

N-51 AUTOMOTIVE PTE LTD

(117)

Kaki Bukit Autohub,
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

13 March 2019

Our Ref : CLM14934 / GBG3194T / DEC-06/2018

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711
ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving GBG3194T & SHD3182Y on 29/11/2018
Along Braddell Road towards CTE

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD3182Y** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$	5,350.00	(Include 7% GST)
Loss of rental	\$	720.00	(\$120 X 6 Days)
LTA search fee	\$	7.45	
	S \$	<u>6,077.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM14934
- 2) Twincar Rental - Invoice no: 13-2440 , Vha no: 71894
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of GBG3194T
- 6) Accident video

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



*bizSAFE*₃

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg



N-51 AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

RICHLAND LOGISTICS SERVICES PTE LTD
300 TAMPINES AVE 5 #05-02
SINGAPORE 529653

Contact : 69348411 87157915

TAX INVOICE

Date : 27/12/2018
Date in : 06/12/2018
Vehicle Num. : GBG3194T
Make/Model : TOYOTA HIACE VAN TURBO 5 DR MANUAL-2016
Chassis/Eng# : JTFHT02P000217057/1KD2688883
Accident Date : 29/11/2018
Claim No : CLM14934
Reference : DEC-06/2018
Policy No. : 5070270535-02 (31/12/2018)

LUMP SUM REPAIR BILL
REF : CLM14934-N51 DATED 06/12/2018
BY DIRECT

Amount S\$
5,000.00

E. & O.E.	Sub S\$:	5,000.00
	Add GST (7%) S\$:	350.00
	Total Amount S\$:	5,350.00



for N-51 AUTOMOTIVE PTE LTD



TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

RICHLAND LOGISTICS SERVICES PTE LTD
300 TAMPINES AVE 5
#05-02
SINGAPORE 529653


INVOICE

Invoice No. 13-2440

Date 12/12/2018

		Hirer's Car No.	VHA No.	Terms
		GBG3194T	71894	CASH
No. of Day	Description	Per Day	Amount (S\$)	
6	Car Rental from the period of 06/12/2018 to 12/12/2018. Vehicle no. GBG4478T Singapore Dollars Seven Hundred and Twenty Only	120.00	720.00	
		Total	\$720.00	

TWINCAR RENTAL


Authorised Signature





TWINCAR RENTAL
Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

GBG 3194 T (NSI)

VHA No: 71894

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>RICHLAND LOGISTICS SERVICES PTE LTD</u> NRIC/PASSPORT No: <u>199500443D</u> Address (Res): <u>300 TAMMINS AVE 5</u> <u>#05-02 S (529653)</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Pass Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ HP _____		Vehicle No: <u>GBG 4478T</u> Replace Veh No: _____ Mileage Out: _____ Mileage In: _____ Make & Model: _____ Auto / Manual Group: _____ OUT: Date <u>06/12/2018</u> Time: <u>11:30HRS</u> HIRE/PERIOD EXPIRY _____ NON-WAIVER EXCESS : \$ _____																																																		
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) <u>QUAN CHEE MENG</u> NRIC/PASSPORT No: <u>S 79070401</u> Address (Res): <u>BUK 308 PUNGGOL WALK</u> <u>#17-564 S (822310)</u> Driving Licence No: <u>S 79070401</u> D/L Type: Local / International Pass Date: <u>08/12/1999</u> Date of Birth: <u>14/03/1979</u> Occupation: _____ Driving Exp: _____		<table border="1"> <thead> <tr> <th colspan="4">CHARGES</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td>@ \$</td> <td><u>120</u></td> <td>per day <u>6</u> <u>\$720.00</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> <td>per week</td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> <td>per month</td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> <td>per hour</td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> <td>per day/month</td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> <td>per day/month</td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SUB-TOTAL \$</td> </tr> </tbody> </table>		CHARGES				Daily	@ \$	<u>120</u>	per day <u>6</u> <u>\$720.00</u>	Weekly	@ \$		per week	Monthly	@ \$		per month	Hours	@ \$		per hour	Others	@ \$			CDW	@ \$		per day/month	PAI	@ \$		per day/month	Delivery Service				SUB-TOTAL \$												
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ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartidges		Rented out by: _____ Hirer's Signature _____ Addition Driver's Signature _____																																																		

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

*** IMPORTANT**

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>12/12/2018</u>	<u>14:44HRS</u>				



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Dec 2018 / 12:18:11

Receipt Date/Time : 04 Dec 2018 / 12:18:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181204-001307

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3182Y As at 29 Nov 2018/10:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD3182Y Enquiry Fee 20181204121731589655	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx2392	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORISATION

To: **M/s N-51 Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: GBG 3194 T & SHD 3182 Y
ALONG BRADDELL ROAD TOWARDS CTE ON 29/11/2018 @ 10:45hrs

I/We RICHLAND LOGISTICS SERVICES PTE LTD NRIC/Passport No: 199500443 D
of 300 TAMPINES AVE 5 #05-02 S(529653)
the owner of vehicle no. GBG 3194 T hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are _____

Policy No. _____

Expiry Date: _____

Date: _____

Frankie Koh

Manager, Fleet & QHSE

RichLand Logistics Services Pte Ltd
Company Registration 199500443D

Excess: _____

Owner's Signature/Co's stamp (if applicable)

Witness Signature/Name

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 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. 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	03/12/2018 17:24
Date Of Accident	29/11/2018 10:45
Exact Location Of Accident	ALONG BRADDELL ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3194T
Insured/Policyholder	
Name Of Registered Owner	RICHLAND LOGISTICS SERVICES PTE LTD
Co Reg No	199500443D
Email Address	RAJIV.KRISHNAN@RICHLANDLOGISTICS.COM
Mobile Phone No	(LOCAL) +65-87157915
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5070270535-02
Cover Note Number	

Driver

Name of Driver	CHAN CHEE MENG
NRIC No	S7907040H
Date Of Birth	14/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87157915
Fax Number	
Contact Number	
EMail Address	RAJIV.KRISHNAN@RICHLANDLOGISTICS.COM

Address	BLK 310B PUNGGOL WALK #17-564 SINGAPORE
Postcode	822310
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KOH SEOW YUEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3182Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN CHEE MENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG3194T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KOH SEOW YUEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG3194T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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 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.



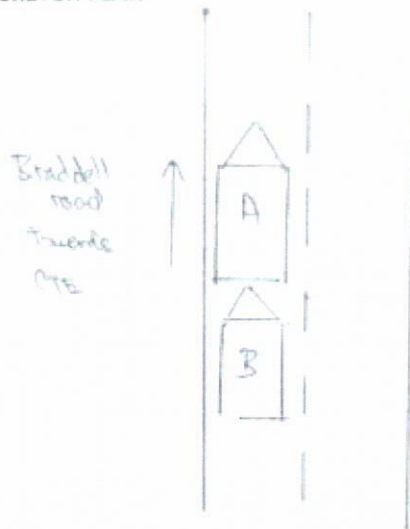
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 3/12/2018
11:30 AM

Reporting Centre Personnel's Signature
Name: Jee Jih
NRIC/FIN No.: 8204117

Accident Sketch Plan

SKETCH PLAN



VED B: SH02122Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

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: 3/12/2018
1135hrs

Reporting Centre Personnel's Signature

Name: Joe Loh

NRIC/FIN No.: 8021901F

POLICE REPORT



SINGAPORE
POLICE FORCE



T 20181129/2108

1 of 3

Report No. T 20181129/2108

Police Station Of Origin
Kampong Ubi NPP
9 Eunos Crescent #01-2587 SINGAPORE
400009
Tel No. 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made,
29/11/2018 18 03

Vide Report No.

Station Diary No.
33

Informant's Particulars

Name of Informant
CHAN CHEE MENG

Address
APT BLK 310B PUNGGOL WALK #17-564 SINGAPORE
822310

ID Type / ID No.
NRIC NO / S7907040H

Contact No.
Home/Office Mobile: 87157915

Nationality
SINGAPORE CITIZEN

Email

Sex: Age Date of Birth
Male 39 14/03/1979

Type of Informant
Driver

Race
Chinese

Language

Institution / School Name

Occupation
DRIVER

Driving Licence Information
Class

Date of Expiry

General Information of the Accident

Type of
Accident:

Injury,
Others

Drink
Drive:
No

Date/Time of
Accident:
29/11/2018 16:45

Type of Location
Straight Road

Location:
Along Road 1
BRADDELL ROAD

TOWARDS CTE

Weather:
Drizzling

Road Surface
Wet

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume
Heavy

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
GBG3194T	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Slightly Damaged	1
SHD3182Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20131129/2108

2 of

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

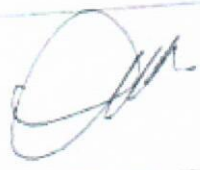
Report No: T/20131129/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	CHAN CHEE MENG	ID No.	S7907040H
Related Vehicle	NIL	Contact No.	87157915
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 the 29/11/2018 at about 1645hrs, I was travelling along Braddell Road towards CTE, when the traffic was heavy in front, and I was coming to a stop. While I was stationery, this Comfort DelGro Hyundai cab collided onto the rear of my van. Me and wife who was the passenger, suffered injuries on the back of our necks. We then came out of the car and check the damages. The rear of my van was severely dented. No one was conveyed to the hospital. After the incident, me and my wife went to "Advance Clinic & Surgery Pte Ltd" and I got 5 days of MC, while my wife got 3 days of MC.


Signature of Driver

POLICE REPORT



SINGAPORE
POLICE FORCE



T 20181129/2108

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No: T/20181129/2108

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:

G /

Sgt 1 CHUA KUN ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2018 18:03

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No : 65476204

Classification Of Case:

Authentication Stamp

NP168