



Our Reference: SMQ4176G/7019595  
Your Reference: GBD3108J

By Email / Mail

25/06/2021

**CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS**  
Attn: Third Party Claim Department -

**ACCIDENT INVOLVING SMQ4176G & GBD3108J ON 17 May 2021.**

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		\$13,918.53
Loss Of Rental	\$107.00 x 7 days	\$749.00
Others		\$94.70
<b>TOTAL</b>		<b>\$14,762.23</b>

Kindly let us have your offer to [Christine.yow@wearnes.com](mailto:Christine.yow@wearnes.com)

Your soonest reply is much appreciated. Thank you.



Yours faithfully  
Christine Yow  
D (65) 6430 4899  
Wearnes Automotive Pte Ltd  
Bodyshop and Paint Division  
28 Leng Kee Road,  
Singapore 159104

This is a computer generated printout, no signature is required.

### SERVICE TAX INVOICE

0 - C00010      SL: CHINA TAIPING INSURANCE (SINGAPORE) CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD 3 ANSON ROAD #16-00, SPRINGLEAF TOWER SINGAPORE 079909	GST Reg.No:M28920628X Inv.No. . : B&P 7019595 Page 1 Inv.date. : 25/06/2021 WIP No. . : 25230 Veh.In/Out: 16/06/2021 23/06/2021 *Tel.No. . : 63896111 Reg.No. . : SMQ4176G Reg.date .: 14/11/2019 Mileage ..: 18,390 Chassis No: VF1RFA00963211960
Closed by .... : Michelle Ong Siew Be Svc Consultant : ACC Remarks ..... : Mr Richard Ting Say	

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMP BUMPER SPOILER, SPOILER MOULDING, BRACKETS, EMBLEMS, ETC.	0	1100.00	0		1,100.00	S
800	TO PUTTY AND SPRAY PAINT ON TAILGATE, REAR BUMPER, ETC. (PEARL WHITE)520	0	1300.00	0		1,300.00	S
802	TO TRANSFER TAILGATE MECHANISM	0	250.00	0		250.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
802	TO REPLACE REAR WINDSCREEN	0	550.00	0		550.00	S
0080	TO INSTALL REAR WINDSCREEN	0	280.00	0		280.00	S
SOLAR FILM							
802	TO REPAIR END PANEL	0	550.00	0		550.00	S
800	TO PUTTY AND SPRAY PAINT ON END PANEL	0	650.00	0		650.00	S
850221774R	BUMPER REAR GS4 BOSS	1.0 EA	928.50	10		835.65	S

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Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Mr Richard Ting Say

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
850189314R	BUMPER REAR PAD GS4	1.0 EA	483.20	10		434.88	S
217464725R	BUMPER MOUDDLING CLIP	10.0 EA	3.70	10		33.30	S
850703057R	BUMPER REAR LOWER MO	1.0 EA	555.30	10		499.77	S
901523953R	TAILGATE OUTER PANEL	1.0 EA	625.70	10		563.13	S
848108783R	TAILGATE OUTER PANEL	1.0 EA	392.00	10		352.80	S
908B86823R	RIVET FIX P	6.0 EA	8.40	10		45.36	S
908895927R	LOGO REAR "DIAMOND"	1.0 EA	154.30	10		138.87	S
908923255R	EMBLEM "SCENIC" GS4	1.0 EA	128.20	10		115.38	S
908924456R	EMBLEM "RENAULT" REA	1.0 EA	101.10	10		90.99	S
265503413R	TAILLAMP RH GS4	1.0 EA	466.20	10		419.58	S
901007869R	TAILGATE ASSY GS4	1.0 EA	2082.50	10		1,874.25	S
265808906R	LAMP-FOG, REAR RH GS	1.0 EA	238.50	10		214.65	S
265503368R	TAILGATE LAMP-RH GS4	1.0 EA	466.20	10		419.58	S
850465793R	BUMPER REAR RH SUPPO	1.0 EA	106.00	10		95.40	S
903007061R	WINDSCREEN REAR GS4	1.0 EA	792.00	10		712.80	S
7711785626	WINDSCREEN SEALANT	2.0 EA	125.50	10		225.90	S
402064155R	PRIMER	1.0 EA	185.60	10		167.04	S

### SERVICE TAX INVOICE

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Closed by .... : Michelle Ong Siew Be Svc Consultant : ACC Remarks ..... : Mr Richard Ting Say	

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
80750JY00A	ADHESIVE SEALER FL2	1.0 EA	709.60	10		638.64	S

	Gross Total.	13,007.97
<b>Labour Total</b>	5,130.00	Net..... 13,007.97
<b>Parts Total</b>	7,877.97	GST @ 7.0% 910.56
<b>Package Total</b>	0.00	Total..... 13,918.53
		Paid..... 0.00
		Please Pay.. 13,918.53

GST: S=StdRated; O=OutOfScope; Z=ZeroRated  
 Enquiries must be lodged within 14 days from the invoice date  
 This is a computer generated invoice. No signature is required.

# PAYMENT BREAKDOWN

Insured Vehicle No.	: SMQ 476G	Model:	GSA
TP Vehicle No.	: GBD 3108J		
Date of Accident	: 17 May 2021		

Global Sum Settlement :  YES  NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	: 21,372.20		
Final Repair Cost	: 13,918.53		
Loss of Use	:	days at	per day
Rental (If Any)	: 749.00	7 days at	107.00 (Inclusive of GST) per day
Others (Medical)	: 94.70		
	:		
	:		
Final Settlement Sum	: 14,762.23		

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Instruction: Payee's Breakdown		
1) Wearnes Automotive Pte Ltd	:	14667.53
2) Ting Jen Kong Marcus	:	94.70
3)	:	
4)	:	

## AUTHORIZATION TO ACT

I, RICHARD TENG SAY CHONG @ TENG SAY CHONG ("the third party Claimant")  
of BK 1 Queen's Road #1185, Singapore 260001 (address),  
owner of SMQ 4176G (vehicle no.)  
hereby authorize Wearnes Automotive Pte Ltd ("The workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or loss of use  
("claim") for my Vehicle No. SMQ 4176G that was damaged  
pursuant to the accident which occurred on 17/05/2021 (date) along  
The slip road from Adam Road heading towards PIE (Changi) (location)  
involving Vehicle No/s GSD 3168.J ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 18<sup>th</sup> day of May (month) 20 21 (year)

  
\_\_\_\_\_  
Signed by "the third party claimant"

  
\_\_\_\_\_  
Signed by "the workshop"





820 THOMSON ROAD, SINGAPORE 574623  
MAINLINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : TING JEN RONG MARCUS      Receipt No. : 210048693 (REPRINT)  
ID No. : S9108763D                              Reprint Date : 17/05/2021  
Account No. : O210710201                      Date : 17/05/2021  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	52.00
VOLTAREN SR TAB 75MG	10	EA	13.50
Total Charges			<u>88.50</u>
GST @ 7%			<u>6.20</u>
			<u>94.70</u>

Paid: MASTER CARD BY TING JEN RONG MARCUS      94.70  
Mode of Payment : MASTER CARD                      Reference No. : ---

This is a computer generated official receipt, no signature is required.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X  
45 Leng Kee Road, Singapore 159103  
Telephone: +65 6876 5063  
www.wearnesleasing.com

**China Taiping Insurance (Singapore)**

3 Anson Road  
#16-00  
Springleaf Tower  
Singapore 079909

**Tax Invoice**

**Inv No.** : R2100782  
**Inv Date** : 25 Jun 2021  
**Ref** :  
**Terms** : 90 Days

**Rental Information**

Agreement No. : RA21/00390  
Billing Period : 16/06/2021 09:15 - 23/06/2021 16:00  
Driver Name : Richard Ting Say Chong

**Car Information**

Registration No. : SMQ5390Y  
Make : MITSUBISHI  
Model : OUTLANDER 2.0 CVT

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	8.00	Day	100.00	800.00

**Remarks:**

SMQ4176G\_China Taiping\_Michelle (R)

**Payment method:**

Interbank GIRO and credit card payments: Deduction will take place from 5th to 9th of the month.

Cheque payments: All cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

**Bank Transfers:**

Oversea-Chinese Banking Corporation Limited  
Bank Code: 7339  
Branch Code: 501  
Bank Account Name: Wearnes Automotive Pte Ltd  
Bank Account: 501-296727-001  
SWIFT CODE: OCBCSGSG

Subtotal : S\$ 800.00  
GST 7.0% : S\$ 56.00  
**Total : S\$ 856.00**

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date that the payment is due, compounded daily, plus an administrative fee of S\$50.00 (excluding GST) each time.

*This is a computer generated document. No signature is required.*

## Michelle Ong Siew Bee

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**From:** Steve Chen (LKK Auto) <SteveChen@lkkauto.com>  
**Sent:** Wednesday, 23 June 2021 9:32 PM  
**To:** Michelle Ong Siew Bee  
**Cc:** Shiau Chan (LKKAuto)  
**Subject:** Final Bill for SMQ4176G  
**Attachments:** SMQ4176G.pdf; SMQ 4176 main estimate.pdf

Hi Michelle,

We confirm the finalize \$13,007.97 (P/P, before GST). 6 repair days.

Thanks.

Best Regards,  
**Steve Chen** | Automotive Assessor  
**LKK Auto Consultants Pte Ltd**  
Phone: 81117723/6256-3561 | email: [stevenfoong@lkkauto.com](mailto:stevenfoong@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Michelle Ong Siew Bee <michelle.ong@wearnes.com>  
**Sent:** Wednesday, 23 June 2021 5:26 PM  
**To:** Steve Chen (LKK Auto) <SteveChen@lkkauto.com>  
**Subject:** FW: Final Bill for SMQ4176G

**From:** Michelle Ong Siew Bee  
**Sent:** Wednesday, 23 June 2021 5:23 PM  
**To:** [steve.chen@lkkauto.com](mailto:steve.chen@lkkauto.com)  
**Cc:** Nivitha (LKK Auto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; Summer (LKK Auto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; 'Admin A' <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; [celinefong@lkkauto.com](mailto:celinefong@lkkauto.com); [assignments@lkkauto.com](mailto:assignments@lkkauto.com)  
**Subject:** Final Bill for SMQ4176G  
**Importance:** High

Dear Steve,

Please refer the Final Bill as attached.

Best regards,

**Michelle Ong**

## Michelle Ong Siew Bee

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**From:** Adeline Chng <adeline.chng@sg.cntaiping.com>  
**Sent:** Thursday, 20 May 2021 12:14 PM  
**To:** Michelle Ong Siew Bee; assignments@lkkauto.com  
**Cc:** Claims Dept of CTI  
**Subject:** RE: SNM21D202892/C02/GBD3108J/CHNGPW / FW: Direct Settlement - Our Ref: SMQ4176G; Your Insured GBD3108J DOA 17/05/2021

### Without Prejudice

Dear Michelle

We refer to the above matter.

Please be advised that liability is in favor of your client. We are prepared to do Direct settlement, and quantum subject to consistency of damages, based on our surveyor's findings, with supporting documents.

We shall appoint LKK to conduct PRI.

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Dear LKK

Please refer to below email and liaise with third party workshop.

### **NOTICE :**

In response to the escalating Covid-19 cases, please refrain from sending hardcopy documents to us as delay is to be expected for handling hardcopy documents. All correspondence should be made via email [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com) or fax at 6224 7175. Any inconvenience caused is much regretted.

**Thank you.**

**Adeline Chng**  
Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6155 | F: (65) 6225 5879

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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SW08215I0001 / Wearnes Automotive Pte Ltd  
ENTRY DATE & TIME: 18/05/2021 12:32 (SGT)  
SUBMITTED BY: Michelle Ong  
VERSION: 1 (18/05/2021 12:32 (SGT))

# 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	18/05/2021 12:32 (SGT)
Date of Accident	17/05/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM ADAM ROAD TO PIE (CHANGI)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4176G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICHARD TING SAY CHONG @ TING SAY CHONG
NRIC No	SXXXX703D
Email Address	marcusting@gmail.com
Mobile Phone No	(Phone) +65-98786515
Alternative Phone No	+65-98786515

### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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	1461

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD19V14176/VPC2/R00
Cover Note Number	-

### DRIVER

Name of Driver	TING JEN RONG, MARCUS
NRIC No	SXXXX763D

Date Of Birth	11/03/1991
Occupation	Indoor
Date Of Driving Pass	10/03/2011
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98786515
Alt. Phone Number	-
Email Address	marcusting@gmail.com
Address	BLK 6 FARRER ROAD
Address complement	#09-70
Postcode	260006
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	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT.

#### 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	GBD3108J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Commercial vehicle

Name of Driver	TOH SWEE HWEE
NRIC No	SXXXX555I
Contact Number	(Phone) +65-98711877
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TING JEN RONG, MARCUS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	-
Injured person in which vehicle?	SMQ4176G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 17/05/2021 Time: 13:00
Exact Location of Accident	Slip road from Adam Road to PTE (Changi)
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SMR 4176 G
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	RICHARD TING SAY CHONG @ TING SAY CHONG
Personal Identification - NRIC (Singaporean/PR)	S116 1703D
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>Renault</u> Model <u>Grand Scenic</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Driving to work
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	Liberty Insurance
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	SD19V14176 / NPC21 R00
Motor CI	
<b>DRIVER</b>	
	<input type="radio"/> Same as Insured above
Name of Driver	TING JEN RONG, MARCUS
Personal Identification - NRIC (Singaporean/PR)	S9108763D
- FIN/Passport Number	
Date of Birth	11 dd/ 03 mm/ 1991 /yy
Driving Date Pass	10 dd/ 03 mm/ 2011 /yy
Year of Driving Experience	10 Year(s) 2 Month(s)
Occupation	HR Officer <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9878 6515

Address of Driver	Blk 6 Farrer Road #09-70	Postcode (260006)
Email Address	marcusting@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Son	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____	

### OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	1	

### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	Bukit Timah N.P.C.	
Police Station Address	1 Duke's Road Singapore 268914	
Police Station Contact	Tel No. 1800-4629999 Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	GBD 3108J
Vehicle Make/ Model/ Colour	Van / Black / Toyota
Details of Properties	
Name of Driver	TOM SWEE HWEE
Personal Identification - NRIC (Singaporean/PR)	S 77 14 555 I
- FIN/Passport Number	
Contact Number	98711877
Address	
Name of Insurance Company	China Taiping
Nature of Damage	
No. of Passenger (Including Driver)	1
(Note - Please use page 6 if you need to add more vehicles )	

**Describe Circumstance of the Accident**

On 17/5/2021 at about 1300 hrs, I was travelling along Adam Road heading towards PIS towards Changi. I was on the bend slip road turning head towards Changi, where the vehicle in front skidded down suddenly. I managed to stop my vehicle in time to avoid a collision, but I felt a collision to the rear of my vehicle.

I winded down my window and noticed that I had met with an accident. As such, I put on my hazard lights and moved my vehicle ahead to a safe location to talk to the driver behind. I alighted from the vehicle and exchanged particulars with the driver. I wish to state that I felt some whiplash, but did not feel that I required immediate medical attention. We left the location after exchanging our particulars.

On the same date at about 1900 hrs, I proceeded to Mount Alvernia Hospital to seek consultation. Subsequently, I was given 5 days of ME from 17/05/2021 to 21/05/2021.

I wish to state that there was an in-car camera facing the front of the vehicle, but not the rear. There was no damage to government property and no police or ambulance were at the scene.

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

**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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

Sketch Plan

REFER TO POLICE REPORT





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

**CONTINUATION OF REPORT**

Driver			
Name	TING JEN RONG, MARCUS		ID No. S9108763D
Related Vehicle	SMQ4176G (Car)		Contact No. 98786515
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight
Driver			
Name	TOH SWEE HWEE		ID No. S7714555I
Related Vehicle	NIL		Contact No. 98711877
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 17/05/2021 @ about 1300hrs, I was travelling along Adam Road heading towards PIE towards Changi. I was on the bend slip road turning heading towards Changi, where the vehicle in front slow down suddenly. I managed to stop my vehicle in time to avoid the collision, but I felt a collision from the rear of my vehicle.

I wind down my window and noticed that I had met with an accident. As such, I put on hazard light and move my vehicle ahead to a safe location to talk to the driver behind. I alighted from the vehicle and exchange particulars with the driver. I wish to state that I felt some whiplash, but I do not require immediate medical attention. We left the location after exchanging our particulars.

On the same date @ about 1900hrs, I proceed to Mount Alvernia Hospital to seek consultation. Subsequently, I was given 5 days MC from 17/05/2021 to 21/05/2021.

I wish to state that there were In car camera facing the front of the vehicle, but not the rear. There was no damage to government property and no police or ambulance were at scene.



**SINGAPORE  
POLICE FORCE**



T/20210517/2089

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3  
Report No. T/20210517/2089

**CONTINUATION OF REPORT**

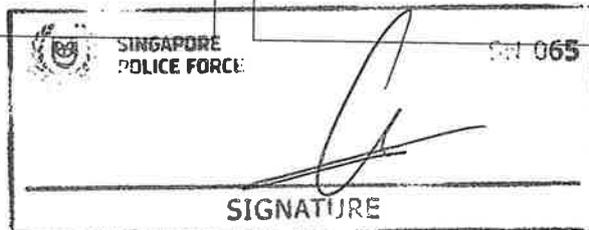
**Sketch Plan**

Informant is not able to provide sketch plan

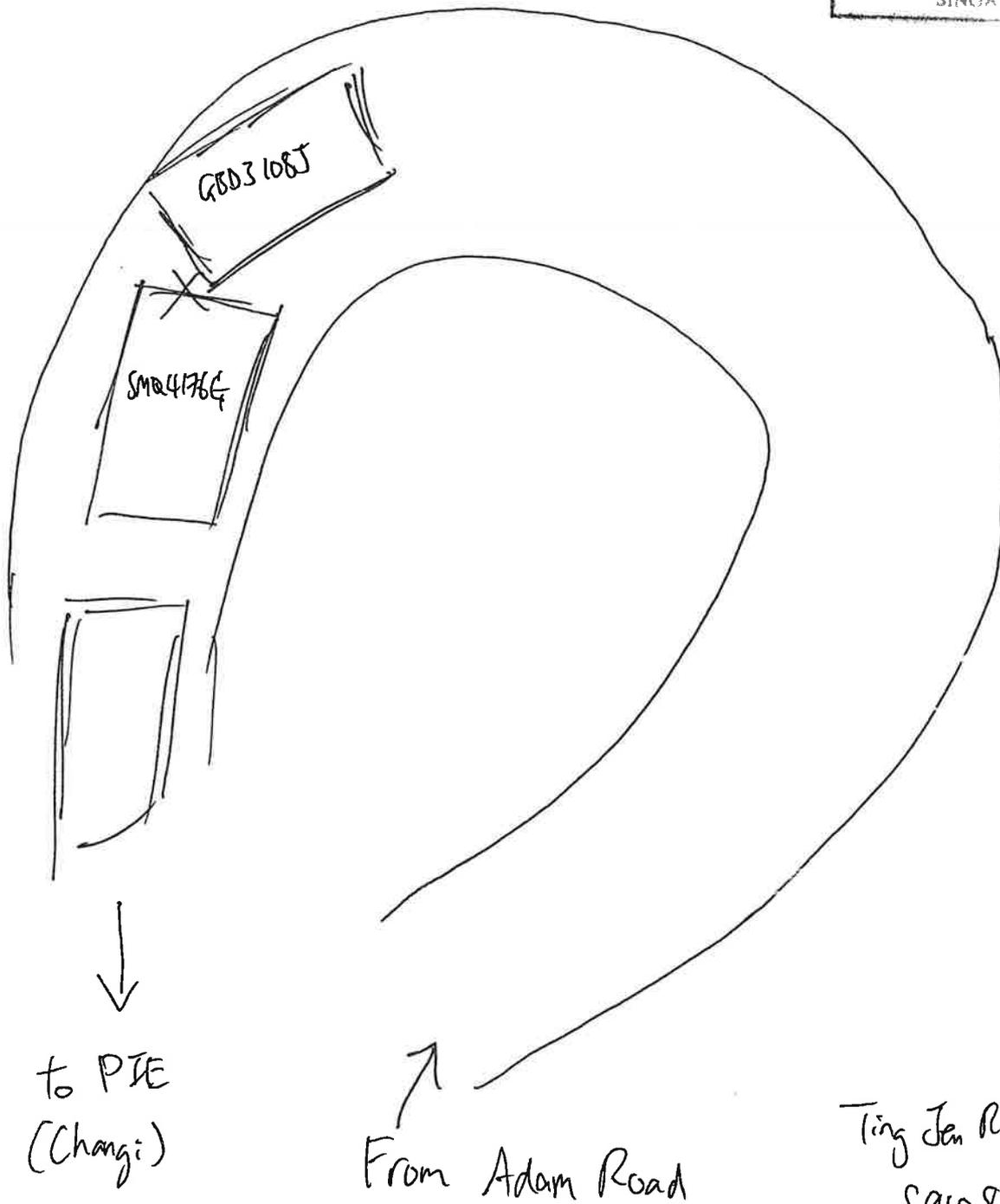
**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt ONG CHUN KAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2021 20:23
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp  
NP168



  
BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE  
1 DUKE'S ROAD  
SINGAPORE 268914



Ting Jen Rong, Marcus  
S91087630

