

SIN HWEE MOTOR PTE LTD

Invoice

REG NO: 201327079M

*** Main Workshop ***

Blk 3023A Ubi Road 1 #01-59 S(408717)

*** Spray Paint Workshop @ Autobay ***

1 Kaki Bukit Avenue 6, #01-25 S(417883)

SIN LEE PENG CHRISTINA

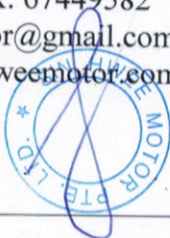
INVOICE NO:	C1248
DATE OF ISSUE	18/3/2021

VEHICLE NO:	SMF 5066 S
MAKE:	SUBARU
MODEL:	FORESTER

REF NO:	
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QTY	DESCRIPTION	UNIT PRICE	AMOUNT
-	LUMP SUM	1,100.00	1,100.00

Tel: 67455783 Fax: 67449582
Email: sinhweemotor@gmail.com
Website: www.sinhweemotor.com



TOTAL: \$1,100.00



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

Print Date/Time : 19 Jan 2021 / 16:58:08

Receipt Date/Time : 19 Jan 2021 / 16:58:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210119-003027

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference
No.

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - ES8818X

As at 09 Jan 2021/21:41:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - ES8818X
Enquiry Fee
20210119165601665792

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

		0.04
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Total Amount Payable

		7.45
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Paid By

451297XXXXX8320

eNETS Credit Card

		7.45
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Total

		7.45
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Cash Change

		0.00
--	--	------

Tendered Amount

		7.45
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Excess Refundable Amount

		0.00
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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.

TO WHOM IT MAY CONCERN

LETTER OF AUTHORITY

Accident on 09/01/21 at/along NEAR OPP BLK 635A, SG EJE EXIT TO WOODLANDS RD

Involving SMT 5066S AND ES8818X

I / We SIN LEE PENG CHRISTINA

Nric No. S7046907C

of 523 JELAPANG ROAD #10-135 S(670523)

owner of Motor

Vehicle Registration No. SMT 5066S

insured by Sumpo

under Policy No. D20MTPV 01014690

do hereby authorise M/s Sin Hwee Motor Pte Ltd

as my authorised representative to write, negotiate & settle claim on my behalf in my claim against the owner

and/or driver of motor Vehicle Registration No. ES8818X in respect of the above mentioned accident.

I also hereby authorise that the agreed settlement sum be made in favour of my representative, M/s

Sin Hwee Motor Pte Ltd

and the said payment be forwarded to them as full and final

discharge of my claim.

I hereby exonerate the AIG ASIA PACIFIC INSURANCE PTE LTD

and / or their insured and/or

driver of vehicle number ES 8818X

from any liability after payment of any claim to my authorised

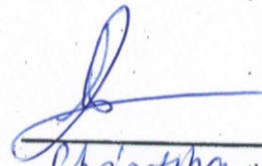
representative M/s Sin Hwee Motor Pte Ltd

Owner's Signature :

Full Name :

Nric No :

Date :


Christina Lim
S7046907C
27/1/2021

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 Submission	15/01/2021 12:38 (SGT)
Date of Accident	09/01/2021 21:41 (SGT)
Exact Location of Accident	Near Opp Blk 635A, Singapore
Additional Location Information	KJE Exit to Woodlands Rd (Slip Rd)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5066S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Sin Lee Peng Christina
NRIC No	SXXXX907C
Email Address	chrisnatashasin@yahoo.com
Mobile Phone No	(Phone) +65-82888166
Alternative Phone No	+65-82888166

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01014690
Cover Note Number	15/11/2020-14/11/2021

DRIVER

Name of Driver	Kieran Yeo Yu Hao
NRIC No	TXXXX892F
Date Of Birth	28/01/2000
Occupation	Indoor

Date Of Driving Pass	25/08/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98421041
Alt. Phone Number	-
Email Address	yyhkieran@gmail.com
Address	Blk 523 Jelapang Road #10-135
Address complement	-
Postcode	670523
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Christina
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the Sketch Plan

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ES8818X
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN


IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

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

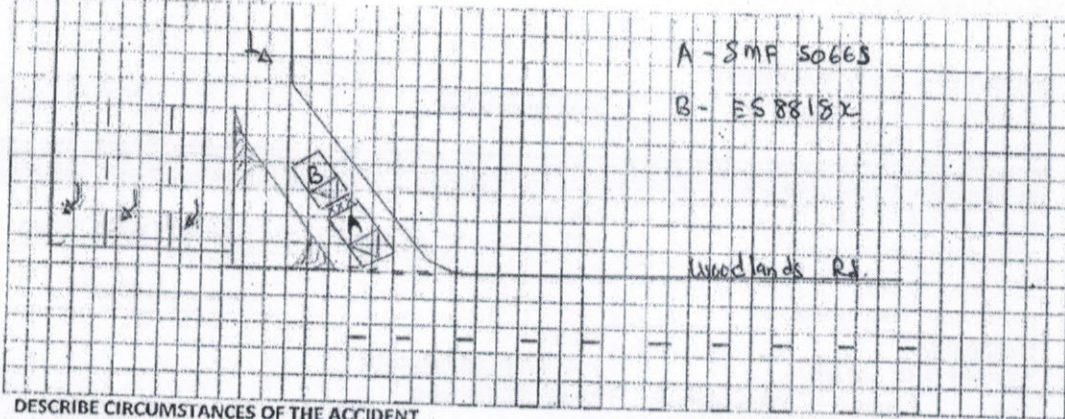

 Policyholder's Signature
 Date & Time:
 15/1/2021


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 15/01/2021 11:06


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

GIA/ML SketchPlanForm_Y3

SKETCH PLAN KJE Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

This report was made late. was I am a Full-time NSF and was in camp.


Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.


- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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


 Policyholder's signature
 Date & Time
 15/1/2021


 Driver's Signature
 (If driver not the policyholder)
 Date & Time 15/1/2021


 Reporting Centre Personnel's Signature
 Name: Rakeswaran. Ann
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20210109/7032

1 of 3

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

Report No. T/20210109/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2021 21:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KIERAN YEO YU HAO			Address: 523 JELAPANG ROAD #10-135 SINGAPORE 670523		
ID Type / ID No.: NRIC NO / T0003892F			Contact No.: Home/Office: Mobile: 98421041		
Nationality: SINGAPORE CITIZEN			Email: yyhkieran@gmail.com		
Sex: Male	Age: 20	Date of Birth: 28/01/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/01/2021 19:50	Type of Location: T-Junction
Location: KRANJI EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h.
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
ES8818X	Car	AUDI				0
SMF5066S	Car					0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20210109/7032

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

2 of 3

Report No. T/20210109/7032

CONTINUATION OF REPORT

Passenger			
Name	CHRISTINA SIN		ID No. S7046907C
Related Vehicle	SMF5066S (Car)		Contact No. 82888166
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
Driver			
Name	KIERAN YEO YU HAO		ID No. T0003892F
Related Vehicle	SMF5066S (Car)		Contact No. 98421041
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.

I was exiting KJE via the Woodlands Road exit, towards Bukit Panjang. I stopped my vehicle at a Give Way line where there is a pedestrian crossing. The driver of ES8818X (Audi) rear-ended me. I managed to retrieve the video from my car's camera, however, it is more than 2MB. From the video, you can see that the driver was not looking ahead to see if I had moved off, but he was looking at his right for oncoming vehicles. After hitting me, the driver drove away.



**SINGAPORE
POLICE FORCE**



T/20210109/7032

3 of 3

Report No. T/20210109/7032

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/01/2021 21:41

Classification Of Case: