


Borneo Motors

Borneo Motors (Singapore) Pte Ltd
 Inchcape Bodycare Centre
 Level 4, Inchcape Centre
 2 Pandan Crescent
 Singapore 128462
 Tel: +65 6631 1855/1500
 Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2022/02/PD0138/DS(SM)

Your Ref: CC4/PLC21013109/Upa3

24 Feb 2022

BY HAND (INS COPY)

M/S. LONPAC INSURANCE BERHAD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SKN0355Y AND YP4451A ON 23 Dec 2021

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost - \$15,670.26	B. LTA Search -
C. Excess -	D. Loss of Use -
E. Loss of Rental - \$1,200.00(\$100x12days)	F. Others -
G. Medical Claims - \$239.08 -Undertake By Claimant <input type="checkbox"/>	Total Claim - \$17,109.34

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

(✓) Original Tax Invoice	(X) Discharge Voucher
(✓) Car Rental Invoice/Agreement	(X) Original Photograph X _____
(✓) GIAS/Police Report/s	(X) Original/Photocopy Survey
(✓) Certificate of Insurance	(X) LTA Search Fees
(✓) Letter of Authority	(✓) Medical Receipt

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



TAX INVOICE

Account Details	Account No.	Customer Details
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia	S1000007 / ICLPI1	Mr Goh Eng Sie 53 Paya Lebar Crescent Singapore 536126 Mobile: 96707129
	Document No. 39012384	
	Document Date 06/01/2022	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2014	ANH20R	PFXQK F3	05/05/2014	SKN0355Y	73237	21493	67/TP/SKN0355Y
Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
JTEGD21H208331789	2AZJ080581	60	Sam San Joi	24/12/2021 10.25	06/01/2022 10.11		

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
30	9	T85242-58030 BLADE, RR WIPER	1.00	60.30		60.30

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd	Please acknowledge receipt of vehicle		14,645.10
		Parts 7,963.10	GST 7.00% 1,025.16
		Labour 30.00	Less 0.00
		Sublet 6,652.00	
		Lubrication/Fluid 0.00	
		Others 0.00	Amount Due 15,670.26

Company Copy



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

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L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
11	S	BP-SUBLET RESPRAY JOB ON REAR ACCIDENT AFFECTED AR EAS 0742				2360.00
12	1	T52159-58916 COVER,RR BUMPER	1.00	637.30		637.30
13	2	T52152-58010 EXTENSION RR BUMPER	1.00	59.80		59.80
14	3	T52155-58030 SUPPORT RR BUMPER RH	1.00	80.70		80.70
15	4	T52165-58020 C0 COVER RR BUMPER LH	1.00	206.10		206.10
16	5	S52161-0K040 PIECE, RR BUMPER	10.00	4.10		41.00
17	6	T52162-58010 C0 PLATE, RR BUMPER	1.00	15.90		15.90
18	7	T67005-58120 PANEL ASSY,BACK DOOR	1.00	2120.20		2120.20
19	8	T68105-58091 GLASS,BACK DOOR	1.00	1242.60		1242.60
20	9	T90975-02066 EMBLEM,SYMBOL	1.00	72.20		72.20
21	0	T75441-58030 PLATE,LUGGAGE DOOR	1.00	68.70		68.70
22	1	T81551-58061 R/R COMBINATION LENS,	1.00	492.50		492.50
23	2	T81581-58121 R/REAR BOOT LENS,	1.00	284.70		284.70
24	3	T89348-64030 C0 RETAINER,ULTRASONIC	1.00	20.60		20.60
25	4	L89348-30030 A0 RETAINER, ULTRASONIC	1.00	25.70		25.70
26	5	T21000-20 SIKA 210002-0 TACK GO! (BLACK) SG	2.00	108.00		216.00
27	6	T21000-22 SIKA 210002-2 G+P 207 ADHESIVE PRIMER	1.00	200.00		200.00
28	7	T52155-58020 R/RR BUMPER SUPPORT,	1.00	46.70		46.70
29	8	T76801-58110 A0 GARNISH SUB-ASSY	1.00	2072.10		2072.10

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd	Please acknowledge receipt of vehicle	Parts	Less
		Labour	
		Sublet	Amount Due
		Lubrication/Fluid	
		Others	

Company Copy



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



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		Document No. 39012384	53 Paya Lebar Crescent	
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JTEGD21H208331789	2AZJ080581	60	Sam San Joi	24/12/2021 10.25	06/01/2022 10.11

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP CLAIM TP-YP4451A ACC DATE:23/12/2021 DRIVE IN:24/12/2021 DATE-IN:24/12/2021 DATE SURVEY:27/12/2021 NO OF REPAIR DAYS:6 DAYS BY:MARCUS(LKK)				30.00
2	S	BP-SUBLET INSTALL REAR WINDSCREEN GLASS 3M SOLAR F ILM	0741			350.00
3	S	BP-SUBLET TO RESET ECU AND REPROGRAMME	0742			180.00
4	S	BP-SUBLET DRILL HOLE & INSTALL REAR REVERSE SENSOR	0742			180.00
5	S	BP-SUBLET CHECK LIGHTING & CONDUCT WATER LEAK TEST	0742			180.00
6	S	BP-SUBLET REMOVE & INSTALL REAR COMPARTMENT CARPET ,GARNISH AND TRIMMING TO ASSIST REPAIR	0742			360.00
7	S	BP-SUBLET SUPPLY SEALANT (NETT)-TAILGATE	0742			60.00
8	S	BP-SUBLET REPLACE & INSTALL REAR WINDSCREEN GLASS	0742			462.00
9	S	BP-SUBLET TRANSFER & INSTALL COMPONENTS TO NEW TAI LGATE	0742			360.00
10	S	BP-SUBLET REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS	0742			2160.00

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less
			Amount Due

Company Copy



TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO.
BORNEO MOTORS (SINGAPORE) PTE LTD C/O GOH ENG SIE 53 PAYA LEBAR CRESCENT SINGAPORE 536126

DATE	INVOICE NO.
20/1/2022	BMS 5086

	VHA NO.	DUE DATE	VEH NO.
	BMS 5086	20/1/2022	SMJ 7233 S
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 24 DECEMBER 2021 TO 05 JANUARY 2022 YOUR REF : SKN 355 Y	12	93.4582	1,121.50
Account Name: BKW RENT A CAR PTE LTD Account No: 118-312-9991 Paynow UEN: 200106276D Bank: UNITED OVERSEAS BANK LTD (UOB) Branch: UOB Shaw Centre Branch Bank Address: 1 Scotts Road #03-04 Shaw Centre Singapore 228208 Bank Code: 7375 Branch Code: 018 Swift Code: UOVBSGSG All cheques must be made payable to BKW RENT A CAR PTE LTD. *Please indicate the invoice number and vehicle number in the reference.	Subtotal	\$1,121.50	
	GST @ 7%	\$78.50	
	TOTAL	\$1,200.00	

BKW Rent-A-Car Pte Ltd

120 Lower Delta Road #02-15 Cendex Centre (S) 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 200106276D GST Reg. No: 20-0106276-D Website: www.bkw.sg
A subsidiary of BKW Automobile Pte Ltd



VEHICLE HIRING AGREEMENT

HIRER'S PARTICULARS

Name (as in I/C) GOUT ENG SIE
 NRIC/Passport No: S0179435G Date of Birth: 24/11/1950
 Address: 53 PAYA LERAR CRSSCBT Age: _____
 S(536126)
 Name & Address of Employer: (NOT DRIVING)
 Occupation _____ Driving Exp: _____
 Driving Licence No: _____ Passed Date: _____
 D/L Type: Local/Int'l/Others: _____
 Tel(O) _____ (R) _____ HP _____

DRIVER'S PARTICULARS

Name (as in I/C) GOUT AIK TONG ALVIN
 NRIC/Passport No: S8701119D Date of Birth: 13/1/1987
 Address: SAME AS ABV Age: _____
 S(_____)
 Occupation _____ Driving Exp: _____ Yrs
 Driving Licence No: _____ Passed / Expiry Date: 13/2/2006
 D/L Type: Local/Int'l/Others: _____ Contact No: 90235616

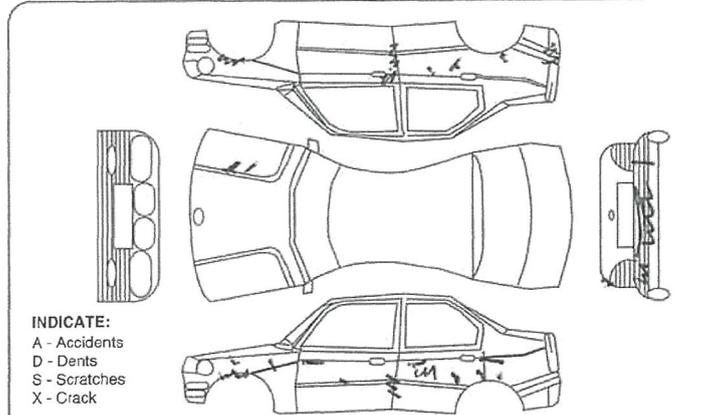
Hirer's Own Vehicle No: SKN 355Y Replace Veh No: _____
 Loan Vehicle No: SMJ7233S VR No: _____
 Make & Model: TOYOTA ALTI Auto/Manual Group: _____
 CHARGES : \$ cts
 Daily 12 day @ \$ 93.46 Per day 1121 50
 Weekly/Monthly week @ \$ Per week/Monthly
 Others
 CDW/PAI @\$ Per day/Monthly
 Delivery/Collection Svc
 GST
 OR No: (A) SUB-TOTAL
 Petrol Level & Surcharge

OUT	E	1/4	1/2	3/4	F
IN			✓		

 First _____ km FREE per day GST 78 50
 Excess mileage is chargeable at _____ cents per km
 TOTAL CHARGES 1200 00

Security Deposit : \$ _____ Bank: CITI
 CASH/NETS (VISA/MC/AMEX/CHQ) No: 4147465000540606
 Expiry Date: 03/22 Card ID No: _____
 Name as in Card: ALVIN GOUT AIK TONG

NON WAIVER EXCESS (Subject to GST): \$ 1,500.
ACCESSORIES CHECK
 Data Cards Camera Systems Hub Cap Radio / CD Cartridge
 Jack Tyre Opener Petrol Cap Spare Tyre
 Hirer's Signature: _____ Additional Driver's Signature: _____
SINGAPORE Use Only



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 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 been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

IMPORTANT

- The Hirer and the authorized driver must be over 23 years of age and under 70 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be borne by the Hirer/the Authorised Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$10 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace a replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$300 - \$500.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$60.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
<u>24/12/21</u>	<u>1435</u>	<u>48680</u>	<u>ANDY</u>	
Date In	Time In	Mileage	Check By	Remarks
<u>5/1/21</u>	<u>1715</u>	<u>48770</u>	<u>SY</u>	

Hirer's/Driver Signature: _____
 Hirer's/Driver Signature: _____

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 Be Deemed To Be The Day And Time The Vehicle Is Returned To BKW Rent A Car 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. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

**HEALTHWAY MEDICAL**COMPANY REGISTRATION NO: 200001180K / GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299, SINGAPORE 530108
TEL 62849692 / FAX 62846535**OFFICIAL
RECEIPT**NAME: GOH AIK TONG ALVIN
ATTENDING DR: DR. TAN YI RYHIDENTIFICATION: *****119D
VISIT DATE: 24-12-2021

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			\$86.70
HIMALAYA RUMALAYA GEL 30G	1	\$14.00	
LYRICA 75MG CAPSULE	10	\$32.50	
LIGNOPAD 5% MEDICATED PLASTER	1	\$19.00	
CELEBREX 200MG CAPSULE	10	\$21.20	
CONSULTATION			\$36.00
CONSULTATION	1	\$36.00	
SUBTOTAL CHARGE			\$122.70
GST@7%			\$8.59
TOTAL AMOUNT			\$131.29

PAYMENT			
PAY BY VISA	24-12-2021 12:34		\$131.29

All drugs sold are non-exchangeable and non-refundable
This is a computer generated document that does not require a signature

Case No: 20213582751665

**HEALTHWAY MEDICAL**COMPANY REGISTRATION NO: 200001180K / GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299, SINGAPORE 530108
TEL 62849692 / FAX 62846535**OFFICIAL
RECEIPT**NAME: ONG SEW LAN
ATTENDING DR: DR. TAN YI RYHIDENTIFICATION: *****477J
VISIT DATE: 24-12-2021

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			\$86.70
HIMALAYA RUMALAYA GEL 30G	1	\$14.00	
LYRICA 75MG CAPSULE	10	\$32.50	
LIGNOPAD 5% MEDICATED PLASTER	1	\$19.00	
CELEBREX 200MG CAPSULE	10	\$21.20	
CONSULTATION			\$42.00
CONSULTATION	1	\$42.00	
SUBTOTAL CHARGE			\$128.70
MERDEKA ACUTE			-\$6.00
GST@7%			\$8.59
TOTAL AMOUNT			\$131.29

PAYMENT			
BILL TO CHAS MERDEKA CHAS-M	24-12-2021 12:34		\$23.50
PAY BY VISA	24-12-2021 12:34		\$107.79

All drugs sold are non-exchangeable and non-refundable
This is a computer generated document that does not require a signature

Case No: 20213582751667



HEALTHWAY MEDICAL
COMPANY REGISTRATION NO: 200001180K
GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299,
SINGAPORE 530108
TEL 62849692 / FAX 62846535

MEDICAL CERTIFICATE

NAME: GOH AIK TONG ALVIN
VISIT DATE: 24-12-2021

IDENTIFICATION:S8701119D

This is to certify that **GOH AIK TONG ALVIN (S8701119D)** is UNFIT FOR DUTY for 3 day(s) from 24-12-2021 to 26-12-2021 inclusive.

DR. TAN YI RYH (M06552H)
DOCTOR

Not Valid for Absence from Court Attendance
This certificate is electronically generated, no signature is required.

Ref No.: 20213581963172
Printed By: hgvca1 (24-12-2021)



HEALTHWAY MEDICAL
COMPANY REGISTRATION NO: 200001180K
GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299,
SINGAPORE 530108
TEL 62849692 / FAX 62846535

MEDICAL CERTIFICATE

NAME: ONG SEW LAN
VISIT DATE: 24-12-2021

IDENTIFICATION:S0194477J

This is to certify that **ONG SEW LAN (S0194477J)** is UNFIT FOR DUTY for 3 day(s) from 24-12-2021 to 26-12-2021 inclusive.

DR. TAN YI RYH (M06552H)
DOCTOR

Not Valid for Absence from Court Attendance
This certificate is electronically generated, no signature is required.

Ref No.: 20213581963171
Printed By: hgvca1 (24-12-2021)

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 24/12/2021 11:38 (SGT)
Date of Accident 23/12/2021 18:43 (SGT)
Exact Location of Accident Singapore
Additional Location Information BOUNDARY ROAD AFTER CROSS JUNCTION (YIO CHU KANG)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN355Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH ENG SIE
NRIC No SXXXX435C
Email Address HBBOY2002@HOTAMCIL.COM
Mobile Phone No (Phone) +65-90235616
Alternative Phone No (Home) +65-90235616

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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
Transmission Auto
CC 2400

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A29079500
Cover Note Number -

DRIVER

Name of Driver GOH AIK TONG
NRIC No SXXXX119D

Date Of Birth	13/01/1987
Occupation	Indoor
Date Of Driving Pass	13/02/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90235616
Alt. Phone Number	-
Email Address	HBBOY2002@HOTMAIL.COM
Address	53 PAYA LEBAR CRESCENT
Address complement	-
Postcode	536126
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	ONG SEW LAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	YP4451A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VAITHIYANATHAN SUBASH CHANDRA BOSE
Passport No/FIN	GXXXX409W
Contact Number	(Phone) +65-98948707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

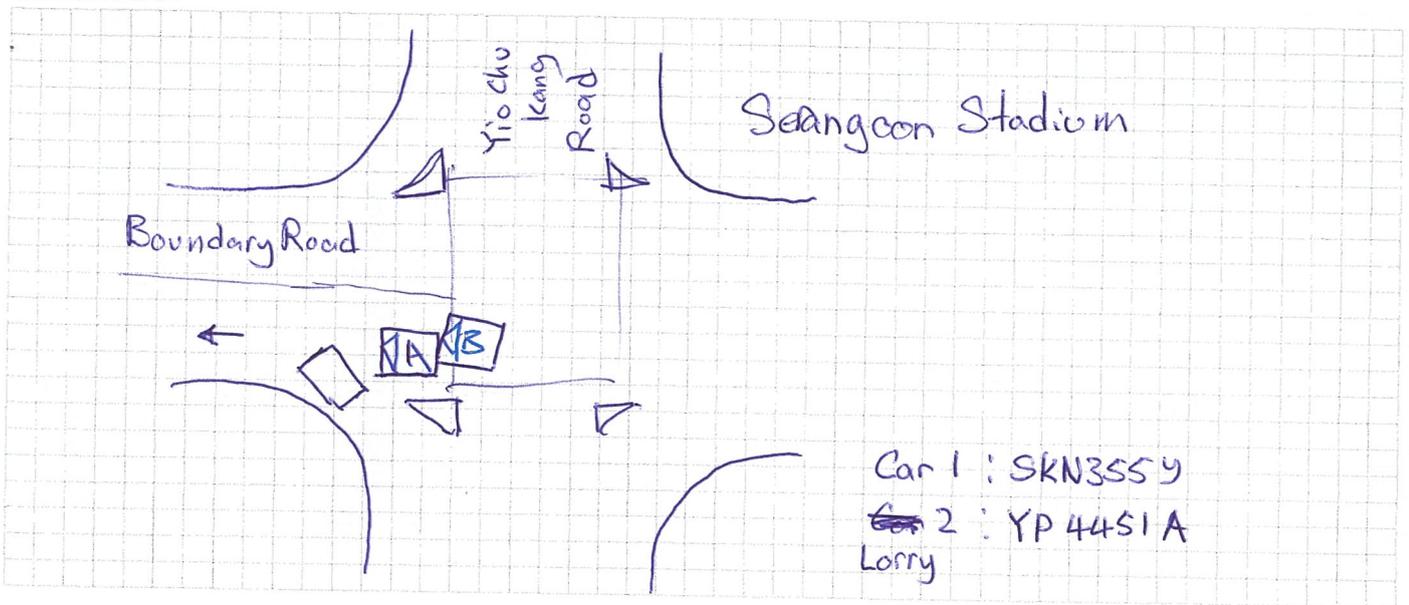
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH AIK TONG ALVIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN355Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ONG SEW LAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN355Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SKN355Y slow down and stop as vehicle from filter lane had cross more than half into SKN355Y lane. Shortly after the stop, felt a huge impact from back of the car and both me and my mom are being Jack forward with glass fragment.

Me and mom back and neck is not comfortable after the impact. Will see doctor if discomfort still continue.

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:

24 Dec 2021 10:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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:

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

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

24 Dec 2021
10:20am



**SINGAPORE
POLICE FORCE**



T/20211224/2040

2 of 4

Report No. T/20211224/2040

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Passenger			
Name	ONG SEW LAN	ID No.	S0194477J
Related Vehicle	SKN355Y (Car)	Contact No.	84888015
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	GOH AIK TONG, ALVIN	ID No.	S8701119D
Related Vehicle	SKN355Y (Car)	Contact No.	90235616
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	VAITHIYANATHAN SABASH CHANDRA BOSE	ID No.	G2288409W
Related Vehicle	YP4451A (Lorry)	Contact No.	98948707
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 23/12/2021 at around 1845hrs, I was driving my vehicle (SKN355Y) along Boundary road towards Ang Mo Kio after the junction of Yio Chu Kang Road, a car came out from the filter lane and as such I slow down and stop my vehicle when suddenly, one lorry (YP4451A) hit onto the rear of my vehicle which resulted in my whole rear vehicle glass broke off.

I then alighted my vehicle and exchanged my particulars with the driver. Throughout the whole incident, my mum was together with me in the car.

On 24/12/2021, me and my mum went to see the Doctor at Healthway Medical and both me and my mum was given a 3-days MC.



**SINGAPORE
POLICE FORCE**



T/20211224/2040

4 of 4

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20211224/2040

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

F/
Sgt 1 Tan Jun Hao Derek

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2021 13:00

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404



Classification Of Case:

SN 085

Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20211224/2040

3 of 4

Report No. T/20211224/2040

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

No Traffic Police and Ambulance was on scene.

I wish to state that I have installed both front and rear facing camera in my vehicle.



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Toyota DriveElite 360

RENEWAL CERTIFICATE

Policy Number		Period of Insurance		Place of Issue
A 29079500 AT2		05/05/2021 to 04/05/2022		SINGAPORE
Name and Address of Insured				Date of Issue
Goh Eng Sie 53 Paya Lebar Crescent Singapore 536126				06/04/2021
				Account Number
				156499
Premium	GST		Total Due	
SGD1,442.23	SGD100.96		SGD1,543.19	

RISK NUMBER 1 Toyota DriveElite 360

OCCUPATION

Indoor Occupation

FINANCIAL INTEREST

Tokyo Century Leasing (Singapore) Pte. Ltd.
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SKN355Y	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Alphard 2.4 CVT	INCL. COE/PARF	YES
ENGINE NUMBER	2AZJ080581	OFF-PEAK CAR	NO
CHASSIS NUMBER	JTEGD21H208331789	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2014	GOOD DRIVER'S	
CAPACITY	2494 C.C.	DISCOUNT	SGD75.91
SEATING CAPACITY	7 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD1,000
		ANNUAL PREMIUM	SGD1,442.23

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Goh Eng Sie

LETTER OF AUTHORITY

ACCIDENT INVOLVING SKN355Y and YP0451A on 23-12-21
Own vehicle's number Other vehicle's number Date of accident

along Boundary Rd.
Accident location

BY THE LETTER OF AUTHORITY, I/we, Goh Eng Sie
Name of Policy Holder & (IC/Passport/Company Registration) number

of 53 Paya Lebar Crescent 553126
Address of Policy Holder

owner of Vehicle Registration No. SKN355Y hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at 33 Leng Kee Road, Singapore 159102, to do all or any of the following:

1. To submit, resolve and make any claims which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or **alternatively** under Insurance Policy number _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the letter of authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by **BMS** of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage.

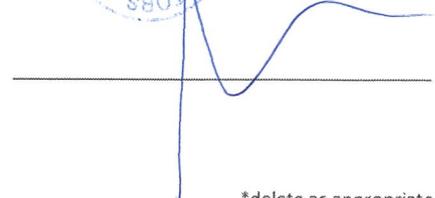
IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this 5 of the month JAN Year 20 22.

Signed & Delivered By:



(To be sign by the policy holder only)
**Please stamp the company chop for vehicle registered under a company's name

Witness By:



*delete as appropriate