

# TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub  
2 Kaki Bukit Ave 2  
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27  
Singapore 417921  
Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510  
Company Reg. No. : 200714616M  
GST Registration No. : 200714616M

15 March 2021

Our Ref : CLM15070 / SLR9P / OCT-31/2020

## MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving SLR9P & SHA1640X on 24/10/2020**  
**Along Blk 213 Jurong East St 21 open carpark**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA1640X** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

|  |      |                 |                     |
|--|------|-----------------|---------------------|
| Cost of repairs                              | \$   | 2,878.19        | (Include 7% GST)    |
| Loss of rental                               | \$   | 642.00          | (\$160.50 X 4 Days) |
| Additional 2 days loss of use for pre repair | \$   | 300.00          | (\$150 X 2 Days)    |
| Coating                                      | \$   | 900.00          |                     |
| LTA search fee                               | \$   | 7.45            |                     |
|  | S \$ | <u>4,727.64</u> |                     |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15070
- 2) Darwin-51 Car Rental Pte Ltd - Invoice No: D02575
- 3) Before Coating - Invoice No: 20202274
- 4) After Coating - Invoice No: 2020394
- 5) LTA search
- 6) Letter of Authorisation
- 7) GIA report of SLR9P

We look forward to your prompt reply.

Yours faithfully,



**TwinCar Automotive Pte Ltd**

S.Y.NEO

Director

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

# TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub  
2 Kaki Bukit Ave 2  
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27  
Singapore 417921  
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510  
E-Mail : sales@n51.com.sg  
Company Reg. No. : 200714616M  
GST Registration No. : 200714616M

MS FIRST CAPITAL INSURANCE LIMITED  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580

WONG BAN KENG  
BLK 78 DAWSON RD #24-57  
SINGAPORE 141078

## TAX INVOICE

Date : 19/02/2021  
Date in : 03/11/2020  
Vehicle Num. : SLR9P  
Make/Model : TOYOTA ALPHARD 2.5 CVT ELEGANCE S/R-2015  
Chassis/Eng# : JTNGF3DHX08003340/2ARH660989  
Accident Date : 24/10/2020  
Claim No : CLM15070  
Reference : OCT - 31/2020  
Policy No. : SMPG20009784 (25/08/2021)

PARTS BY PARTS  
REF : TWINCAR - CLM15070 DATED 03/11/2020  
BY DIRECT

Amount S\$  
2,689.90



|           |                      |          |
|-----------|----------------------|----------|
| E. & O.E. | Sub S\$ :            | 2,689.90 |
|           | Add GST ( 7% ) S\$ : | 188.29   |
|           | Total Amount S\$ :   | 2,878.19 |

for TWINCAR AUTOMOTIVE PTE LTD

# DARWIN-51 CAR RENTAL PTE. LTD.

Company & GST Registration Number : 201407909C  
2 Kaki Bukit Avenue 2 #02-12 Kaki Bukit Autohub Singapore 417921  
Tel: 6842 5151 Fax: 6749 2851 email: darwin51@n51.com.sg

## Invoice To

WONG BAN KENG  
Blk 78 Dawson Road  
#24-57  
Singapore 141078

## TAX INVOICE

Invoice No. : D02575  
Date : 24/11/2020  
Terms : Cash

| No. Days | Description   | Rate                | Amount          |
|----------|---|---------------------|-----------------|
| 4        | SLR4489K - Car rental fee for period 03/11/2020 to 07/11/2020<br>(ref. Vehicle SLR9P)<br>Tax collected on sales | 150.00<br>7.00%     | 600.00<br>42.00 |
|          |   | 7% GST              | \$42.00         |
|          |   | <b>Total Amount</b> | <b>\$642.00</b> |

DARWIN-51 CAR RENTAL PTE. LTD.

  
Authorized Signature

Note : Kindly make payable to " DARWIN-51 CAR RENTAL PTE. LTD." or by Bank-in/transfer to  
Maybank A/c No. 04211099668 (Bank Code 7302)

Invoice was created on a computer and is valid without the signature and seal



# DARWIN-51 CAR RENTAL PTE. LTD.

SLR 9P (7C)

Company Registration Number : 201407909C

2 Kaki Bukit Avenue 2 #02-12 Kaki Bukit Autohub, Singapore 417921

Tel: 6842 5151 Fax: 6749 2851 email: darwin51@n51.com.sg

## VEHICLE RENTAL AGREEMENT

VHA NO: 885

### HIRER'S PARTICULAR

Name(as in I/C): WONG BAN KENG

NRIC/PASSPORT No: S8214994E

Address(Res):BLK 78 DAWSON ROAD #24-57 SINGAPORE 141078

Occupation:

Driving Exp:

Driving License No: S8214994E

D/L Type: Local

Issue Date: 2005-03-17

Date of Birth: 1982-05-28

Tel: (HP) 98576377

Email:

### ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C):

NRIC/PASSPORT No:

Address(Res):

Occupation:

Driving Exp:

Driving License No:

D/L Type:

Issue Date:

Date of Birth:

Vehicle No: SLR4489K

Make: TOYOTA

Model: PRIUS ALPHA

Auto/Manual Group: Auto

Year: 2017

Colour: GREY

Mileage Out:

OUT: Date 2020-11-03

Time: 12:00

NON-WAIVER EXCESS:

Section1: 2000

Section2: 2000

### CHARGES

|            |        |
|------------|--------|
| Daily rate | 150.00 |
|------------|--------|

### PETROL-LEVEL

| Out                     | E | 1/4 | 1/2 | 3/4 | F |  | E    |
|-------------------------|---|-----|-----|-----|---|--|------|
| In                      | E | 1/4 | 1/2 | 3/4 | F |  | E    |
| Extension (Accessories) |   |     |     |     |   |  | 0.00 |
| Collection Service      |   |     |     |     |   |  | 0.00 |
| Misc.                   |   |     |     |     |   |  | 0.00 |

|                            |      |
|----------------------------|------|
| Security Deposit Collected | 0.00 |
|----------------------------|------|

|             |      |
|-------------|------|
| Rental Term | Cash |
|-------------|------|

|            |            |
|------------|------------|
| Start Date | 2020-11-03 |
|------------|------------|

|          |            |
|----------|------------|
| End Date | 2020-11-17 |
|----------|------------|

|                |            |
|----------------|------------|
| Rented out by: | Joseph Tan |
|----------------|------------|

Hirer signature:

*[Signature]*

WONG BAN KENG  
S8214994E

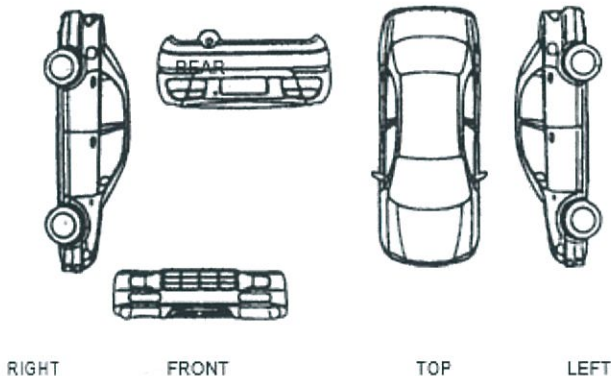
Addition Driver's Signature:

*[Signature]*

### VEHICLE CHECKLIST

D - DENTS  
S - SCRATCHES

INDICATE:  
A - ACCIDENTS



### ACCESSORIES CHECK

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Camera Recorder | <input checked="" type="checkbox"/> Reverse Camera | <input checked="" type="checkbox"/> CD/ Radio Player |
| <input checked="" type="checkbox"/> Remote Control  | <input checked="" type="checkbox"/> Reverse Sensor | <input type="checkbox"/> S/Tyre                      |

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given DARWIN-51 CAR RENTAL PTE. LTD. in connection with this agreement is true.

### IMPORTANT

- YOU HEREBY EXPRESSLY CONSENT AND AUTHORIZE DARWIN-51 CAR RENTAL PTE LTD AND GRABCAR TO DEDUCT FROM THE FARES GENERATED BY YOU AND/OR GRATUITY GRANTED TO YOU BY GRABCAR (IF ANY) FOR THE CAR RENTAL FEE AND ANY CHARGES PROVIDED HEREIN AND IN THE EVENT THAT THE FARES ARE INSUFFICIENT, ANY BALANCE SHALL BE PAID TO US IMMEDIATELY. THESE CHARGES SHALL INCLUDE BUT ARE NOT LIMITED TO CHARGES FOR 1.CAR RENTAL. 2. COST OF INSURANCE EXCESS, REPAIRS, REPLACEMENT OF PARTS TO THE CAR AND/OR DAMAGE TO THIRD PARTY PROPERTIES WHERE THE DAMAGES ARE DUE TO YOUR ACTIONS OR LACK OF CARE. 3. ANY UNSETTLED SUMMONS, FINES, PARKING CHARGES AND TOLL.
- THE VEHICLE SHALL BE RENTED OUT ON A DAILY BASIS, WITH A MINIMUM RENTAL PERIOD OF SIX MONTH.
- IN THE EVENT THAT THE HIRER RETURN THE VEHICLE PRIOR TO THE END OF THE MINIMUM RENTAL PERIOD, THE HIRER WILL BE REQUIRED TO PAY THE FULL RENTAL FEE APPLICABLE FOR THE REMAINING PERIOD UP TO THE END OF THE MINIMUM RENTAL PERIOD.
- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE
- IN CASE OF ACCIDENT THE HIRER SHOULD REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY DARWIN-51 CAR RENTAL PTE. LTD..
- AN ADDITIONAL EXCESS OF \$2000 OF ALL CLAIM WILL APPLY FOR VEHICLE USE OUTSIDE SINGAPORE AND \$3000 FOR AGE ABOVE 65.

| DATE IN    | TIME IN  | MILEAGE | CHECKED BY | REMARKS | SIGNATURE OF HIRER/DRIVER |
|------------|----------|---------|------------|---------|---------------------------|
| 07/11/2020 | 11:45HRS |         |            |         | <i>[Signature]</i>        |

BEFORE

## J2 Professional Carcare.Pte Ltd

10 Ang Mo Kio Industrial Park 2A #03-01  
Singapore 568047  
Mobile: 9889 1100 (Derek)  
Telephone: 6753 9906

Invoice Number: 20202274

Date: 8/10/20

Customer Number:

Time:

Customer Vehicle Number: SR 9 P

Payment Mode: Cash/ Nets/ Credit Card

| S/No. | Item Description | Unit Price | Quantity       | Total Price |
|-------|------------------|------------|----------------|-------------|
| 1     | CERAMIC COATING  | —          | —              | \$1800/=    |
| 18MTH |                  |            | Amount Payable | \$1800/=    |



J2 Authorised Signature

Thank you for choosing J2 as your car protection choice!  
Have a nice day ☺

AFTER

## J2 Professional Carcare.Pte Ltd

10 Ang Mo Kio Industrial Park 2A #03-01  
Singapore 568047  
Mobile: 9889 1100 (Derek)  
Telephone: 6753 9906

Invoice Number: 2020394

Date: 7/11/20

Customer Number:

Time:

Customer Vehicle Number: SLR 97

Payment Mode: Cash / Nets / Credit Card

| S/No.    | Item Description | Unit Price | Quantity       | Total Price |
|----------|------------------|------------|----------------|-------------|
| 1        | CERAMIC COATING  | —          | —              | td 900/=    |
| TOUCH UP |                  |            | Amount Payable | td 900/=    |



J2 Authorised Signature

Thank you for choosing J2 as your car protection choice!  
Have a nice day ☺



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

Print Date/Time : 28 Oct 2020 / 11:34:29

Receipt Date/Time : 28 Oct 2020 / 11:34:29

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-201028-001342

Previous Receipt No. :

| S/N  | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (\$\$) | GST<br>Amount<br>(\$\$) | Amount<br>After GST<br>(\$\$) |
|--|---|--------------------------------|-------------------------|-------------------------------|
| Result of Insurance Enquiry - SHA1640X           |   |                                |                         |                               |
| As at 24 Oct 2020/08:40:00                       |   |                                |                         |                               |
| Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED |   |                                |                         |                               |
| 1  | Insurance Enquiry - SHA1640X<br>Enquiry Fee<br>20201028113415643751 | 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  |   |                                |                         |                               |
| 92jm3w1d   |   | 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.



# LETTER OF AUTHORISATION

To: **M/s Twincar Automotive Pte Ltd**  
**Singapore**

RE: ACCIDENT INVOLVING VEHICLE NOS: 'SLR 9 P & SHA 1640 X  
ALONG BLK 213 JURONG EAST ST 51 OPEN CARPARK ON 24/10/2020 - 8:40 HRS

I/We WONG BAN KENG NRIC/Passport No: S 8214994 E  
of BLK 78 DAWSON ROAD #24-57 S(141078)  
the owner of vehicle no. SLR 9 P hereby authorise you to commence repair to the said  
vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are \_\_\_\_\_  
Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Excess: \_\_\_\_\_

  
Owner's Signature/Co's stamp (if applicable)

\_\_\_\_\_  
Witness Signature/Name



MSME20093967 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 26/10/2020 17:09  
SUBMITTED BY: Chia Pei Ying

## 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             | 26/10/2020 17:09                       |
| Date Of Accident           | 24/10/2020 08:40                       |
| Exact Location Of Accident | BLK 213 JURONG EAST ST 21 OPEN CARPARK |
| Country/State of Loss      | SINGAPORE                              |

## DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLR9P                |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | WONG BAN KENG        |
| NRIC No                     | SXXXX994E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-98576377 |
| Alternative Phone No        | OFFICE-98576377      |

## Vehicle Particulars

|              |         |
|--------------|---------|
| Manufacturer | TOYOTA  |
| Model        | ALPHARD |

Exact Purpose for which vehicle was being used at time of accident

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 | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMPG20009784             |

## Cover Note Number

## Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WONG BAN KENG         |
| NRIC No              | SXXXX994E             |
| Date Of Birth        | 28/05/1982            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 17/03/2005            |
| Driving Experience   | 15 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98576377  |
| Fax Number           |                       |
| Contact Number       | OFFICE-98576377       |
| E-Mail Address       | NOEMAIL               |

Address BLK 78 DAWSON ROAD #24-57  
 Postcode 141078  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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 2  
 Was any body injured in the Accident? NO  
 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) 0

**Details of Police Action**

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

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20201024/2056.

**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 SHA1640X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

x

Policyholder's Signature  
Date & Time:

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

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

TWINK CARZ

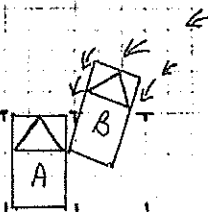
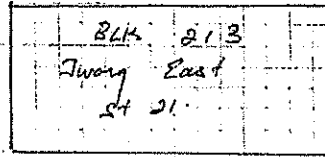


## Sketch Plan #2 Pg. 1

## SKETCH PLAN

(A) SLR 9 P.

(B) 34/A 1640 X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: T/20201094/2056.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #3 Pg. 1



SINGAPORE  
POLICE FORCE



T/20201024/2056

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

1 of 3

Report No. T/20201024/2056

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>24/10/2020 15:21 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

## Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>WONG BAN KENG      |            |                              | Address:<br>APT BLK 78 DAWSON ROAD #24-57 SINGAPORE 141078       |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8214994E |            |                              | Contact No.:<br>Home/Office: Mobile: 98576377                    |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>38 | Date of Birth:<br>28/05/1982 | Type of Informant:<br>Driver                                     |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>Company director          |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry: |  |                            |

## General Information of the Accident

|  |                           |                       |   |  |
|--|---------------------------|-----------------------|---|--|
| Type of Accident:                      | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>24/10/2020 08:40 | Type of Location:                      |
| Location:<br><br>JURONG EAST STREET 21 |                           |                       |   |  |
| Weather:<br>Clear                      |                           | Road Surface:<br>Dry  |   | Road Speed Limit:                      |
| Traffic Flow:                          |                           | Traffic Control:      |   | Traffic Volume:                        |
| Type of Collision:                     |                           |                       |   | Anyone conveyed by<br>ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model                                 | Color | Condition | No of Passenger |
|-------------|------|--------|---------------------------------------|-------|-----------|-----------------|
| SHA1640X    | Car  |        |                                       |       |           | 0               |
| SLR9P       | Car  | TOYOTA | ALPHARD<br>2.5 CVT<br>ELEGANCE<br>S/R | Black |           | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20201024/2056

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

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Report No. T/20201024/2056

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                         |              |            |             |
|------------------------------|-------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company       | Insurance No | Effective  | Expiry Date |
| SLR9P                        | SHC INSURANCE PTE. LTD. | DMPG20009784 | 26/08/2020 | 25/08/2021  |

| Details of Person Involved        |               |                                |   |
|-----------------------------------|---------------|--------------------------------|---|
| Any Pedestrian Involved: No       |               |                                |   |
| No. of Pedestrians Injured: NIL   |               | Use of Pedestrian Crossing: NA |   |
| Driver                            |               |                                |   |
| Name                              | WONG BAN KENG |                                | ID No. S8214994E  |
| Related Vehicle                   | SLR9P (Car)   |                                | Contact No. 98576377  |
| Hospital/Clinic                   | NIL           |                                | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           |                                | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL           | Degree of Injury               | NIL   |

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I PARKED MY VEHICLE AT BLK 213 JURONG EAST STREET 21 OPEN SPACE CARPARK, WHEN I WENT BACK TO RETRIEVE MY VEHICLE I REALIZE THERE WERE DENTS AND SCRATCHES ON THE RIGHT PORTION OF MY VEHICLE (SLR9P) SUBSEQUENTLY I WENT TO VIEW THE FOOTAGE OF MY IN CAR CAMERA FOOTAGE AND I MANAGED TO CAPTURE A COMFORT DELGRO TAXI (SHA1640X) REVERSING AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE AND LEFT WITHOUT LEAVING HIS PARTICULARS OR ANY NOTES.

## Sketch Plan #5 Pg. 1

SINGAPORE  
POLICE FORCE

T/20201024/2056

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

3 of 3

Report No. T/20201024/2056

## 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 /

SC BERNARD KOH REN JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2020 15:21

Officer In Charge Of Case:

TP / HRT /

SI TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

Signature: