

ASS. REC. BY:

REF:

C72/ 22 004177/Kqyb

C

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

I.B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLQ 7651T

Yr Regn:

07, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

NIS X-Trail

C.G.

Wagon 1997

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

79040

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1 JANT 32 Z 0003308

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F. Falken

225/60R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

5

mm

L/Bal.

8

mm

L/Bal.

5

mm

D.O.A.

3/5/22

D.O.I.

9/5/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BI

7/12 11:15pm @ 9450t Car (Red to 4089, 30%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 14/12 11:15pm

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

MER - TP

Lump Sum / I.B.I. (\$

9450

Attn: Ah Cheng

JN1JANT32Z0003308 GEN/OEM

SLD7651T

1 pc rear bumper RT ✓

6, _____ reinforcement ?
_____ ~~sponge~~ clips

2 pc rear reverse sensors ~~not~~ X
2 pc _____ inner brackets ?

1 pc tail gate cm -

_____ emblem X-TRAIL m -

_____ logo m -

2 _____ ~~the~~ reflectors 1/5 cm. 0/5 ? 4

1 pc rear w/s glass shorten -

1 set _____ moulding m -

1 pc tail gate inner trim board ?

1 pc rear end panel outer ?

1 pc rear LH fender RT Bu -

_____ Δ glass m -

_____ wheel arch garnish D. -

_____ LH inner garnish Rebu -

2 pc tail lamps cm -

1 pc LH bumper ?

_____ reinforcement ?

6, _____ clips . ?

CHENG HSB 67557719

S20 7651 T

1 pr rear wlr gum \$40/5N ✓
1 pr rear 4th fender glass gum \$30/5N ✓
1 set rear camera \$350/5N ?
1 set reverse sensor \$250/5N ✓
1 set in ~~the~~ car CCTV recorder \$380/5N 7

① R & R rear wlr glass \$100/ ✓

② R & R rear bumper assy, tail lamps,
tail gate, top spoiler, rear upper assy,
rear ~~lock~~ assy, To cutting, welding and
renov rear end panel, rear 4th fender,
To R & R rear compartment, 3 brighten rear
R/L chassis, R & R rear R/L fender
and reating the same 1200
\$1300/ ✓

③ R & R rear seat, ~~the~~ car pet, top roof lining,
~~the~~ Vacuum and wash ~~the~~ cushion \$120/ 100

④ Putty & respray on rear bumper, rear panel,
rear both fenders, tail gate, tail gate,
rear compartment 1000
\$1200/ ✓

SLR 7651 T

① ~~RAR rear reverse camera~~

② RAR for bumper, ~~rear~~ grille, head lamp,
to RAR for fender and headlight
the same

\$480/?

③ Putty & respray on fender,
for bumper & reinforcement

22g
\$600/

④ Bumper

60g
\$90/

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 593H

Vehicle Details

Vehicle No.: SLQ7651T
Vehicle to be Exported: Yes
Intended Deregistration Date: 04 May 2022
Vehicle Make: NISSAN
Vehicle Model: X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Primary Colour: Grey
Manufacturing Year: 2017
Engine No.: MR20002396C
Chassis No.: JN1JANT32Z0003308
Maximum Power Output: 106.0 kW (142 bhp)
Open Market Value: \$24,596.00
Original Registration Date: 21 Jul 2017
First Registration Date: 21 Jul 2017
Transfer Count: 1
Actual ARF Paid: \$26,435.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 20 Jul 2027
PARF Rebate Amount: \$19,826.00

Intended COE Rebate Details

COE Expiry Date: 20 Jul 2027
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$49,802.00
COE Rebate Amount: \$25,945.00
Total Rebate Amount: \$45,771.00

The information contained herein is correct as at 04 May 2022

OK

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

SLQ 7651T
TP/CHINA
GM Kenneth

M/S : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909

TEL: 63896111 FAX: 62221033
ATTN: Motor Claim Department

WS Ref: TP CHINA
Claim Type: Third Party
Accident Date: 03/05/2022
TP Veh Reg No: GBD5349S

Claim No: ES2290477
Estimate No: ES2290477
Date: 12 May 2022
Policy No:
Veh Reg No: SLQ7651T
Make/Model: NISSAN X-TRAIL 2.0CVT ABS 4WD
Chassis No: JN1JANT32Z0003308
Engine No:
Reg. Date: 21/07/2017

Not Notified
11 Reg 894501
10 days

Estimate Repair Cost to Vehicle No : SLQ7651T

Pages: 1/2

Description	U/Price	Quantity	Cost S\$	Amount S\$
Cost Plus				
✓1 REAR BUMPER	360.00	1 PC	360.00	✓
✓2 REAR BUMPER REINFORCEMENT	320.00	1 PC	320.00	✓
✓3 REAR BUMPER CLIP	2.00	6 PCS	12.00	✓
✓4 REAR TAILGATE	CM 2,400.00	1 PC	2,400.00	✓
✓5 TAILGATE EMBLEM-X TRAIL	75.00	1 PC	75.00	✓
✓6 TAILGATE LOGO	50.00	1 PC	50.00	✓
✓7 TAILGATE REFLECTOR	85.00	2 PCS	170.00	✓
8 REAR WINDSCREEN GLASS	1,000.00	1 PC	1,000.00	✓
9 TAILGATE INNER TRIM BOARD	210.00	1 PC	210.00	✓
✓10 REAR END PANEL OUTER	280.00	1 PC	280.00	✓
✓11 REAR LH FENDER	980.00	1 PC	980.00	✓
✓12 REAR LH FENDER TRIANGLE GLASS	150.00	1 PC	150.00	✓
13 REAR LH FENDER WHEEL ARP GARNISH	180.00	1 PC	180.00	✓
14 REAR LH FENDER LH INNER GARNISH	350.00	1 PC	350.00	✓
✓15 TAILLAMP	210.00	2 PCS	420.00	✓
✓16 FRONT BUMPER	380.00	1 PC	380.00	✓
✓17 FRONT BUMPER REINFORCEMENT	300.00	1 PC	300.00	✓
✓18 FRONT BUMPER CLIP	2.00	6 PCS	12.00	✓
✓19 REAR PANEL INNER TOP GARNISH	70.00	1 PC	70.00	✓
20 REAR WIPER MOTOR	405.00	1 PC	405.00	✓
21 TAILGATE OUTER CHROME MOULDING	90.00	1 PC	90.00	✓
22 TAILGATE INNER LOCK	370.00	1 PCS	370.00	✓
✓23 REAR BUMPER REINFORCEMENT BRACKET LH	95.00	1 PC	95.00	✓
				8,679.00

Special Net

24 REAR WINDSCREEN GLASS SEALANT	0.00	1 PC	40.0000	✓
25 REAR LH FENDER GLASS GUM	0.00	1 PC	30.0000	✓
26 REVERSE CAMERA	0.00	1 PC	350.0000	✓
27 REVERSE SENSOR	0.00	1 PC	250.0000	✓
28 CCTV RECORDER	0.00	1 PCS	380.0000	✓
				1,050.00

Labour

29 TOWING	0.00	1 LA (Bill)	100.0000	✓
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LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

M/S : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
ES2290477/YISHUN
16-00 SPRINGLEAF TOWER
SINGAPORE 079909
TEL: 63896111 FAX: 62221033
ATTN: Motor Claim Department

WS Ref: TP CHINA
Claim Type: Third Party
Accident Date: 03/05/2022
TP Veh Reg No: GBD5349S

Claim No: ES2290477
Estimate No: ES2290477
Date: 12 May 2022
Policy No:
Veh Reg No: SLQ7651T
Make/Model: NISSAN NISSAN X-
TRAIL 2.0CVT ABS 4WD
Chassis No: JN1JANT32Z0003308
Engine No:
Reg. Date: 21/07/2017

Estimate Repair Cost to Vehicle No : SLQ7651T

Pages: 2/2

Description	U/Price	Quantity	Cost	Amount
			<u>S\$</u>	<u>S\$</u>
30 REMOVE AND REFIX REAR WINDSCREEN GLASS	0.00	1 LA	100.0000	
31 TO REMOVE & REFIX R BUMPER ASSY, TAILLAMPS, TAILGATE, TOP SPOILDER, RR WIPER ASSY, RR LOCK ASSY; CUT, WELD & RENEW RR END PANEL, RR LH FENDER; KNOCK & REPAIR RR COMPARTMENT, STRAIGHTEN RR RH CHASSIS, KNOCKAND REPAIR RR RH FENDER AND RE-ALIGN TO SAME	0.00	1 LA	1,300.0000	1200
32 TO REMOVE AND REFIX REAR SEAT, CARPAT, TOP ROOF LINING, VACUUM AND WASH CUSHION	0.00	1 LA	120.0000	100
33 TO PUTTY AND RESPRAY ON RR BUMPER, RR PANEL, RR BOTH FENDERS, TAILGATE, AND REAR COMPARTMENT	0.00	1 LA	1,200.0000	1000
34 TO REMOVE AND REFIX FRT BUMPER, GRILLE, HEADLAMP, KNOCK AND REPAIR FRT LH FENDER AND RE-ALIGN TO	0.00	1 LA	400.0000	250
35 TO PUTTY AND RESPRAY ON FRT LH FENDER, FRT BUMPER AND REINFORCEMENT	0.00	1 LA	500.0000	220
36 RUSTPROOFING	0.00	1 LA	90.0000	60
				3,810.00

Total S\$ 13,539.00
Add GST @ 7% 947.73
Total Amount payable S\$ 14,486.73

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE



Efficient Towing Services

402B Fernvale Lane #22-229 Singapore 792402

Ah Di Mobile: 8588 8877

Email: efficienttowing.sg@gmail.com

Business Reg. No.: 53349344K

bizSAFE₃

NO. 96705

CASH SALE / JOB ORDER

Date: 3/5/22

Messrs: Cheng Hoe
车牌 SLQ 7651 T 车型 Nissan X-Trail
Vehicle No. SLQ 7651 T Model No: Nissan X-Trail
时间 (日/夜) Night 联络号码 8183 2554
Time (day/night): Night Contact No: 8183 2554
由 Turf Club Flyover Sliproad
Location: 38 Woodlands hld Plk E1 #05-04
到 38 Woodlands hld Plk E1 #05-04
To: 38 Woodlands hld Plk E1 #05-04
银额 100 其他 Others:
Cash \$ 100 Others: Others:
经手人 DI Tow Truck Qiang
Authorised By: DI Driver Name: Qiang

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☒ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意: 本公司对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。

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

E. & O. E.

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	04/05/2022 20:22 (SGT)
Date of Accident	03/05/2022 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7651T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR ZAWANA BINTE MUSTAPHA
NRIC No	SXXXX593H
Email Address	nurawana@gmail.com
Mobile Phone No	(Phone) +65-81832554
Alternative Phone No	+65-81832554

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	1997

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126567696
Cover Note Number	31/03/2022 -30/03/2023

DRIVER

Name of Driver	ZAINUL ARIFIN BIN MUSTAPHA
NRIC No	SXXXX870F

Date Of Birth	16/05/1995
Occupation	Indoor
Date Of Driving Pass	04/05/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-96586086
Alt. Phone Number	-
Email Address	fghzai@gmail.com
Address	BLK 864 WOODLANDS ST83 #08-208
Address complement	-
Postcode	730864
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR ZAWANA BINTE MUSTAPHA
Gender	Female

PASSENGER 2

Name	NUR BAZILAH BINTE MUSTAPHA
Gender	Female

PASSENGER 3

Name	MUSTAPHA BIN KAUS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT: T/20220503/2067

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL SEND TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5349S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TJONG KUO TONG
NRIC No	SXXXX031D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH8090R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHARIFF BIN ABDUL RAHMAN
NRIC No	SXXXX705B
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	MUSTAPHA BIN KAUS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLQ7651T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NUR BAZILAH BINTE MUSTAPHA
Gender	Female
Phone No	-
Address	-
Address Complement	-

Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLQ7651T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person NUR ZAWANA BINTE MUSTAPHA
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLQ7651T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person ZAINUL ARIFIN BIN MUSTAPHA
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Diagram illustrating a road layout with three lanes (A, B, C) and a central divider. The lanes are labeled A, B, and C from left to right. The central divider is labeled BKE → SLE. The road is marked with a dashed line on the left and a solid line on the right. Arrows indicate traffic flow: a left arrow on the left side, an up arrow on the right side, and a right arrow on the central divider.

A = SLQ 765 IT
B = GBD 53 495
Tjong Kuo Tong
S 7724031D
C = SMH 8090R
Shariff Bin Abdul Rahman
S 1496705B

DOA -- 3/5/22 Time : 2010hrs Ins : NMC

Refer to police report = T/20220503/2067.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

MT/ 1170939-001

SL Q7 651T

SKETCH PLAN

IMPORTANT NOTICE

1. VEHICLE NO.: _____

2. INSURER CO: NMC

3. ACCIDENT DATE & TIME: 3/5/22

20:10hrs

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

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the 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

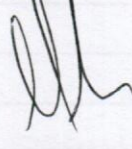
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

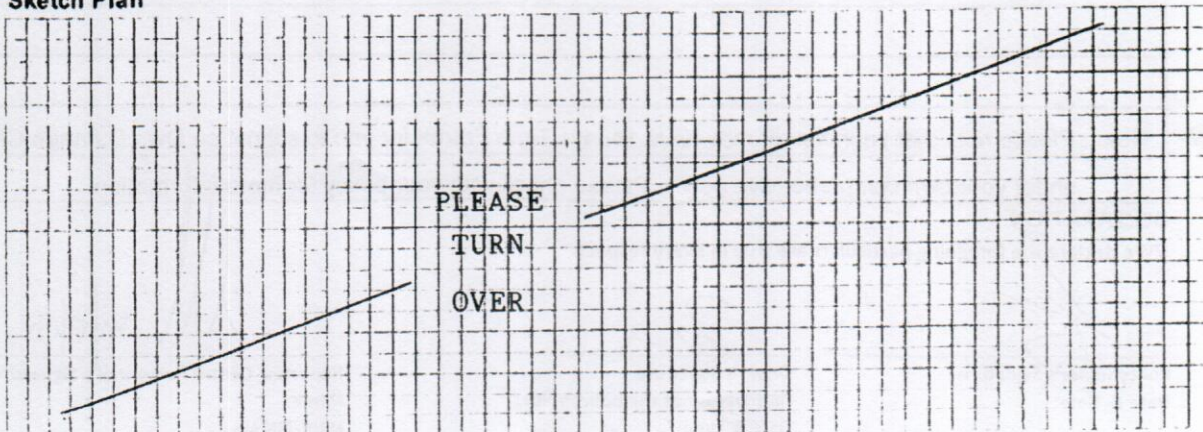
 4/5/22

Witnessed by Reporting Centre Personnel

(45)

Sketch Plan

PLEASE TURN OVER





SINGAPORE POLICE FORCE



T/20220503/2067

2 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220503/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TJONG KUO TONG	ID No.	S7724031D
Related Vehicle	GBD5349S (Van)	Contact No.	NIL
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
Driver			
Name	ZAINUL ARIFIN BIN MUSTAPHA	ID No.	S9515870F
Related Vehicle	SLQ7651T (Car)	Contact No.	96586086
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHARIFF BIN ABDUL RAHMAN	ID No.	S1496705B
Related Vehicle	SMH8090R (Car)	Contact No.	NIL
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 3 MAY 2022 AT ABOUT 2010HRS, I WAS DRIVING ALONG BKE TOWARDS SLE ON LANE 3. SUDDENLY, I NOTICE VEHICLE UP FRONT ARE SLOWING DOWN AND GOING TO A COMPLETE STOP DUE TO TRAFFIC ACCIDENT AHEAD. I MANAGED TO STOP IN TIME AND ENOUGH DISTANCE. I MANAGED TO STOP IN TIME HENCE THE VAN DRIVER REAR ENDED MY VEHICLE. DUE TO IMPACT, MY VEHICLE INCH FORWARD AND HIT ONTO THE CAR INFRONT. IN RESULT, ACCIDENT OCCURED THUS I CHECKED ON MY FAMILY MEMBERS. MY FATHER INFORMED THAT HE WAS HAVING CHEST PAIN. I DECIDED TO CALL FOR POLICE AND AMBULANCE ASSISTANCE. I ALIGHTED MY VEHICLE AND TOOK PICTURES OF THE ACCIDENT. I ALSO EXCHANGE



SINGAPORE POLICE FORCE



T/20220503/2067

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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220503/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2022 23:23	Vide Report No.: L/20220503/0175	Station Diary No.: 102
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Informant's Particulars

Name of Informant: ZAINUL ARIFIN BIN MUSTAPHA			Address: APT BLK 864 WOODLANDS STREET 83 #08-208 SINGAPORE 730864	
ID Type / ID No.: NRIC NO / S9515870F			Contact No.: Home/Office: Mobile: 96586086	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 16/05/1995	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: SCDF FIREFIGHTER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/05/2022 20:10	Type of Location: Expressway
Location: SELETAR EXPRESSWAY				
Lamp Post Number: 01				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBD5349S	Van	TOYOTA	HIACE 3.0 DX A	Silver	Slightly Damaged	0
SLQ7651T	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	Grey	Totally Damaged	3
SMH8090R	Car	SUZUKI	VITARA 1.6 GLX 6AT 2WD	Orange	No Damage	3



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T/20220503/2067

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Report No. T/20220503/2067

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CONTINUATION OF REPORT

PARTICULARS WITH THE INVOLVED VEHILCE.

MINUTES LATER, TRAFFIC POLICE AND AMBULANCE CAME TO ASSIST US. MY FATHER WAS CONVEYED TO KHOO TECK PHUAT HOSPITAL FOR FURTHER ASSESSMENT AS HE IS HAVING CHEST PAIN. MY VEHICLE HAS A DASH CAMERA AND MANAGED TO RECORD THE ACCIDENT, TRAFFIC POLICE OFFICERS TOOK FOR INVESTIGATION PURPOSES.

ITEM TAKEN;

1) ONE SD CARD 'PAPA GO' 16 GB S/NO Y16GG26 D7S3061099.

I WAS INFORMED BY TRAFFIC POLICE OFFICERS IO IN CHARGE IS TP IO BEI FENG WITH REFERENCE L/20220503/0175.



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T/20220503/2067

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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220503/2067

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:

L /
SGT 2 MUHAMMAD KHAIRIL
BIN MOHAMED RAIS

9

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Other NG BEIFENG
Contact No.: 65476845

Signature Of Informant:

2

Date/Time:

03/05/2022 23:23

Classification Of Case:

NP168