

Our ref: SKN8118M
Your ref: SGY4452M

Direct Settlement

Date: 27 MAY 2019

To: AXA Insurance Pte Ltd (1KK)

Singapore _____

Attn: Motor Claims Department

Re: **Accident Involving Motor Vehicle Nos.** SKN8118M & SGY4452M
At/Along Blk 410A Fernvale drop off point **On** 10/4/19 **@** 1530

I am the owner of vehicle no. SKN8118M that was involved in an accident with your insured vehicle no. SGY4452M of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

| | |
|--|---------------------------|
| 1. Cost of Repairs | \$ <u>15409.46</u> |
| 2. Loss of Use (Rental) (<u>7</u> days @ \$ <u>160</u> per day) | \$ <u>1120</u> |
| 3. LTA/GIA Search Fee | \$ <u>2</u> |
| 4. GIA Report Fee | \$ _____ |
| 5. Others | \$ _____ |
| <hr/> | |
| Total: | \$ <u>16531.46</u> |

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at **Telephone No: 67714336 (Mr Mr Go Chee Han) / 67714304 (Ms Amanda Ang)**.

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Mr Go Chee Han/ Ms Amanda Ang
E-mail: cheehan.go@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|---|
| AXA INSURANCE PTE LTD MOTOR CLAIM DEPARTMENT 8 SHENTON WAY #24-01 SINGAPORE 068811 Contact No 63387288 | Cust No/Name / Sharon Huang Si Min Reg No/Reg Date SKN8118M / 09/03/2017 Date In/Mileage 09/05/2019/ 26249 Chassis No WDD2130422A201001 Engine No 27492030956950 Make/Model MB/MB E 200 2.0 SEDAN (W213) "AVANTGARDE Colour/Trim 029 992 Selenite Gr/ 042 201 Black |



| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No |
|------------|-------|-------------------|-----|-------------------|--------|------------------------|
| CSI00001 | Cash | 22/05/2019/ 19:23 | CH | 371 / Go Chee Han | 32524 | 28153885 |

| Description of Goods / Services | Qty | Unit Price S\$ | Amount S\$ |
|--|------|----------------|------------|
| Z REQUEST Customer Request | | | F.O.C. |
| M BPNSUN POLICY NO/ACC DATE : GA370443 // 10-4-2019 DRIVE IN/TP VEH NUMBER : 11-4-2019 // SGY4452M - AXA DATE IN/DATE SURVEY: 9-5-2019 1210 // Steve - LKK BY/AUTHORIZED ON : 8-5-2019 0954 // Asher Sng - LKK | | | 1920.00 |
| A BPILAB STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH. | | | 1800.00 |
| A BPIRES RESPRAY FRONT BUMPER & BONNET & RH/FRONT FENDER | | 0.10 | 380.00 |
| A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT | | | 120.00 |
| A BPILAB TO REMOVE,REPLACE HEADLAMP WITH FOCUS . NETT | | | 60.00 |
| S BPNSUB SUPPLY 1 PC NO PLATE | | | |
| X RH FRONT FENDER | 1.00 | 1005.14 | 1005.14 |
| X BONNET | 1.00 | 2277.67 | 2277.67 |
| X RH/COVER F ENGINE COMP. BM | 1.00 | 62.88 | 62.88 |
| X FRONT BUMPER | 1.00 | 1248.31 | 1248.31 |
| X BUMPER CHROME ORNAMENTAL MOLDING | 1.00 | 279.67 | 279.67 |
| X LOWER BASIC MOUNTING FOR BUMPER | 1.00 | 82.27 | 82.27 |
| X FRT BUMPER BOTTOM | 1.00 | 115.17 | 115.17 |
| X BUMPER LOWER CHROME ORNAMENTAL MOLDING | 1.00 | 115.17 | 115.17 |
| X CTR COVER BUMPER AREA | 1.00 | 98.70 | 98.70 |
| X LICENSE PLATE MOLDING | 1.00 | 115.17 | 115.17 |
| X RH/COVER BUMPER AREA | 1.00 | 62.56 | 62.56 |
| X RH/BUMPER BRACKET | 1.00 | 49.37 | 49.37 |
| X INNER DISTANCE SENSOR | 1.00 | 177.22 | 177.22 |
| X RADIATOR GRILLE | 1.00 | 186.72 | 186.72 |

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

| Invoice Name & Address | Owner Name & Vehicle Info | |
|------------------------|---------------------------|--|
| AXA INSURANCE PTE LTD | Cust No/Name | /Sharon Huang Si Min |
| MOTOR CLAIM DEPARTMENT | Reg No/Reg Date | SKN8118M / 09/03/2017 |
| 8 SHENTON WAY #24-01 | Date In/Mileage | 09/05/2019/ 26249 |
| SINGAPORE 068811 | Chassis No | WDD2130422A201001 |
| Contact No 63387288 | Engine No | 27492030956950 |
| | Make/Model | MB/MB E 200 2.0 SEDAN (W213) "AVANTGARDE |
| | Colour/Trim | 029 992 Selenite Gr/ 042 201 Black |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No |
|------------|-------|-------------------|-----|-------------------|--------|------------------------|
| CS100001 | Cash | 22/05/2019/ 19:23 | CH | 371 / Go Chee Han | 32524 | 28153885 |

| Description of Goods / Services | Qty | Unit Price S\$ | Amount S\$ |
|---------------------------------|------|----------------|------------|
| X TOP RIGHT CHROME GRILLE | 1.00 | 62.84 | 62.84 |
| X BOTTOM RIGHT CHROME GRILLE | 1.00 | 62.84 | 62.84 |
| X MERCEDES STAR | 1.00 | 139.39 | 139.39 |
| X CONSOLE MOUNTING | 1.00 | 210.75 | 210.75 |
| X RIGHT HEADLAMP UNIT | 1.00 | 3352.04 | 3352.04 |
| X COVER F ENGINE COMP. BM | 1.00 | 233.55 | 233.55 |
| X CTR . IMPACT ABSORBER | 1.00 | 148.07 | 148.07 |
| X INFORMATION LABEL | 1.00 | 35.86 | 35.86 |

Cycle & Carriage celebrates 120 years.
Visit www.cyclecarriage.com/120 for more info!

| | | | | |
|-----------------|-----------|-----------|----------------------|------------------|
| Parts | 10,121.36 | | Nett | 14,401.36 |
| Labour | 4,220.00 | 7% GST on | 14401.36 | 1008.10 |
| Standard Menu | 0.00 | | | |
| Specialist Job | 60.00 | | Total Payable | 15,409.46 |
| Diagnostics Job | 0.00 | | Paid | 0.00 |
| Sundry/Others | 0.00 | | Total Due | 15,409.46 |
| Total(w/o GST) | 14,401.36 | | | |

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany

CHAN'S & SONS ENTERPRISE

363 Sembawang Road
Singapore 758379
Tel: 67532536 Fax: 67567565
GST Reg No: 51-936900-M

chan's
www.chans.com.sg

chan

TAX INVOICE

SHARON HUANG SI MIN

INVOICE : AR1905-0211
DATE : 17/05/2019
TERMS : C.O.D
STAFF ID : AMIRA
AGREEMENT NO. : HA201905-0074

ATTN : ACCOUNTS PAYABLE

| DESCRIPTION | AMOUNT (SGD) |
|-------------|--------------|
|-------------|--------------|

Vehicle Reg No : SKG5516D
Make / Model :
Rental Dates : Rental Billing From 09/05/2019 To 15/05/2019 (Inclusive)
Period : 7 days
Rental Rate : S\$ 160.00 Per Day (Including GST)
Reference No : SKN8118M

1,046.73

AMOUNT : S\$

ONE THOUSAND ONE HUNDRED TWENTY DOLLARS
ONLY

NON-TAXABLE VALUE : 0.00
TAXABLE VALUE : 1,046.73
GST 7% : 73.27
TOTAL S\$: 1,120.00

Please make your cheques payable to : **CHAN'S & SONS ENTERPRISE**

For Official Use Only

| | |
|----------------|---------|
| Payment Date : | F / Amt |
| CS / CC / CH : | |
| CS / CC / CH : | |



RENTAL AGREEMENT

201905-0074

| | | | | |
|------------------------------------|-----------------------|-----------------------------|---------------------------------|----------------|
| Hirer's Name SHARON HUANG SIMIN | | Date of Birth 01.06.1975 | Passport/ Nric No. S7175137T | Nationality |
| Address 110A Fernvale Rd. | | Occupation | Driving Licence No. | Date of Expiry |
| #12-110 | Postal Code 791410 | Contact No. | Mobile Phone No. 91910733 | |
| Joint Hirer's / Guarantor's Name | | Date of Birth | Passport/ Nric No. | Nationality |
| Address | | Occupation | Driving Licence No. | Date of Expiry |
| | Postal Code | Contact No. | Mobile Phone No. | |

CHECK OUT

| | | | | | | | |
|-----------------|----------------|---------------|----------------|-----|-----|-----|---|
| Date 9.5.19 | Time 11am | Mileage KM | E | 1/4 | 1/2 | 3/4 | F |
| Date 15.5.19 | Time 7.30pm | Mileage KM | Remarks AFR | | | | |

CHECK IN

- IMPORTANT NOTES:-**
- Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
 - No refund will be given for vehicle that returns early.
 - Own Damage Liability - First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
 - Third Party Liability - First \$2000 for any Third Party Accident Claim.
 - Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
 - Hirer is responsible for all parking fines & traffic summons.
 - Extension:- One day's advance notice is required otherwise no extension will be allowed.
 - Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
 - Vehicle returned after office hour will be charged to the next working day.
 - Hourly extension is charged at 1/5 of the daily rate.
 - As preventive maintenance, please check water & engine oil daily.
 - Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
 - For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
 - Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

| | UNIT | RATE (\$) | TOTAL (\$) |
|---|------|-----------|-------------|
| RATE | 7 | @ 160 net | 1046.73 |
| DISCOUNT | | | |
| GST @ 7% | | | 73.27 |
| TOTAL | | | 1120 |
| EXTENSION | | | AR1905-0011 |
|  | | | |
| DEPOSIT (refundable) S\$ | | | |
| CHANGED OVER FROM VEH. | | | DATE |

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
 I/We declare that all information given on this form is true and accurate.


 Hirer's Signature

Joint Hirer's/ Guarantor's Signature


 for CHAN'S & SONS ENTERPRISE

| | |
|-------------------------|--------|
| VEHICLE NO. S164 5516 D | MODEL |
| FROM | RETURN |

*Estimate Date. For actual return see CHECK IN

Go Chee Han

From: Amanda Ang
Sent: Thursday, 11 April, 2019 1:14 PM
To: Go Chee Han
Subject: Emailing: SGY4452M



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

Third Party Insurer Enquiry

Our Ref No: GR-19-057016
Date of Request: 11/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date: 11/04/2019
Enquiry By: Ang Ying Chun
TP Vehicle No.: SGY4452M
Accident Date: 10/04/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SGY4452M | AXA Insurance Pte Ltd | 26/09/2018-25/09/2019 | 6338 7288 |

Thank You.

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

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030

TAX INVOICE

Our Ref No: GR-19-057016

Date of Request: 11/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 11/04/2019

Enquiry By Ang Ying Chun

TP Vehicle No. SGY4452M

Accident Date 10/04/2019

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

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 | 11/04/2019 11:11 |
| Date Of Accident | 10/04/2019 15:30 |
| Exact Location Of Accident | BLK 410A FERVALE DROP OFF POINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKN8118M |
| Insured/Policyholder | |
| Name Of Registered Owner | SHARON HUANG SI MIN |
| NRIC No | S7575137J |
| Email Address | SHARONQQ88@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91910733 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--------------|-------------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E200-2.0 AVANTGARDE (A) |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA370443 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SHARON HUANG SI MIN |
| NRIC No | S7575137J |
| Date Of Birth | 01/06/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/10/2002 |
| Driving Experience | 16 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91910733 |
| Fax Number | |
| Contact Number | OFFICE-NOPHONE |
| Email Address | SHARONQQ88@GMAIL.COM |

Address BLK 410A FERNSVALE ROAD
#13-110
Postcode 791410
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 4

Passenger 1 NAME: : MR TAN
GENDER: : MALE

Passenger 2 NAME: : NOVRYNN JONG
GENDER: : FEMALE

Passenger 3 NAME: : ESBRILSON JONG
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGY4452M
Vehicle Make/Model/Colour HONDA , SILVER

| | |
|-------------------------------------|--------------------|
| Details Of Properties | SEE PHOTOS |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEONG KEE CHIT ERN |
| NRIC/Passport Number | S7925816D |
| Contact Number | 92263744 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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: 11-04-2019
10:05 AM

Driver's Signature

(if driver is not the policyholder)
Date & Time



Reporting Centre Personnel's Signature

Name: Susan Tan
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20190411/2021.
Refer video & photos.

DECLARATION

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


Policyholder's Signature
Date & Time: 11-04-2019
10:05 AM

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

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



Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190411/2021

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190411/2021

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 11/04/2019 09:38 | Vide Report No.: | Station Diary No.: 26 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|---|------------------------------|
| Name of Informant: SHARON HUANG SI MIN | | Address: APT BLK 410A FERNSVALE ROAD #13-110 SINGAPORE 791410 | |
| ID Type / ID No.: NRIC NO / S7575137J | | Contact No.: Home/Office: Mobile: 91910733 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 43 | Date of Birth: 01/06/1975 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: FREELANCE | | Driving Licence Information: Class: Date of Expiry: | |

| General Information | | | | |
|---|----------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 10/04/2019 15.55 | Type of Location: Drop off point |
| Location: Along Road 1 FERNSVALE ROAD | | | | |
| At Blk 410A Fernvale Drop Off Point | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicles Involved | | | | | | |
|------------------------------|-----|------------------|-----------------------|------|----------------------|---|
| SGY4452M | Car | | | | | 0 |
| SKN8118M | Car | MERCEDES BENZ | E200 AVG (R18 LED) | Grey | Seriously Damaged | 3 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKN8118M | AXA INSURANCE SINGAPORE PTE LTD | GA370443 | 29/06/2018 | 28/06/2019 |

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190411/2021

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

Report No. T/20190411/2021

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Name | Leong Kee Chit Ern | ID No | S7925816D |
| Related Vehicle | SGY4452M (Car) | Contact No | 92263744 |
| 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 |
| Driver | | | |
| Name | SHARON HUANG SI MIN | ID No. | S7575137J |
| Related Vehicle | SKN8118M (Car) | Contact No. | 91910733 |
| 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 10/04/2019 at about 1555hrs, I was fetching my friend and two of my children at Blk 410A Fernvale Road drop off point. After fetching them, I slowly drive forward to move off. As I was driving, I saw the said car coming from the left side of the road. He was driving towards my direction, thus I stop my car. The car was did not want to stop as the driver was on his handphone. After which, the car hit onto my car. The front of my car is damaged. The damages were, my front bumper came off, there was crack and scratches. My plate number fell of and right headlight was damaged. After the accident, he give his particulars to me. I have a car video of this incident. That is all.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20190411/2021

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3
Report No T/20190411/2021

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: D / Staff Sgt FIRDAUS BIN NOR SIMAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 11/04/2019 09:38 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151 | Classification Of Case: |
| Authentication Stamp NP168 | |