



WITHOUT PREJUDICE

Our Ref: SKZ 2602H

Your Ref: GBL 5788R

3rd January 2023

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Hsiao Tong,

Accident Involving: SKZ 2602H and GBL 5788R

Date of Accident: 28 May 2022

Location of Accident: Seletar West Link towards CTE (City) Lamp Post 1S1/1

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair Inc. GST	\$ 18,297.00	\$17,100 COR Agreed + \$1,197 GST 7%
Add Loss of Rental	\$ 2,166.00	17 DAYS - Inv#2206.4012 & INV22060017 : 2+1 Days PRS (28/29-Sun/30 May) + 1 Day Resurvey + 12 Repair Days Agreed + 2 Sunday (5/12 Jun)
Total	\$ 20,463.00	
Add Tow Fee	\$ 60.00	
Add Search Fee	\$ 7.45	
GRAND TOTAL	\$ 20,530.45	

Kindly pay the Grand Total Amount of **\$20,530.45** to:

160 Sin Ming Drive #02-12

Sin Ming AutoCity

Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you,



Regards
Adel

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Chen Qingxiang

PI Number	P2212-2896
PI Date	31-Dec-2022
Vehicle No.	SKZ 2602H
Accident Date	28-May-2022

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKZ 2602H	COR Lump Sum		\$ 17,100.00

Notes:

Total Amount	\$	17,100.00
GST 7%	\$	1,197.00
GRAND TOTAL AMOUNT	\$	18,297.00

Authorized Signature





**TEAM[®]
AUTO**

Your Team Of Automotive Professionals

THIS IS YOUR INVOICE

Bill To:
Chen Qingxiang
5 Yishun Close #11-12
S'768006

Date:	1 Jun 2022
Invoice Number:	2206.4012
Vehicle Number:	SKZ 2602H
Rental Vehicle Number:	SJU 1949C

S/N	Description	Unit Price	Quantity	Amount
1	Leasing of Vehicle Number: SJU 1949C Rental Rate Per Day: \$120.00 Rental Duration: 2 Commencement Date: 28/05/2022 Ceasement Date: 30/05/2022	\$120.00	2	\$240.00

Notes:

- Kindly remit payment to our office address as stated. If you have any query pertaining to this invoice, please do not hesitate to contact us.
- Preferred Payment Mode: Cash
- Alternative Payment Mode : Bank transfer to UOB
Current Account Number: 3243141123 or PayNow to
Unique Entity Number (UEN): 202013212Z, immediately
or prior to the collection of your vehicle.
- Invoice Raised By: **Wei Jie**

Total Amount: \$240.00

Discount: \$0.00

Total Nett Amount Due: \$240.00



Authorized Signature And Date

Official Use - Payment Details	
Bank Transfer / Cash / Cheque / Credit Card: _____	Date: _____

Team AutoCare Pte. Ltd. (Registration No: 202013212Z)

160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautopl@gmail.com



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AUTO**

Your Team Of Automotive Professionals

RENTAL AGREEMENT

RA/202205/

2206.40/2

HIRER'S PARTICULAR

Name: Chen Qiang Xiang
 NRIC/Passport No: S8085560E
 Driving Licence No: 002390693D Exp: _____
 Address: Apt B1k 5 Yishun close #11-12

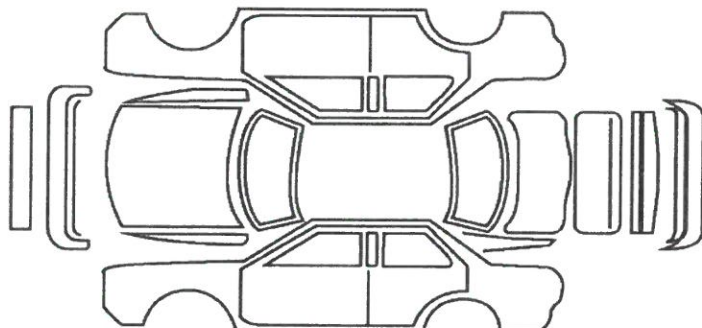
Tel: _____

ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)

Name: _____
 NRIC/Passport No: _____
 Driving Licence No: _____ Exp: _____
 Address: _____

Tel: _____

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES



Vehicle No / Model

SK2 2602 H

Rental Vehicle No / Model

S5U 1949 C

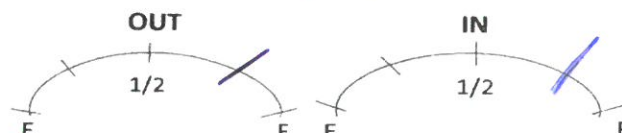
Date / Time Out:

28/05 1720

Date / Time In:

30/05/22 11:45

Fuel Tank Level



RENTAL CHARGES

TOTAL S\$

Hour	@		per hour
Days	@	<u>120</u>	per days
Weeks	@		per week
Months	@		per month

240

Additional Payable:

SUBTOTAL Payable:

240

DEPOSIT AMOUNT PAID

DEPOSIT AMOUNT REFUNDED / Date

Mode of Payment

ADDITIONAL REMARKS

Physical Damage Excess

Singapore - Own Damage	\$2,500
Singapore - 3rd Party Damage	\$2,500
Malaysia (If applicable)	\$8,000
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)

Acknowledgement

38

HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.

IMPORTANT NOTE :

- The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.
- Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of Team AutoCare Pte Ltd.
- Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.
- In case of accident, the hirer shall report to Team AutoCare Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours

HIRER Signature / Date



Authorized Signatory On Behalf of Team AutoCare Pte Ltd



176 Sin Ming Drive # 04-08,
Sin Ming AutoCare, Singapore 575721
Tel: 6747-6880 Fax: 6352-0443
Co. Reg. No./ GST Reg No.: 201224734R
Website: www.mkmcarleasing.com.sg
Email: enquiries@mkmcarleasing.com.sg

**BILL TO:****CHEN QING XIANG**

APT Blk 5 Yishun Close
#16-12
Singapore 768006
Tel: 86850345

Tax Invoice**Inv No. :** INV22060017**Date :** 23 Jun 2022**Ref :****Currency :** SGD**Terms :** COD**Veh No. :** SMT1651E

#	Description	Qty	UOM	Unit Price	Tax Amt	Tax Type	Taxable Amt
1	Rental (30/05/2022 to 14/06/2022) - \$120/day x 15 days	1.00		1,800.00	126.00	GST (SR) (7%)	1,800.00

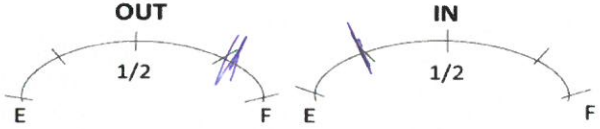
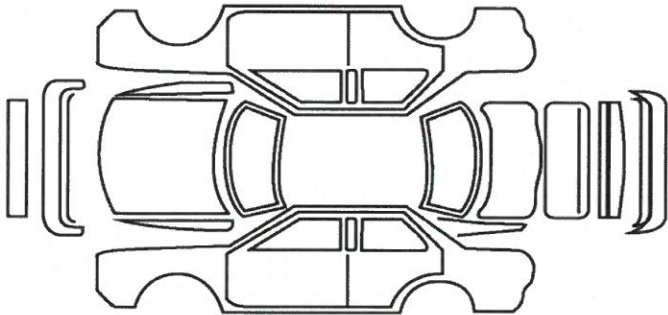



Notes:

Please pay within 7 days hereof, time is of the essence.
Late Payment Charges on all overdue sums accruing at the rate of 1.5% per month until full payment.
Please refer to our terms & conditions.

Subtotal : S\$ 1,800.00**Total Tax :** S\$ 126.00**Total :** **S\$ 1,926.00****For MKM Car Leasing Pte Ltd**

(Authorised Signature)

RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model														
Name: <u>Chen Qing Xiang</u>		<u>SLK 2602 H</u>		<u>SMT 1651 E</u>														
NRIC/Passport No: <u>58085560E</u>		Date / Time Out: <u>30/05/22 11:45</u>		Date / Time In: <u>14/06/22 1630</u>														
Driving Licence No: <u>002390693D</u> Exp: _____		Fuel Tank Level 																
Address: <u>Apt B11k 5 Yishun close #16/12</u>																		
Singapore <u>768006</u>																		
Tel: <u>86850345</u>																		
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES																
Name: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Hour</td> <td>@</td> <td>per hour</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> 1800 </td> </tr> <tr> <td>15 Days</td> <td>@</td> <td>per days</td> </tr> <tr> <td>Weeks</td> <td>@</td> <td>per week</td> </tr> <tr> <td>Months</td> <td>@</td> <td>per month</td> </tr> </table>			Hour	@	per hour	1800	15 Days	@	per days	Weeks	@	per week	Months	@	per month	TOTAL S\$
Hour	@				per hour	1800												
15 Days	@				per days													
Weeks	@				per week													
Months	@				per month													
NRIC/Passport No: _____																		
Driving Licence No: _____ Exp: _____																		
Address: _____																		
Tel: _____		Additional Payable: -																
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES 		SUBTOTAL Payable:																
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date														
		Mode of Payment																
		ADDITIONAL REMARKS																
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account. <div style="text-align: right; margin-top: 20px;">  _____ HIRER Signature / Date </div> <div style="text-align: center; margin-top: 20px;">  Authorized Signatory On Behalf of MKM CAR LEASING PTE LTD </div>														
Singapore - Own Damage		\$2,500																
Singapore - 3rd Party Damage		\$2,500																
Malaysia (If applicable)		\$8,000																
For Driver aged < 24 or above 66 or less than 2 years driving experience regardless of age		\$3,000 (Additional)																
IMPORTANT NOTE :																		
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign. 2. Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle. 3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of MKM CAR LEASING PTE LTD. 4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited. 5. In case of accident, the hirer shall report to MKM CAR LEASING PTE LTD immediately. If there are bodily injuries, a police report must be made within 24 hours																		



24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

Blk 647Jalan Tenaga #11-123 Eunus Tenaga Ville Singapore 410647

Email: 24hoursrecovery@gmail.com

No. 50093

Date :

28/5/22



M/S

: Team Auto

Vehicle No

: SKZ 2602H

Model

: VR2e1

From

: Seletar West Link

Call Time

: 1530hrs

To

: Sin Ming Auto City #02-12

Time Arrival

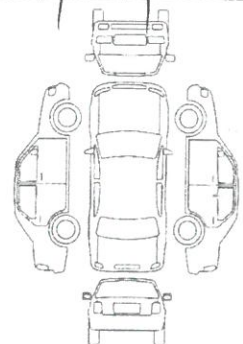
: 1605hrs

Remarks

:

Arrival Workshop :

1640hrs



☐ Change Tyres / Patch Tyre

☒ Accident

☐ Use Car Carrier

☐ Loaded

☐ Basement / Multi Carpark

☐ Low Body Kit / Low Spoiler

☐ Open Door

☐ Jump Start

☐ Using King Dolly

☐ Dismantle Brake / Shaft

☐ Crane Up / Winch Out

☐ Break Down

AMOUNT S\$

607

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle whilst being transported.

> Back to OneMotoring



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

Print Date/Time : 28 May 2022 / 17:54:24

Receipt Date/Time : 28 May 2022 / 17:54:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220528-002082

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBL5788R				
As at 28 May 2022/15:44:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBL5788R Enquiry Fee 20220528175254233219	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				
436324XXXXXX5381		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.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SKZ 2602 H
and GBL 5788 R and GBJ 4118 S
and and
@ Seletar West Link Towards CTE(City) Lamppost 1S1/1
dated 28/05/2022.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

28/5/22
Date:

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	30/05/2022 16:08 (SGT)
Date of Accident	28/05/2022 15:10 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	TOWARDS CTE (CITY) LAMP POST 1S1/1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2602H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN QINGXIANG
NRIC No	S8085560E
Email Address	shirleychen0906@gmail.com
Mobile Phone No	(Phone) +65-86850345
Alternative Phone No	+65-86850345

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210157494
Cover Note Number	-

DRIVER

Name of Driver	CHEN QINGXIANG
NRIC No	S8085560E

Date Of Birth	06/09/1980
Occupation	Indoor
Date Of Driving Pass	27/01/2015
Driving experience	7 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86850345
Alt. Phone Number	+65-86850345
Email Address	shirleychen0906@gmail.com
Address	BLK 5 YISHUN CLOSE #11-12
Address complement	-
Postcode	768006
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	GBL5788R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ4118S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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 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' 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.

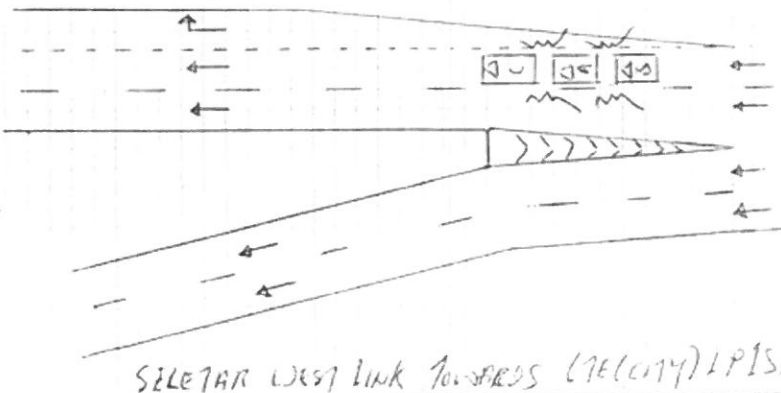
28
Policyholder's Signature / Date & Time

28
Driver's Signature (If driver is not the policyholder) / Date & Time

30/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: SKZ 2602H
VEH B: 6BL 5788R
VEH C: 4B5 4118S



Describe Circumstances of the Accident

On the stated day and time. I was traveling along
 Seletar West link towards (TE City) Lampost. It was a slow
 moving traffic. Due to the front vehicle slowed down, I did
 so too. about five second later, suddenly ^I felt a huge impact from
 the back portion of my vehicle. The huge impact caused
 me to propel forward hence hitting the vehicle in front of
 me, I got down to realise that I was involve in a
 3 car chain collision. That's all.

Declaration

We declare the foregoing particulars are true in every respect

3/8
 Policyholder's Signature / Date &
 Time

3/8
 Driver's Signature (if driver is not the policyholder) / Date
 & Time

30/05/2022
 Witnessed by Reporting Centre
 Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2022 18:06			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: CHEN QINGXIANG			Address: 5 YISHUN CLOSE #11-12 SINGAPORE 768006			
ID Type / ID No.: NRIC NO / S8085560E			Contact No.: Home/Office: Mobile: 86850345			
Nationality: SINGAPORE CITIZEN			Email: shirleychen0906@gmail.com			
Sex: Female	Age: 41	Date of Birth: 06/09/1980	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3A Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 15:45	Type of Location: Straight Road
Location: SELETAR WEST LINK TOWARDS CTE (CITY) LAMPPOST 1S 1/1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ4118S	Lorry					0
GBL5788R	Van					0
SKZ2602H	Car	HONDA	VEZEL 1.5X CVT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

Report No. T/20220530/7052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ2602H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210157494	31/01/2022	30/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN QINGXIANG		ID No. S8085560E
Related Vehicle	SKZ2602H (Car)		Contact No. 86850345
Hospital/Clinic	WELL FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	28/05/2022		Date NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the stated date and time, I (SKZ 2602 H) was travelling along the stated venue. It was a slow moving traffic and when I saw front vehicles slowed down, I followed to do so too. When I have come to a stop and about around 5 seconds later, a vehicle bearing registration number: GBL 5788 R collided onto the rear of my vehicle and the impact had caused my vehicle to propel forward and collided onto a vehicle bearing registration number: GBJ 4118 S. I alighted from my vehicle and realised that I was involved in a chain collision of 3 vehicles including mine. After the collision, I felt discomfort on my neck, shoulder and back. I then proceeded to seek medical treatment at a clinic and was given 4 days MC.



SINGAPORE POLICE FORCE



T/20220530/7052

3 of 3

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

Report No. T/20220530/7052

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
30/05/2022 18:06

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHEN QINGXIANG
Period of Insurance : 31 Jan 2022 To 30 Jan 2023
Engine No. : L15B4026113
Chassis No. : RU11106124

Vehicle No. : SKZ2602H
Policy No. : 7210157494
Endorsement No. :
Issued Date : 10 Jan 2022

ABOUT THE COVER

Make/Model : HONDA VEZEL
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

- a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage

Limitation as to use* :

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

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

CHEN QINGXIANG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: SING INVESTMENTS & FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPHAW

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8085560E**
Name: **CHEN QINGXIANG**

Birth Date: **06 Sep 1980**
Issue Date: **27 Jan 2015**

002390693D

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8085560E**

Name: **CHEN QINGXIANG**
陈清香

Race: **CHINESE**
Date of birth: **06-09-1980** Sex: **F**
Country of birth: **CHINA**

S8085560E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **27 Jan 2015**

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

Licence No: **S8085560E**

NP 428A

4722969

NRIC No. **S8085560E**

Date of Issue: **20-05-2011**

APT BLK 5 YISHUN CLOSE #11-12
SINGAPORE 788006

NRIC No: **S8085560E** Date: **26/12/2019**