

**VISION AUTOWORK PTE. LTD.**

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. SLT 6737X and vehicle no. SMT 5952K on 13/09/2020 at 17:00 HRS PM/AM at/along Cross Junction of Bedok Reservoir Road and Kaki Bukit Avenue 1

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair cost/ <del>Excess</del>	\$ 7918.00
Vehicle Rental Fee for <u>-</u> days @ \$ <u>-</u> per day	\$ -
Loss of use for <u>8</u> days @ \$ <u>120.00</u> per day	\$ 960.00
<del>Police search fee/police report fee/LTA search fees</del>	\$ 7.45
Others <u>3rd Party Report</u>	\$ 29.00
Total :	\$ 8914.45

Yours faithfully,

*ABBY*



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

# VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

## Authorisation To Act

I, SH Auto Rental and Leasing Pte. Ltd. ("the third party claimant") of  
8, Kaki Bukit Avenue 4, #02-42, Premier @ Kaki Bukit, Singapore 415875  
(address), owner of SLT 6737X (vehicle no.) hereby  
authorise Vision Autowork Pte. Ltd.  
("the workshop") to act for me with respect to my claim for repair  
costs and/or rental and/or loss of use ("claim") for my vehicle  
no. SLT 6737X that was damaged pursuant to the accident which  
occurred on 13/09/2020 (date) at/along Cross Junction of Bedok  
Reservoir Road and Kaki Bukit Avenue 1 (location) involving  
vehicle no/s SMT 5952 K  
("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a  
manner that they deem it fit and the workshop is further authorised to receive payment  
further to settlement of my claim with payment cheque/s being made in favour of the  
workshop.

I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on  
a without prejudice and without admission of liability basis in so far as any other  
claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s  
arising from the aforesaid accident concerned.

Dated this 14 day of 09 (month) 20 20 (year)



Ac



[Signature]



Signed by "the third party claimant"

Signed by "the workshop"



# VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLT 6737X and SMT 5952K on 13/09/2020

at/along Cross Junction of Bedok Reservoir Road and Kaki Bukit Avenue 1

1. I/We, the Owner of motor vehicle no. SLT6737X hereby instruct and authorise Vision Autowork Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$ \_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 14 day of 09 2020

Signature of vehicle owner AC

Name - SH Auto Rental and Leasing Pte. Ltd.

IC/UEN No : 201438489 C  
(Company stamp, if applicable)

Address : 8, Kaki Bukit Avenue 4,

# 02 - 42, Premier @ Kaki Bukit S (415875)

Tel : 6344 1918

Witnessed by :

Abby



"My execution of this Discharge  
Voucher is only for my claim  
for property damage and not  
prejudicial to any other claims"

**AUTHORIZATION TO ACT**  
**(AIG Asia Pacific - Express Third Party Claim)**

I, SH Auto Rental and Leasing Pte. Ltd. ("the third party claimant")  
of 8 Kaki Bukit Avenue 4, #02-42, Premier @ Kaki Bukit, S (415875) (address),  
owner of SLT 6737X (vehicle no.) hereby authorize  
Vision Autowork Pte. Ltd.

("the workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
vehicle no. SLT 6737X that was damaged pursuant to the  
accident which occurred on 13/09/2020 (date) along Cross Junction  
of Bedok Reservoir Road and Kaki Bukit Avenue 1 (location)  
involving vehicle no/s SMT 5952K  
("the accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 14 day of 09 (month) 20 20 (year)

AC

Signed by "the third party claimant"

R



Signed by "the workshop"  
(with chop)





# VISION AUTOWORK PTE.LTD.

8 Kaki Bukit Ave 4,  
#08-09 Premier @ Kaki Bukit,  
Singapore 415875

Tel : 6341 6789

Fax : 6341 6778

ROC / GST REG NO.: 201500371E

Email : visionautowork@gmail.com

## TAX INVOICE

INVOICE No **TI V17287**

Date : 12.11.20

Vehicle Number : **SLT6737X**

### Bill To:

### AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY  
#07-12 AIG BUILDING  
SINGAPORE 079120

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,400.00
Sub Total		\$ 7,400.00
Add GST 7%		\$ 518.00
Total Amount		\$ 7,918.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO  
' **VISION AUTOWORK PTE.LTD.** '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :



Co's stamp & Authorised Signature

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. . M4-0006529-2

Print Date/Time : 14 Sep 2020 / 10:55:55

Receipt Date/Time : 14 Sep 2020 / 10:55:55

### Tax Invoice/Receipt

Receipt No. . ITNET-00000-200914-001080

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 - SMT5952K				
As at 13 Sep 2020/17:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMT5952K Enquiry Fee 20200914105442834073	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				
526471XXXXXX1359		eNETS Credit Card		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.



RECORDS MANAGEMENT CENTRE

**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

**TAX INVOICE**

Our Ref No: GR-20-110278

Date of Request: 15/09/2020

Your Ref No:

PURCHASE BY EMAIL

VISION AUTOWORK PTE LTD  
8 KAKI BUKIT AVE 4., #08-09 PREMIER @ KAKI BUKIT  
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: SLT6737X

Date of Accident: 13/09/2020

Place of Accident: BEDOK RESERVOIR RD

Involving Vehicle No: SMT5952K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**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

**TAX INVOICE**

Our Ref No: GR-20-110280

Date of Request: 15/09/2020

Your Ref No: PURCHASE BY EMAIL

VISION AUTOWORK PTE LTD  
8 KAKI BUKIT AVE 4,, #08-09 PREMIER @ KAKI BUKIT  
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 13/09/2020

Vehicle No: SLT6737X

Place of Accident: BEDOK RESERVOIR ROAD / KAKI BUKIT AVENUE 1

Involving Vehicle No: SMT5952K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMT5952K	BEDOK RESERVOIR ROAD / KAKI BUKIT AVENUE 1	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

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	14/09/2020 13:40
Date Of Accident	13/09/2020 17:00
Exact Location Of Accident	BEDOK RESERVOIR ROAD / KAKI BUKIT AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6737X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SH AUTO RENTAL AND LEASING PTE. LTD.
Co Reg No	2XXXXX489C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63441918

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112041456-01-000020 CLASSIC
Cover Note Number	

### Driver

Name of Driver	LENA TJHIN @LENA
NRIC No	SXXXX661B
Date Of Birth	08/04/1973
Occupation	INDOOR
Date Of Driving Pass	09/09/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96877928
Fax Number	
Contact Number	
EMail Address	LENATJHIN@YAHOO.COM.SG

Address	BLK 220B SUMANG LANE #03-69
Postcode	822220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT5952K
Vehicle Make/Model/Colour	MERCEDES BENZ/A180 FL STYLE (R17 HLG)
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 INJURED PERSON 1

Name	LENA TJHIN @LENA
------	------------------

Approximate Age	47
Injuries Sustain	SHOULDER & NECK PAIN
Injured person in which vehicle?	SLT6737X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 220B SUMANG LANE #03-69
Postcode	822220

## 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.
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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 situated 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) this information so collected under (b) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
  - (ii) to regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) in complying with requirements under any regulatory laws for data archiving.

Insured Person's Signature  
Date & Time

Insurer's Signature  
It is verified that the policy is valid.  
Date & Time

14 SEP 2020

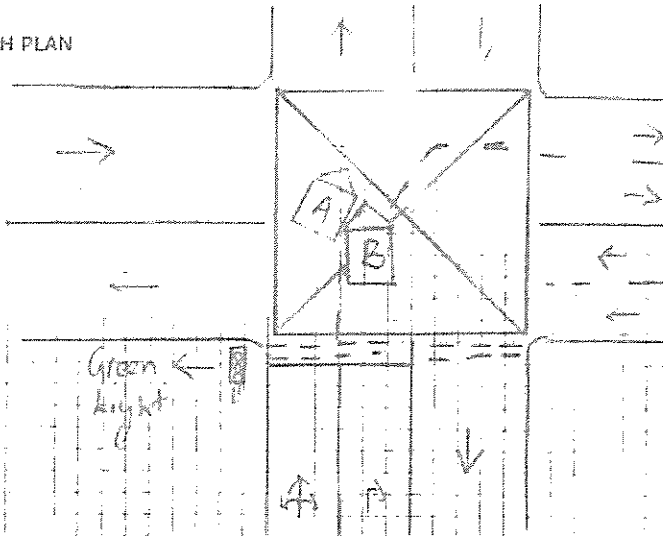
IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4  
Singapore 415933

Telephone: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)



### SKETCH PLAN



1. 1. The first part of the paper  
 2. 2. The second part of the paper  
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 95. 95. The ninety-fifth part of the paper  
 96. 96. The ninety-sixth part of the paper  
 97. 97. The ninety-seventh part of the paper  
 98. 98. The ninety-eighth part of the paper  
 99. 99. The ninety-ninth part of the paper  
 100. 100. The hundredth part of the paper

Chronic Infection of Endo  
Metabolic and  
Auto Immune

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

## DECLARATION

1.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  (Probability of getting two heads)

$$\begin{aligned} \mathbb{E}[\mathcal{L}_t] &= \mathbb{E}[\mathcal{L}_t^{\text{train}} + \mathcal{L}_t^{\text{test}}] \\ &= \mathbb{E}[\mathcal{L}_t^{\text{train}}] + \mathbb{E}[\mathcal{L}_t^{\text{test}}] \end{aligned}$$

$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$

14 SEP 2020

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@smnnet.com.sg](mailto:vackb@smnnet.com.sg)

### Sketch Plan #3

On 13.09.2020 at about 17:00 hours at Cross Junction of Bedok Reservoir Road and Kaki Bukit Avenue 1. I was stationary on lane 2 (along Bedok Reservoir Road), when the traffic light turned green and I was turning right within my lane, suddenly I heard a loud bang and felt an impact. When I alighted, I realised vehicle (B) which was travelling on lane 1 had collided onto the right hand side portion of my vehicle (A). The driver of vehicle (B) admitted she wished to travel straight at the above mentioned location and the lane 1 was only allowed to turn right, thus causing the accident happened.

Vehicle (A): SLT 6737X

Vehicle (B): SMT 5952K



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7374661B



LENA TJHIN  
@LENA

CHINESE

08-04-1973 F

INDONESIA

S7374661B  
driver

4593160



NRIC No S7374661B



Date of issue  
28-06-2010

APT BLK 220B SUMANG LANE #03-69  
SINGAPORE 822220

NRIC No: S7374661B

Date: 11/09/2020

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7374661B

Name: LENA TJHIN @ LENA

Birth Date: 08 Apr 1973

Issue Date: 09 Sep 2015

002471510E

SG 50

SL7 6737X  
driver

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	09 Sep 2015

NP 428A





**VOCATIONAL LICENCE**  
Licence No : S7374661B  
Name : LENA TJHIN



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

SLT6737X

driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	27/09/2019



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5112041456-01-000020

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLT6737X**  
 Chassis Number : NHP1707089615
2. Name of Policyholder : SH AUTO RENTAL AND LEASING PTE. LTD.
3. Effective Date of Insurance : 21 Aug 2020
4. Expiry Date of Insurance : 20 Aug 2021
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : PATRONUS PTE. LTD. (00000572664)  
 Date of Issue : 19 Aug 2020 08:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive