

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. SLZ8359J and vehicle no. SMS 1369B on 22/09/2020 at 16:15 HRS PM/AM at/along Cross Junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Drive

We refer to the above matter.

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

Vehicle Repair cost + Excess	\$ 17441.00
Vehicle Rental Fee for <u>17</u> days @ \$ <u>150.00</u> per day	\$ 2550.00
Loss of use for <u>-</u> days @ \$ <u>-</u> per day	\$ -
Police search fee/police report fee/LTA search fees	\$ 14.90
Others <u>3rd Party Report → \$43.00</u> <u>Towing Fee → \$60.00</u>	\$ 103.00
Total :	\$ 20108.90

Yours faithfully,

ABBY



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

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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, Yobenthiran S/O N Ponnudurai ("the third party claimant") of
BLK 11 Ang Mo Kio Avenue 9 # 04-02 Singapore 569763
(address), owner of SLZ 8359 J (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. SLZ 8359 J that was damaged pursuant to the accident which
occurred on 22/09/2020 (date) at/along Cross Junction of Ang Mo
Kio Avenue 5 and Ang Mo Kio Drive (location) involving
vehicle no/s SMS 1369 B
("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 25 day of 09 (month) 20 20 (year)



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. SLZ 8359J and SMS 1369B on 22/09/2020

at/along Cross Junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Drive

1. I/We, the Owner of motor vehicle no. SLZ8359J 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 25 day of 09 2020

Signature of vehicle owner



Name - Yohenthiran S/o N Ponnudurai

Witnessed by :

IC/UEN No : S1234130Z

(Company stamp, if applicable)

Abby

Address : BLK 11 Ang Mo Kio

Avenue 9 # 04-02 Singapore 569763

Tel : 9788 5641



"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, Yoothenthiran S/O N Ponnudurai ("the third party claimant")
of BLK 11 Ang Mo Kio Avenue 9 # 04-02 Singapore 569763 (address),
owner of SLZ 8359J (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. SLZ 8359J that was damaged pursuant to the
accident which occurred on 22/09/2020 (date) along Cross Junction
of Ang Mo Kio Avenue 5 and Ang Mo Kio Drive (location)
involving vehicle no/s SMS 1369B
("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 25 day of 09 (month) 20 20 (year)

Yoothenthiran
Signed by "the third party claimant"

7
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 V17279**

Date : 03.11.20

Vehicle Number : **SLZ8359J**

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	\$ 16,300.00
Sub Total		\$ 16,300.00
Add GST 7%		\$ 1,141.00
Total Amount		\$ 17,441.00

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 :

Shby



Co's stamp & Authorised Signature

Rapid Rental Pte.Ltd.

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

Singapore 415875

Tel : 6341 6789 Fax: 6341 6778

ROC No.: 201627936K

TAX INVOICE

To: YOOHENTHRAN S/O N PONNUDURAI
BLK 11 ANG MO KIO AVENUE 9
#04-02
SINGAPORE 569763

Invoice No. : DR2009-0302
Date : 10.10.20
Vehicle No. : **SMM9247Z**
Vehicle Model: : HONDA SHUTTLE

DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 22/09/2020 - 09/10/2020 YOUR REF: SLZ8359J	17	150.00	\$ 2,550.00
TOTAL:			\$ 2,550.00

Payment by cheque should be crossed and made payable to 'Rapid Rental Pte.Ltd.'

This is computer generated document.
No signature is required.




RAPID RENTAL PTE. LTD.

8 KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT SINGAPORE 415875

ROC:201627936K

VRA NO: DR2009-0302

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS				Hirer's Own Vehicle No: <u>SL28359J</u>	
Name (as in I/C): <u>Yoohenthran S/O N Ponnudurai</u>				Loan Vehicle No: <u>SMM9247Z</u>	
NRIC/Passport No: <u>SI234130Z</u> Date of Birth: <u>29/09/1957</u>				Make & Model: <u>Honda Shuttle</u>	
Address: <u>BLK 11 Ang Mo Kio</u> Age: <u>63</u>					
<u>Avenue 9 #04-02</u> S(<u>569763</u>)					
Name & Address of Employer:					
Occupation: _____ Driving Exp: _____					
Driving License No: _____ Passed Date: _____					
D/L Type: Local/Int'l/Others: _____					
Tel: (H/P) _____ (O) _____					
DRIVER'S PARTICULARS				SUB-TOTAL	
Name (as in I/C): _____				2550 -	
NRIC/Passport No: _____ Date of Birth: _____					
Address: _____ Age: _____					
S(_____)					
Occupation: _____ Driving Exp: _____					
Driving License No: _____ Passed Date: _____					
D/L Type: Local/Int'l/Others: _____					
Tel: (H/P) _____ (O) _____					
EXCESS : Section (1) \$2,500.00					
Section (2) \$2,500.00					
					
Hirer's Signature: _____					
Additional Hirer's Signature: _____					
I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge voucher. All information I have been given RAPID RENTAL PTE. LTD. in connection with this agreement is true.					
IMPORTANT					
<p>1. The Hirer and the authorized driver must be over 25 years of age and under 65 years of ages and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be borne by the Hirer/the Authorized Driver.</p> <p>2. All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$5 on top of petrol surcharge is payable by the hirer should he fail to return the vehicle at line appropriate petrol level.</p> <p>3. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.</p> <p>4. Use of the vehicle for illegal purpose (for instance: in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited.</p> <p>5. Vehicle strictly for Singapore use only and may not driven out of Singapore without prior written consent of RAPID RENTAL PTE. LTD. The hirer is liable for a penalty fee of \$200 in additional to appropriate insurance top up in the case of non-disclosure of Malaysia usage.</p> <p>6. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.</p> <p>7. The hirer and/or driver shall be responsible for all claims, damages,</p>					
losses, increased insurance premiums, non-waiver excess and cost expenses (including legal costs on full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to pay immediately in the event of an accident. The owner reserve the right not to replace an replacement vehicle if an accident occurred. Any damages to the car will be repair at RAPID RENTAL PTE. LTD. authorized workshop.					
8. Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200 - \$400.					
9. The Hirer agrees that a punctured tyre, empty petrol tank, lost of vehicle's key or locked keys inside of vehicle by itself, does not constitute a breakdown and that in event the owner's 24-Hours Emergency Services is called upon to respond to such occurrence, the Hirer shall bear cost of such responses at \$150 per trip.					
10. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.					
11. The hirer and/or driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.					
12. All customers' data will kept strictly confidential and is solely used for the purpose of completing the sales transaction and other relating matters.					
13. I understand and agreed to personal data collection statement stated on the Term and Conditions page.					
Date / Time OUT	Mileage	Check By	Remark	 Hirer's/Driver Signature	
<u>22/09/20</u> <u>6:45pm</u>	<u>24720</u>				
Date / Time IN	Mileage	Check By	Remark	 Hirer's/Driver Signature	
<u>09/10/20</u> <u>4:25pm</u>	<u>25952</u>				



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

Print Date/Time : 23 Sep 2020 / 08:16:14

Receipt Date/Time : 23 Sep 2020 / 08:16:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200923-000169

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMS1369B				
As at 22 Sep 2020/16:15:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMS1369B Enquiry Fee 20200923081537055332	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.



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0008529-2

Print Date/Time : 28 Sep 2020 / 10:58:12

Receipt Date/Time : 28 Sep 2020 / 10:58:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200928-000993

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SDP8888X				
As at 22 Sep 2020/16:15:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
1	Insurance Enquiry - SDP8888X Enquiry Fee 20200928105735090277	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-20-116399

Date of Request: 28/09/2020

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: SLZ8359J

Date of Accident: 22/09/2020

Place of Accident: CROSS JUNCTION OF AMK AVE 5 & AMK DRIVE

Involving Vehicle No: SDP8888X (NO REPORT - SEARCH VALID TILL 5/10/2020)

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.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-20-116403

Date of Request: 28/09/2020

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: 22/09/2020

Vehicle No: SLZ8359J

Place of Accident: X Junction of Ang Mo Kio Ave 5 & Drive

Involving Vehicle No: SMS1369B

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\$)
SMS1369B	X Junction of Ang Mo Kio Ave 5 & Drive	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



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-20-116406

Date of Request: 28/09/2020

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: 22/09/2020

Vehicle No: SLZ8359J

Place of Accident: X Junction of Ang Mo Kio Ave 5 & Drive

Involving Vehicle No: GBJ5799U

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\$)
GBJ5799U	X Junction of Ang Mo Kio Ave 5 & Drive	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



24 HOURS TOWING SERVICES
THOMAS HP : 97363184

CASH SALE

No: 0986

Name : Cash

Date : 25/09/20

Vehicle No : SLZ 8359J Model No : Nissan Time : _____ AM
PM

From : T. P Compound To : Uision

Remarks :

Note : Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

S \$ 60/2

Authorised by

Received by

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	26/09/2020 18:55
Date Of Accident	22/09/2020 16:15
Exact Location Of Accident	X JUNCTION OF ANG MO KIO AVE 5 & DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8359J
Insured/Policyholder	
Name Of Registered Owner	YOOHENTHRAN S/O N PONNUDURAI
NRIC No	SXXXX130Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97885641
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA457337/1
Cover Note Number	

Driver

Name of Driver	JAYANTHI KANAGARATNAM
NRIC No	SXXXX841J
Date Of Birth	25/11/1958
Occupation	INDOOR
Date Of Driving Pass	31/10/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97885647
Fax Number	
Contact Number	
Email Address	YOOHENTHRAN57@GMAIL.COM

Address	11 ANG MO KIO AVE 9 #04-02
Postcode	569763
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	4
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20200924/7030 T2020925/2053
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report please refer to Police Report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS1369B
Vehicle Make/Model/Colour	
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	GBJ5799U
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDP8888X
Vehicle Make/Model/Colour	
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	JAYANTHI KANAGARATNAM
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SLZ8359J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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/are 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 further be disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, law enforcement and government agencies as reasonably required for the purposes stated in (d) for complying with any applicable law or any regulatory or public interest purposes.

Signature of Policyholder
Date & Time

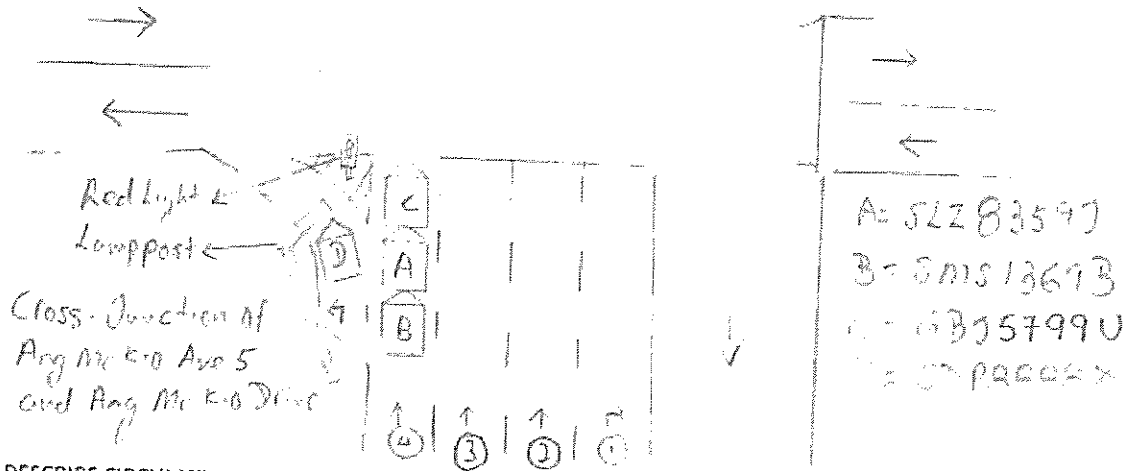
Signature of Authorised Driver
Date & Time

Signature of Insurer
Date & Time

Accepted
17/12/2020

Sketch Plan #2

SKETCH PLAN Ang Mc Kio Drive



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20200924/7030

&

Report No: T/20200925/2053

DECLARATION

I hereby declare that the information provided in this report is true and correct.

[Signature]
 Date & Time

[Signature]
 Date & Time

[Signature]
 Name: Kenneth
 Date & Time: 27/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/7030

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

1 of 3

Report No. T/20200924/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 18:53		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: JAYANTHI KANAGARATNAM		Address: 11 ANG MO KIO AVENUE 9 #04-02 SINGAPORE 569763	
ID Type / ID No.: NRIC NO / S1317841J		Contact No.: Home/Office: Mobile: 97885647	
Nationality: SINGAPORE CITIZEN		Email: RATNAM_JAYANTHI@YAHOO.COM.SG	
Sex: Female	Age: 61	Date of Birth: 25/11/1958	Type of Informant: Driver
Race: Ceylonese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 16:15	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: 4 car collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLZ8359J	Car					0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/7030

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

2 of 3

Report No. T/20200924/7030

CONTINUATION OF REPORT

Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 25/11/2028
Date	22/09/2020	Date	24/09/2020
No. of Days granted Medical Leave	09	Degree of	Serious
Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 22.09.2020 at about 16.15 hours I was at the cross junction of Ang Mo Kio Ave 5 and Ang Mo Kio Drive. I was travelling on the 4th lane going towards Ang Mo Kio Avenue 5 in the direction towards CTE. When I was stationary waiting for the traffic light to turn green. Suddenly I heard three loud bangs from the back. The impact forced my vehicle (SLZ 8359J) to move forward and hit the rear portion of the vehicle (GBJ 5799U). The impact of my car was great and I immediately felt shooting pains from neck down my spine. I could not move and I was conveyed by the ambulance to the hospital. I realized, it was a chain collision of the 4 vehicles involved.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/7030

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

3 of 3

Report No. T/20200924/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2020 18:53
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168	

Police Report



SINGAPORE
POLICE FORCE



T/20200925/2053

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

1 of 3

Report No T/20200925/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAYANTHI KANAGARATNAM			Address: APT BLK 11 ANG MO KIO AVENUE 9 #04-02 FAR HORIZON GARDEN SINGAPORE 569763		
ID Type / ID No.: NRIC NO / S1317841J			Contact No.: Home/Office: Mobile: 97885647		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 25/11/1958	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 16:15	Type of Location:
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: 4 CAR COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ5799U	Van					0
SDP8888X	Car					0
SLZ8359J	Car					0
SMS1360B	Car					0

Police Report



SINGAPORE
POLICE FORCE



T/20200925/2053

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

2 of 3

Report No T/20200925/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAYANTHI KANAGARATNAM	ID No.	S1317841J
Related Vehicle	SLZ8359J (Car)	Contact No.	97885647
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	09	Degree of Injury	NIL

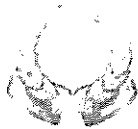
Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS AT THE CROSS JUNCTION OF ANG MO KIO AVE NUE 5 AND ANG MO KIO DRIVE. I WAS DRIVING ALONG THE 4TH LANE, HEADING TOWARDS ANG MO KIO AVENUE 5 TOWARDS CTE. MY VEHICLE WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I SUDDENLY HEARD 3 LOUD BANGS FROM BEHIND AND AN IMPACT AGAINST MY VEHICLE. THE IMPACT MOVED MY VEHICLE FORWARD AND MY VEHICLE ENDED UP COLIDING INTO THE REAR OF ANOTHER VEHICLE(GBJ5799U). THE IMPACT AGAINST MY VEHICLE WAS GREAT AND I FELTS SOME PAIN AND WAS UNABLE TO MOVE AT THAT TIME. I WAS LATER CONVEYED TO THE HOSPITAL. I REALIZED THAT I WAS INVOLVED IN A CHAIN COLLISION INVOLVING 4 VEHICLES.

THAT IS ALL

Police Report



SINGAPORE
POLICE FORCE



T/20200925/2053

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

3 of 3

Report No. T/20200925/2053

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 /
LEE CHEN EN

Signature Of Informant:

Signature Of Interpreter
Not applicable

Date/Time:
25/09/2020 13:26

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No. 65476247

Classification Of Case



25/09/2020
13:26

Authentication Stamp
NP158

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1234130Z



YOOHENTHRAN S/O N
PONNUDURAI



CEYLONESE

29-09-1957

SINGAPORE

M

S1234130Z

5LZ0359J

Owner

5305942



NRIC No. S1234130Z



Date of issue
16-05-2014

Address

APT BLK 11 ANG MO KIO AVENUE 9
#04-02
SINGAPORE 569763



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1234130Z**

Name:
**YOOHENTHRAN S/O N
PONNUDURAI**

Birth Date: **29 Sep 1957**
Issue Date: **13 Mar 2004**

001162006F




S128359J
Owner

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1977

NP 428A

Licence No: S1234130Z



SLZ 8359J Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1317841J**



Name
JAYANTHI KANAGARATNAM

Race
CEYLONESE

Date of birth
25-11-1958

Sex
F

Country/Place of birth
SINGAPORE



6175027



NRIC No. **S1317841J**



Date of issue
18-04-2019

Address
**APT BLK 11 ANG MO KIO AVENUE 9
#04-02
SINGAPORE 569763**

SLZ8359J Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1317841J**
Name: **JAYANTHI KANAGARATNAM**
Birth Date: **25 Nov 1958**
Issue Date: **20 Nov 2003**

001011433H

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Oct 1989

NP 428A

Licence No: S1317841J



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

account number
 14278

-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)

Policy details

Policyholder name	YOOHENTHRAN S/O N PONNUDURAI	Certificate number	GA457337 / 1
Cover	Comprehensive	Chassis number	MNTBBAB17Z0030192
Plan name	Flexi	Engine number	HR16913107C
NCD applicable	50%		
Vehicle registration number	SLZ8359J		
Period of Insurance	from 05/05/2020 to 04/05/2021 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.