# **Tropical Success Auto Care**

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL: 6481 7773 / 6481 1403 FAX: 6484 4978

E-mail: tsac303@singnet.com.sg

M/s:

LKK Auto Consultants Pte Ltd

Blk 51, Paya Ubi Industrial Park,

Ubi Avenue 1, #01-25, Singapore 408933

Attn:

Tel: 62563561

Fax:

Mileage:

# **Tropical Tech Automobile Services**

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL: 6481 7773 / 6481 1403 FAX: 6484 E-mail: tsac303@singnet.com.sg

M/s: India International Insurance Pte Ltd

64, Cecil Street, #04/#05-02,

Final bill:

TT 38 / 20 / TP / WT

IOB Building, Singapore 049711

Registration No:

SLK7534E

Attn:

Motor Claims Department

Make / model:

Toyota Harrier

Tel:

6347 6100

Fax:

6225 7743

| Date | : | 0 | 19 | 1 | 1 | 0 | 1 | - |
|------|---|---|----|---|---|---|---|---|
|      |   |   |    |   |   |   |   |   |
|      |   |   |    |   |   |   |   |   |

| Mileage | Da Da  | ite:         | 09 / 10 / | 2020     |
|---------|--|--------------|-----------|----------|
| TRAFI   | TIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SHC8113U A  | AND SLK7534E | ALONG     |          |
| MARY    | MOUNT ROAD ON 07 OCTOBER 2020 AT ABOUT 1020HRS.  |              |           |          |
| 1pc     | Rear bumper  |              | \$        | 1,302.80 |
| 1pc     | Rear bumper lower lip  |              | \$        | 465.00   |
| 2pcs    |  | ach \$65.00) | \$        | 130.00   |
| 1pc     | Rear bumper sponge   |              | \$        | 106.30   |
|         | Sub A total:   |              | \$        | 2,004.10 |
|         | Less 25% discount:   |              | <u>\$</u> | 501.03   |
|         | A total:   |              | \$        | 1,503.07 |
|         | Special net items:   |              |           |          |
| 1set    | Rear bumper parktronic sensor kit  |              | \$        | 200.00   |
| (4)     | B total:   |              |           |          |
|         | Remove and transfer rear bumper necessary attachment spare part items.   |              |           |          |
|         | Remove and refit rear bumper, rear bumper parktronic sensor kit, rear bumper lower lip, rear bumper side bracket (Long), rear bumper sponge. |              | -         |          |
|         | Heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.  |              | \$        | 200.00   |
|         | Diagnostic rear parktronic sensor fault error by HHT   |              | \$        | 40.00    |
|         | Putty / primer application, spray painting rear boot, rear end panel, rear bumper.   |              | \$        | 500.00   |
|         | LTA search fee for vehicle no: SHC8113U:   |              | \$        | 7.49     |
|         | Loss of use for 3 days:  | ach \$80.00) | \$        | 240.00   |
| e       | Grand amount:  |              | \$        | 2,690.56 |

Tropical Tech Automobile Services

( Authorised Signature

William Tan

## **LETTER OF AUTHORITY**

Our reference: TT 38 / 20 / TP / WT

Your reference: SHC8113U

09 October 2020

India International Insurance Pte Ltd 64, Cecil Street. #04/#05-02 IOB Bldg, Singapore 049711

Attention: Motor Claims Department

Tel: 6347 6100 Fax: 6225 7743

Your Insured Registration No: SHC8113U

Dear Sir / Madam,

## TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO: SHC8113U AND SLK7534E ALONG MARYMOUNT ROAD ON 07 OCTOBER 2020 AT ABOUT 1020 HRS.

I / We, M / s CHUA GEK KWAN, holding of NRIC / Company Registration No : S 1751156 D, of C/o Blk 5030 Ang Mo Kio Avenue 3 #01-201 Industrial Park 2 Singapore 569535, Owner of the Motor Vehicle Registration No : SLK7534E do hereby authorise "M / s TROPICAL TECH AUTOMOBILE SERVICES" as my / our authorised representative to write, negotiate, signed any correspondence / voucher and settle claims on my / our behalf in my / our claims against the party / parties involved in the above mentioned accident.

I / We also agree settlement sum \$ 2,690.56 in favour of my / our representative, "M / s TROPICAL TECH AUTOMOBILE SERVICES" and that the said payment be forwarded to them as full and final discharge of my / our claim.

\* I / We request all correspondence to be forwarded to "TROPICAL TECH AUTOMOBILE SERVICES".

Yours sincerely,

M/s: CHUA GEK/KWAN

NRIC / Company Registration No : S 1751156 D

Blk 5030 Ang Mo Kio Avenue 3 #01-201

Industrial Park 2 Singapore 569535

# Tropical Tech Automobile Services Blk 5030 Ang Mo Kio Avenue 3 #01-201 Industrial Park 2 Singapore 569535 Tel: 6481 7773 / 6481 1403 Fax: 6484 4978

E-mail: tsac303@singnet.com.sg

Claim No: TT 38 / 20 / TP / WT

## SATISFACTION VOUCHER

| Two thousand six hundred night dollars I mits  | Surance Pte Ltd in full and final settlement of all my /  |
|--|---|
| In consideration of the above payment made to me / us by <b>India Inte</b> hereby declare that I / We have no further claim or claims of whatsoev of vehicle no. : <b>SHC8113U</b> and their said Insurance Company for connection with this accident.   | rnational Insurance Pte Ltd. I / We the undersigned   |
| It is further understood and agreed that this settlement is made without Company and / or their Insured / driver of the said motor vehicle SHC8  | admission of liability on the part of the said Insurance 3113U.   |
| * I / We request all correspondence to be forwarded to "TROPICAL T   | TECH AUTOMOBILE SERVICES".  |
| Witnessed by Repairers  Name: William The Box Services  Address Blk 5030 Ang Mo Kio Ave 3  #01-201 Industrial Park 2  Singapore 569533  el: 6481 7773 / 6481 1403 Fax: 6484 4978  Email: tsac303@singnet.com.sg  | Signature of Claimant  Name: Chua Gek Kwan  Tropical Tech Automobile Services Address Blk 5030 Ang Mo Kio Ave 3 #01-201 Industrial Park 2 Singapore 569533  Tel: 6481 7773 / 6481 1403 Fax: 6484 4978 Email: tsac303@singnet.com.sg |
| Date:07 10 000   | Date: 07 10 2020  |
| SERVICES & TROUBLE STATE OF TRANSPORTER SERVICES & TRANSPORTER SERVI |   |
| (Company chop Papphicable)   | (Company chop if applicable)  |

**Enquire Vehicle Insurance Details** 

SHC8113U

07 Oct 2020 / 14:00:00

Successful

105

INDIA INT'L INS PTE LTD

Previous

OK



Phua Choon Aik has successfully logged out.

Your last login date and time was 07 Oct 2020, 15:57:28.

To return to ONE.MOTORING, please click here
For security reasons, please CLEAR YOUR CACHE after each session.

#### Session Transaction History

S/No.I Asset Type

1 Vehicle

Asset ID SHC8113U Asset Owner ID

Transaction Type

18.32 Insurance Enquiry (GIRO Payment)

Transaction Amount(S\$)

7.49

#### Sketch Plan

SKETCH PLAN

1.VEHICLE NO.: SLK 7534 E 2.INSURER CO: Tokio Miliona 3.ACCIDENT DATE & TIME: 0710 6 10:15 am

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 ladgment 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singaporir ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any uther 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 the purpose(s).
  - 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 engures 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 diagras/collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the losurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Porposes; 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 seed 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 Signature Date & Time:

08/10/20

Driver & Signature

(If driver is not the policybolder)

Date & Time

Emportual Creation Personnel's Signature

NBICTEN NO. (HINK)

## Sketch Plan #2

| SKETCH PLAN  | Mary mount R   |  |
|--|--|--|
| SKETCH PLAN  | B  | A: SUK 75341<br>B:SHc81134   |
| DESCRIBE CIRCUMSTANCES OF TH   |  | */   |
| Mease Refer Police Re  | iport attached.  |  |
| A SECOND PROPERTY OF THE PROPE |  |  |
| The second secon |  |  |
|  |  | - San constitutional desired and an experience of the san experien |
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| PMPMM-1004-00-00-00-00-00-00-00-00-00-00-00-00-  |  |  |
| National Control of Co |  |  |
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| and the state of t | A STATE OF THE STA |  |
|  | and the control of th |  |
|  |  |  |
|  |  | for you to submit an Own Damage Claim  |
| DECLARATION  | ensive policy. Please check with yo  | ur policy for more information   |
| I/We deglare the follogoing particulars  | are true in every respect.   |  |
|  | •  | h slube  |
| Policynoider's Signature OF W >0   | Driver's Signature (if driver is not the policyholder) Date & Sime   | Reporting Centre Personnel's Signature Name: NRIC/FIN No. (Phylic)   |
| ( ) Claim O  | wn Policy William Third Party  | ( Reporting Only   |

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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.
- 3. Information provided must be as truthful and accurate 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

| <ol> <li>By the lodgement of this report to the insurers, you hereby con-<br/>foresaid.</li> </ol> | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
|  | ACCIDENT STATEMENT  |
| Date Of Report   | 08/10/2020 11:41  |
| Date Of Accident   | 07/10/2020 10:15  |
| Exact Location Of Accident   | MARYMOUNT ROAD  |
| Country/State of Loss  | SINGAPORE   |
|  | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number  | SLK7534E  |
| nsured/Policyholder  |   |
| Name Of Registered Owner   | CHUA GEK KWAN   |
| NRIC No  | SXXXX156D   |
| Email Address  | MAKECHUA@GMAIL.COM  |
| Mobile Phone No  | (LOCAL) +65-97978050  |
| Alternative Phone No   | OFFICE-97978050   |
| Vehicle Particulars  |   |
| Manufacturer   | ТОУОТА  |
| Model  | HARRIER ELEGANCE 2.0 A  |
| Exact Purpose for which vehicle was being used a<br>ime of accident                                | t PTE USE   |
| Are you claiming under your own insurance policy or repair to your vehicle?                        | NO  |
| No, Please state action to be taken  | THIRD PARTY   |
| /ehicle Category   | PRIVATE CAR   |
| nsurance Company   |   |
| Name of Insurance Company  | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.   |
| Type Of Coverage   | COMPREHENSIVE   |
| Fleet Policy   | NO  |
| Policy Number  | 20-MS000380-R01   |
| Cover Note Number  | 25/01/20 - 24/01/21   |
| Driver   |   |
| Name of Driver   | CHUA GEK KWAN   |
| NRIC No  | SXXXX156D   |
| Date Of Birth  | 24/10/1966  |
| Occupation   | INDOOR  |
| Date Of Driving Pass   | 03/06/1993  |
| Driving Experience   | 27 YEARS AND 4 MONTHS   |
| Gender   | MALE  |
| Mobile Number  | (LOCAL) +65-97978050  |
| Fax Number   |   |

OFFICE-97978050

MAKECHUA@GMAIL.COM

Address

21 ANG MO KIO AVE 9 #01-01

Postcode

569786

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 TO REAR

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. \*THIRD PARTY CLAIM BY TROPICAL SUCCESS\*

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

DIRECT TO REPAIR WORKSHOP

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHC8113U

Vehicle Make/Model/Colour

**HYUNDAI CAB** 

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

TAN SENG HUAT

NRIC/Passport Number

SXXXX592C

Contact Number

98571142

Address

Postcode

Insurance Company Name

Page 2 of 15

## Nature Of Damage

No. Of Passenger (Including Driver)

|   | DETAILS OF INJURED PERSON 1 |
|---|-----------------------------|
| Name  | CHUA GEK KWAN               |
| Approximate Age                                     |                             |
| Injuries Sustain                                    | 3 DAYS MC                   |
| Injured person in which vehicle?                    | SLK7534E                    |
| Were seat belts worn?                               |                             |
| Was this injured conveyed to hospital by ambulance? | NO                          |
| Address   |                             |
| Postcode  |                             |





1 of 3

Report No. T/20201007/2123

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 07/10/2020 21:52                                     |   |                           | Vide Report No.:   | Station Diary No.:                          |
|---|---|---------------------------|--|---|
| Informant   | 's Particu                                      | lars                      | a where the same of the same o |   |
| Name of Ir<br>CHUA GE<br>ID Type / I<br>NRIC NO /<br>Nationality<br>SINGAPO | nformant:<br>K KWAN<br>D No.:<br>/ S175115<br>: | 6D                        | Address: 21 ANG MO KIO AVENUE 9 Contact No.: Home/Office: Email:   | #01-01 SINGAPORE 569786<br>Mobile: 97978050 |
| Sex:<br>Male  | Age:<br>53                                      | Date of Birth: 24/10/1966 | Type of Informant:<br>Driver   |   |
| Race:<br>Chinese  |   |                           | Language:  | Institution / School Name:                  |
| Occupation:<br>Saleman  |   |                           | Driving Licence Information:<br>Class: 3   | Date of Evniru                              |

| General Information                     | on of the Accident  | The second state of the second |   |                    |                                    |
|---|---------------------|--|---|--------------------|------------------------------------|
| Type of                                 | Injury<br>Others    | Drink<br>Drive:<br>No  | Date/Time of<br>Accident:<br>07/10/2020 10:20 | 0                  | Type of Location:<br>Straight Road |
| MARYMOUNT RO                            | AD                  |  |   |                    |                                    |
| Weather:<br>Sunny                       |                     | Road Surface:<br>Dry   |   | Road               | Speed Limit:                       |
| Traffic Flow:                           |                     | Traffic Control:   |   | Traffi             | c Volume:                          |
| Type of Collision:<br>Between Moving Vo | ehicles - Head To R | ear  |   | Anyo<br>ambu<br>No | ne conveyed by<br>llance:          |

| Type | Make        | Model                        | 0-1-               |                          |  |
|------|-------------|------------------------------|--------------------|--------------------------|--|
| Car  |             | INIOGE                       | Color              | Condition                | No of Passenge   |
| July |             |                              |                    | Slightly                 | 0  |
| Car  | TOYOTA      | HARRIER<br>ELEGANCE<br>2.0 A | White              | Damaged                  |  |
|      | TOTOTA      |                              |                    | Slightly                 | 0  |
|      |             |                              |                    | Damaged                  | 507  |
|      | Type<br>Car | Car                          | Car TOYOTA HARRIER | Car TOYOTA HARRIER White | Car Color Condition  Slightly  Damaged  FLEGANCE  White Slightly |

| Details of V | ehicle Insurance   |              |  |             |
|--------------|--|--------------|--|-------------|
|              | Insurance Company  | January VI   | The second secon |             |
|              | TOKIO MARINE INSURANCE   | Insurance No | Effective  | Expiry Date |
|              | SINGAPORE LTD.   | MS000380     | 25/01/2019   | 24/01/2021  |
|              | and the state of t |              |  |             |





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

2 of 3 Report No. T/20201007/2123

## CONTINUATION OF REPORT

| Details of Perso  | on Involved                           | (842-10-14-14-14-14-14-14-14-14-14-14-14-14-14- |                        |   |                  |                                   |
|-------------------|---------------------------------------|---|------------------------|---|------------------|-----------------------------------|
| Any Pedestrian I  |                                       |   |                        |   |                  | Andrew Company                    |
| No. of Pedestrian | ns Injured: NIL                       |   | Use of Pa              | destria   | n Cross          | in a AlA                          |
| Driver            |                                       |   | Use of Pe              | uestiia   | II Cross         | sing: NA                          |
| Name              | TAN SENG HUAT                         |   | ID No.                 |   | S0226592C        |                                   |
| Related Vehicle   | SHC8113U (Car)                        |   | Contact No.            |   | 98571142         |                                   |
| Hospital/Clinic   | NIL                                   |   |                        | Class<br>Drivin<br>Licen                        | g<br>ce &        | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment    | NIL                                   |   | Data Diag              |   | / Date           |                                   |
| No. of Days gran  | ted Medical Leave                     | NIL   | Date Disc<br>Degree of |   | NIL              |                                   |
| Driver            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   | Degree or              | irijury   | NIL              |                                   |
| Name              | CHUA GEK KWAN                         | And of the second states                        |                        | ID No   |                  | S1751156D                         |
| Related Vehicle   | SLK7534E (Car)                        |   |                        | Contact No.                                     |                  | 97978050                          |
| Hospital/Clinic   | FRONTIER MEDICAL ASSOCIATES           |   |                        | Class of<br>Driving<br>Licence &<br>Expiry Date |                  | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment    | 07/10/2020                            |   | Date Disch             |   |                  | 10000                             |
| No. of Days grant | ed Medical Leave                      | 03  | Degree of              |   | 07/10.<br>Slight |                                   |

## Brief Details.

On 07/10/2020 at about 1018hrs, I was driving my car SLK7534E along Marymount Road towards Thomson Road. When I was approaching the junction of Marymount Road and Marymount Lane, the traffic light turned red and I stopped my car. However, a taxi SHC8113U which was behind me did not stop and collided into my vehicle. After the collision we got down and exchanged particulars. My car suffered some scratches on the rear portion. I felt some back pain and went to seek medical attention at a clinic and was given 3 days MC.





3 of 3

Report No. T/20201007/2123

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

| IMPORTANT: Please attach a copy of your vehicle' the certificate with you now, please fax a copy to 65 | s Insurance Certificate to this report. If you don't have 3474885 stating the <b>report number</b> as reference |
|--|---|
| Signature Of Officer Recording The Report: F / Sgt 3 JAYZ TAN ZHANG JIE                                | Signature Of Informant:   |
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 07/10/2020 21:52   |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414                 | Classification Of Case:   |
| Authentication Stamp   |   |





Report No. T/20201007/2123

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made.<br>07/10/2020 21 52   |                      |  | Vide Report No                     | Station Diary No<br>57        |
|--|----------------------|--|------------------------------------|-------------------------------|
| Informa  | nt's Partici         | ulars  |                                    |                               |
|  | Informant<br>EK KWAN | and it is not and the control to the control of the | Address<br>21 ANG MO KIO AVE       | NUE 9 #01-01 SINGAPORE 569786 |
| ID Type / ID No.:<br>NRIC NO / S1751156D   |                      |  | Contact No<br>Home/Office          | Mobile 97978050               |
| National<br>SINGAP   | ity:<br>ORE CITIZ    | EN   | Email                              |                               |
| Sex.         Age         Date of Birth.           Male         53         24/10/1966 |                      | Type of Informant<br>Driver  |                                    |                               |
| Race<br>Chinese  |                      | Language   | Institution / School Name          |                               |
| Occupation<br>Saleman  |                      |  | Driving Licence Inform<br>Class: 3 | nation Date of Expiry         |

| ype of Injury Others       |        | Drink<br>Drive<br>No | Date/Time of<br>Accident<br>07/10/2020 10:20 | Type of Location<br>Straight Road |  |
|----------------------------|--------|----------------------|--|-----------------------------------|--|
| Location: MARYMOUN Weather | T ROAD | Road Surface         | F  | Road Speed Limit                  |  |
| Sunny                      |        | Dry                  | F  | TWWW SPOUR LAND.                  |  |
| Sunny                      |        |                      |  |                                   |  |
| Traffic Flow               |        | Traffic Control      |  | Traffic Volume                    |  |

| Vehicle No. | Type | Make   | Model                        | Color | Condition           | No of Passenger |
|-------------|------|--------|------------------------------|-------|---------------------|-----------------|
| SHC8113U    | Car  | •      |                              |       | Slightly<br>Damaged | 0               |
| SLK7534E    | Car  | TOYOTA | HARRIER<br>ELEGANCE<br>2 0 A | White | Slightly<br>Damaged | 0               |

| Vehicle No. | Insurance Company                       | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SLK7534E    | TOKIO MARINE INSURANCE<br>SINGAPORE LTD | MS000380     | 25/01/2019 | 24/01/2021  |





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE

Tel No. 1800-4849999

2 of 3 Report No. T/20201007/2123

#### CONTINUATION OF REPORT

| Any Pedestrian I | nvolved No                  |   |   |                               | an addition to compare of the depth and the state of the  |
|------------------|-----------------------------|---|---|-------------------------------|--|
| No of Pedestriar |                             | Use of Pedestrian Crossing NA   |   |                               |  |
| Driver           |                             |   |   |                               |  |
| Name             | TAN SENG HUAT               |   | ID No   |                               | S0226592C  |
| Related Vehicle  | SHC8113U (Car)              |   | Contact No                                      |                               | 98571142   |
| Hospital/Clinic  | NIL                         | entre vide regarde option   | Class<br>Drivin<br>Licen                        | g                             | Class NIL<br>Date of Expiry NIL  |
| Date Treatment   | NL                          | Date Disc   | Security and the same                           | And a series of the series of | And the second s |
| No. of Days gran | ted Medical Leave NIL       | Degree of   |   |                               |  |
| Driver           |                             |   | 1017  | TWIL.                         |  |
| Name             | CHUA GEK KWAN               | region of the second | ID No   |                               | S1751156D  |
| Related Vehicle  | SLK7534E (Car)              |   | Conta   | ict No                        | 97978050   |
| Hospital/Clinic  | FRONTIER MEDICAL ASSOCIATES |   | Class of<br>Driving<br>Licence &<br>Expiry Date |                               | Class 3<br>Date of Expiry NIL  |
| Date Treatment   |                             | Date Disci  | deline to the second                            | de                            | 1/2020   |
| No of Dave aran  | ted Medical Leave 03        | Degree of   |   |                               |  |

## Brief Details.

On 07/10/2020 at about 1018hrs, I was driving my car SLK7534E along Marymount Road towards. Thomson Road. When I was approaching the junction of Marymount Road and Marymount Lane, the traffic light turned red and I stopped my car. However, a taxi SHC8113U which was behind me did not stop and collided into my vehicle. After the collision we got down and exchanged particulars. My car suffered some scratches on the rear portion. I felt some back pain and went to seek medical attention at a clinic and was given 3 days MC.





Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No 1800-4849999

3 of 3 Report No. 1/20201007/2123

CONTINUATION OF REPORT

| Sketch F | lan |
|----------|-----|
|----------|-----|

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report F /    | Signature Of Informant        |
|--|-------------------------------|
| Sgt 3 JAYZ TAN ZHANG JIE                         |                               |
| Signature Of Interpreter  Not applicable         | Date/Time<br>07/10/2020 21 52 |
| Officer in Charge Of Case. TP / AEIT /           | Classification Of Case:       |
| SI ANG YI TING, STEPHANIE<br>Contact No 65476414 |                               |

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

. (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E. tmis@tokiomarine.com.sq W: www.tokiomarine.com

A member of the



#### Certificate of Insurance

FORM MX1

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 No.: 20-MS000380-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

**SLK7534E** 

Chassis No.: ZSU600073819

2. Name of Policyholder

CHUA GEK KWAN

3. Effective date of the Commencement of Insurance for the purposes of the Act

25/01/2020

4. Date of Expiry of Insurance

24/01/2021

5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations 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 or 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.

\* 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.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

## IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189)

ADDITIONAL INFORMATION

Account: 2712DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

SGD 800 SGD 100

Policy Excess:

Own Damage Claims Windscreen Excess

Financial Interest:

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Tokio Marine Insurance Singapore Ltd.

**Authorised Signature** 

User Name: Intermediaries from TM O

Printed 01/01/2020

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1751156D





CHUA GEK KWAN

五广 蔡

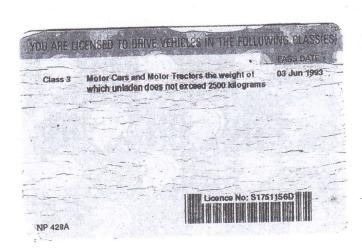
Race CHINESE

Date of Birth Sex 24-10-1966 M

Country of Birth SINGAPORE

A0028057 NRIC No. S1751156D Blood Group Date of issue B+-02-05-2001 21 AND MO KIO AVENUE 9 001-01 SINGAPORE 569786 NRIO No. \$17511560 Date: 10-06-2005 No. 6225516





## > Back to OneMotoring

## **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

**Total Rebate Amount:** 

The information contained herein is correct as at 09 Oct 2020

Singapore NRIC

156D

SLK7534E

No

09 Oct 2020

ATOYOTA

HARRIER ELEGANCE 2.0 A

White

2015

3ZRB741677

ZSU600073819

111.0 kW (148 bhp)

\$31,115.00

25 Jan 2017

25 Jan 2017

0

\$30,561.00

Yes

24 Jan 2027

\$22,920.00

24 Jan 2027

B - Car above 1600cc or 97kW (130bhp)

10

\$52,807.00

\$33,217.00

\$56,137.00