			
Name	GOH EE MENG	11000 - The	ALTERNATION OF THE PARTY OF THE	ID No	22	S7311192G
Related Vehicle	SKK3139B (Car)		**	Conta	ct No.	91139593
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

### Brief Details.

On 5th September 2018 at around 1822 hrs, I stopped behind Vehicle SKR9999J for RED LIGHT before traffic junction of Joo chiat Road (cross junction of East Coast Road). After about 20 Seconds, Vehicle SMA7043X came and hit my car directly from behind causing my vehicle SKK3139B to move forward and hit Vehicle SKR9999J lightly at his rear bumper. We stopped our engine and pull our handbrake and step out of the car to take pictures and try to exchange particulars. At this time, Vehicle SKR9999J driver decided that it was just a minor scratch and decided to move off without taking or leaving particulars. At this time, while I was trying to communicate with SMA7043X driver, he did not respond and appear in a daze. Shortly he got out of his vehicle with the help of some passer-by and sat on at a shop nearby. I asked if he is ok but he just did not respond and so I decided to call for the police.

Police officer Lim Kwang Yu arrived on scene shortly and at the same time he called for the ambulance after communicating with the drive of SMA7043X. Ambulance came and traffic police came and after taking asking some questions, ambulance took the driver away and police officer passed my a case card and allow me to drive off to make police report and make accident claims. Report No. G/20180905/0181. Investigation Officer: TAUFIQ 65476358



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



3 of 3

Report No. T/20180906/7004

CONTINUATION OF REPORT

0	cet	-1-		-	_
	K gal		$\sim$	174	п

Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 06/09/2018 10:36
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

## REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 3 1 1 1 9 2 6

GOH EE MENG (WU YIMING)

Birth Date: 03 Apr 1973

Issue Date: 13 Apr 2004



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7311192G



Name



GOH EE MENG (WU YIMING)

吴依明

Race

CHINESE

Date of Birth

M

03-04-1973

Country of Birth

SINGAPORE



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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms

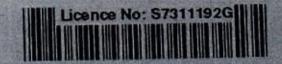
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

29 May 2002 01 Jul 1992

09 Nov 1994

2417647

NP 428A





NRIC No S7311192G

Blood Group Date of issue

O+ 26-09-1994

Date: 23/05/2012 (R) No: 7128855

Address: 6 AH Hoop 20AD: #10-03 Cs) 329974.

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z18VP05018011

GST Reg No.: F0-0005635-C

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

VOLKSWAGEN JETTA TSI 1.4

- SKK3139B

2. Name of Policy Holder

GOH FE MENG

3. Effective Date of the Commencement of Insurance for the purpose of the Act

02/04/2018

4. Date of Expiry of the Insurance

01/04/2019

 Persons or Classes of Persons entitled to drive
 (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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.

6. Limitations as to use USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS, THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE

Excess

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

Condition : ACCIDENT REPAIRS AT LONDAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: DBS BANK LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: CINDYSIM Date Issued: 22/03/2018