

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

2 MAY 2005 2640

Date In: 19/06/2020 14:14	Job description	Date & Time Completed	Done by
Ref No: N/A/C1120006621/4	SAS e-filing		
Veh No: SLE 8964S	E-mail (Ljula 2hrs, AIC 2hrs)		
DOA: 08/06/2020 17:15	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Withins OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WHAN		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLE 6D2S	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: (
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )
Date: ( )
Time: ( )
Location: ( )
Witness: ( )
Signature: ( )

Driver/Owner:	1) All: Accident Reporting (330)	INC (310)
Contact No:	2) DA: Damage Assessment (5100)	\$40545
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$20
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$20
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idea Mobile	\$3
	10) NI: Courtesy Car / Tpl Allowance	\$10
	11) NI: Repairs Coordination	\$25
	12) NI: Post Repair Inspection	\$25
	13) NI: DV / Collect License Coordination	\$25
	14) NI: TP (5-11 INC) against 1st IC	\$25
	15) NI: TP (5-11 INC) against 1st IC	\$25
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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 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	19/06/2020 14:11
Date Of Accident	08/06/2020 17:15
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 3/ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3964S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG ZHI CHAO, MINIT
NRIC No	SXXXX418A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85181356
Alternative Phone No	OTHERS-85181356

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1830541901
Cover Note Number	

### Driver

Name of Driver	WONG ZHI CHAO, MINIT
NRIC No	SXXXX418A
Date Of Birth	24/05/1978
Occupation	INDOOR
Date Of Driving Pass	07/06/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85181356
Fax Number	
Contact Number	OTHERS-85181356
EMail Address	NOEMAIL

Address BLK 181 ANG MO KIO AVENUE 5  
#08-2928  
Postcode 560181  
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 COLLISION - HEAD ON COLLISION  
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 3  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? YES  
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: : GOH JOON ENG (MOTHER)  
GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200609/2037

### 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 SLE6722S  
Vehicle Make/Model/Colour HONDA ODESSEY  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK2631J  
Vehicle Make/Model/Colour NISSAN NV200  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WONG ZHI CHAO, MINIT  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJL3964S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GOH JOON ENG (MOTHER)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJL3964S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## 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:

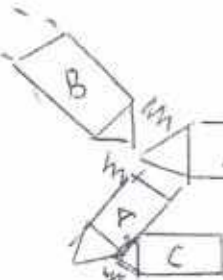
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN



B



Amk Ave 1

Amk Ave

A) SJL 3964S

B) SLE 6722S

C) GBK 2631J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AMK Ave 3

As Police report. T/20200609/2037

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

24/06/2020  
[Signature]

Date of Accident : 08/06/2020 Accident Time: 17:15Hrs (24-HR-FORMAT)  
Accident Place : Amk Ave1 Junction Amk Ave 3  
Vehicle Reg. No (Car plate No.) : SJL 39645  
Vehicle Make/Model : Toyota Wish  
Insurance Company : China Taiping Policy No. DMPCSN 1830541901  
Owner or Company Names /IC NO: Wong Zhi Chao, minit / 57814418A  
Owner or Company Contact No. : 85181356 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Wong Zhi Chao, minit / 57814418A  
DRIVER'S Date of Birth : 24/05/1978 DRIVER'S License Pass Date 07 Jun 1999  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : B/K 181 Ang mo kio Ave 5 #08-2928 (S) 560121  
DRIVER'S Contact No./ Alt No. : 1) 85181356 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins  
Number of Passengers (including Driver): 2 male  
female  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: B SLE 67225

Vehicle Make/Model: Honda odyssey

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: C GAK 2631J

Vehicle Make/Model: Nissan NV200

Name DRIVER: \_\_\_\_\_

IC NO. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200609/2037

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

1 of 4

Report No. T/20200609/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2020 14:25	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: WONG ZHI CHAO			Address: APT BLK 181 ANG MO KIO AVENUE 5 #08-2928 KEBUN BARU LINK 2 SINGAPORE 560181		
ID Type / ID No.: NRIC NO / S7814418A			Contact No.: Home/Office: Mobile: 85181356		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 24/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3,4A		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2020 17:15	Type of Location:
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK2631J	Van				Slightly Damaged	0
SJL3964S	Car	TOYOTA	WISH 1.8 AUTO	Silver	Slightly Damaged	1
SLE6722S	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200609/2037

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

Report No. T/20200609/2037

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL3964S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18305419 011	26/11/2019	25/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG ZHI CHAO		ID No.	S7814418A
Related Vehicle	SJL3964S (Car)		Contact No.	85181356
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	08/06/2020		Date Discharge	08/06/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	GOH JOON ENG		ID No.	S1241778J
Related Vehicle	SJL3964S (Car)		Contact No.	85181356
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2020		Date Discharge	09/06/2020
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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



**SINGAPORE  
POLICE FORCE**



T/20200609/2037

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200609/2037

**CONTINUATION OF REPORT**

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL X	Contact No.	NIL
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 ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS TRAVELLING ON THE EXTREME RIGHT GOING STRAIGHT TOWARDS MARYMOUNT ALONG ANG MO KIO AVE 1. I WAS APPROACHING THE T JUNCTION WITH THE TRAFFIC LIGHT GREEN TOWARDS MY FAVOUR WHEN THE CAR (SLE6722S) MADE A RIGHT TURN FROM THE OPPOSITE DIRECTION AND HIT MY FRONT RIGHT PORTION. I WAS CONVEYED TO THE HOSPITAL TOGETHER WITH MY MOTHER. THATS ALL  
IO IN CHARGE, DAVID



**SINGAPORE  
POLICE FORCE**



T/20200609/2037

4 of 4

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

Report No. T/20200609/2037

**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 /  
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/06/2020 14:25

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 

DATED 13<sup>th</sup> DAY OF THIS DECEMBER 2019

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**DEED POLL**

**OF WONG ZHI CHAO, MINIT (黄治超)**

**FORMERLY KNOWN AS**

**WONG KOK LIANG, MINITJACKY (黄国良)**

---

**MR ALLISTER LIM**  
**ALLISTER LIM & THRUMURGAN**  
1 Coleman Street  
#05-01 The Adelphi  
Singapore 179803  
Tel : 6438 3303  
Fax : 6438 1211  
(File Ref: AL/2005.02313/WongZhiChao)

### DEED POLL

**THIS DEED** is made on the 13<sup>th</sup> day of December 2019 by me the undersigned **WONG ZHI CHAO, MINIT (黄治超)** (Singapore NRIC No. S7814418A) of Apt Blk 181 Ang Mo Kio Avenue 5 #08-2928 Singapore 560181, formerly known as **WONG KOK LIANG, MINITJACKY (黄国良)**.

**WITNESSES AND DECLARES** as follows:

1. I renounce and abandon the use of my original name **WONG KOK LIANG, MINITJACKY (黄国良)** and as from this date henceforth, adopt and assume in lieu thereof the name **WONG ZHI CHAO, MINIT (黄治超)**.
2. I declare that from the date hereof, I will at all times from now on in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and on all occasions use and sign my name **WONG ZHI CHAO, MINIT (黄治超)**.
3. I further declare that all records, deeds, receipts and instruments in writing and all actions, proceedings, dealings and transactions wherein I have used the said name known **WONG KOK LIANG, MINITJACKY (黄国良)** prior to the date of this Deed shall be treated as good and valid.

4. I authorise and request all persons to designate and address me by my name  
**WONG ZHI CHAO, MINIT (黄治超).**

IN WITNESS of which I have signed my name on the day and year first abovewritten.

**SIGNED SEALED and DELIVERED**

by the abovenamed

**WONG ZHI CHAO, MINIT (黄治超)**

formerly known as

**WONG KOK LIANG, MINITJACKY (黄国良)**

in the presence of:



**MOK KAI JING**  
Advocate & Solicitor  
Singapore



**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No.	DMPCSN1830541901	Engine No : 1ZZ3181364 Chassis No: JTDER12W103001191
1. Index Mark and Registration Number of Vehicle	SJL3964S	
2. Name of Policy Holder	MR WONG KOK LIANG MINITJACKY	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 NOVEMBER 2019	NAMED DRIVERS EX SECT. I ..... \$6750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25 ..... \$63,000.00 EX SECT. I - AGE >= 26 ..... \$9900.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	25 NOVEMBER 2020	EX ON WINDSCREEN ..... \$5100.00
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 PERMISSION, PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

USE 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 OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT \$95,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.  
ONE TIME WAIVER OF EXCESS FOR THE FIRST \$9500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : EF1221G CREDIT PTE 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