

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

29 November 2021

Our Ref : CLM15219 / SMH9241R / MAR-23/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SMH9241R & SH8507K on 29/03/2021

Along Yishun Ave 1 junc Sembawang Rd

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH8507K** 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 | \$ | 9,951.00 | (Include 7% GST) |
| Loss of rental | \$ | 1,440.00 | (\$120 X 12 Days) |
| Additional 2 days loss of use for pre repair | \$ | 200.00 | (\$100 X 2 Days) |
| Towing Fee | \$ | 100.00 | |
| LTA search fee | \$ | 7.45 | |
| | S | <u>\$ 11,698.45</u> | |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15219
- 2) Twincar Rental - Invoice No: 13-3278 , Vha No: 72697
- 3) Autobay Towing - SMH9241R (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SMH9241R

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

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

TAX INVOICE

Date : 24/11/2021
Date in : 31/03/2021
Vehicle Num. : SMH9241R
Make/Model : HONDA CIVIC 1.5 TURBO VTIS SR-2018
Chassis/Eng# : MRHFC1660JT000384/L15B73625804
Accident Date : 29/03/2021
Claim No : CLM15219
Reference : MAR-23/2021
Policy No. : 21-MM000099-R00 (14/02/2023)

LUMPSUM REPAIR BILL
REF : CLM15219-TWINCAR DATED 01/04/2021
BY DIRECT

Amount S\$
9,300.00



| | | |
|-----------|----------------------|----------|
| E. & O.E. | Sub S\$: | 9,300.00 |
| | Add GST (7%) S\$: | 651.00 |
| | Total Amount S\$: | 9,951.00 |

for TWINCAR AUTOMOTIVE PTE LTD

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To:

LIAN YONG LIANG
BLK 659B PUNGGOL EAST
#15-761
SINGAPORE 822659

INVOICE

Invoice No. 13-3278

Date 12/04/2021

| | | Hirer's Car No. | VHA No. | Terms |
|------------|---|-----------------|-------------------|-------|
| | | SMH9241R | 72697 | CASH |
| No. of Day | Description | Per Day | Amount (S\$) | |
| 12 | Car Rental from the period of 31/03/2021 to 12/04/2021. Vehicle no. SKT6805U Singapore Dollars One Thousand Four Hundred and Forty Only | 120.00 | 1,440.00 | |
| | | Total | \$1,440.00 | |

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: **72697**

ROC NO.53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) LIAN YONG LIANG
NRIC/PASSPORT No: S 8736126 H
Address (Res): BLK 659B PUNGGOL EAST
#15-761 S1 8226591
Name & Address of Employer: _____

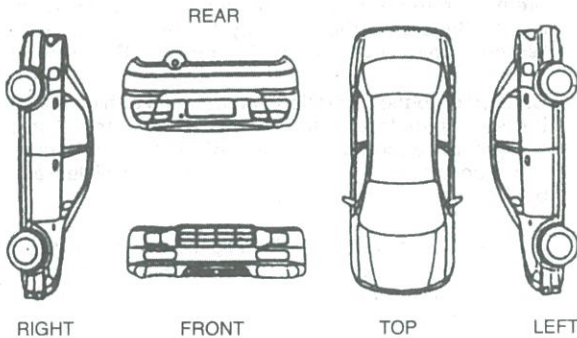
Occupation: _____ Driving Exp: _____
Driving Licence No: S8736126H D/L Type: Local / International
Pass Date: 28/04/2007 Date of Birth: 11/11/1987
Tel: (O) _____ (R) _____ HP 90023662

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
NRIC/PASSPORT No: _____
Address (Res): _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: _____
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartidges

Vehicle No: SKT6805U Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: TOYOTA ALTIS Auto / Manual Group: _____
OUT: Date 31/03/2021 Time: 11:15 hrs
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

| CHARGES | | | |
|------------------|------|---------------|--|
| Daily | @ \$ | per day | |
| Weekly | @ \$ | per week | |
| Monthly | @ \$ | per month | |
| Hours | @ \$ | per hour | |
| Others | @ \$ | | |
| CDW | @ \$ | per day/month | |
| PAI | @ \$ | per day/month | |
| Delivery Service | | | |
| SUB-TOTAL \$ | | | |

| PETROL LEVEL | | | | | | |
|--------------------|---|-----|-----|-----|---|----------------|
| Out | E | 1/4 | 1/2 | 3/4 | F | |
| In | E | 1/4 | 1/2 | 3/4 | F | |
| EXTENSION | | | | | | |
| Collection Service | | | | | | |
| Misc. | | | | | | |
| TOTAL CHARGE \$ | | | | | | <u>1440 00</u> |

Rented out by: _____
Hirer's Signature  _____
Addition Driver's Signature _____

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card 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/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, 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 ANY 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 SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS | SIGNATURE OF HIRER/DRIVER |
|-------------------|------------------|---------|------------|---------|---|
| <u>12/04/2021</u> | <u>18:05 hrs</u> | | | |  <u>YH</u> |

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 31/3/21

Sold to: _____

(TWINCAR)

SMH 9241 R

| Item | Quantity | Description | Unit Price | Amount |
|------------|----------|---------------------|-------------|--------|
| | | Auto Hub to Ubi JTC | | \$100 |
| | | Reporting Two Trips | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. & O. E. | | | Sub Total : | |
| | | | GST Tax : | |
| | | | Total : | \$100 |

Issued by: _____

CROWN



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

Print Date/Time : 31 Mar 2021 / 12:40:17

Receipt Date/Time : 31 Mar 2021 / 12:40:17

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210331-001614

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---------------------------------------|--|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SH8507K | | | | |
| As at 29 Mar 2021/07:50:00 | | | | |
| Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SH8507K Enquiry Fee 20210331123958948029 | 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 | | | | |
| 72a983af | | | 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: SMH 9241 R & SH 8507 K
ALONG YISHUN AVE 1 JUNG SEMBawang RD ON 29/03/2021 - 7:50hrs

I/We LIAN YONG LIANG NRIC/Passport No: S 87361264
of BLK 659B PUNGCOL EAST #15-761 S(822659)
the owner of vehicle no. SMH 9241 R 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 underake 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 TOKIO MARINE
Policy No. 21-MMM000099-R00 Expiry Date: 14/02/2023

Date: _____ Excess: _____
 _____
Owner's Signature/Co's stamp (if applicable) Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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 | 01/04/2021 09:36 (SGT) |
| Date of Accident | 29/03/2021 07:50 (SGT) |
| Exact Location of Accident | Yishun Ave 1, Singapore |
| Additional Location Information | JUNC OF SEMBAWANG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMH9241R |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name of Registered Owner | LIAN YONG LIANG |
| NRIC No | SXXXX126H |
| Email Address | RICKYLIANYL87@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90023662 |
| Alternative Phone No | +65-90023662 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Civic |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 21-MM000099-R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | LIAN YONG LIANG |
| NRIC No | SXXXX126H |

| | |
|--|-------------------------|
| Date Of Birth | 11/11/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 28/04/2007 |
| Driving Experience | 13 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90023662 |
| Alt. Phone Number | +65-90023662 |
| Email Address | RICKYLIANYL87@GMAIL.COM |
| Address | BLK 659B PUNGGOL EAST |
| Address complement | #15-761 |
| Postcode | 822659 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

PLS REFER TO THE POLICE REPORT:T/20210330/7003

ATTACHMENT(S)

| | |
|---|---------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH8507K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|----------------------|
| Vehicle Category | Taxi |
| Name of Driver | KOH TIONG HOE |
| NRIC No | SXXXX846G |
| Contact Number | (Phone) +65-96481127 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SHA3792C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | TAN CHENG HAI |
| NRIC No | SXXXX446B |
| Contact Number | (Phone) +65-97361405 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS




INJURED 1

| | |
|---|-----------------|
| Name of injured person | LIAN YONG LIANG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK & CHEST |
| Injured person in which vehicle? | SMH9241R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

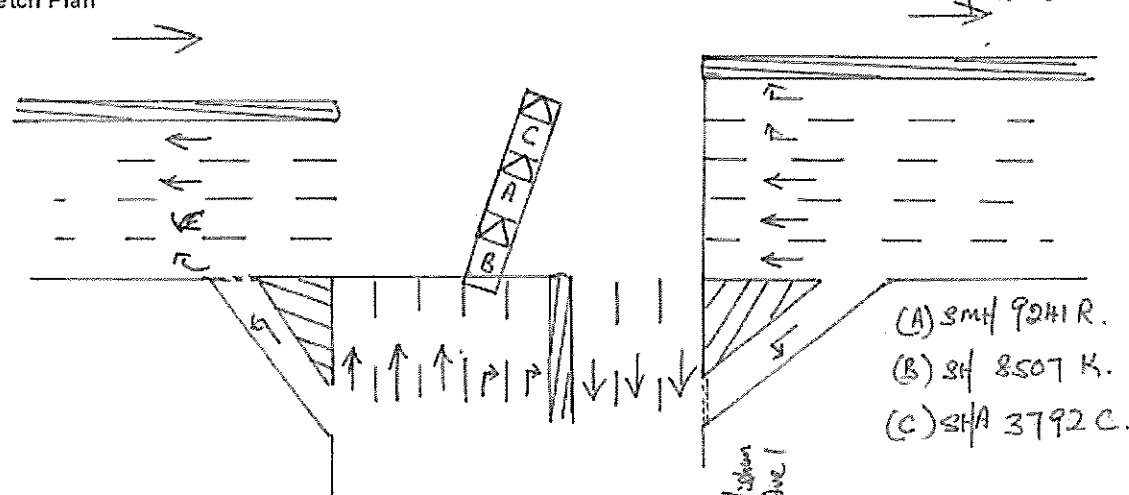
IMPORTANT NOTICE

- 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 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.
- 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 purposes(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

| | | |
|---|---|--|
|  Policyholder's Signature / Date & Time |  Driver's Signature (if driver is not the policyholder) / Date & Time |  Witnessed by Reporting Centre Personnel |
|---|---|--|

Sembawang Road.

Sketch Plan



(A) SMH 9241 R.
 (B) SH 8507 K.
 (C) SHA 3792 C.

Describe Circumstances of the Accident

Plz refer to Police Report
No: T/90210330/7003.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

1 of 4
Report No. T/20210330/7003

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 30/03/2021 01:29 | | Vide Report No.: L/20210329/0048 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LIAN YONG LIANG | | | Address: 659B PUNGGOL EAST #15-761 SINGAPORE 822659 | | |
| ID Type / ID No.: NRIC NO / S8736126H | | | Contact No.: Home/Office: Mobile: 90023662 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: rickylianyl67@gmail.com | | |
| Sex: Male | Age: 33 | Date of Birth: 11/11/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Singapore Armed Forces personnel | | | 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: 29/03/2021 08:00 | Type of Location: X-Junction |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 70 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|---------|---------------------------------|-------|---------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SH8507K | Car | TOYOTA | | Blue | Slightly Damaged | 1 |
| SHA3792C | Car | HYUNDAI | | Blue | Slightly Damaged | 1 |
| SMH9241R | Car | HONDA | CIVIC+1.5+T URBO+VTIS +SR | Grey | | 0 |



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

2 of 4

Report No. T/20210330/7003

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMH9241R | TOKIO MARINE INSURANCE SINGAPORE LTD. | MM000099 | 22/02/2021 | 14/02/2023 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KOH TIONG HOE | ID No. | S1421846G |
| Related Vehicle | SH8507K (Car) | Contact No. | 96481127 |
| 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 | TAN CHENG HAI | ID No. | S1309446B |
| Related Vehicle | SHA3792C (Car) | Contact No. | 97361405 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 29/03/2021 | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Driver | | | |
| Name | LIAN YONG LIANG | ID No. | S8736126H |
| Related Vehicle | SMH9241R (Car) | Contact No. | 90023662 |
| 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 |



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

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Report No. T/20210330/7003

CONTINUATION OF REPORT

Brief Details.

While turning right from Yishun Ave 1 to Sembawang Road during a right turn on green arrow turning amber, the Comfort cab in front (SHA3792C) came to a sudden complete halt in the middle of the turn (in the middle of the X-junction) for no apparent reason (the other vehicles ahead completed the right turn without stopping). The sudden halt was unexpected. I managed to stop in time, but the Comfort cab behind me (SH8507K) could not, and rear-ended me which propelled me forward to rear-end the cab ahead. I suffered back pain and chest tightness as a result and was conveyed to Khoo Teck Puat Hospital in an ambulance. I was discharged as outpatient for back muscle sprain and was given 2 days MC.

**SINGAPORE
POLICE FORCE**

T/20210330/7003

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

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Report No. T/20210330/7003

CONTINUATION OF REPORTSketch 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 / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
30/03/2021 01:29

Classification Of Case: