5 - p71 (1 5 m)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Report	07/06/2019 16:55
Date Of Accident	15/11/2018 21:30
Exact Location Of Accident	PAYA LEBAR RD TWDS PIE(TUAS) AT MERGING LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLU5772U
nsured/Policyholder	
Name Of Registered Owner	LEONG KHAR HENG MELVIN
NRIC No	S8408312G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91140113
Alternative Phone No	OFFICE-91140113
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used a ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3012491800
Cover Note Number	(27)
Driver	
Name of Driver	LEONG KHAR HENG MELVIN
NRIC No	S8408312G
Date Of Birth	13/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91140113

OFFICE-91140113

NOEMAIL

Address

BLK 635A SENJA RD #14-251

Postcode

671635

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REMARK: VEH HAD BEEN SOLD. NO PHOTO TAKEN FOR SLU5772U

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FZ1113T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

Name of Driver

MOTORCYCLE

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	TATION: Paya Lebar Rd +wds PIE (Twas) at \$	- 1
	a) VEHICLE NUMBER: SLU 5772 U.	
	b)INSURANCE COMPANY: CTI	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT))
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDENT TIME: Private USe.	
	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER	23
35	41.765	
	A)NAME: Leong Khar Heng Melvin. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 91140113.	
	b) NRIC/FIN/PASSPORT:CONTACT: 91140113.	1
		000
- 24	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	-0
THE of passenga	B. DRIVER	
The of passengal Concluding driver	a) NAME: As Above . (MALE / FEMALE)	
c mercaing anver	b)NRIC/FIN/PASSPORT:CONTACT:	
$(\overline{\Gamma})$	c)ADDRESS:	
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	
A		
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	4.0
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	_
5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
5. 6. 7.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: BUKET Page 40 9	
5. 6. 7.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pan; ang N THIRD PARTY VEHICLE	
6. 7. 8. 4 No of passinger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
6. 7. 4 No of passenger (Linducting driver)	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pangang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: F2 1113T MODEL: b) DRIVER'S NAME:	
6. 7. 4 No of passenger Literating driver	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pan; ang N THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT:	
6. 7. 4 No of passanger () 9.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
6. 7. 4 He of passanger 6 Industries driver 9. 7 Ho of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Panjang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	
6. 7. 4 He of passanger 6 Industries driver 9. This of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pangarg M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME:	
5. 6. 7. 8. 4 No of passenger () 9. 7 No of passenger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Panjang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	
6. 7. 4 He of passanger 6 Industries driver 9. 7 Ho of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pangarg M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME:	
6. 7. 4 He of passanger 6 Industries driver 9. 7 Ho of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pangarg M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME:	
6. 7. 4 No of passenger Literating driver	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Buiket Pan; ang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: CONTACT:	Pc.
6. 7. 8. 4 No of passenger (Instuding driver) 9. 7 No of passenger (Instuding driver)	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Buiket Pan; ang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: CONTACT:	Pc.
6. 7. 8. 4 No of passenger () 9. 7 No of passenger () Including driver () arting cz	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Buiket Pan; ang M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: CONTACT:	Pc.
6. 7. 8. 4 No of passenger () 9. 7 No of passenger () Industing driver	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Built Pangarg M THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME:	Pc.





1 of 3 Report No. T/20190328/2203

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGA

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDE	N.	т

Date/Time Report Made: 28/03/2019 21:13		/lade:	Vide Report No.:	Station Diary No.: 102		
Informa	nt's Partic	ulars		KA DEDAOGRADA DE REPUBLICA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPA		
Name of Informant: LEONG KHAR HENG, MELVIN			Address: APT BLK 635A SENJA ROAD #14-251 SINGAPORE 671635			
Code Company Company	/ ID No.: O / S84083	12G	Contact No.: Home/Office:	Mobile: 91140113		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 35	Date of Birth: 13/03/1984	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: SALES MANAGER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2018 21:30	Type of Location
Location: Along Road 1 PAYA LEBAF TOWARDS P	ROAD	GING LANE BEFORE E.	XPRESSWAY	
Weather: F		Road Surface:		oad Speed Limit:
		Dry		dad Opeed Limit.
		Dry Traffic Control:	1984	affic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ1113T	Motorcycle				Slightly Damaged	0
SLU5772U	Car				No Damage	0

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



T/20190328/2203

2 of 3

Report No. T/20190328/2203

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver					
Name	LEONG KHAR HENG, MELVI	N	ID No.		S8408312G
Related Vehicle	NIL		Contact No.		91140113
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL	
Rider					
Name	CHIN HAI NAM		ID No.		S6966844E
Related Vehicle	NIL		Conta	ct No.	90509619
Hospital/Clinic	NIL		Class Driving Licence Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 15/11/2018 at about 2130hrs, I was driving my vehicle and exiting Paya Lebar Road. While at the filter lane, merging in to PIE towards Tuas, a motorcycle, FZ1113T came at the right side of my vehicle. Suddenly, the motorcycle's left handle bar brushed on my right side mirror and door which he then fell on his right side. I then stopped my vehicle and rendered my assistance. My car was fine and the motorcycle had a slight damage on the alignment. The motorcyclists then complaint that he suffered pain on his leg which I then sent him to Tan Tock Seng Hospital. I then contacted the towing crew to tow the motorcycle to Occi-sono motor No. 25 Kaki Bukit Road 4 #01-38. I had paid for the repair which costs SGD\$140. I had lodge a notice of compliance on 16/11/2018 and insurance claim already settled. However on 17/12/18 I received a lawyer letter on the insurance claim and subsequently I received a call from TP IO Sharifah who informed me to lodge a police report on the accident.





2017900

3 of 3

Report No. T/20190328/2203

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

9 CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: J / Sgt 3 ZAKIAH BINTE MOHAMMED RASHIDIN	Signature Of Informant:
Signature Of Interpreter ore Police Force	Date/Time: 28/03/2019 21:13
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr Leong Khar Heng, Melvin

NRIC/FIN <u>S8408312G</u>, Residing at <u>Blk 635A Senja Road #14-251</u> Has reported to the Police a non-injury traffic accident, which occurred at <u>Paya Lebar Road towards PIE(Tuas)</u> at merging lane before expressway On <u>15/11/2018</u> at <u>2130hrs</u> involving the following vehicles:

- SLU5772U Mercedes C180
- II FZ1113T
- If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer : SSgt Chan Wai Hong

Date : 16/11/2018

Time : _____0309 HRS

S/D Ref : _____16

Police Post/ Unit : Bukit Panjang NPC

Original - To be issued to informant

Duplicate - To be retained at NPC or Police Post

Bukit Panjang NPC 1 Segar Road 601-05 Singapore 677738 Tel: 5887 2086



Occi_sono motor.com

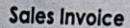
Synergy@Kaki Bukit No.25 Kakit Bukit Road 4 #01-38 Singapore 417800 TEL / FAX: (65) 6744 0650

CASH SALES NO: 2168

FZ 1113 i Handa wave

QUANTITY	DESCRIPTION	UNIT PRICE	The state of the s
	Frant Poule Muguel p	reh.	80-4
	Front Pork Mirgael propositions of pure sade in	Moch	and 60 - or
	~(,		
			1
			/
		A DE COM	
		8	140.00
5		-	
	TOTAL	AMOUNT	\$

Authorised Signature





KEN GARAGE PTE. LTD.
REG. NO. 201626734D / GST REG. NO. 201626734D
210 Turf Club Road Lot A13, The Grandstand Car Mall, S(287995)
TEL: 6463 7008 / FAX: 6463 7028 / EMAIL: HELLO@KENGARAGE.COM

72 months @ 4.25 % Bank : EFIZZIG

Vehicle sold to	LEONG KHAR HENG, MELVIN (LIANG JIAXING, MELVIN)	Contact No.	: 91140113
NRIC / Passport No.	: \$8408312G		
Address	: BLK 635A SENJA ROAD		
	#14-251 S(671635)		
Make & Model	: AUDI Q5 2.0 TFSI A	Vehicle Reg No.	: SLX6999K
VEHICLE PRICING			
Price Agreed	: \$ 72.800.00		

CGI

Loan Amount Approved		\$ 56,000.00	×
Down Payment		\$ 16,800.00	
Insurance		\$ N.A	
1st Instalment	:	\$ 977.00	
Agreement Fee		\$ 1,200.00	
Admin Fee		\$ 500.00	
Admin Fee		\$ 500.00	

Agreemento	1000000	PILIT	1,200.00
Admin Fee		\$	500.00
Total		\$	19,477.00
			A ROBERT STREET

TRADE-IN VEHICLE DETAIL

Vehicle Reg No.		SLU5772U
Make & Model		MERCEDES BENZ C 180
Registered Date		15/10/2010
COE Expiry Date		14/10/2020
Price Agreed	: \$	33,000.00
Full Settlement	: \$	24.679.00
Balance / Shortfall	: \$	8,321.00
Bank		STANDARD CHARTERED

CONTRACTOR SPECIAL SPE	BB	70	STORES ENGLISHED	
BALANCE PAYMENT				TOTAL STATE
Total		\$	19,477.00	1397
Less Deposit		\$	2,000.00	100
Trade-in Balance / Shortfall	*	\$	8,321.00	
Net Balance / Shortfall	1	\$	9,156.00	
Method of Payment			COSH CHEQUE 49044 (228475)	Cart \$112
Date received			13/02/19	
Date & time of handover			13/02/19 (12	.05
			AND THE PERSON NAMED IN	6,2

Buyer Signature
Salesperson Signature
Name : LAX



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033

By Ordinary Mail

Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

Our Ref.

: SNM18D05463

Date

: 27 MAY 2018

LEONG KHAR HENG MELVIN

BLK 635A SENJA ROAD

#14-251 SENJA GATEWAY

SINGAPORE 671635

Dear Policyholder

RE: ACCIDENT INVOLVING SLU5772U AND FZ1113T

ON 15 NOVEMBER 2018 ALONG PIE TOWARDS TUAS

Policy nos.: DMPCSN3012491800

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc (AN0631A)

AUTOTRUST INSURANCE AGENCY PTE LTD





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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

5654237

Date of issue 10-09-2016

APT BLK 635A SENJA ROAD #14-251 SINGAPORE 671635

NP 428A





中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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)

MXIE N SN AH0631A COMPREHENSIVE AUTOSAFE

CERTIFICATE No.

DMPCSN3012491800

Engine No : 27182030056281 Chassis No: WDD2040492A386458

1. Index Mark and Registration Number of Vehicle

51057720

2 Name of Policy Holder

LEONG RHAR HENC HELVIN

3. Effective date of the Commencement of Insurance for

11 FEBRUARY 2018

the purposes of the Regulations, Ordinance or Enactment

IN ADDITION TO NAMED DRIVERS EX:

4. Date of Expiry of Insurance

14 APPIL 2019

EX SECT.

. AGE AS AT DATE OF ACCIDENT

5. Persons or Classes of Persons entitled to drive *

(A) THE POLICYHOLDER. (E) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OF HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER COURT OF LAW OR BY REASON OF ANY ENACTHENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MODEL.

6. Litimbuous as lo use.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL. SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OF BUSINESS OF USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIPE FURCHASE CO. : STANDARD CHARTERED BANK SINGAPOPE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

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). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory