



HD PERFECT
AUTOWORK PTE LTD

HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: SJW1733Y

Your Ref.: SLH7093B

Date: 12.03.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SJW1733Y & SLH7093B
Date of Accident: 30.11.2021 @ 19:25HRS
Location: Ang Mo Kio Avenue 10 Towards Ang Mo Kio Avenue 1

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 10,500.00</u>
Loss of Rental:	
(9 Days x \$120/Day):	<u>\$ 1,080.00</u>
LTA Search:	<u>\$ 7.45</u>
3rd Party Report:	<u>\$ 29.00</u>
Towing Fee:	<u>\$ 120.00</u>
Grand Total:	<u>\$ 11,736.45</u>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle Lim @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Shanelle Lim



Authorisation To Act

I, Chia Hui Qin ("the third party claimant") of
BLK 455C Ang Mo Kio Street 44 # 27 - 33 Singapore 563455
(address), owner of SJW 1733Y (vehicle no.)
hereby authorise HD Perfect Autowork 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. SJW 1733Y that was
damaged pursuant to the accident which occurred on 30/11/2021 (date)
at/along Ang Mo Kio Avenue 10 towards Ang Mo Kio Avenue 1
(location) involving vehicle no/s SLH7093B ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 01 day of 12 (month) 20 21 (year)



Signed by "the third party claimant"




HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z


Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJW 1733Y and SLH 7093B on 30/11/2021
at/along Ang Mo Kio Avenue 10 towards Ang Mo Kio Avenue 1

1. I/We, the Owner of motor vehicle no. SJW 1733Y hereby instruct and authorise HD Perfect Autowork Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 01 day of 12 2021

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :

Chia Hui Qin

S8113727G

BLK 455C Ang Mo Kio

Street 44 #27-33 Singapore 563455

9830 3091

Witnessed by :

Shanille Lim



"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT

(AIG Asia Pacific - Express Third Party Claim)

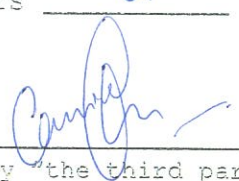
I, chia Hui Qin ("the third party claimant")
of BLK 455C Ang Mo Kio Street 44 # 27-33 S(563455) (address),
owner of SJW 1733Y (vehicle no.) hereby authorize
HD Perfect Autowork Pte. Ltd.

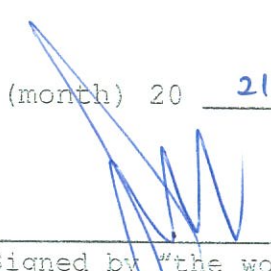
("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SJW 1733Y that was damaged pursuant to the
accident which occurred on 30/11/2021 (date) along Ang Mo Kio
Avenue 10 towards Ang Mo Kio Avenue 1 (location)
involving vehicle no/s SLH7093B
("the accident").

I further authorize the workshop 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.

Dated this 01 day of 12 (month) 20 21 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



HD PERFECT
AUTOWORK PTE LTD
URN: 2021369047

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
12.03.2022	HDP202203-00025	SJW1733Y

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 10,500.00
Total	\$ 10,500.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2112110

Date: 13-12-21

Bill To:

HD Perfect Autowork Pte Ltd

For the account of:

Chia Hui Qin

(Xie HuiQin)

S8113727G

Blk 455C Ang Mo Kio Street 44

Ship To:

1

HD Perfect Autowork Pte Ltd

For the account of:

Chia Hui Qin

(Xie HuiQin)

S8113727G

Blk 455C Ang Mo Kio Street 44

Description	Amount	Job No.
Vehicle Rental for Period 02.12.2021 to 11.12.2021 (Billing for days 9 X \$120.00/per day) (Vehicle No.: SJW1733Y)	\$1,080.00	SMC2415D SR

Your Order #: E19032

		Terms: Net 30th after	GST:	\$70.65
COMMENT	CODE	RATE	GST SALE AMOUNT	Total Inv Amt: \$1,080.00
	SR	7%	\$70.65 \$1,009.35	Amount Applied: \$0.00
Balance Due:				\$1,080.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961


Website: www.carsforrent2016.com

No: E 19032

ROC/GST No: 201609732N

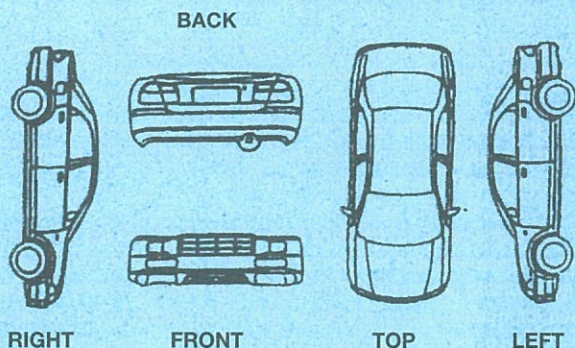
VEHICLE RENTAL AGREEMENT

HD Perfect

HIRER'S PARTICULAR		Vehicle No: SMC2415D		Replace Veh No: SJW1733Y													
Name: (as in I/C) Chin Hai Qian (Xie Huiqin)		Mileage out: 57247 km															
NRIC/PASSPORT No: S81137276		Make & Model: Toyota Corolla Altis		Auto / Manual													
Date of Birth: 10-05-1981		OUT : Date 02/12/2021 Time: 12:10 pm															
Address (Res): Blk 455C Ang Mo Kio Street 44 #27-33 (S) 563455		HIRE PERIOD															
Driving Licence No: D/L Type: Local / International		OWN DAMAGE CLAIM Excess S\$		2000													
Issue Date:		THIRD PARTY CLAIM Excess S\$		1500													
Tel: (O) HP		CHARGES															
Company Name:		Daily 9 @ \$ 120 per day		1080 W													
Company UEN:		Weekly @\$ per week															
Company Address:		Monthly @\$ per month															
		Others @\$															
		Delivery Service															
		GST															
ADDITIONAL DRIVER'S PARTICULARS		SUB-TOTAL \$															
Name: (as in I/C) Lin Shiwei																	
NRIC/PASSPORT No: S814 06676																	
Date of Birth: 04-12-1981																	
Address (Res): Blk 455C Ang Mo Kio Street 44 #27-33 (S) 563455																	
Driving Licence No: D/L Type: Local / International		PETROL LEVEL															
Issue Date:		<table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table>				Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	3/4	F
Out	E	1/4	1/2	3/4	F												
In	E	1/4	1/2	3/4	F												
Tel: (O) HP		EXTENSION															
		Misc.															
		GST 21. gst included															
		TOTAL CHARGES		1080 W													
		Rented out by:															
		 Hirer's Signature															
		 Addition Driver's Signature															

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS

VEHICLE CHECK LIST




I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount 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 CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 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 ABOVE.
- 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 CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) PTE LTD 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	
11/12/21	1:20 pm	57443			 Hirer's Signature

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Dec 2021 / 11:21:41

Receipt Date/Time : 01 Dec 2021 / 11:21:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211201-001551

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLH7093B				
As at 30 Nov 2021/19:25:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLH7093B Enquiry Fee 20211201112017301813	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				
526471XXXXXX0544		eNETS 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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

HD Perfect Autowork Pte Ltd - Chia
Hui Qin

Invoice Number
GR-2021-004511

Invoice Issue Date
04 Dec 2021

Invoice Due Date
11 Dec 2021

Total Amount (S\$) 27.10
Total GST 7.00% (S\$) 1.90
Total Amount Incl. of GST (S\$) 29.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	04/12/2021,30/11/2021,SJW1733Y,SLH7093B	27.10	1.90	29.00
Total Amount (S\$)				27.10
Total GST 7.00% (S\$)				1.90
Total Amount Incl. of GST (S\$)				29.00

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



AUTOW Recovery Services

8 Kaki Bukit Avenue 4, #08-41 Premier @ Kaki Bukit, Singapore 415875
ROC: 53347242C

Hotline: +65 9392 4545

Email: info.autow@gmail.com

CASH ORDER / WORK ORDER

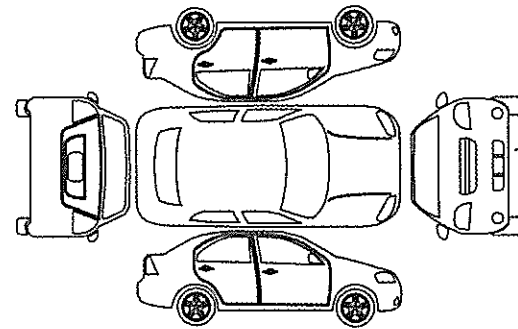
No. A 11859


Service Date: 02-12-2021 Time Received: 1400
Member Name: Cash Time Arrived: 1410
NRIC No.: _____ Time Completed: 1500
Contact No.: _____ From: T. P. Pounel
Car Reg No.: BJW 1733Y To: 08-09 Premier
Car Make/Model: QSO Tow Truck No.: YM60794
Remarks: _____ Amount: 120/-
Cash / Credit

ADDITIONAL CHARGES:

- ☒ Dolly Wheels / Flat Bed
- ☐ Basement / Multi Storey
- ☐ Crane up / Bogged
- ☐ Causeway / Second Link
- ☐ Low Body Kit
- ☐ Collection of Key
- ☐ ERP / Carpark _____

BODY & PAINT CONDITION:




Tow Driver's Name & Signature

Member's Name & Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle / asset whilst being towed.

SA1E21C30002 / Abwin Service Pte Ltd
ENTRY DATE & TIME: 03/12/2021 14:51 (SGT)
SUBMITTED BY: Gerine Cheng
VERSION: 1 (03/12/2021 14:51 (SGT))

Your NCD will be affected due to late reporting

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	03/12/2021 14:51 (SGT)
Date of Accident	30/11/2021 19:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1733Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA HUI QIN
NRIC No	S8113727G
Email Address	BUMBLEBBB8888@GMAIL.COM
Mobile Phone No	(Phone) +65-98303091
Alternative Phone No	(Home) +65-98303091

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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	1991

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP311676
Cover Note Number	-

DRIVER

Name of Driver	LIN SHIWEI
----------------	------------

Date Of Birth	04/12/1981
Occupation	Indoor
Date Of Driving Pass	20/09/2004
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96338933
Alt. Phone Number	-
Email Address	BUMBLEBBB8888@GMAIL.COM
Address	BLK 455C ANG MO KIO STREET 44
Address complement	#27-33
Postcode	563455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes
Was any other vehicle 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

REFER TO SKETCH PLAN ATTACHED

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	SLH7093B
Vehicle Manufacturer	-
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)

-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN SHIWEI
Gender	Male
Phone No	(Phone) +65-96338933
Address	BLK 455C ANG MO KIO STREET 44
Address Complement	#27-33
Post Code	563455
Approximate Age Years Old	39
Injuries Sustained	-
Injured person in which vehicle?	SJW1733Y
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. The Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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' 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 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' law yers/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 law yers/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

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20211201/7003

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



**SINGAPORE
POLICE FORCE**



T/20211201/7003

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

1 of 3

Report No. T/20211201/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2021 11:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIN SHIWEI			Address: 455C ANG MO KIO STREET 44 #27-33 SINGAPORE 563455		
ID Type / ID No.: NRIC NO / S8140667G			Contact No.: Home/Office: Mobile: 96338933		
Nationality: SINGAPORE CITIZEN			Email: roylsu@gmail.com		
Sex: Male	Age: 39	Date of Birth: 04/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:25	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condilio	No of
SJW1733Y	Car					0
SLH70938	Car	HONDA	SHUTTLE	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211201/7003

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

2 of 3

Report No. T/20211201/7003

CONTINUATION OF REPORT

Driver			
Name	LIN SHIWEI	ID No.	S6140667G
Related Vehicle	SJW1733Y (Car)	Contact No.	96338933
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	30/11/2021	Date	01/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	MR GOH	ID No.	NIL
Related Vehicle	SLH7093B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 30 Nov 2021 (Tue) at about 7.25pm, I was travelling straight in my vehicle bearing registration number plate: SJW 1733Y on lane 1 out of two lanes along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 1.

Suddenly, one car bearing registration number plate: SLH 7093B came out straight from carpark near Blk 412 Ang Mo Kio Ave 10 towards the direction of Ang Mo Kio St 44 without stopping or giving way to oncoming vehicles. That carpark can only turned left or turned right and cannot go straight at all.

As a result, my front portion collided with his rear left side bumper portion. I got a shocked and stayed in my car as I felt pain in my body. Luckily got one passer-by came by and assisted me. Subsequently I was conveyed to hospital by ambulance. My damages are in front portion and left hand-side portion.



**SINGAPORE
POLICE FORCE**



T/20211201/7003

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

3 of 3

Report No. T/20211201/7003

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 / TP1B /
HO JIEKANG, IVAN
Contact No.: 65476170

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
01/12/2021 11:17

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8113727G



Name
CHIA HUI QIN
(XIE HUIQIN)
谢慧芬

Race
CHINESE

Date of birth
10-05-1981

Sex
F

Country of birth
SINGAPORE



4728933



NRIC No. S8113727G



Date of issue
01-06-2011

APT BLK 455C ANG MO KIO STREET 44 #27-33
SINGAPORE 563455

NRIC No. S8113727G Date: 17/10/2017

SSW 1733Y
owner

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8140667G



Name

LIN SHIWEI

林 师 伟

Race

CHINESE

Date of birth

04-12-1981

Sex

M

S8140667G

Country of birth

SINGAPORE

SJW 1733Y

Driver

4906337



NRIC No. S8140667G



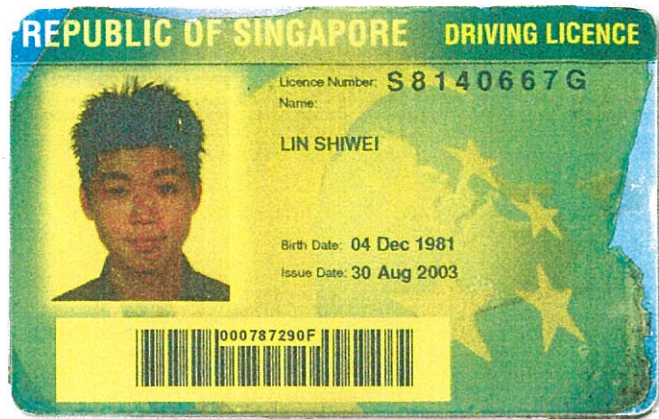
Date of issue

19-11-2012

APT BLK 455C ANG MO KIO STREET 44 #27-33
SINGAPORE 583455

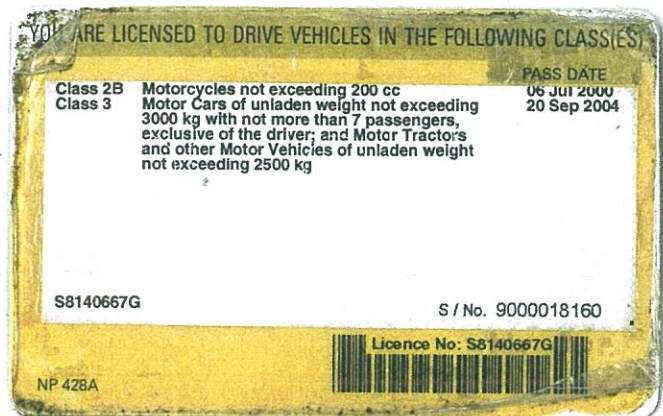
NRIC No. S8140667G

Date: 17/10/2017



SJW1733Y

Driver



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1

CERTIFICATE NUMBER : MP311676

Type of Coverage : Comprehensive Own Damage Excess : SGD750.00

Sum Insured : Market Value Windscreen Excess : SGD100.00

- | | |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle | SJW1733Y |
| Chassis Number of Vehicle | JN1BCAV37Z0480664 |
| 2. Name of Policyholder | CHIA, HUI QIN |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28 Apr 2021 |
| 4. Date of Expiry of Insurance | 27 Apr 2022 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. CHIA, HUI QIN | 02. N/A |
| 03. N/A | 04. N/A |
| 05. N/A | 06. N/A |

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Hire Purchase Company : Hong Leong Finance Limited

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.



Authorized Signature

Issue on: 20 Apr 2021