

Surveyor

REF: CS3/AXA17004768 / Gpb<sup>SY</sup>-1

Special Instruction:

ASSIGNMENT (Office)

US: # 6700-00

From (Person): Heng Xinyi of Seah Ong Date/Time: 25/9/2018

Third Parties:

Estimated Cost: Bill to:

Claimant:

Surveyor: Carlink Consultancy

OD/TP Re-inspection / (Evaluation)

Workshop: N-51 Automotive

To Inspect Vehicle No: GR 9226J Insured: SKS 3438X

at Workshop m/s N-51 Automotive Tel: 6343 0051

of 2 Kaki Bukit Ave 2 # 01-17

Policy No: Claim No: 18 24757.S.CK.XY

Sum Insured: Excess:

Make of Veh: D.O.A. 26.02.2017

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 8 days)

Date/Time: 17/10/18 Submit Final Fig 2850, 4 days (Red \$ 3850, 15% ; Original 8 days)

Date/Time	Action/Instruction
	GR 9226J - CS3/AXA17004768 / Gpb <sup>SY</sup> -1 SKS 3438X - X D.O.A: 26.02.2017
	checked with Catherine, refer to the email dated 25/09/18, she is informed by Xinyi (Claim) that to conduct paper survey due 9/10/2018. to we have conducted Repair days post repair survey of TP vehicle.
	Taim Lin 9/10/18

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 17 OCT 2018

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:


1) Date/Time 17/10/18 File Pass to Taim Lin

2) Date/Time File Return to \_\_\_\_\_

3) Date/Time File Pass to \_\_\_\_\_

4) Date/Time File Return to \_\_\_\_\_

5) Date/Time File Pass to \_\_\_\_\_

6) Date/Time File Return to \_\_\_\_\_

12/07/2017

ASS. REC. BY:

REF: CS3 / AXA17004768 / Gbm2 | Special Instruction:

SURVIVOR:

ASSIGNMENT (Office)

From (Person): Flossie Ang of AXA Date/Time: 09.03.2017 7.08am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

JD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No: GR 9226J Insured: SKS 3438X

at Workshop m/s N-51 Automotiv Tel: 6842 0051

of Blok 2 Kaki Bukit Ave 2 # 01-17/18

Policy No: GA034374 Claim No: CO423068

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 26.02.2017  
(Client's Record)

CA / REV / REP. / REV 24 HRS WPI H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 09.03.2017 10.19am Person Contacted: Hui Xin Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	<u>GR 9226J - CU4 / M602128313 / With</u> <span style="float: right;"><u>DIR 16.10.03</u></span>
	<u>SKS 3438X - X</u>
<u>17/3/17 155pm</u>	<u>Email to Flossie Ang via Maimun</u>
	<u>Dismantle Pcd : 13.03.2017</u>
	<u>After repair: 17.03.2017</u>



## Catherine Chong (LKK Auto)

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Tuesday, 25 September, 2018 10:41 AM  
**To:** 'Catherine Chong (LKK Auto)'; assignments@lkkauto.com  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; june@seahong.com.sg  
**Subject:** GQ 9226J [Our file ref: 18.24757 .S.CK.xy]  
**Attachments:** GIA TP.pdf; LOD.pdf; GIA INSURED.pdf

Dear Catherine

**MC / MC SUIT NO. 252 OF 2018  
RE-INSPECTION OF GQ 9226J  
ACCIDENT ALONG BLK 475 MSCP CARPARK LOT NO 1 INVOLVING SKS 3438X AND GQ 9226J ON  
26.02.17**

Further to our email of 24 Sept 18, we also refer to the tele-conversation between our goodselves this morning.

As spoken, we confirm that your surveyor has conducted post repair inspection on the Plaintiff's vehicle. Please find attached the Plaintiff's LOD for your attention.

Kindly let us have your report and invoice in due course. Thanks!

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Monday, 24 September 2018 3:13 PM  
**To:** 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>  
**Cc:** 'Chee Kiong (cheekiong@seahong.com.sg)' <cheekiong@seahong.com.sg>; 'samson@seahong.com.sg' <samson@seahong.com.sg>; 'amanda@seahong.com.sg' <amanda@seahong.com.sg>; 'june@seahong.com.sg' <june@seahong.com.sg>  
**Subject:** GQ 9226J [Our file ref: 18.24757 .S.CK.xy]  
**Importance:** High

Dear Catherine / Nivita

**MC / MC SUIT NO. 252 OF 2018**

**RE-INSPECTION OF GQ 9226J**

**ACCIDENT ALONG BLK 475 MSCP CARPARK LOT NO 1 INVOLVING SKS 3438X AND GQ 9226J ON 26.02.17**

We refer to the above and to the tele-conversation between your Ms Nivita and our Ms Xinyi on 24 Sept 18.

As spoken, please note that the Plaintiff's vehicle, GQ 9226J to be available for a re-inspection on the following date, time and venue:

- (a) Date : 5<sup>th</sup> October 2018 [Friday]
- (b) Time : 10a.m [Sharp]
- (c) Place : N-51 AUTOMOTIVE PTE LTD at Kaki Bukit Autohub, 2 Kaki Bukit Ave 2 #01-17/18, Singapore 417921
- (d) Tel : 9177-2173 [Contact: Mr Wong]

Please confirm on an urgent basis whether your surveyor requires to inspect the Plaintiff's vehicle and if so, can he attend the RI as scheduled above.

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
Agents for Trade Marks  
(Incorporated with limited liability)

61112071

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALLI D O MUNIANDY  
SEGA PARAM  
TIWARY ANURADHA  
ONG BOCK KEE  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
TAY HAO RAN  
JANICE HAN JIA LIN  
TAN YINGXIAN SELWYN

Unique Entity Number: 200721148H



**Head Office:**  
133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

**Branch:**  
490 Toa Payoh Lorong 6  
#03-11 HDB Hub  
Singapore 310490

**Branch:**  
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#10-03 Chinatown Point  
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TEL : (65) 63580703  
TEL : (65) 65330868

BRANCH

TEL : (65) 65342811 (Hunting)  
TEL : (65) 65330869

BRANCH

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this

Our Ref : AKN-atv-Ins-N63-104332-17  
Your Ref : SKS 3438 X

Date: 29 September 2017

**AXA INSURANCE SINGAPORE PTE LTD**  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811  
**Attn: Motor Claims Department**

**TAY BOCK HENG ALBERT**  
Apt Blk 496D Tampines Avenue 9  
#09-534  
Singapore 520496

Dear Sir,

**CLAIMANT : MEO MARINE ELECTRICAL SERVICE PTE LTD**  
**ACCIDENT INVOLVING GQ 9226 J & SKS 3438 X ON 26-FEB-2017 ALONG TAMPINES STREET 43 AT ABOUT 0700HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **26-FEB-2017 ALONG TAMPINES STREET 43 AT ABOUT 0700HOURS** involving our client's vehicle registration number **GQ 9226 J** and vehicle registration number **SKS 3438 X** driven by you/your insured at the material time.

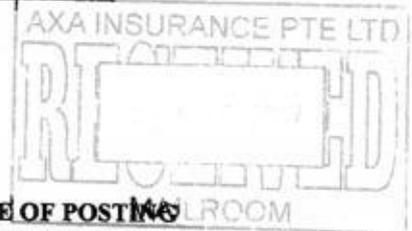
We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$7,169.00
02.	Rental fees	\$1,027.20
03.	Survey report fees	\$ 709.00
04.	GIA & LTA search / report fees	\$ 42.35
05.	Cost Contribution (at this stage)	\$2,675.00
06.	Disbursements (at this stage)	\$ 50.00
	<b>TOTAL</b>	<b>\$11,672.55</b>

.../2 to be continued next page

URGENT

WITHOUT PREJUDICE  
BY HAND



CERTIFICATE OF POSTING  
[For your information only]



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**VISION LAW LLC**

Advocates & Solicitors

Page 2

Our Ref : AKN-atv-Ins-N63-104332-17  
Your Ref : SKS 3438 X

Date: 29 September 2017

**AXA INSURANCE SINGAPORE PTE LTD**

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Attn: Motor Claims Department**

**TAY BOCK HENG ALBERT**

Apt Blk 496D Tampines Avenue 9  
#09-534  
Singapore 520496

---

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA and Police report lodged by driver of GQ 9226 J & SKS 3438 X;
  - (b) LTANet Search;
  - (c) Certificate of Insurance;
  - (d) Registration Card;
  - (e) Rental agreement, rental invoice & rental receipt;
  - (f) Final Repair Bill;
  - (g) Surveyor's report & invoice; and
  - (h) **84 Coloured photographs** depicting the damages to motor vehicle GQ 9226 J.
- (P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

---

**(HEAD OFFICE)**  
Enc. (By PDX Only)

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## 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 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	27/02/2017 11:35
Date Of Accident	26/02/2017 07:00
Exact Location Of Accident	TAMPINES STREET 43
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9226J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEO MARINE ELECTRICAL SERVICE PTE LTD
Co Reg No	201111828K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62921250
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR-3.2 D (M)
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	Commercial Vehicle
<b>Insurance Company</b>	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5080421580
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHOO CHYE AUN
NRIC No	S0052227I
Date Of Birth	11/12/1954
Occupation	Outdoor
Date Of Driving Pass	24/01/1977
Driving Experience	40 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-98159713
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Sketch Plan

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 willful 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 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.

3. 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.

Neo Marine Electrical Service Pte Ltd

Block 78 #01-2606

Ceylang Bahru Industrial Estate

Singapore 150047

Tel: 65-6292 1250 Fax: 65-6297 1596

Policyholder's Signature / Date & Time

JOO HAK KEE AUTO PTE LTD

Blk 300 Ubi Road 1 #01-408

Singapore 408701

Blk 3014 Ubi Road 1 #01-324

Witnessed by Reporting Centre Personnel

Sketch Plan

N A

Police Report



**SINGAPORE  
POLICE FORCE**



120170223M 085

Police Station Of Origin:  
Geylang N.P.C.  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1820 8428999

Page 2  
Report No: T20170223M 02012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/02/2017 10:10  
 Date Report No: 0120170223M 085  
 Station Diary No: 36

**Informant's Particulars**

Name of Informant: KHOO CHYE ANN		Address: AP1 BLK 486D TAMPINES AVENUE 9 #03-542 SINGAPORE 507866	
ID Type / ID No. NRIC NO / S0052271		Contact No: Home/Office: Mobile: 09159713	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 11/12/1954	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Aeronautical engineering technician		Driving License information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink/Drove: No	Date/Time of Accident: 27/02/2017 10:10	Type of Location: Car Park
---	--------------------	--	-------------------------------

Location:  
Along Road:  
TAMPINES STREET 43

In a Multi-Storey car park (MSCP)  
Weather:

Traffic Flow: Two Way	Road Surface: Dry	Road Speed Limit:
Type of Collision: Stationary lorry being hit by a car	Traffic Control:	Traffic Volume:
Anyone conveyed by ambulance: No		

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
G28223J	Lorry	NISSAN		Silver	Seriously Damaged	0
SK63438X	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian involved: No  
 No. of Pedestrians Injured: Nil  
 Use of Pedestrian Crossing: NA

Police Report



SINGAPORE  
POLICE FORCE



20170227018

Police Station Of Origin:  
Ceylang N.P.C  
132 Paya Lebar Road SINGAPORE 429014  
Tel No. 1910-848896

3 of 3  
Report No. 20170227018

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 65474835 stating the report number as reference.

Signature Of Officer Recording The Report: G1 Sgt CHEW HUI YU	Signature Of Informant:
Signature Of Intermediary: Not applicable	Date/Time 27/02/2017 10:10
Officer In Charge Of Case: TP/G1/ Sgt RASHIDAH BINTI AZMAN Contact No. 65475213	Classification Of Case:
Authorizing Stamp: [Stamp]	



**SINGAPORE  
POLICE FORCE**



T/20170227/2019

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20170227/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/02/2017 10:10	Vide Report No.: G/20170226/C085	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: KHOO CHYE AUN		Address: APT BLK 496D TAMPINES AVENUE 9 #03-542 SINGAPORE 520496	
ID Type / ID No.: NRIC NO / S0052227I		Contact No.: Home/Office: Mobile: 98159713	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 11/12/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Aeronautical engineering technician		Driving Licence Information Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2017 07 00	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 43 In a Multi Story car park (MSCP)			
Weather:		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:
Type of Collision: Stationary lorry being hit by a car			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GQ9226J	Lorry	NISSAN		Silver	Seriously Damaged	0
SKS3438X	Car				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/20170227/2019

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20170227/2019

**CONTINUATION OF REPORT**

Driver			
Name	KHOO CHYE AUN	ID No.	S0052227I
Related Vehicle	GQ9226J (Lorry)	Contact No.	98159713
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/02/2017 at about 1700hrs, I parked my lorry at a MSCP after my work and went back home. I did not drive my lorry since then. On 27/02/2017 at about 0600hrs, when I went back to my lorry, I saw a piece of paper informing me that my vehicle had been involved in an accident. Thus, I am lodging this report. I do not know what had happen and I do not have in vehicle camera in my lorry.





# 長江企業(私人)有限公司 Chiang Kang Enterprises Co. (Pte.) Ltd.



## TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES  
GST Reg.No. 19-8304039-K

出租：汽車、廣告車、必甲與輕重型羅厘

I/We MEO MARINE ELECTRICAL SERVICE PTE LTD  
If Different From } of BLK 79 #01-2606 GEYLANG BAHRU  
Section 1 } INDUSTRIAL ESTATE s 339687 Tel: 9815 9713

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

- a) **THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$1500/=to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.
- b) **COMPREHENSIVE MOTOR VEHICLE COVERAGE**  
the Excess which is the maximum amount of \$2000/=for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.
- c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle. whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

1971 1 26 09

Vehicle Regn No. 車輛註冊號碼 <u>G4 9252 Y</u>		Rental Agreement 合同號碼 No. A <u>89908</u>	
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT <u>09/03/2017 @ 09:30 AM</u>	
姓名 Name: <u>KHOO CLIVE ANN</u>		交車日期及時間 Date & Time IN <u>17/03/2017 @ 13:50 AM</u>	
地址 Address: <u>BLK 4960 TAMPINES AVE 9</u>		Chargeable Rates Amount	
<u>#03-542</u> s <u>520496</u>		<u>8</u> 天 Days @ \$	<u>8960</u> -
居民證/護照號碼 I/C No./Passport No: <u>500522271</u>	駕駛執照號碼 Driving Licence No: <u>500522271</u>	星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:	Pass 日期 Pass Date: <u>24/01/1977</u>	月 Month @ \$	
出生日期 Date of Birth: <u>11/12/1954</u>	發出地 Place of Issue:	<b>ADD 7% GST</b> <u>867.20</u>	
a) 三號保險底金 \$1500/=	b) 一號保險底金 \$2000/=	送車/費 Delivery Fees	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		總計 Total Charge <u>81027.20</u>	
備註與付款記錄 Remarks & Payment Records		按金 Security Deposit	
		總金額 Total Payable	<u>81027.20</u>
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	
<b>IMPORTANT! For Singapore Use only!</b>		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	出車油箱 Fuel Tank IN <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	租費不包括汽油 Rates Do Not Include Fuel	添油 Refuelling
車牌號碼 Vehicle No: 1)	起 From:	至 To:	
車牌號碼 Vehicle No: 2)	起 From:	至 To:	
工具 Tools	備胎 Spare Tyre	裝飾品 Accessories	加額費用 Total Additional Charges
車輛發出人 Vehicle Issued By:	車輛接收人 Vehicle Collected By:		
NOTE: 註 租車者或司機必須付所有停車及違反交通法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.			

租車者不准載沙或石灰 HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE  
我/我們同意以上及後頁租車公司所列的條款與條件 I/We have read and hereby agree to the terms and conditions of both sides of this rental agreement.

MEO Marine Electrical Service Pte Ltd  
Block 79 #01-2606  
Geylang Bahru Industrial Estate  
Singapore 339687  
租車者姓名: 6292 1250 Fax: 65-6297 1396  
Signature of Hirer:

日期 Date: 09/03/2017

**Certificate of Insurance**

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 Number :** 5080421580 **Cover :** Third Party, Fire & Theft

- 1. Index mark and Registration Number of Vehicle : **GQ9226J**  
Chassis Number : JN1SF4F23Z0001721
- 2. Name of Policyholder : NEO MARINE ELECTRICAL SERVICE PTE LTD
- 3. Effective Date of Insurance : 07 Jul 2016
- 4. Expiry Date of Insurance : 06 Jul 2017
- 5. 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#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONE STOP INSURANCE AGENCY (00000571115)  
Date of Issue : 20 May 2016 18:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 1828K

**Vehicle Details**

Vehicle No.: GQ9226J

Vehicle to be Exported: No

Intended De-registration Date: 08 Mar 2017

Vehicle Make: NISSAN

Vehicle Model: CABSTAR

Primary Colour: Silver

Manufacturing Year: 1999

Engine No.: QD32085690

Chassis No.: JN1SF4F23Z0001721

Maximum Power Output: -

Current Market Value: \$20,664.00

Original Registration Date: 07 Jul 1999

First Registration Date: 07 Jul 1999

Transfer Count: 1

Actual ARF Paid: \$1,034.00

**Intended PARF Rebate Details**

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 31 Mar 2019

COE Category: C - Goods Vehicle &amp; Bus

Period(Years): 10

PQP Paid: \$3,733.00

COE Rebate Amount: \$769.00

**Total Rebate Amount: \$769.00**

The information contained herein is correct as at 08 Mar 2017

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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POLICE DEPARTMENT

BLC  
475

OFFICE NOTES

Police Reference No. :

# G/2017 0226/0085

- Your vehicle was involved in  
an accident with SK53438X  
motor / Toyota / white @ around  
0700hrs.

- Lodge a Traffic Accident  
Report at any Police Post/Station  
within 24 hrs

- I/O Adrian from TPHR  
6547 6350 is the In-Charge Case

NP 384(84)

## 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 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	27/02/2017 11:05
Date Of Accident	26/02/2017 06:45
Exact Location Of Accident	BLK 475 MSCP CARPARK LOT NO 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3438X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY BOCK HENG,ALBERT
Email Address	ALBERTBHTAY4960@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97526023
Alternative Phone No	Office-97526023

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	AXA Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA034374/1
Cover Note Number	21/12/2016-26/6/2017

### Driver

Name of Driver	TAY BOCK HENG,ALBERT
NRIC No	S1260912D
Address	

### General Information of the Accident

Type Of Accident	Collided into parked vehicle
Weather Conditions	Clear

### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1

### Circumstances of Accident

REFER TO ATTACHMENT

### 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

GQ9226J

Vehicle Make/Model/Colour

NISSAN CABSTAR

Name of Driver

Insurance Company Name

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 willful 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

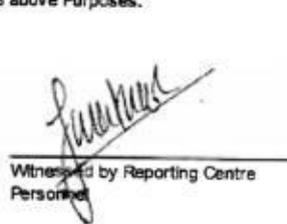
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/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.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

Sketch Plan

  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

- REFER Police Report -

Describe Circumstances of the Accident

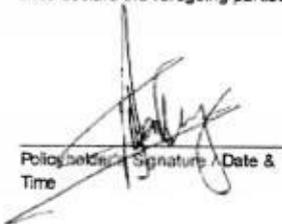
REFER TO POLICE REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input checked="" type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**ETHOZ**



Date: 27/02/17.

To: Owner of Vehicle Number: 8KS3438X.

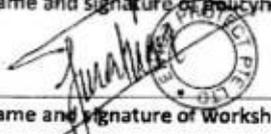
The following has been advised to you via your workshop,  through their staff, JONATHAN

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
  - You had been advised by the workshop on the liability and merits of the case accordingly.
  - You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
  - There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
  - The Estimation waiting time for the spare parts to arrive is \_\_\_\_\_  
The estimated arrival time does not include the repair period.
  - You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
  - For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.
  - Others \_\_\_\_\_

Signed and acknowledge by:

  
Name and signature of policyholder/ authorised driver

  
Name and signature of Workshop personnel including company stamp

**ETHOZ GROUP LTD** 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)  
Company Registration No. 198104531H



**SINGAPORE  
POLICE FORCE**



T/20170226/2059

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

1 of 3

Report No T/20170226/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2017 16:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAY BOCK HENG, ALBERT			Address: 496D TAMPINES AVENUE 9 HDB-TAMPINES SINGAPORE 520496		
ID Type / ID No.: NRIC NO / S1260912D			Contact No.:		Mobile: 97526023
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 30/12/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2017 06:45	Type of Location: Car Park
Location:  TAMPINES STREET 43  TAMPINES STREET 43, BLK 475 MULTI STOREY CARPARK LOT NO.1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GQ9226J (Not Accurate)	Lorry				Slightly Damaged	0
SKS3438X (Not Accurate)	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20170226/2059

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

2 of 3

Report No. T/20170226/2059

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Start Date	Expiry Date
SKS3438X (Not Accurate)	AXA INSURANCE SINGAPORE PTE LTD	GA034374	21/12/2016	26/06/2017

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY BOCK HENG, ALBERT	ID No.	S1260912D
Related Vehicle	NIL	Contact No.	97526023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I(SKS3438X) WAS AT TAMPINES STREET 43, BLK 475 MULTI STOREY CARPARK. I WANTED TO PARK MY CAR IN A VERTICAL PARKING MANNER. HOWEVER WHEN I WANTED TO REVERSE MY VEHICLE INTO THE PARKING LOT, I FORGET TO CHANGE MY GEAR TO 'R' FOR REVERSING, AND MY GEAR WAS STILL IN 'D' FOR DRIVE. I THEN WENT ONTO STEP ON THE ACCELERATOR AND MY VEHICLE SURGE FORWARD AND THE RIGHT-SIDE OF MY VEHICLE THEN HIT THE LEFT BACK OF A VEHICLE(GQ9226J) THAT WAS PARKING IN LOT NO.1. AFTER THAT I THEN CONTINUE TO PARK MY CAR IN THE CARPARK LOT, AND WENT TO BUY BREAKFAST FOR MY WIFE AS WE NEED TO HEAD TO THE CHURCH. HOWEVER AFTER BUYING THE BREAKFAST I DID NOT BRING THE BREAKFAST BACK HOME TO MY WIFE. I INSTEAD HEAD DOWN TO MY MEHCANIC PLACE, AS I FEEL THAT IS BETTER TO LET THE MEHCANIC TO CHECK ON THE VEHICLE DAMAGES. AFTER THAT THE MEHCANIC THEN DROVE ME BACK TO THE INCIDENT LOCATION AS WE NEED TO TAKE THE PICTURES OF THE DAMAGES ON THE VEHICLES. I SAW A TRAFFIC POLICE AT THE MULTI STOREY CARPARK WHEN I WAS AT THE MAIN ROAD HOWEVER WHEN I WAS INSIDE THE MULTI STOREY CARPARK, THE TRAFFIC POLICE HAD LEFT. AFTER THAT, I RECEIVED A CALL FROM THE POLICE TO HEAD DOWN TO TPHQ FOR INVESTIGATION. THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20170226/2059

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

3 of 3  
Report No. T/20170226/2059

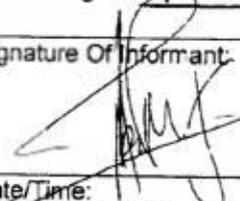
**CONTINUATION OF REPORT**

**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: TP / KEVAN ANG ZI SHENG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt RASHIDAH BINTE AZMAN Contact No.: 65476216

Signature Of Informant: 
Date/Time: 26/02/2017 16:24
Classification Of Case:  

Authentication Stamp  
NP168

Accident Photo



Accident Photo

