



GARAGE 13 PTE LTD
8 KAKI BUKIT AVE 4
#02-54/55 PREMIER@KB
SINGAPORE 415875
UEN GST REG NO. 202005684D

2nd November 2022

Our Ref: SND9191K
Your Ref: SNB2005Y

Allianz Insurance Singapore Pte Ltd
Motor Claims Department
12 Marina View
#14-01 Asia Square Tower 2
Singapore 018961

Dear Sirs,

ACCIDENT INVOLVING SND9191K AND SNB2005Y ALONG PENANG ROAD ON 19.05.2022

We are the representative for Thum Wei Rong, whose vehicle registration number **SND9191K** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SNB2005Y**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$	167,669.00
Loss of use for 119 days @ \$240/day	\$	28,560.00
Survey report fee	\$	6,294.00
LTA search fee	\$	7.45
3 rd party GIA search fee	\$	31.00
Towing fee	\$	350.00
	\$	<u>202,911.45</u>

Enclosed are the supporting documents for your perusal :-

GIA

Repair bill

Kindly let us have your payment of **\$202,911.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Irene at 63851171 or email motor@iaconsultingsg.com should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Chang.

Encl.

GARAGE 13

8 Kaki Bukit Ave 4
Premier @ Kaki Bukit #03-46
Singapore 415875
Company Reg Number: 202005684D

LETTER OF AUTHORISATION

I/We, THUM WEI RONG. ("the third party claimant")
of NRIC/FIN/UEN No. S8836481C., owner of vehicle no. SND 9191 K. hereby authorize
M/s GARAGE 13 PTE LTD ("the workshop") to my claim for repair cost
and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. SND 9191 K. that
was damaged pursuant to the accident which occurred on 11/5/22 (0230HRS) along
PENANG RD, SINGAPORE involving vehicle no/s
(B) SNB 2005 Y. ("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 19 (day) of 5 (month) 22 (year)

x



SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)

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

Print Date/Time : 20 May 2022 / 18:02:42

Receipt Date/Time : 20 May 2022 / 18:02:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220520-003619

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 - SNB2005Y As at 19 May 2022/02:30:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SNB2005Y Enquiry Fee 20220520180115538656	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				
	452419XXXXX9466		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**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Date of Request: 23/05/2022

Your Ref No: SND 9191 K 3P REPORT

Dear Sir/Madam,

Date of Accident: 19/05/2022 00:00 (SGT)

Vehicle No: SND9191K

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SNB2005Y	Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



Kace Towing Specialists

Blk 120C Canberra Crescent #12-387 Singapore 753120

YK Mobile: 8866 6262

Email: kacetowingspecialists@gmail.com

Business Reg. No.: 53309252D

NO. 9326

CASH SALE / JOB ORDER

Date: 19/8/22

Messrs: G13
 车牌
 Vehicle No. SND 9191K (S) Model No: Lambo Aventador
 车型
 时间 (日/时) 0400 联络号码
 Time (day/night): 0400 Contact No: _____
 由 _____
 Location: Penang rd
 到 _____
 To: Kaki Di Premier
 其他
 金额 Others: _____
 Cash S 3500
 经手人
 Authorised By: _____
 Driver Name: _____

- Jump Start/Changing of battery
- Tyre Replacement/Patching
- Accident/Breakdown
- Multi/Baseament
- With Load/Cargo Box
- King Dolly/Remove Shaft
- 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, 在道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 misdeemeanour to your vehicle whilst being towed.

E. & O. E.

Our reference: 22-170810

Date: 24/6/2022

INVOICE NO. 170810

Thum Wei Rong
c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Registration No. **SND9191K**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 6,294.00
Total amount			<u>\$ 6,294.00</u>

Please kindly cross all cheques made payable to " Impact Analysis Consulting Pte Ltd ".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 22-170810

Date: 24/6/2022

c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Dear Sirs

RE: Road Traffic Accident on 19-05-2022
Thum Wei Rong

In accordance with your instructions received in this office on 19-05-2022, we made arrangements to examine the vehicle on 19-05-2022 at above-mentioned address. The following data was recorded:

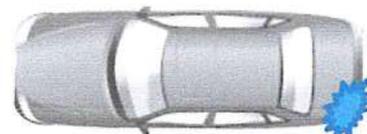
Vehicle details

Make	LAMBORGHINI	Registration	SND9191K
Model	AVENTADOR LP700-4	Chassis	ZHWEC147XCLA00143
Colour	Pink (Sticker)	Gearbox	Auto
Odometer	17536km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	255/30ZR20	80% Pirelli
Front right	255/30ZR20	80% Pirelli
Rear left	355/25ZR21	80% Pirelli
Rear right	355/25ZR21	80% Pirelli

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$156,700.00 and 15 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis:

• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd
www.iaconsultingsg.com

Our reference: 22-170810

Date 24/6/2022

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Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items :				
Rear bumper	1	crushed	27169.00	27169.00
Rear bumper grille @\$2939.00	2	lh distorted rh refix	5878.00	2939.00
Rear bumper grille trim @\$1320.00	2	lh broken rh refix	2640.00	1320.00
Rear bumper grille centre	1	bent	4835.00	4835.00
Rear bumper center grille top garnish	1	cut.cracked	1584.00	1584.00
Rear bumper lettering (LAMBORGHINI)	1	necessary	476.00	476.00
Rear bumper spoiler	1	crushed	16845.00	16845.00
Rear bumper carrier (support panel)	1	bent	667.00	667.00
Rear bumper reinforcement	1	bent	14190.00	14190.00
Rear bumper arm lh	1	bent	1328.00	1328.00
Rear bumper bracket lh	1	bent	112.00	112.00
Underbody trim center	1	torn	617.00	617.00
Underbody trim side rh	1	refix	8032.00	0.00
Underbody trim side lh	1	torn	8017.00	8017.00
Center brake light	1	cracked	2813.00	2813.00
Tail lamp @\$8694.00	2	grazed.fractured	17388.00	17388.00
Rear fender lh	1	torn	12812.00	12812.00
Rear fender outer support lh	1	bent	98.00	98.00
Rear fender inner support lh	1	bent	98.00	98.00
Rear wheel house liner lh (front)	1	torn	2607.00	2607.00
Rear wheel house liner lh (rear)	1	torn	1220.00	1220.00
Side skirt lh	1	not nec	4930.00	0.00
Oil container	1	refix	4402.00	0.00
Oil cooler lh	1	ruptured	4735.00	4735.00
Oil cooler air duct (front)	1	torn	1080.50	1080.50
Oil cooler air guide (rear)	1	torn	824.00	824.00
Oil cooler bracket lower	1	bent	91.00	91.00
Oil cooler bracket side rh	1	bent	366.00	366.00
Oil cooler bracket side lh	1	bent	186.00	186.00

Our reference: 22-170810

Date 24/6/2022

Oil pressure pipe inner	1	refix	1055.00	0.00
Oil pressure pipe outer	1	refix	2340.00	0.00
Air duct lh	1	torn	684.00	684.00
Radiator	1	refix	4890.00	0.00
Radiator fan with control unit	1	refix	2827.00	0.00
Rear exhaust silencer	1	bent	46572.80	46572.80
Rear exhaust heat shield (front)	1	deformed	1651.00	1651.00
Rear exhaust heat shield (rear)	1	refix	1140.00	0.00
Rear exhaust 'O' ring	1	necessary	175.00	175.00
Rear rim lh	1	dented	7277.00	7277.00
Rear tyre lh	1	abraded	5182.00	4145.60
Rear upper arm (wishbone) lh	1	bent	1862.00	1862.00
Rear lower arm lh	1	bent	2640.00	2640.00
Rear push rod (vertical) lh	1	bent	1074.00	1074.00
Rear tie rod (horizontal) lh	1	bent	370.00	370.00
Rear knuckle arm lh	1	warped	1818.00	1818.00
Rear brake caliper lh	1	refix	3938.00	0.00
Rear wheel hub lh	1	warped	3504.00	3504.00
Rear wheel hub bearing lh	1	necessary	611.00	611.00
Rear shock absorber lh	1	bent	6355.00	6355.00
Drive shaft lh	1	bent	4457.00	4457.00
Sub- Total cost			246463.30	207613.90
Percentage discount : 10%			24646.33	20761.39
Sub-Total costs for parts			221816.97	186852.51

Special Nett Items:

Rear bumper nuts and clips	set	necessary	200.00	200.00
Coolant	1	necessary	180.00	180.00
Undercover nuts and clips	set	necessary	200.00	200.00
Rear wheel house liner clip lh	set	necessary	100.00	100.00
Sub-Total costs for parts			680.00	680.00

Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			222496.97	187532.51

Subsidiaries of Impact Analysis:

Our reference: 22-170810

Date 24/6/2022

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.		Specialist charges	\$ 3,600.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material and sticker wrap		Sub-contract work.	\$ 3,200.00
Remove and replace rear undercarriage work lh (Special hoist)		Specialist charges	\$ 500.00
Remove / replace oil cooler		Specialist charges	\$ 480.00
Specialist charges - Wheel alignment	-	-	\$ 120.00
Remove and replace rear exhaust pipe		Specialist charges	\$ 450.00
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)		Specialist charges	\$ 60.00
	Total labour cost		\$ 8,410.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

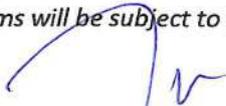
Our reference: 22-170810

Date 24/6/2022

Section C: Summary Table of Total Repair Cost

Description		Cost
Damaged Parts Assessment <i>(See section A)</i>		\$187,532.51
Labour Cost Calculation <i>(See section B)</i>		\$8,410.00
Total cost		\$195,942.51
Lump Sum		\$39,188.50
<i>Further discount</i>	20%	
Total Repair Cost		\$156,700.00

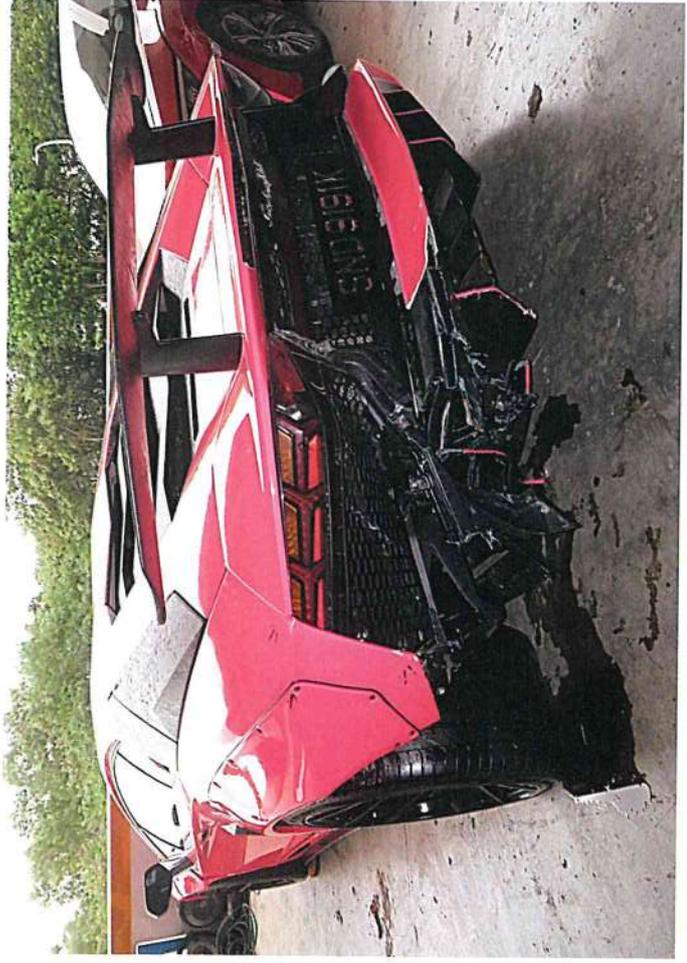
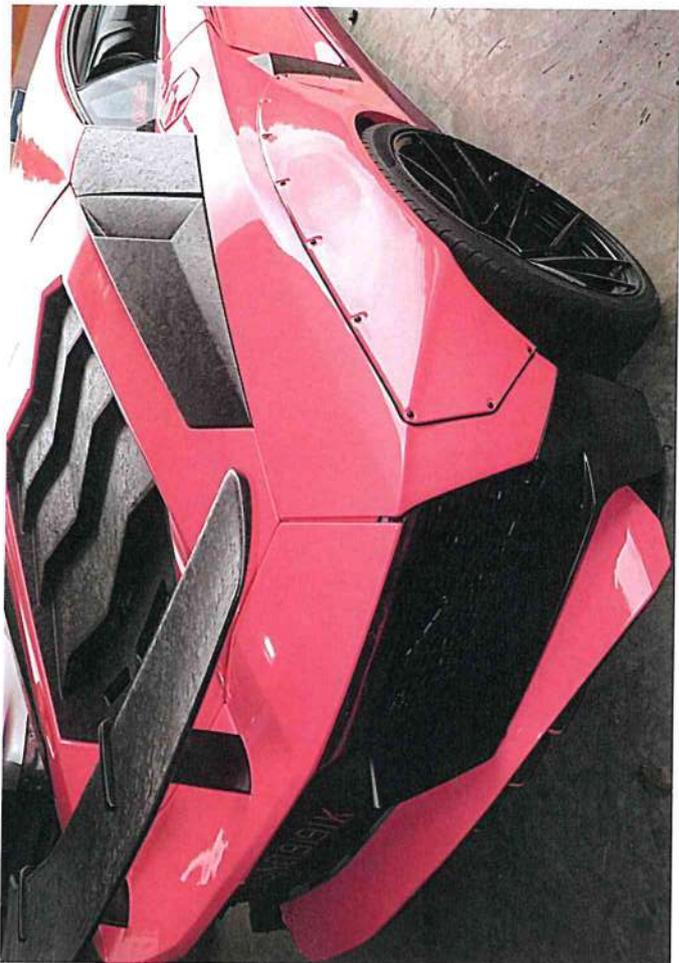
We would recommend a sum of \$156,700.00 and 15 working days for repair. No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

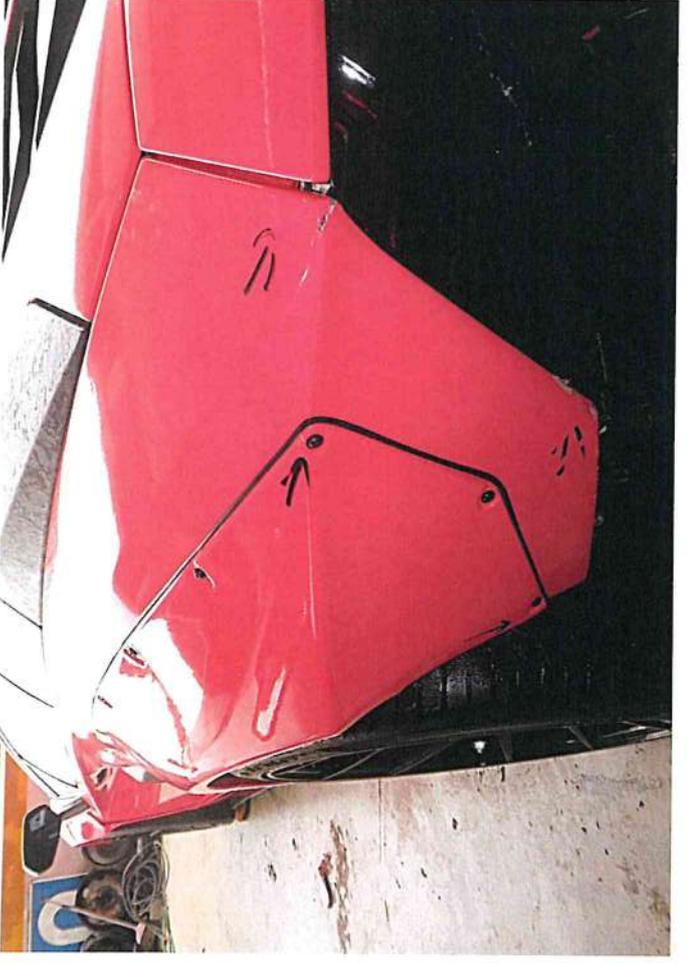
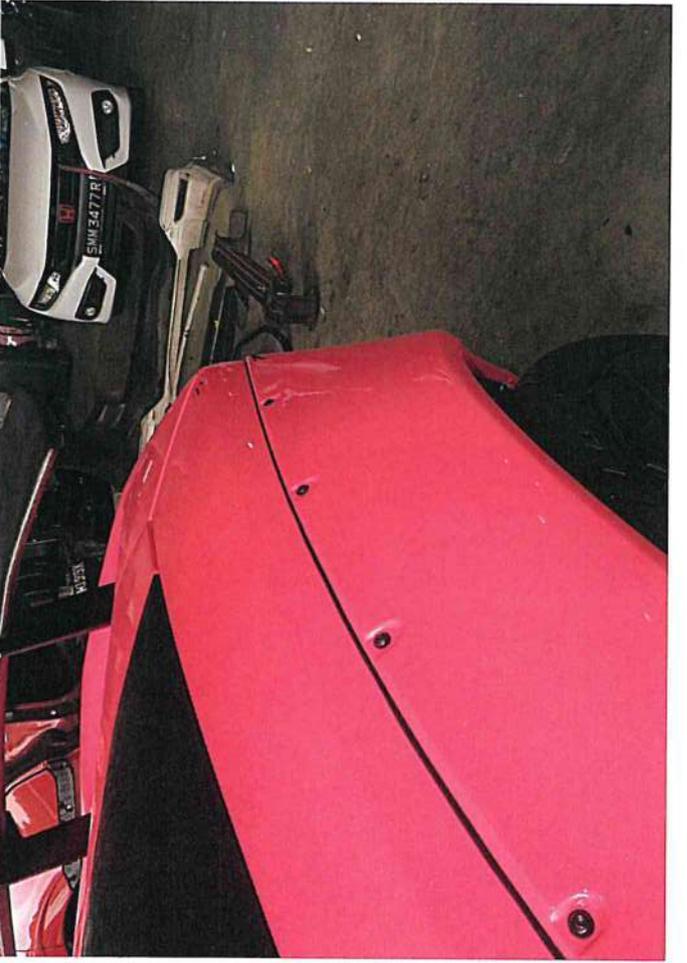


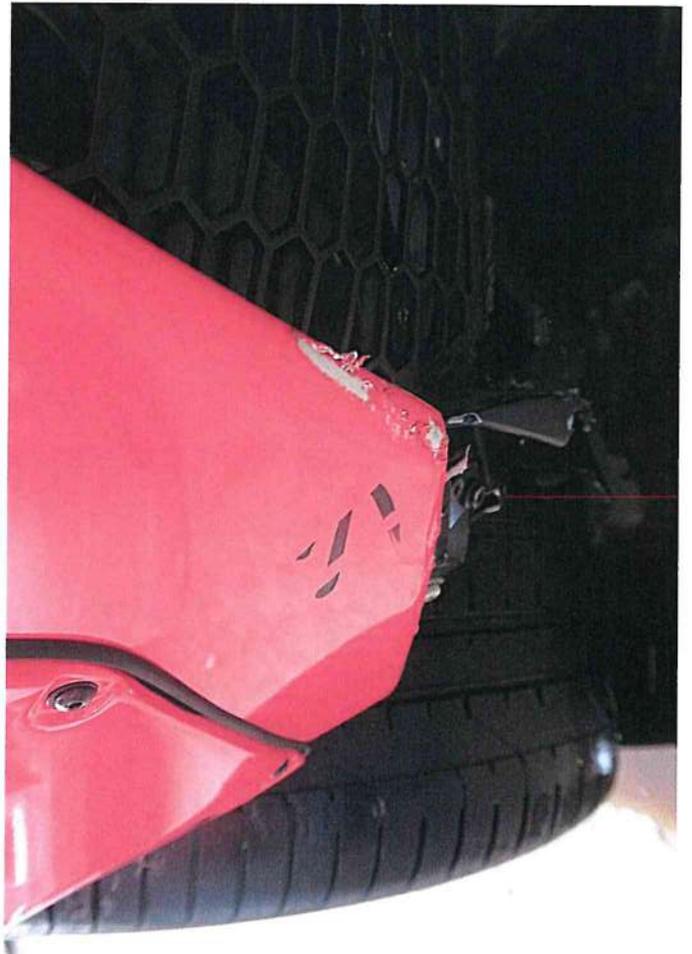
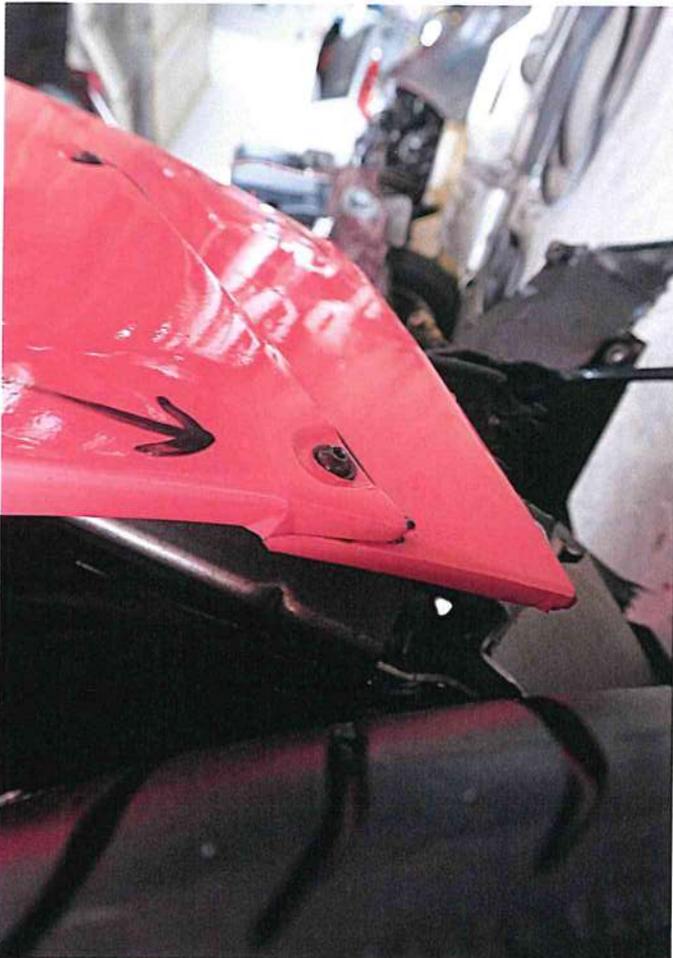
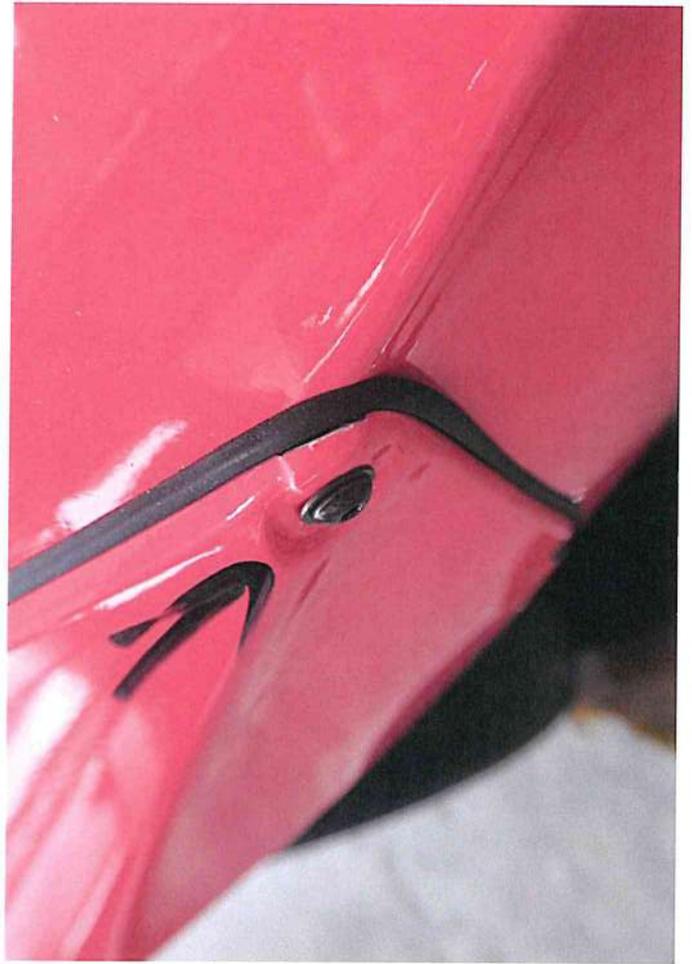
Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma.Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA certified Trainer, Singapore
Enterprise Singapore - Recognised Certification for Management Consultants
IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

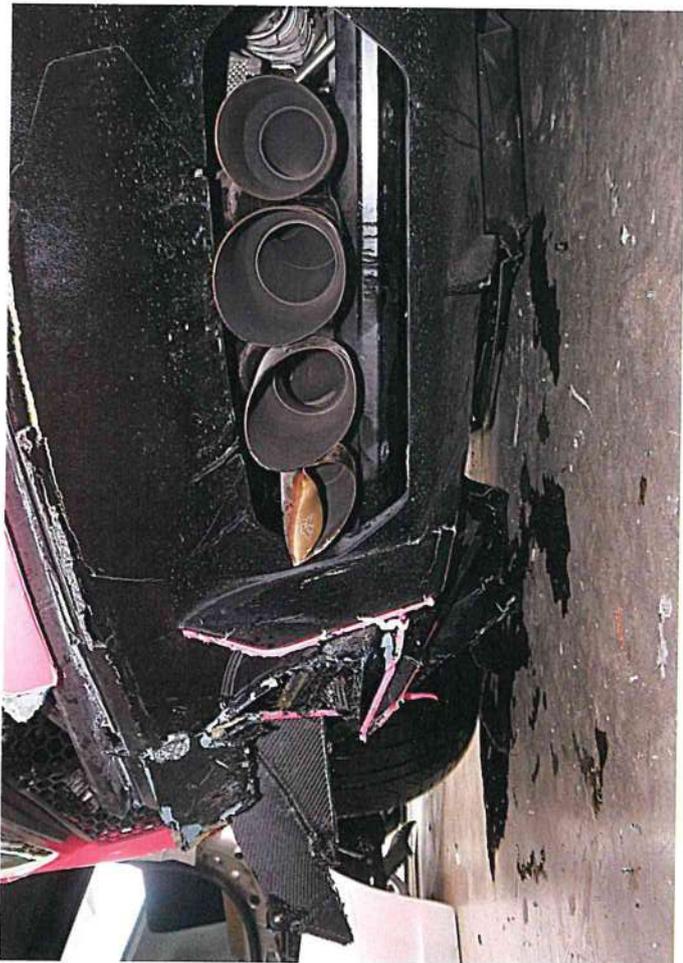
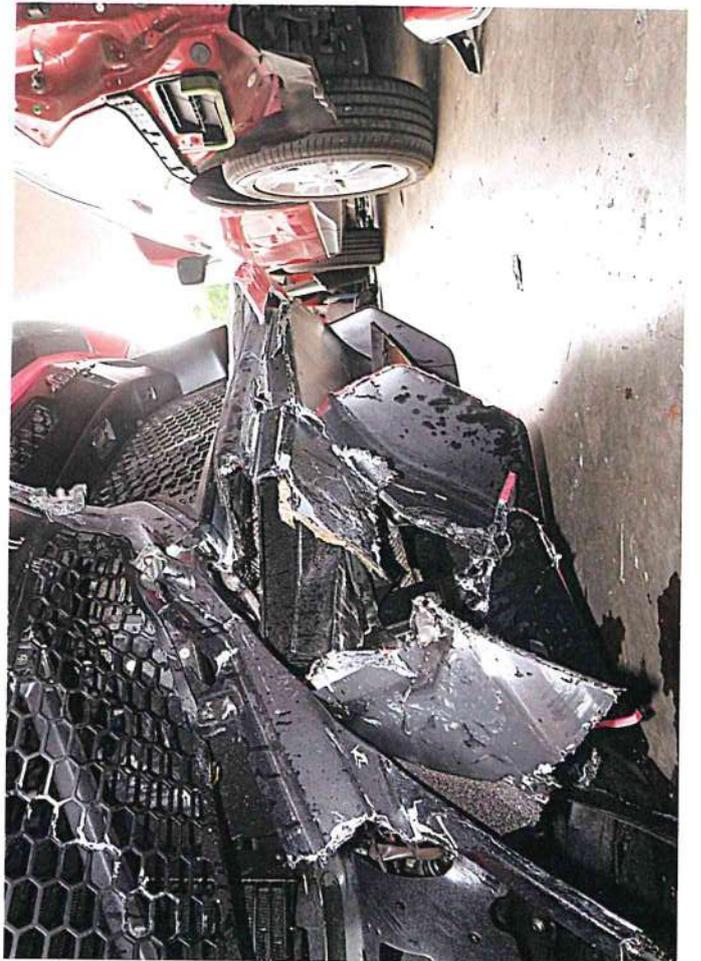
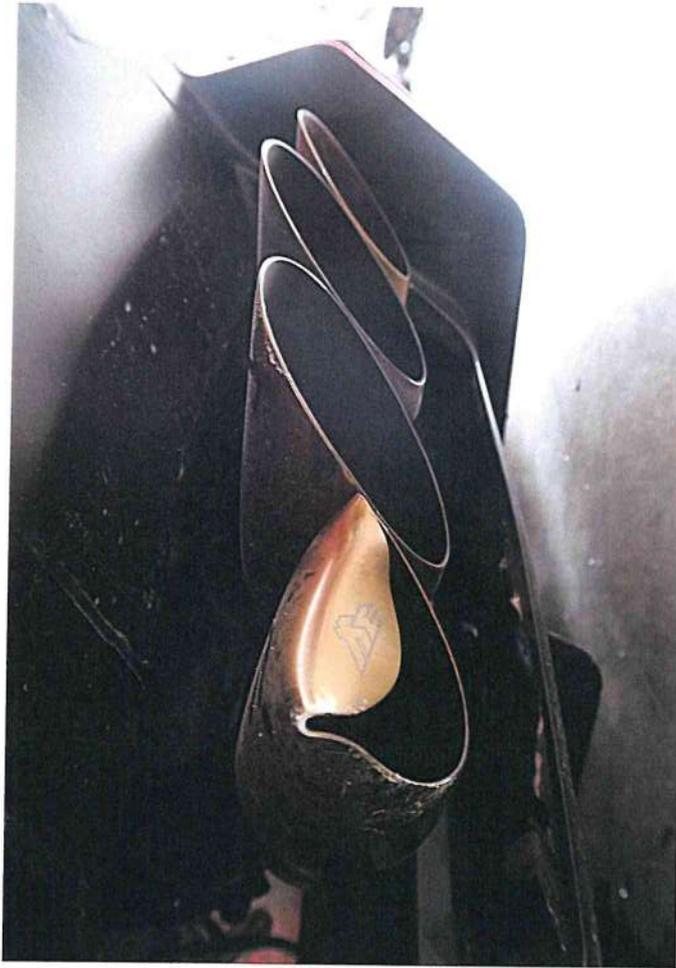
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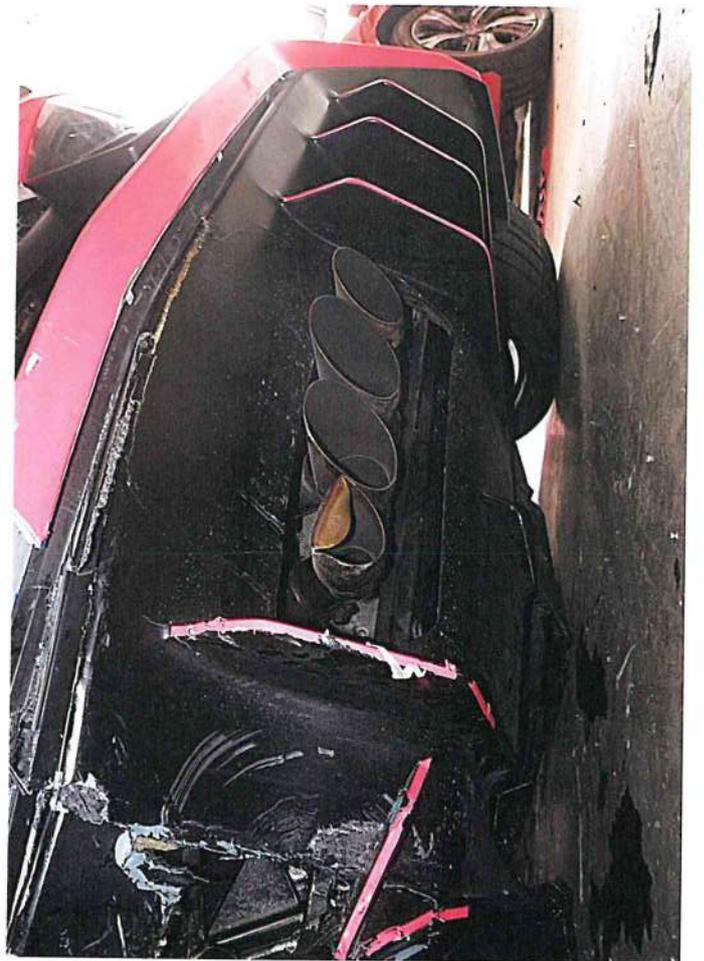
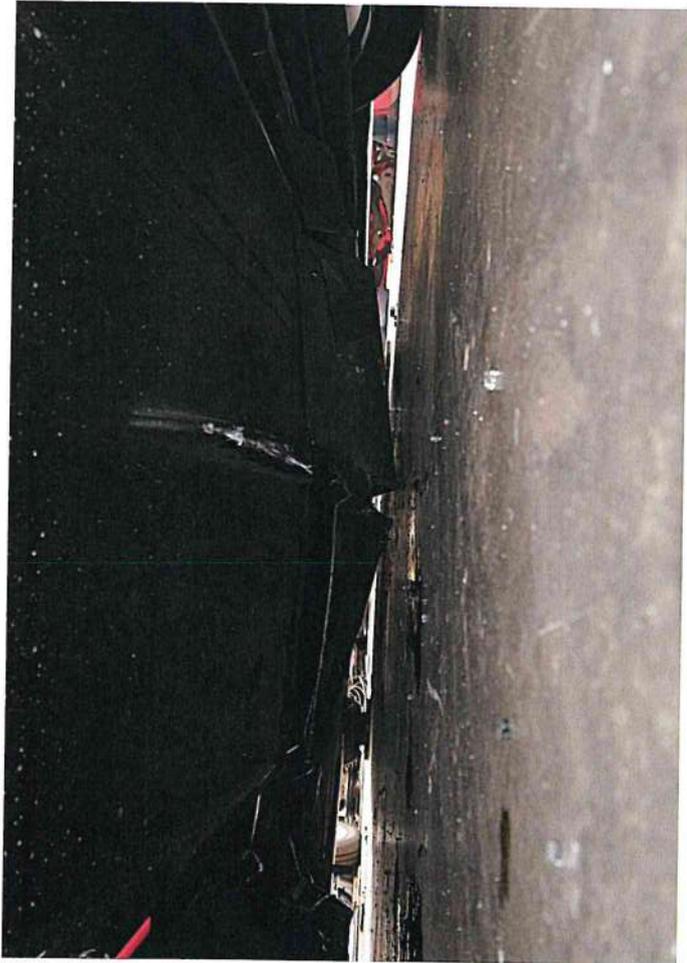
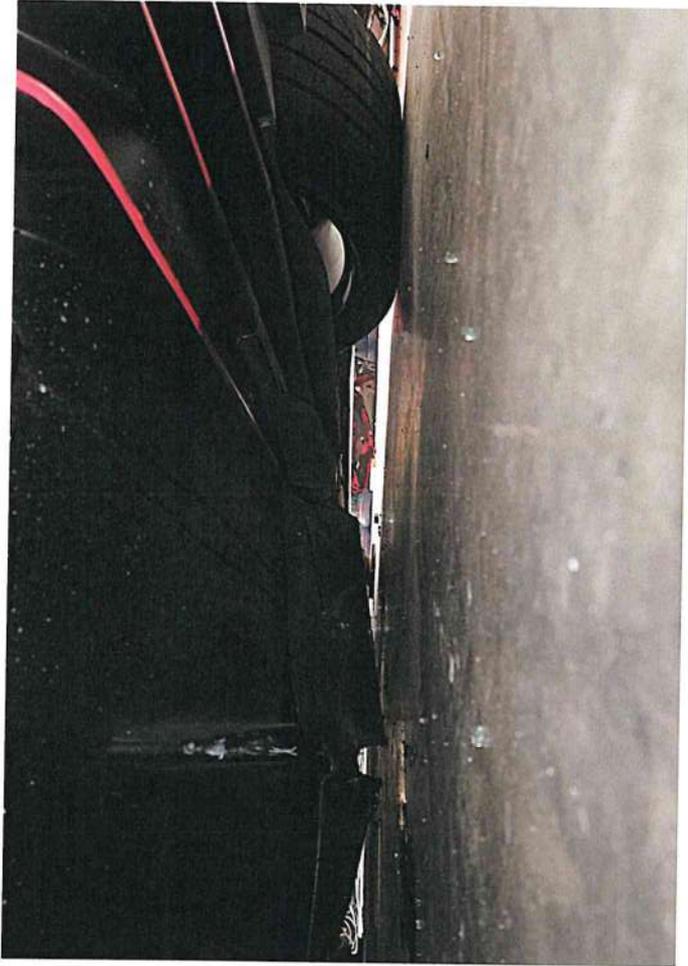
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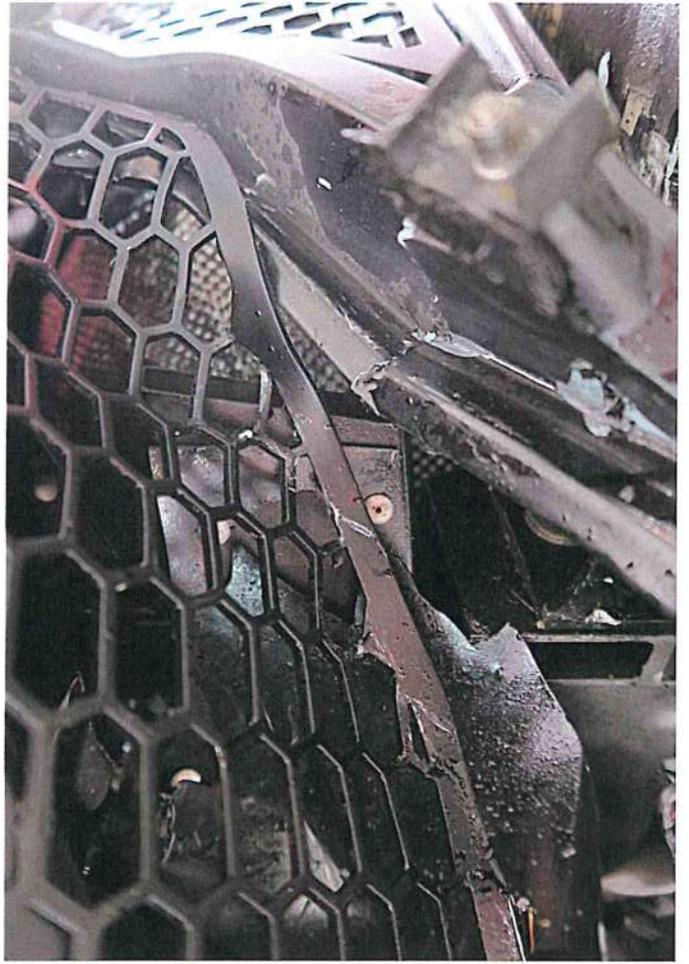


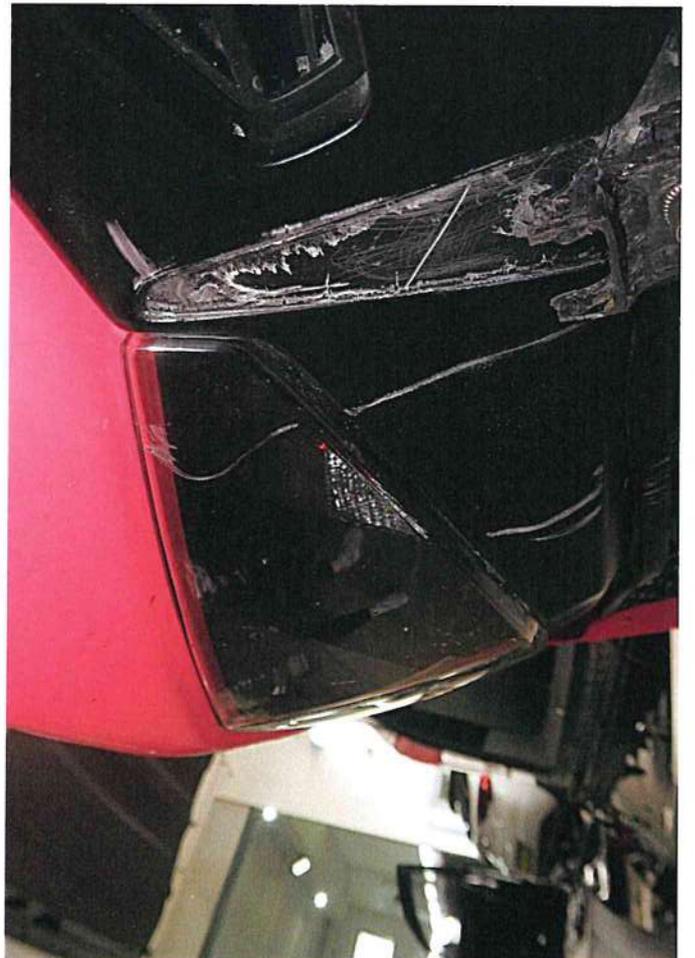
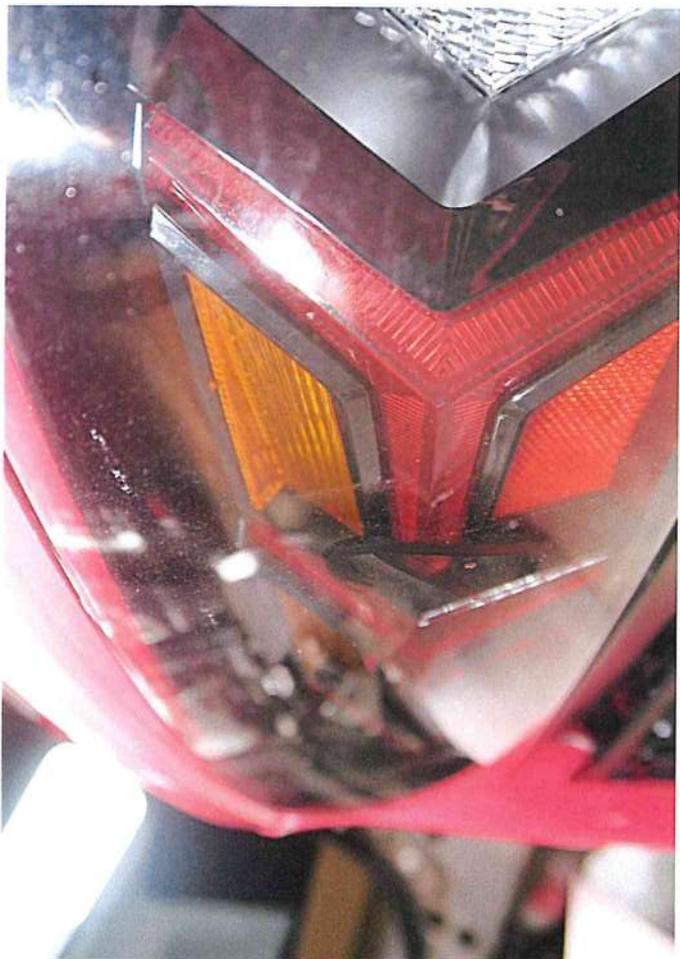




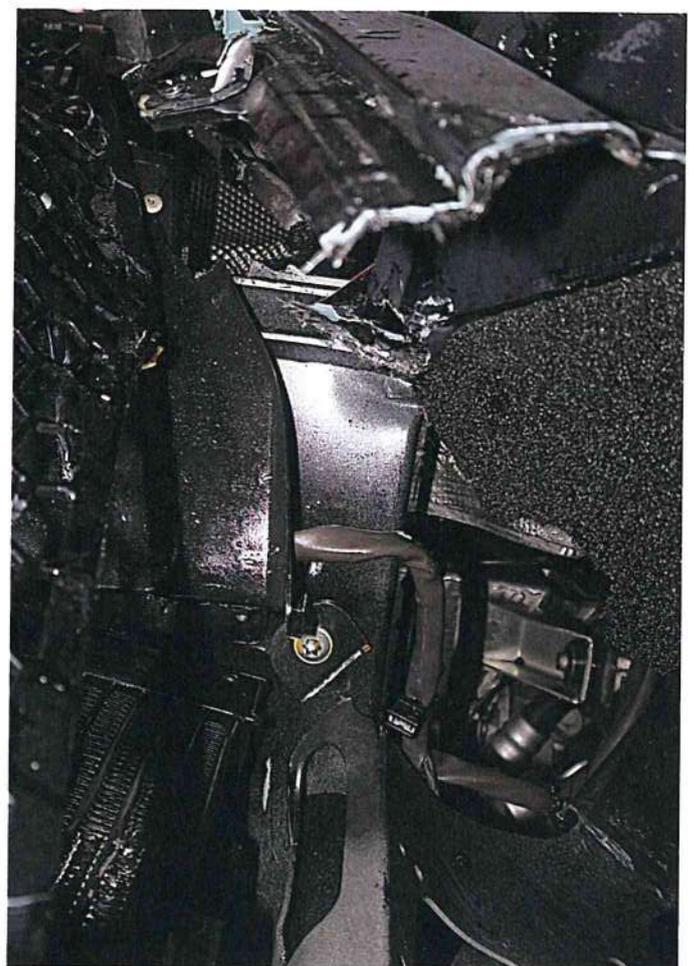


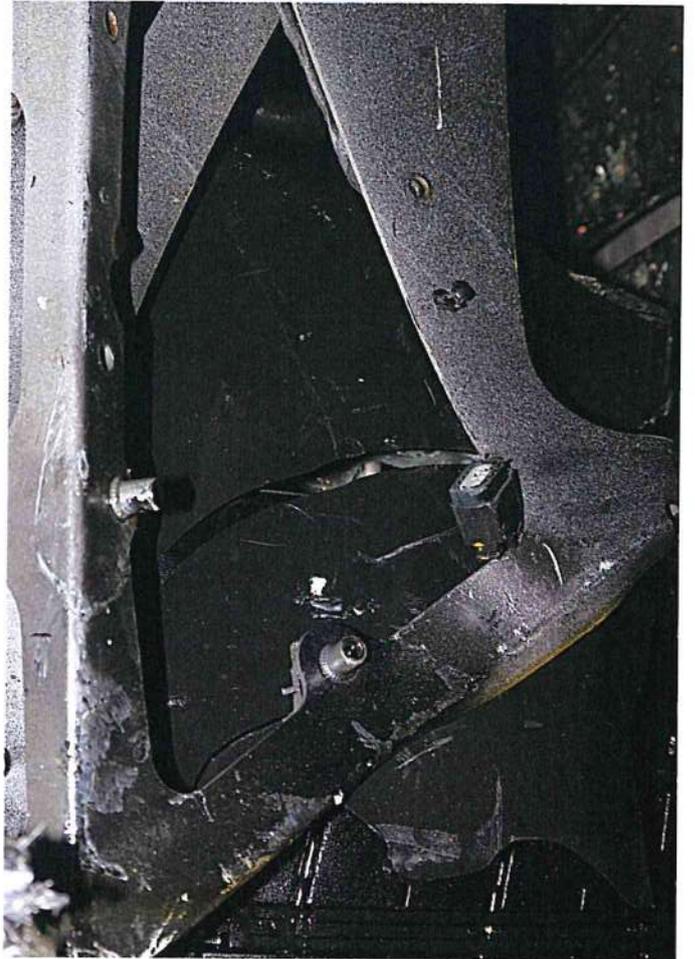
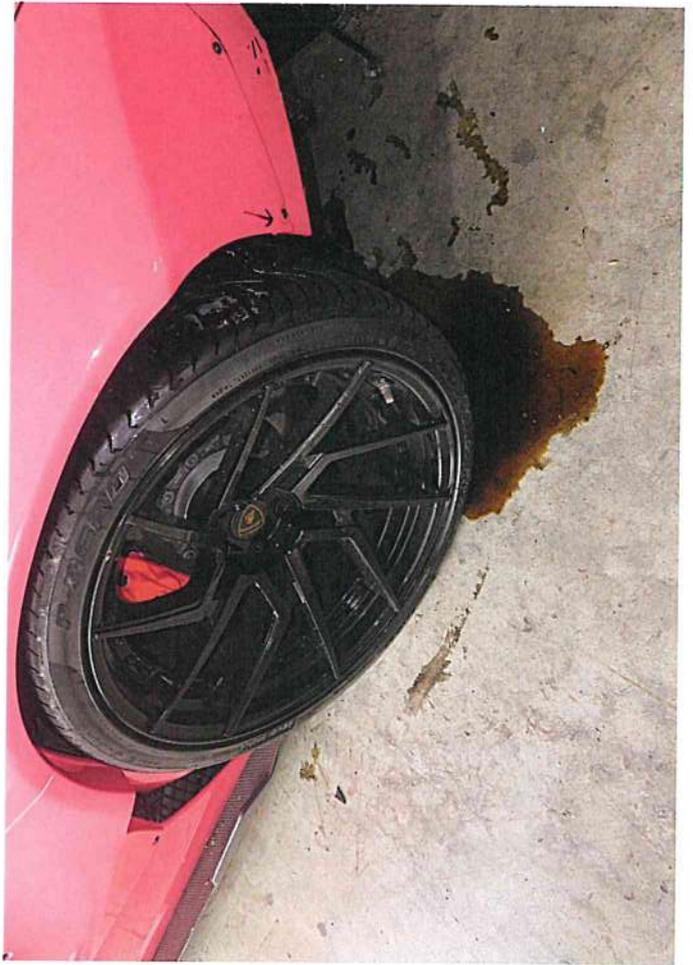
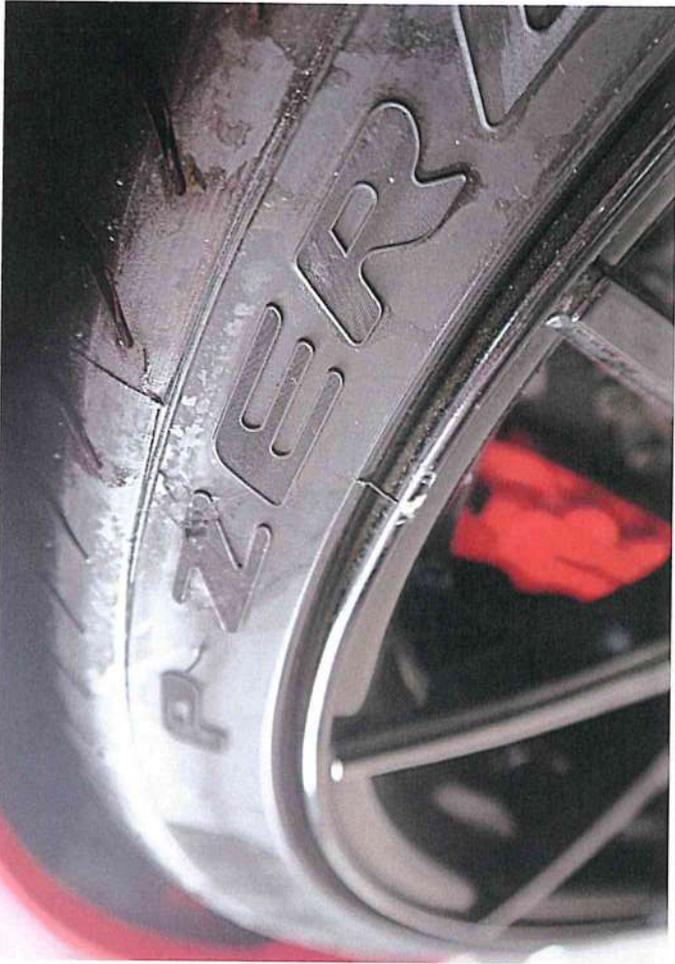


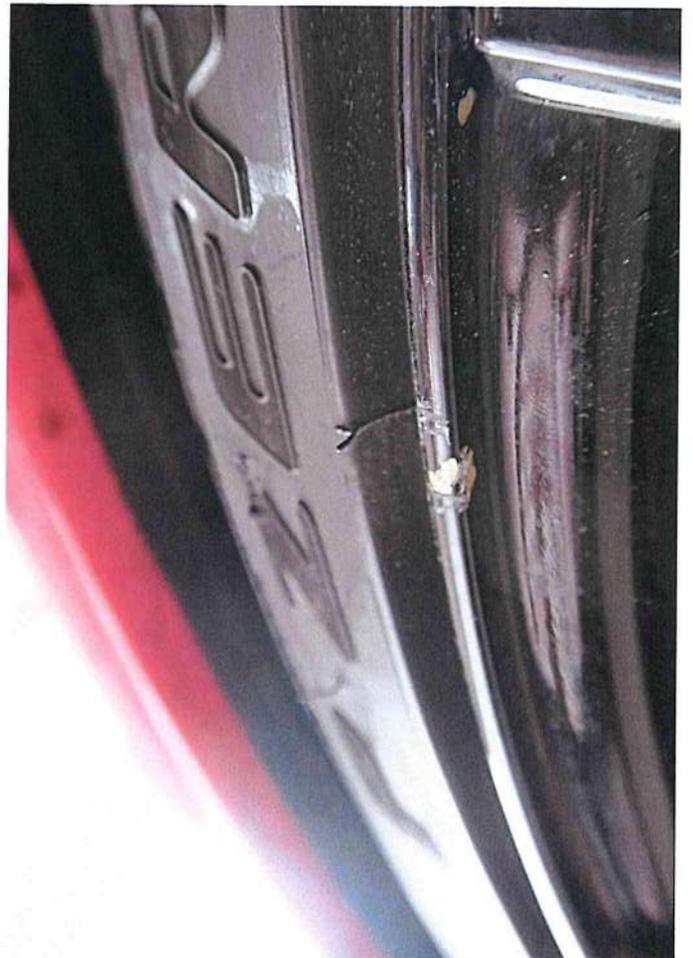
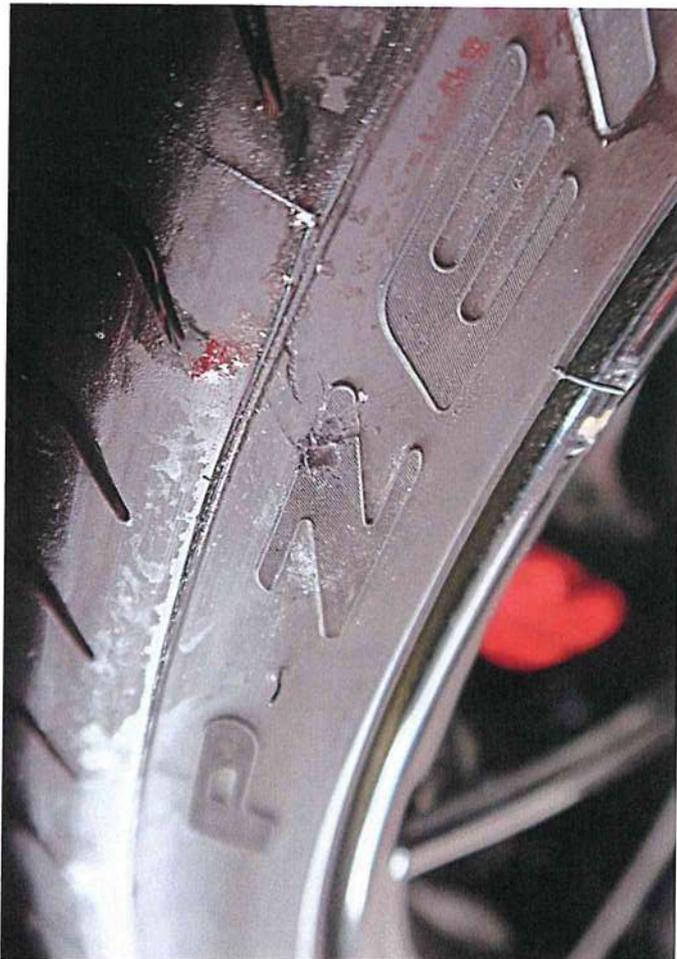
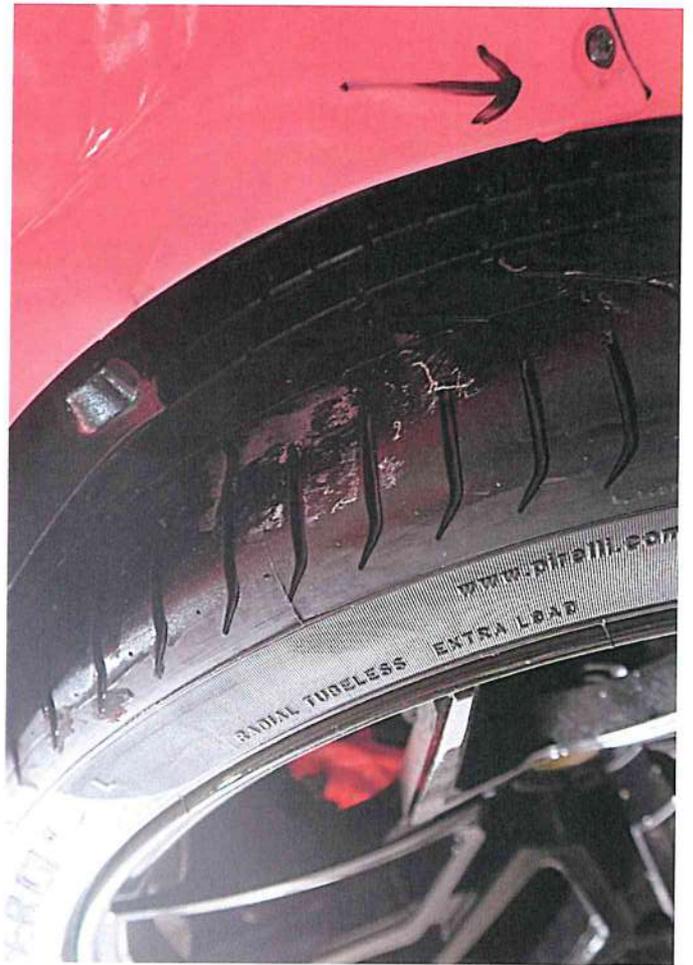


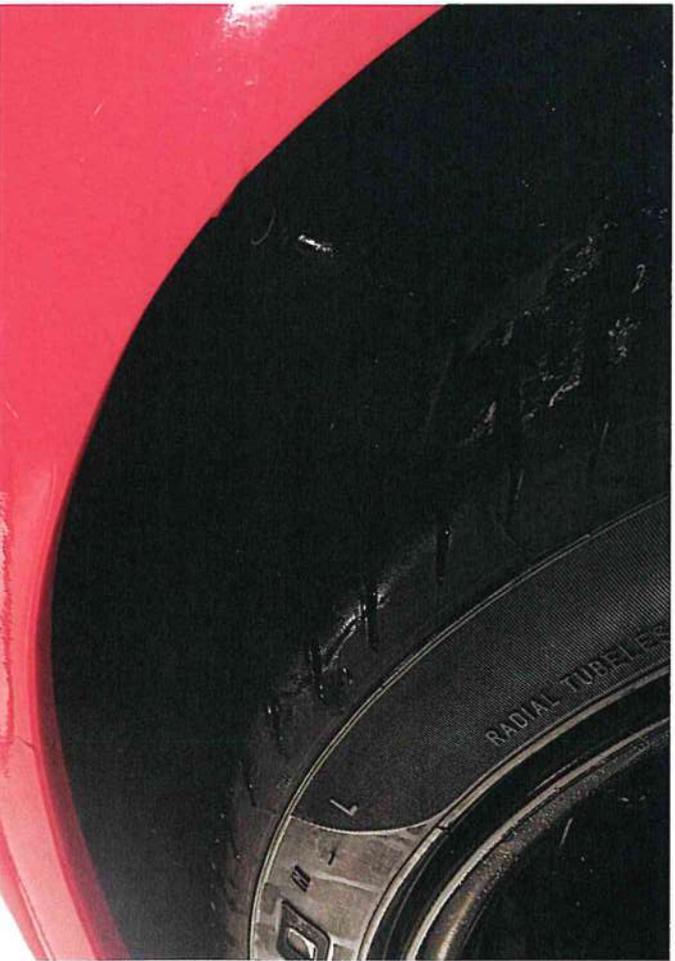




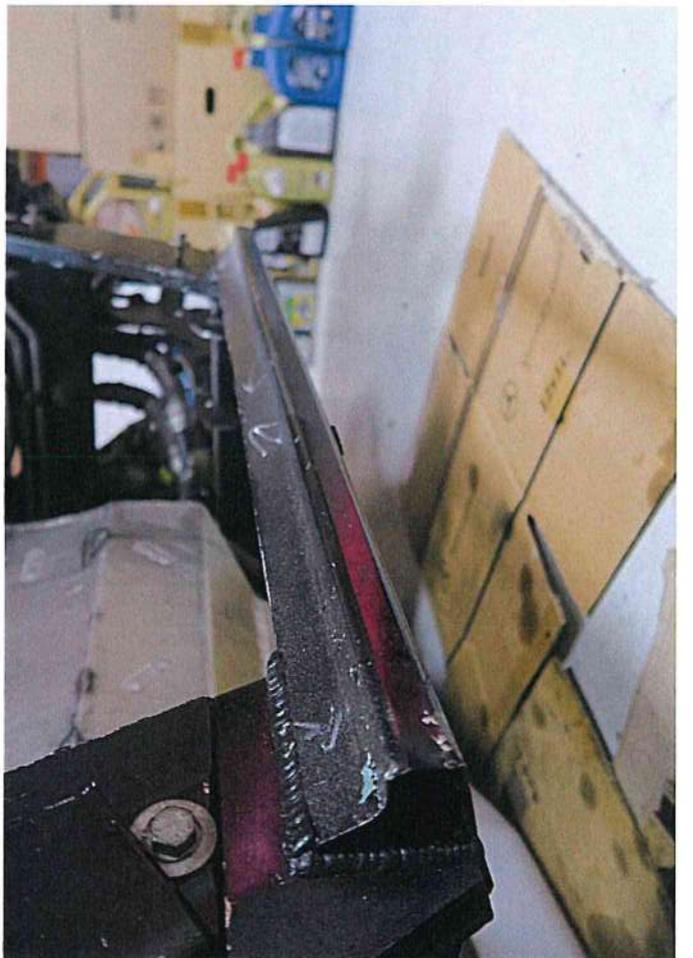


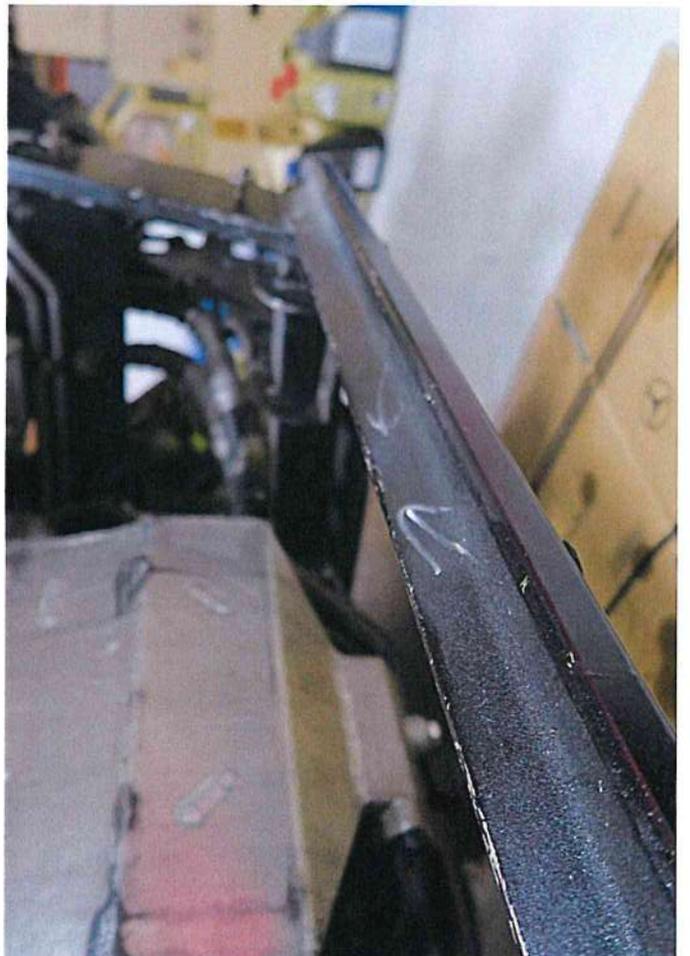
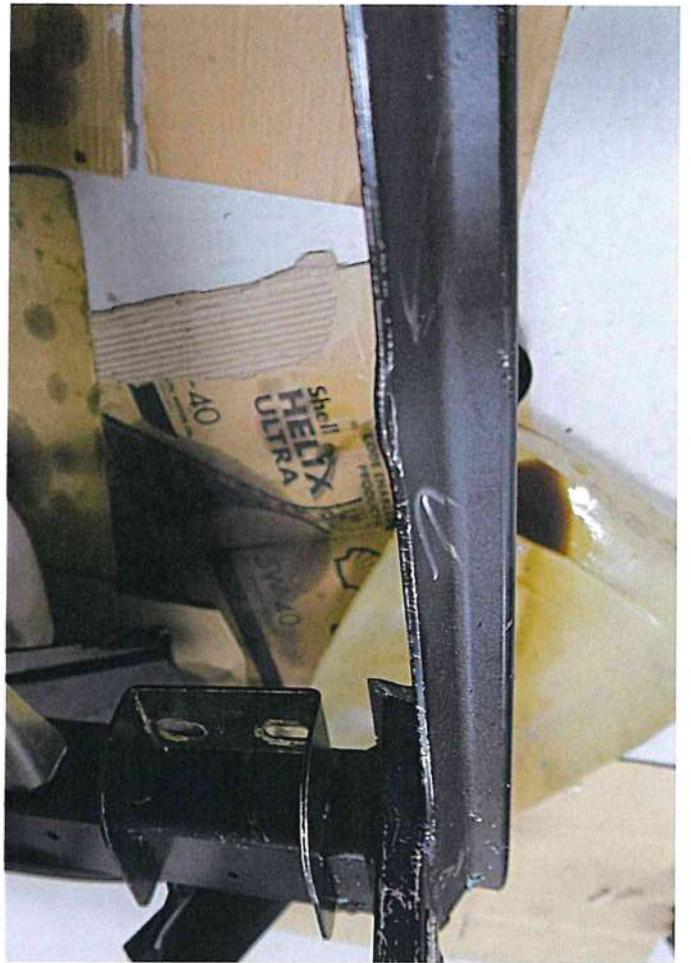
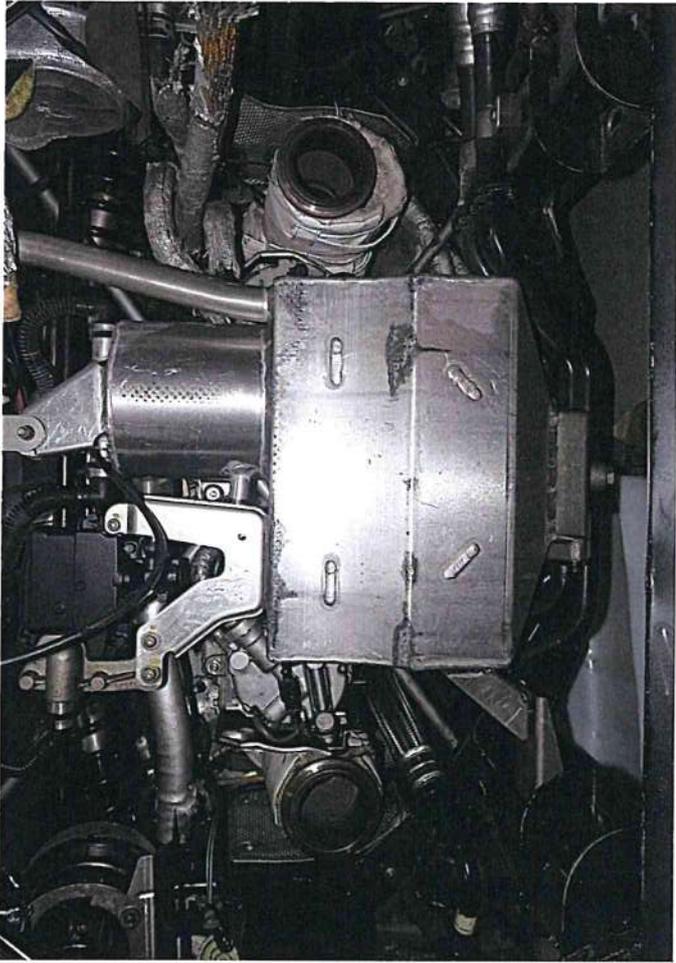


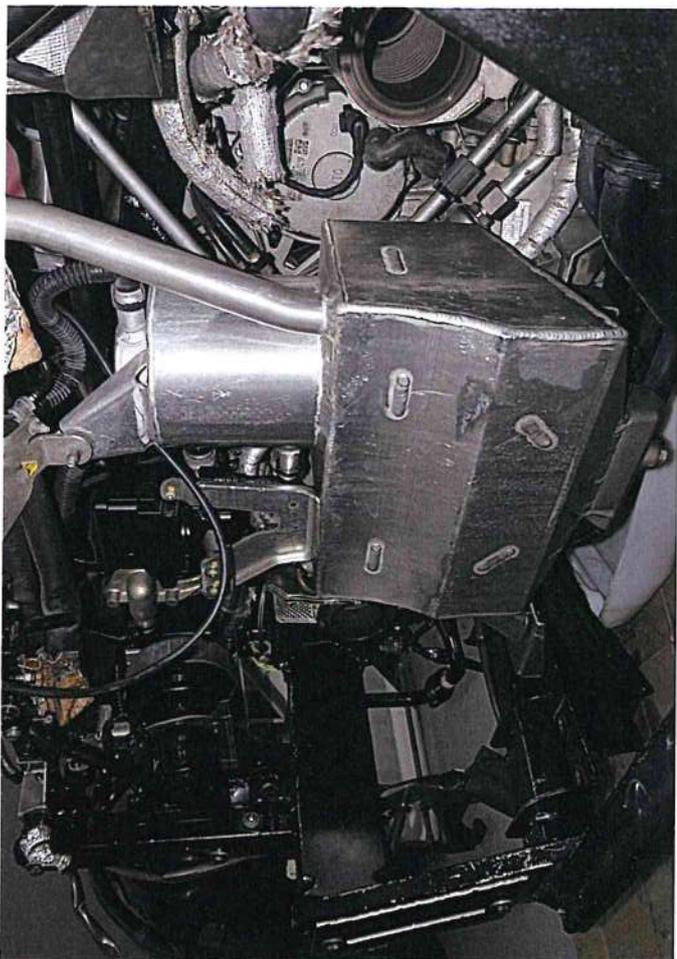
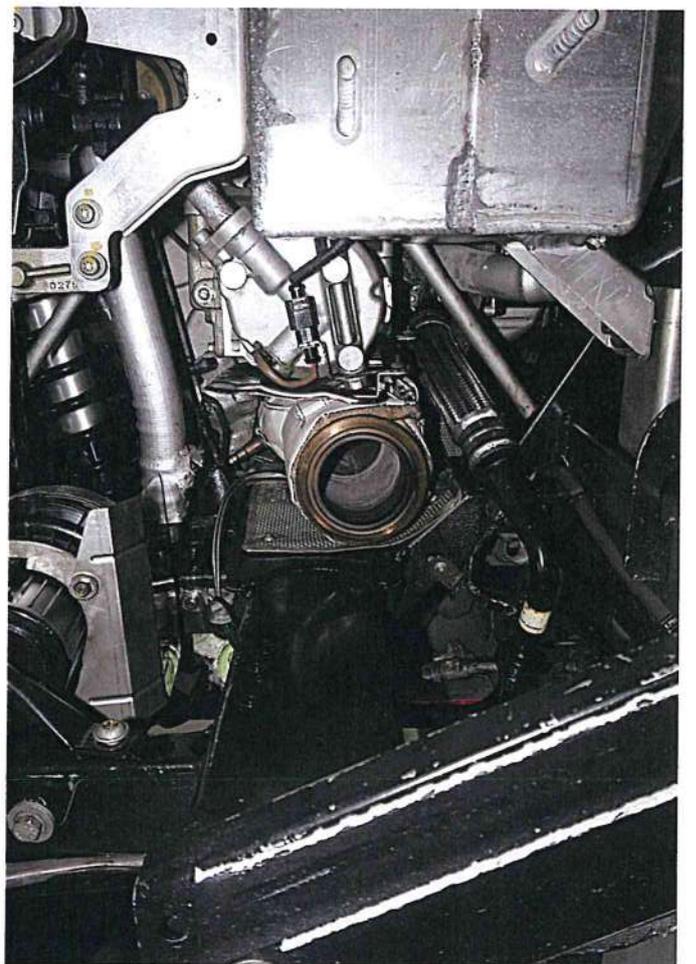




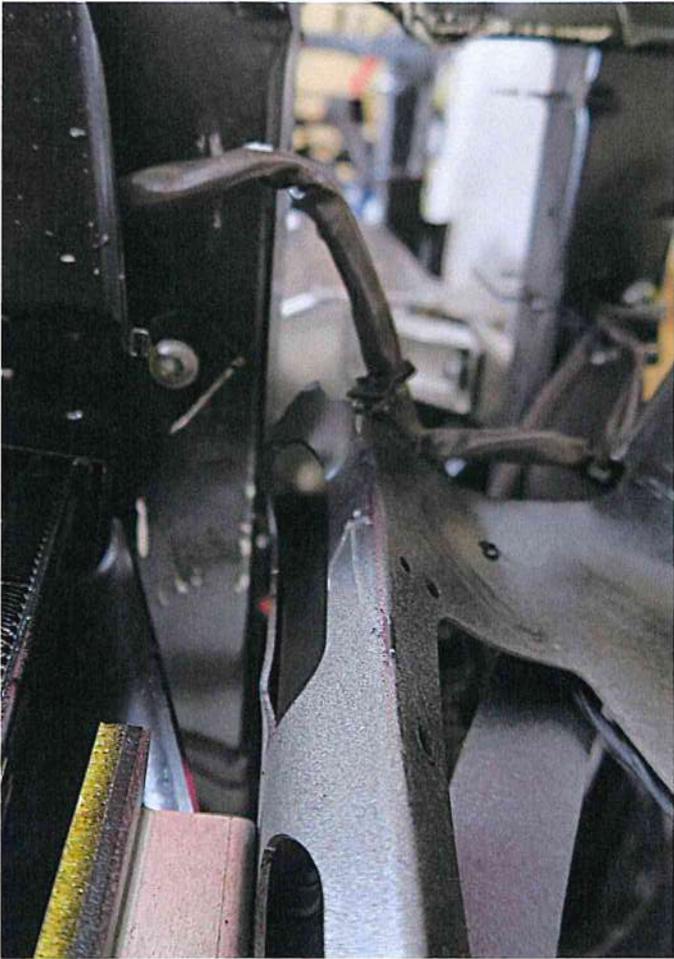


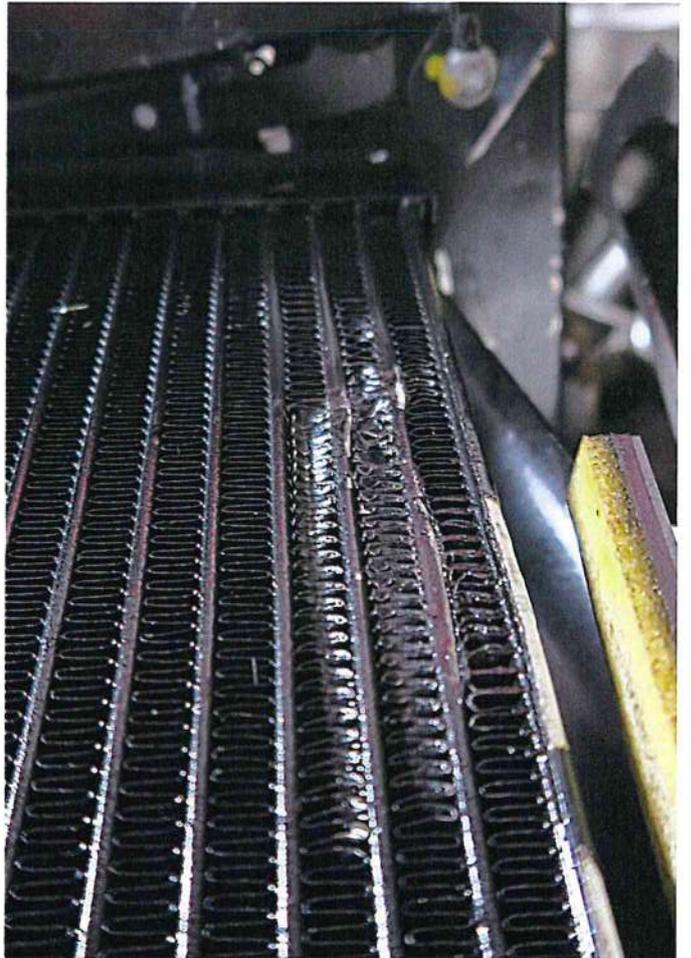
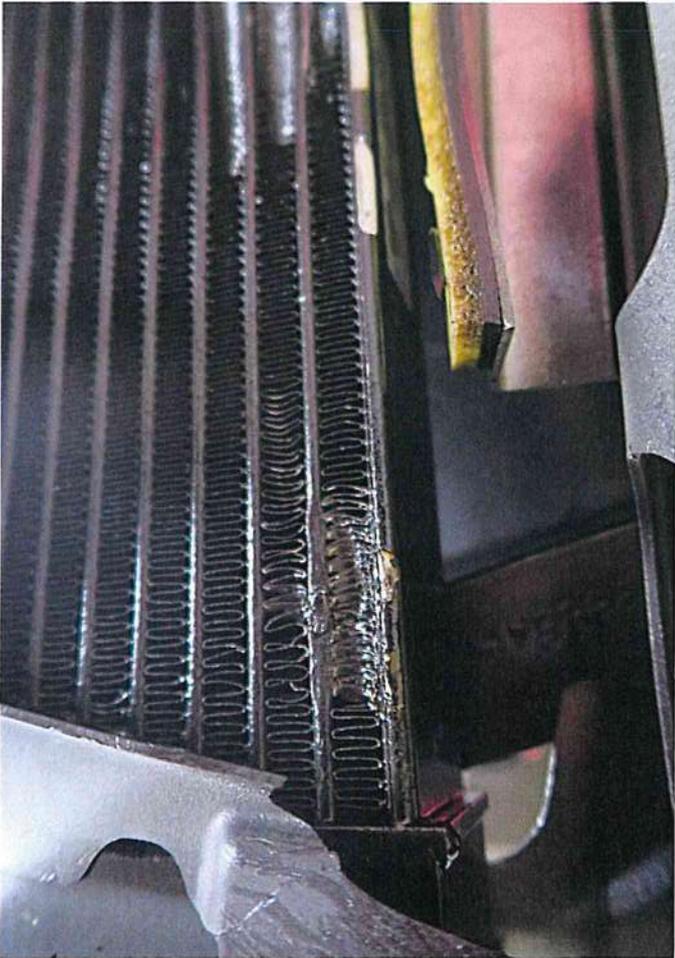
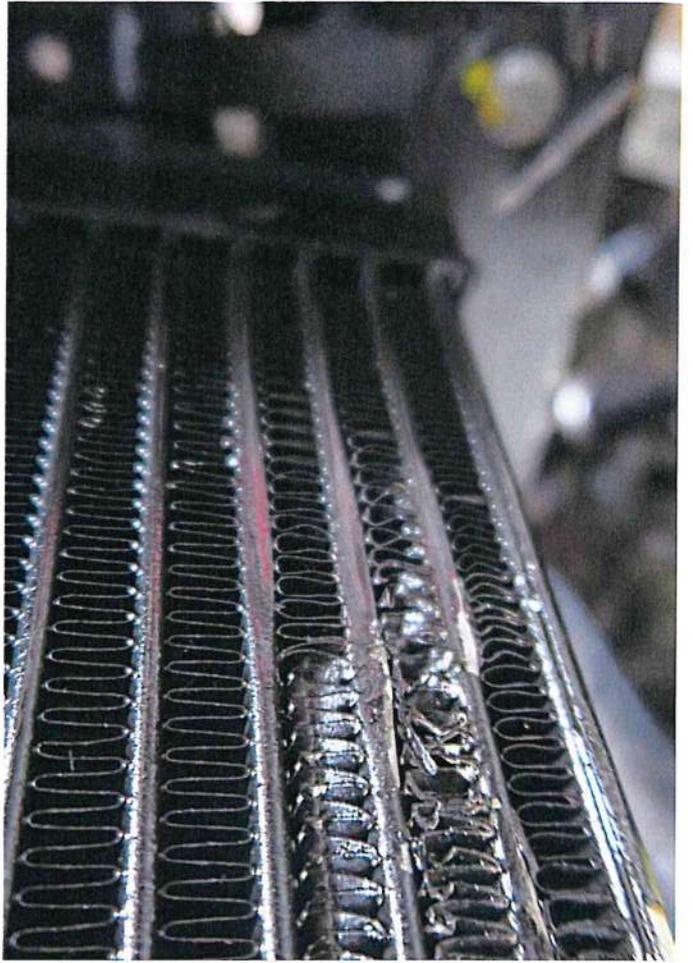
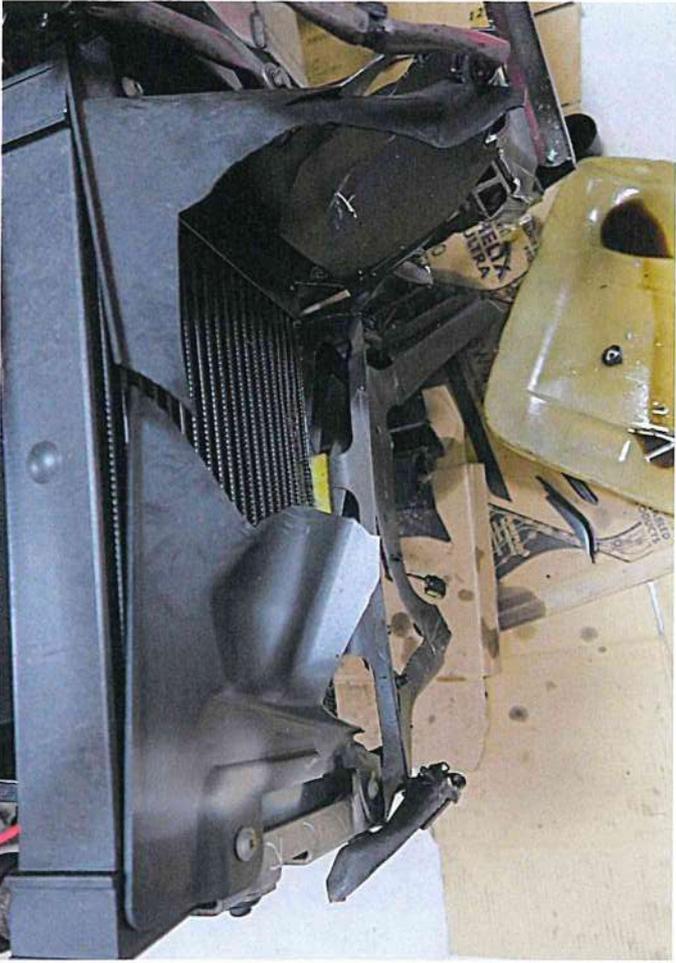


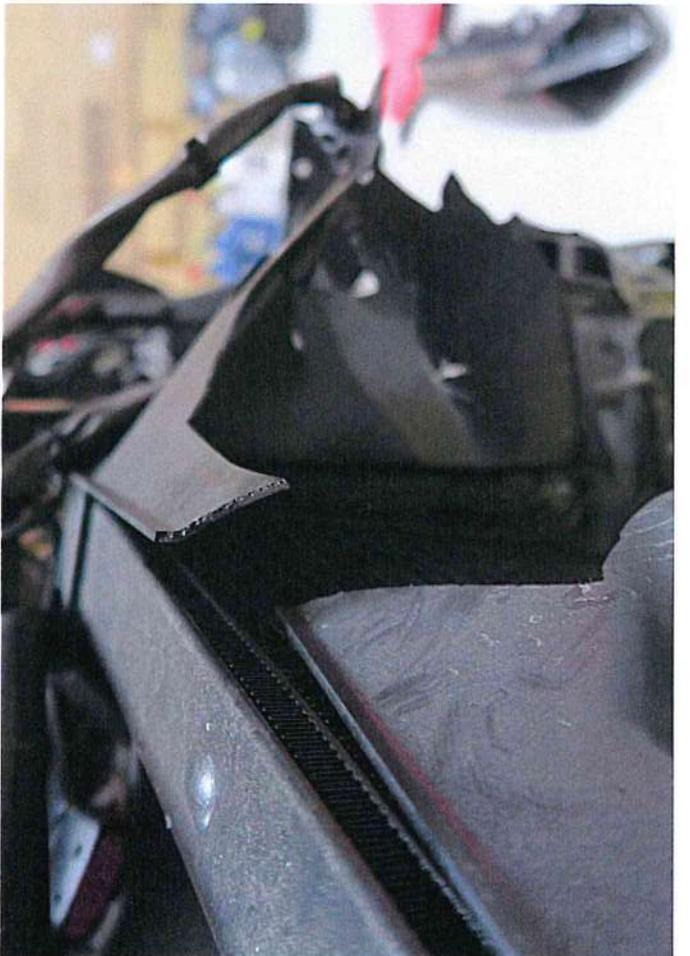
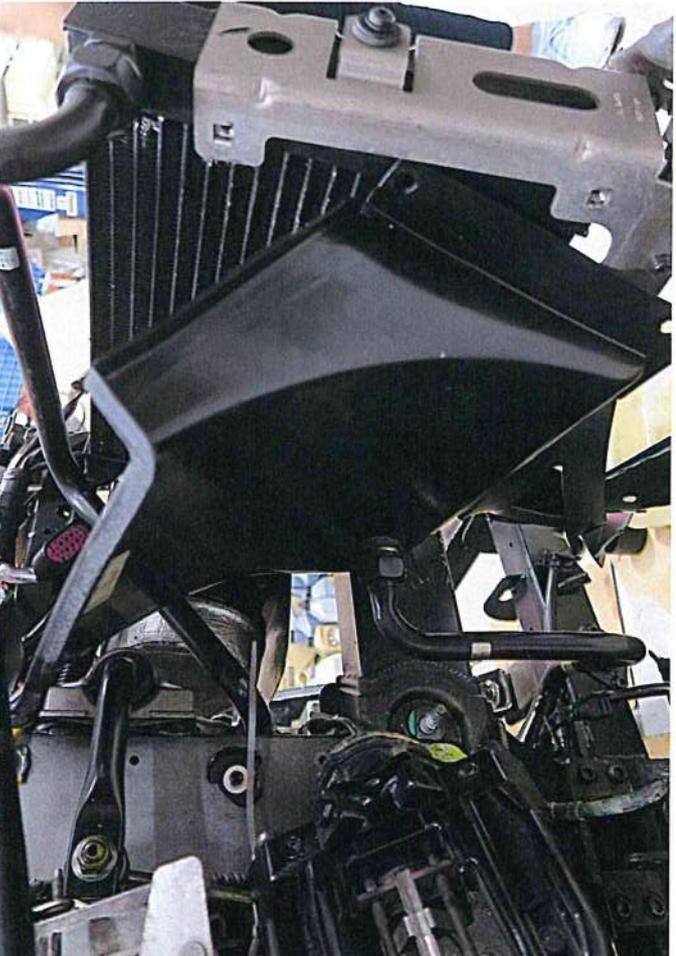
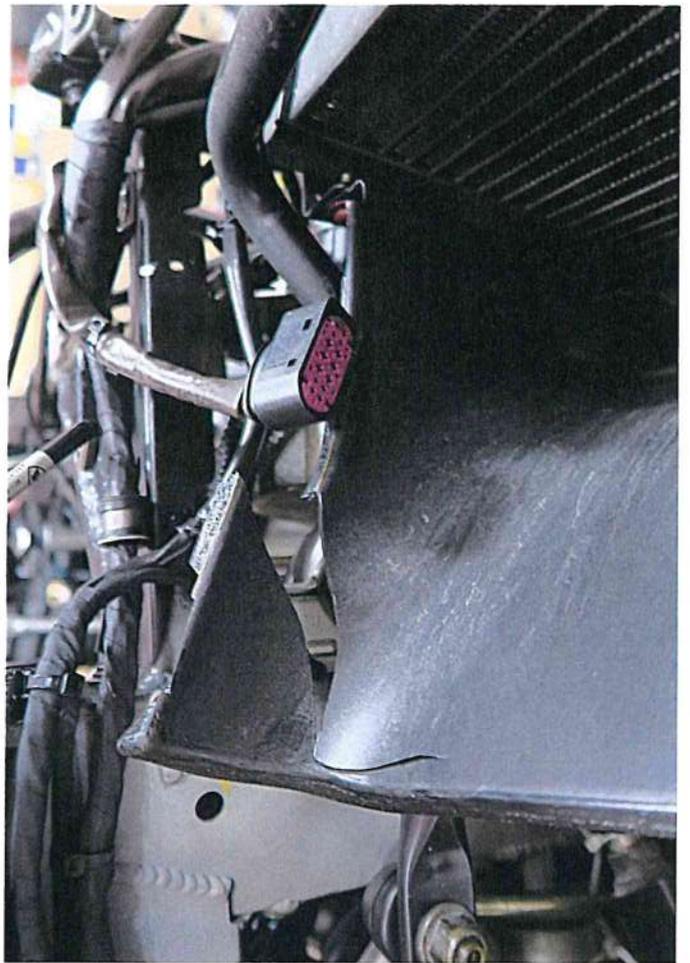


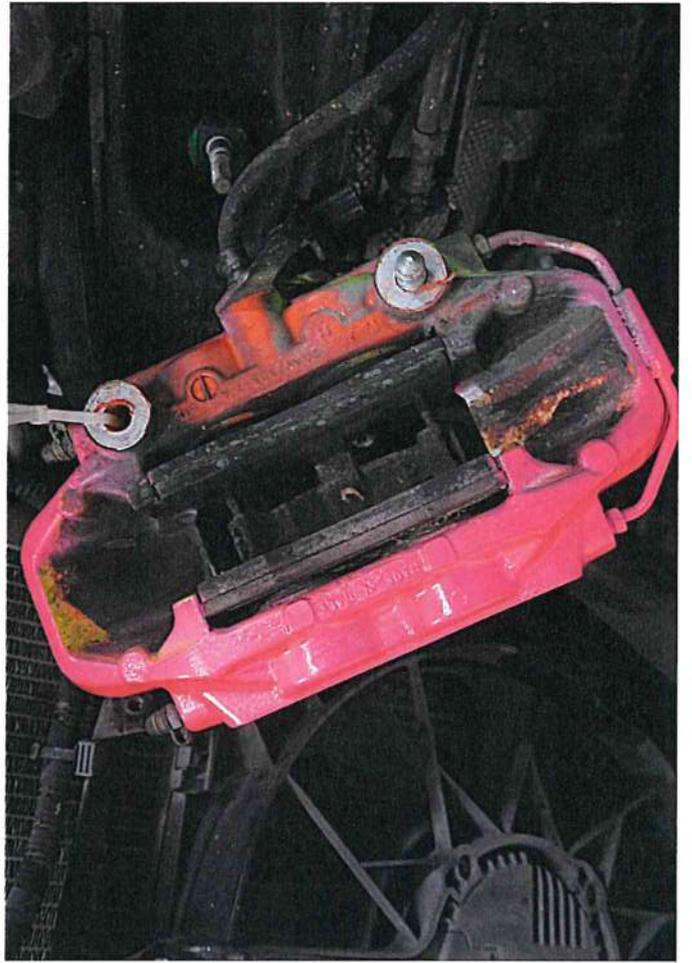


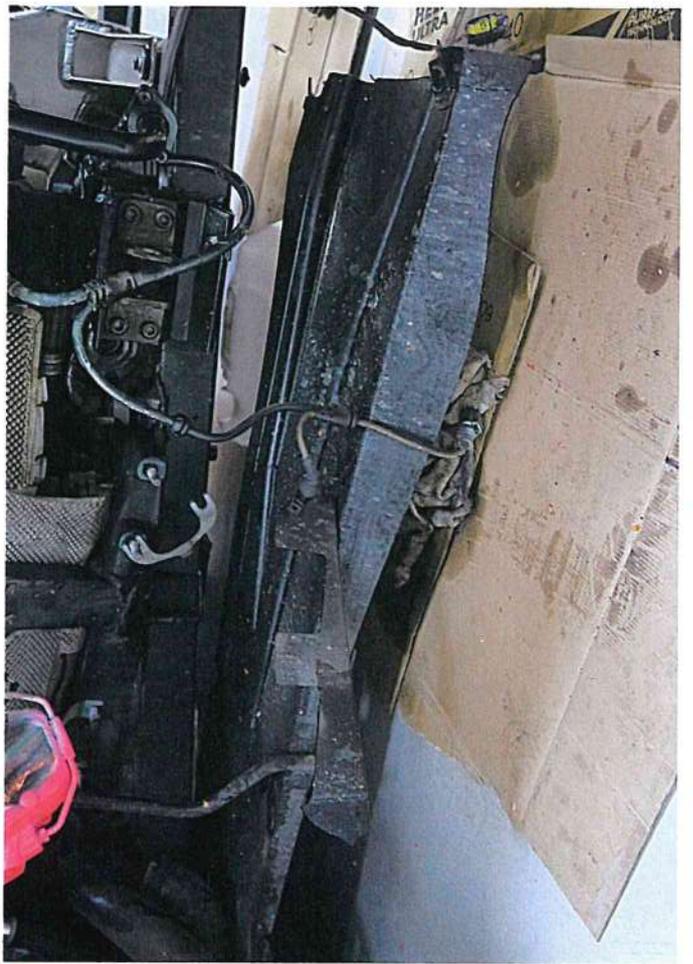
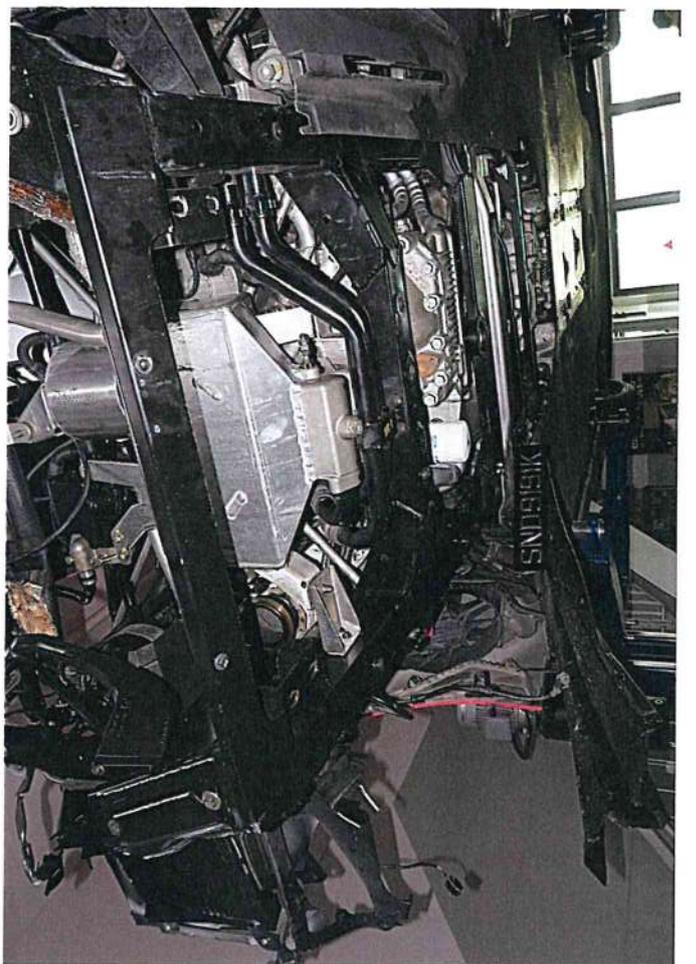
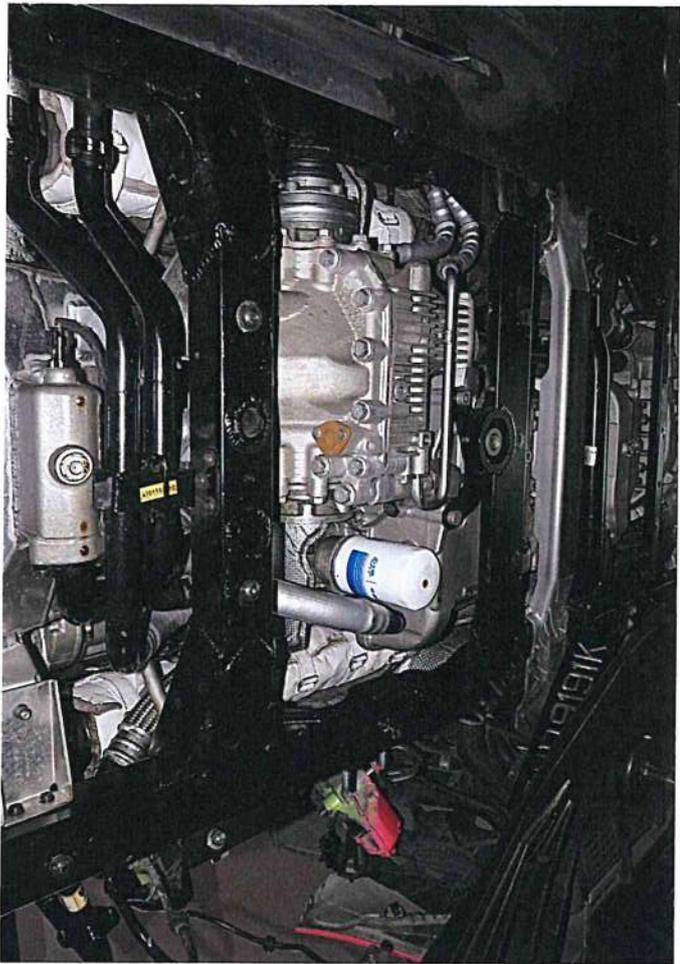


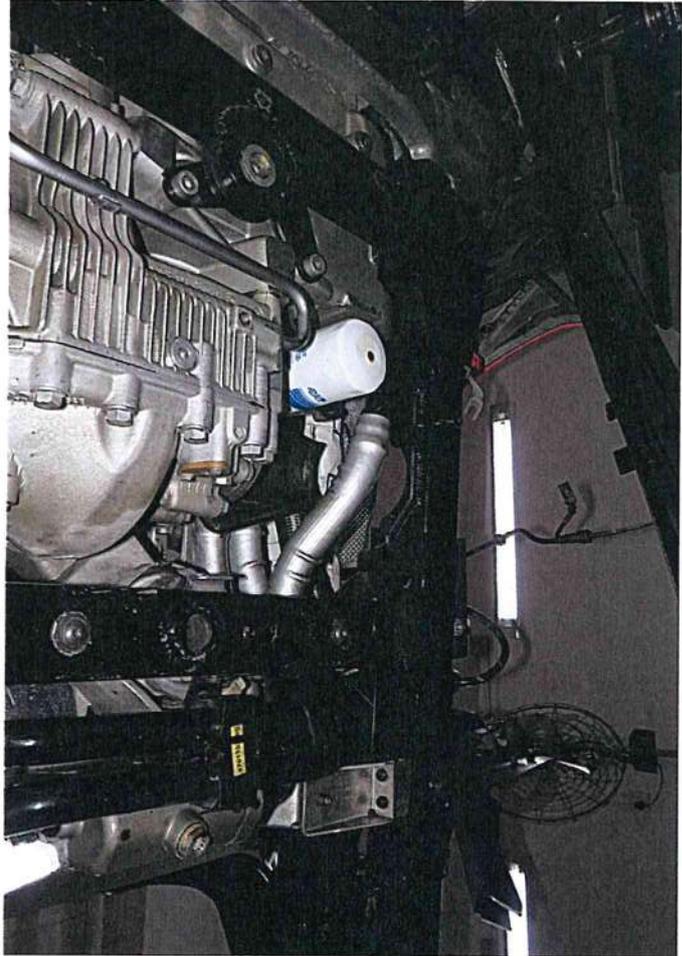
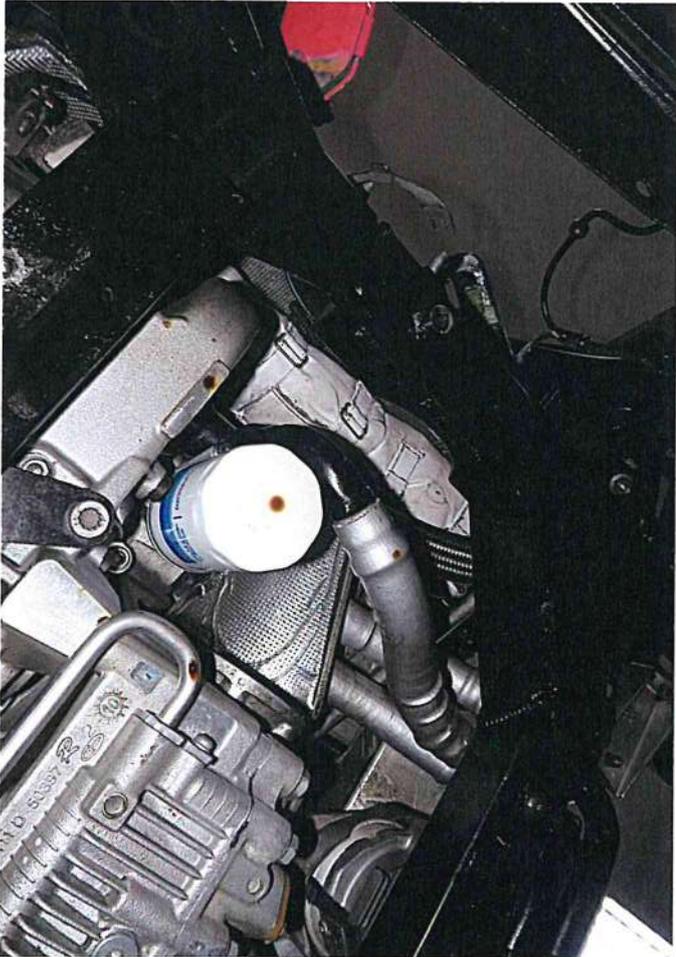
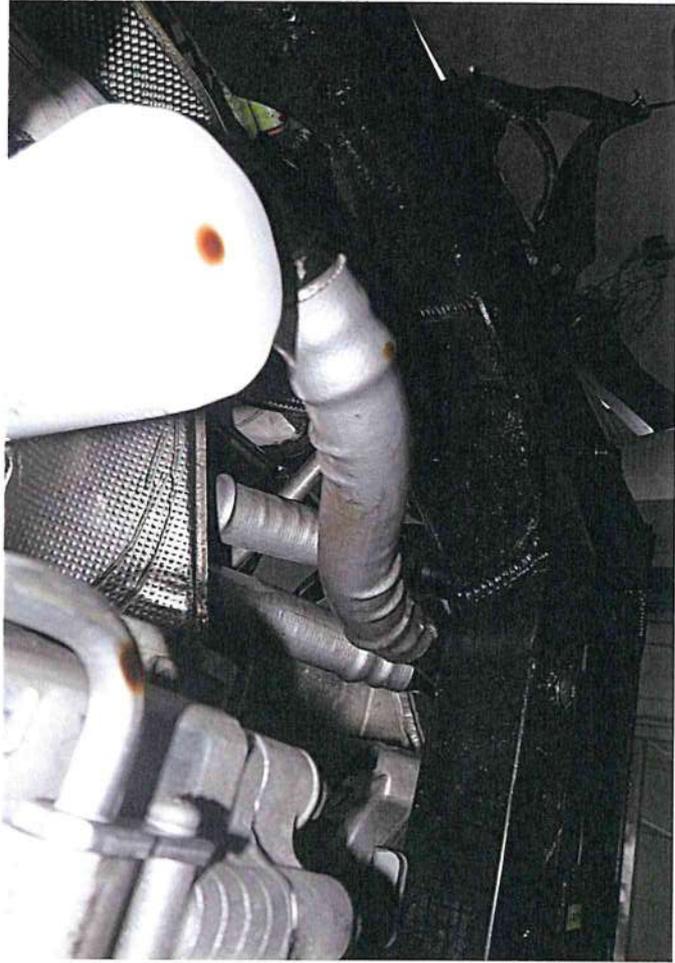
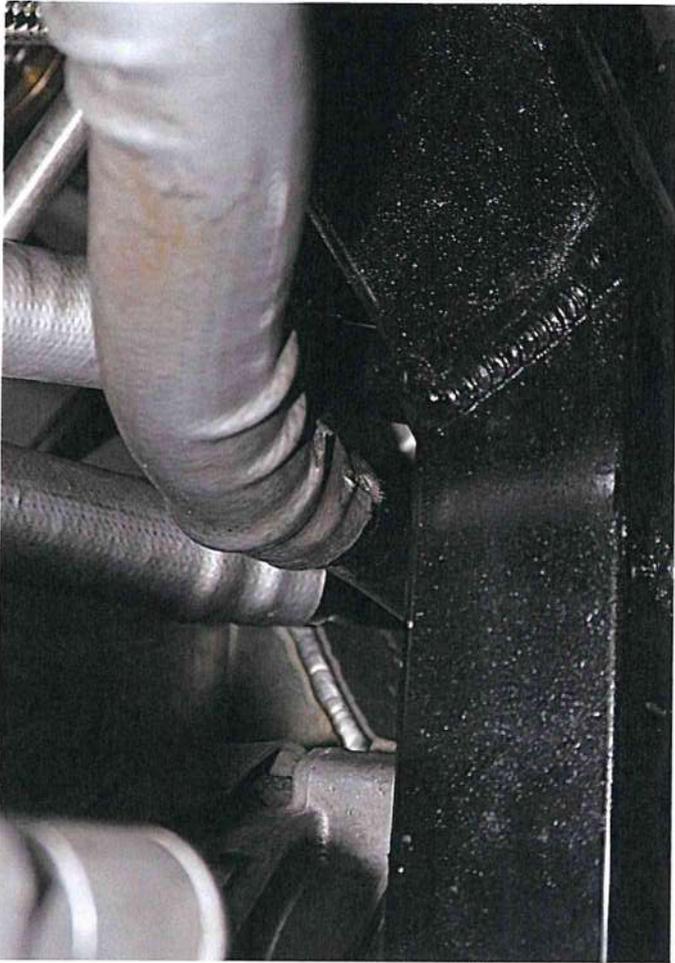


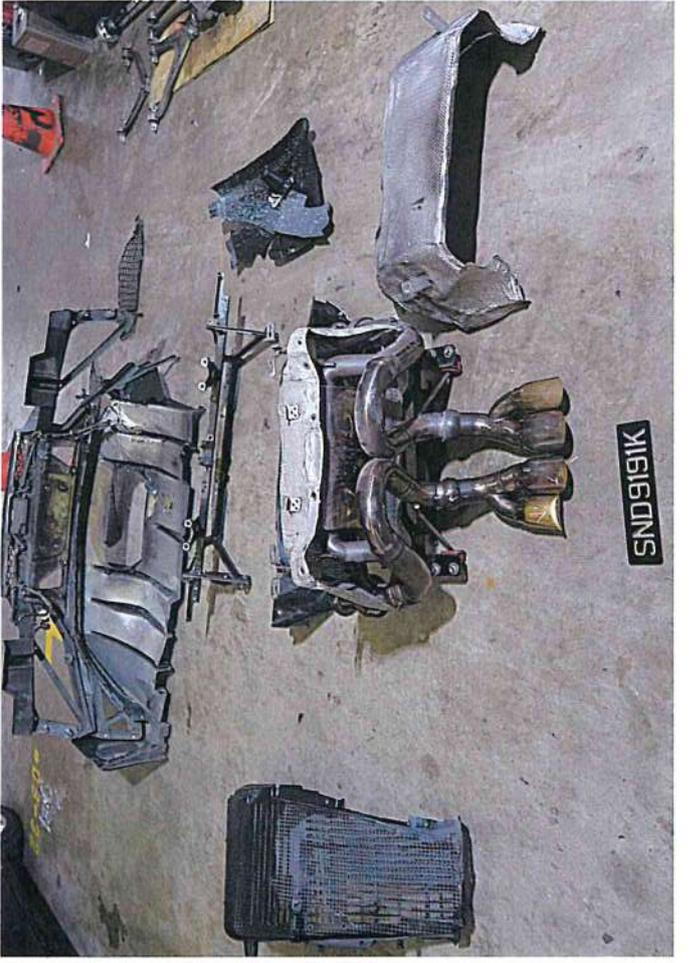
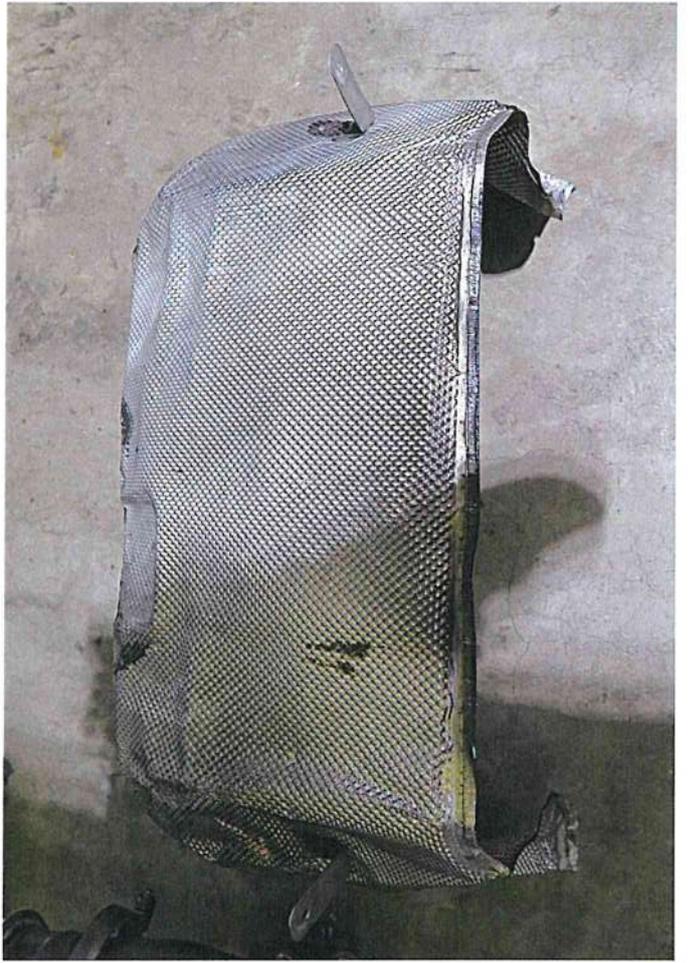


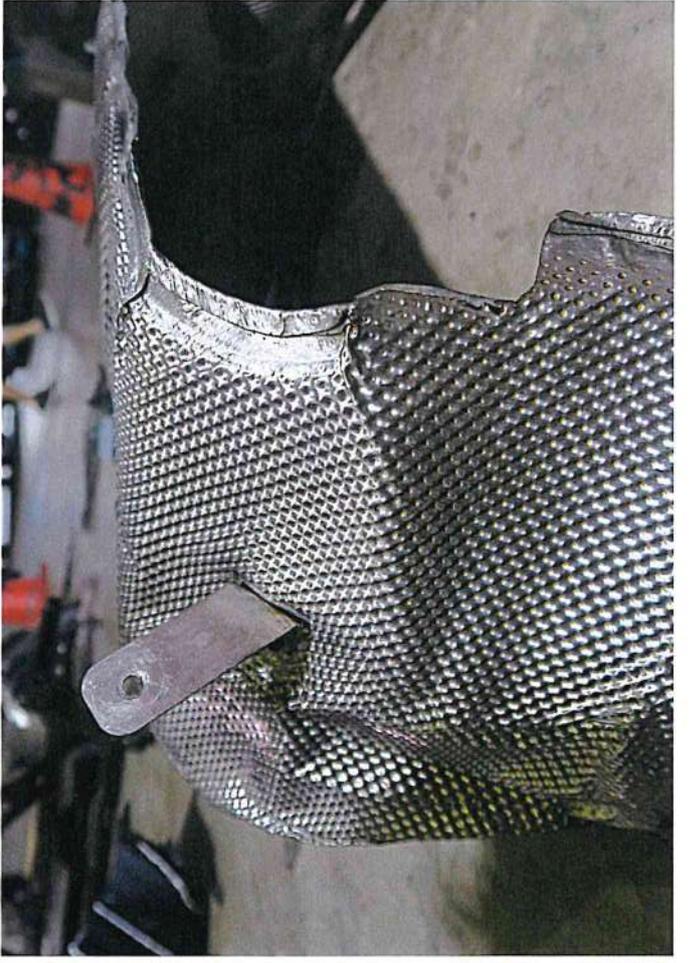
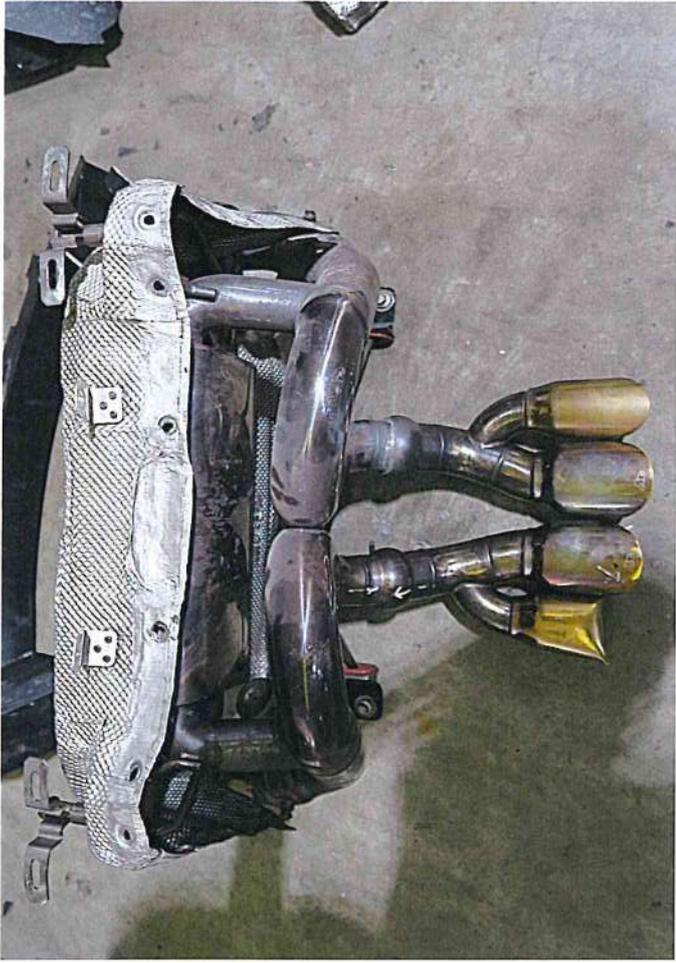


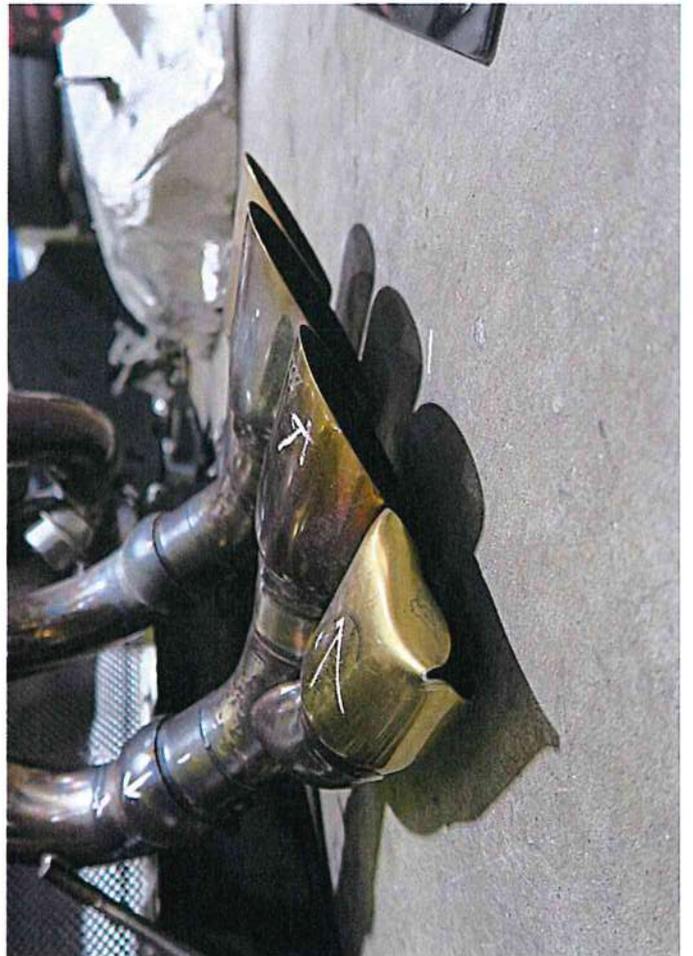


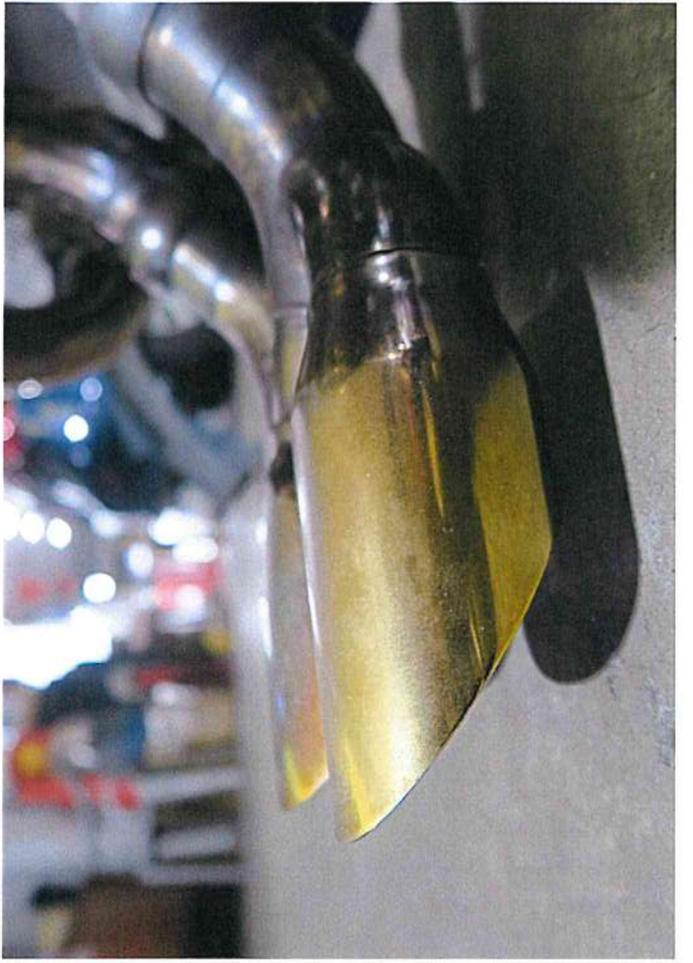
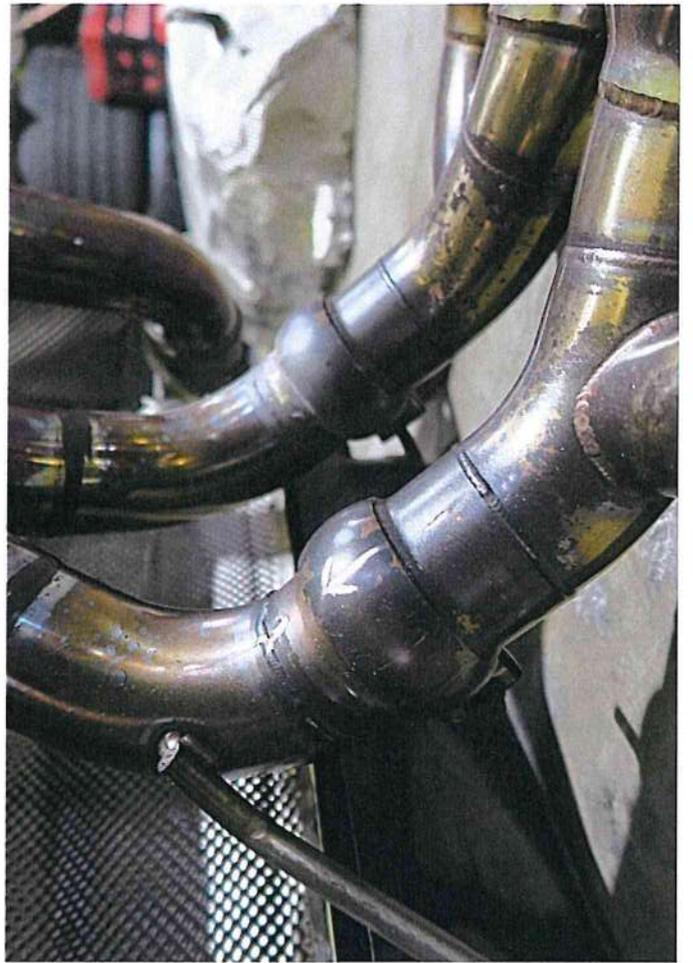


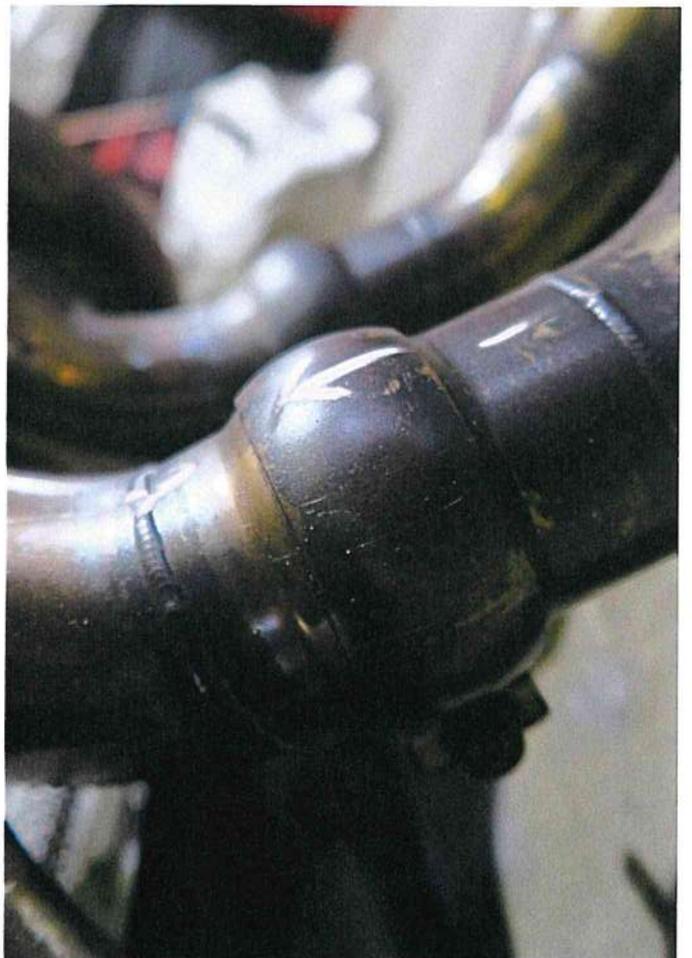


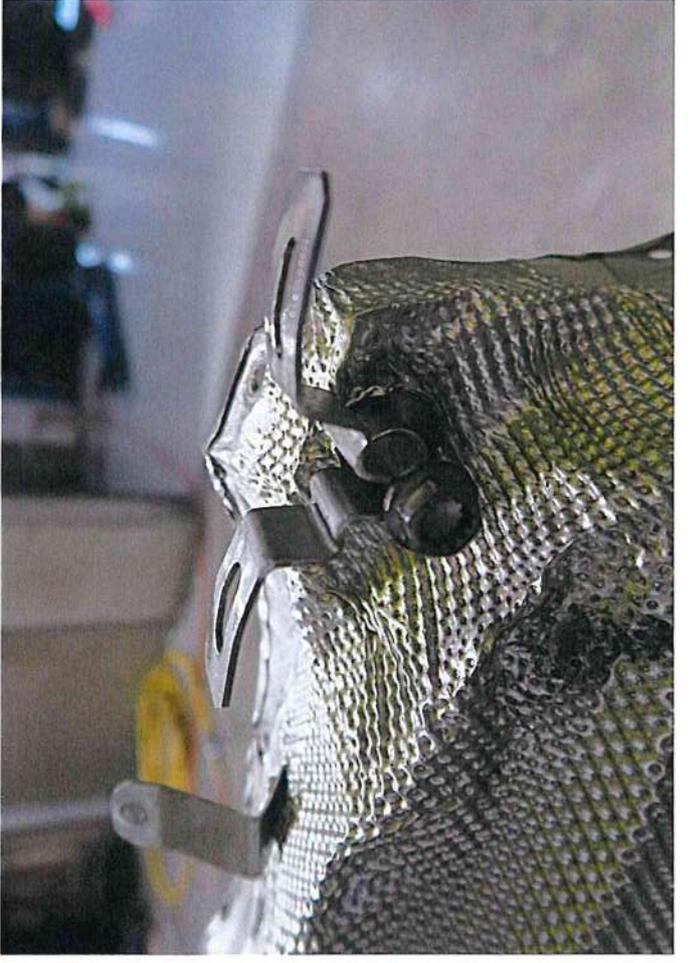
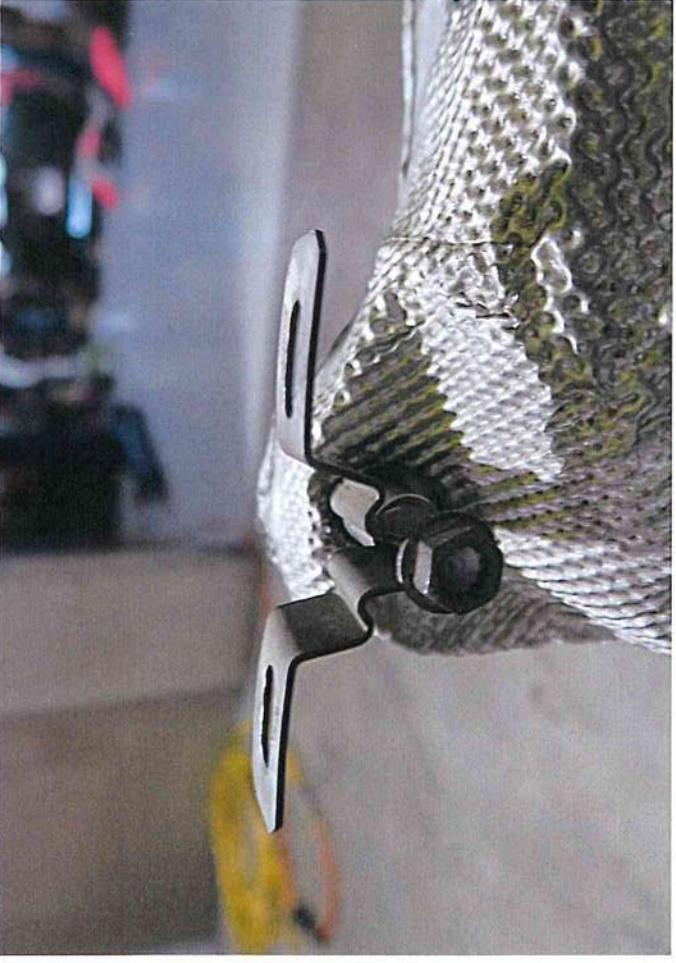
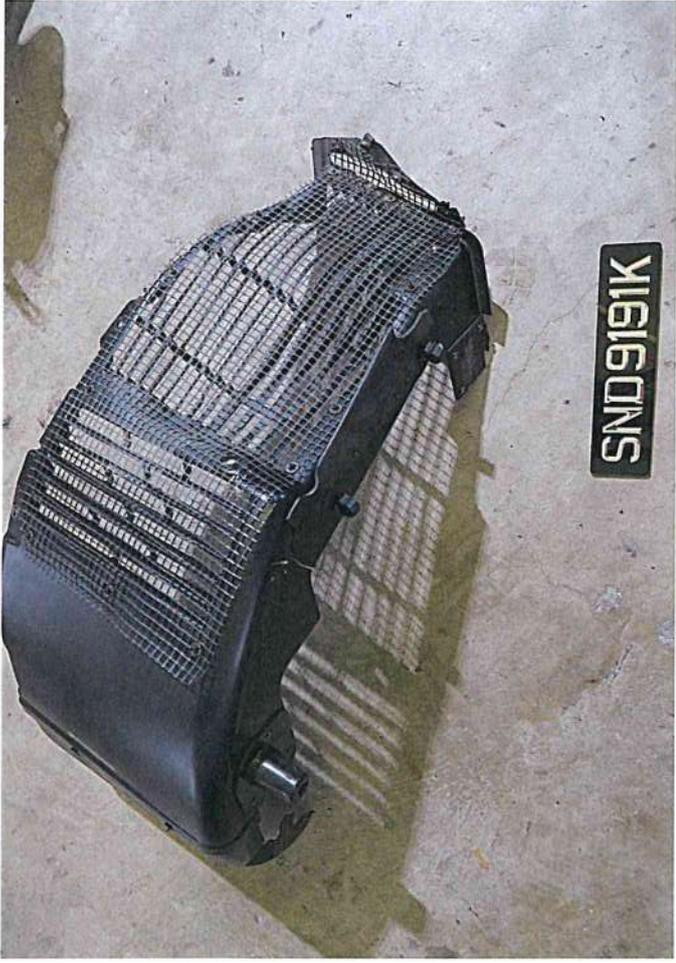


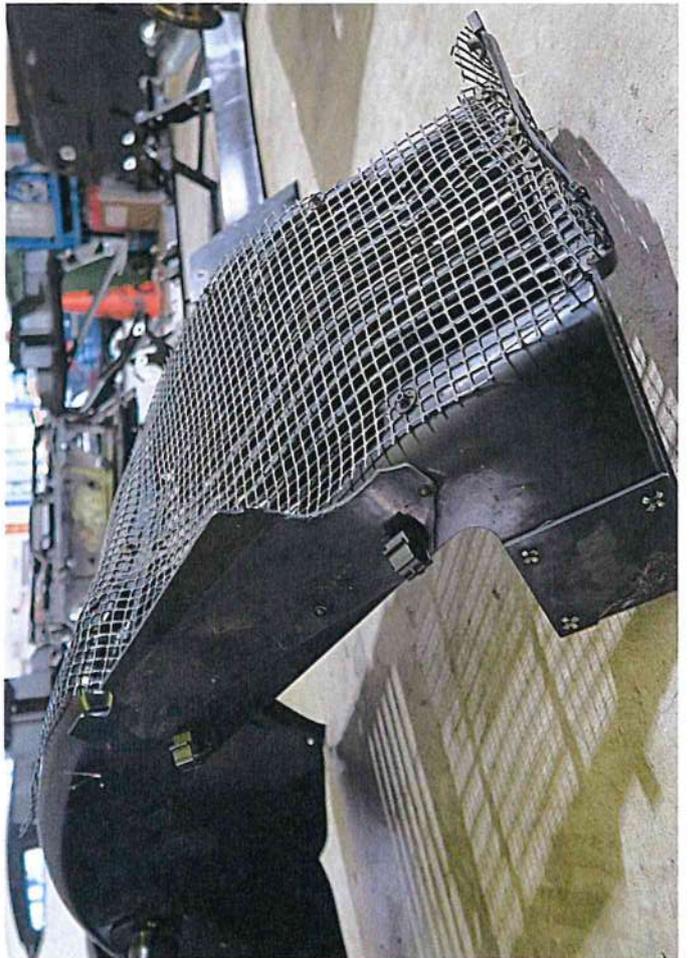
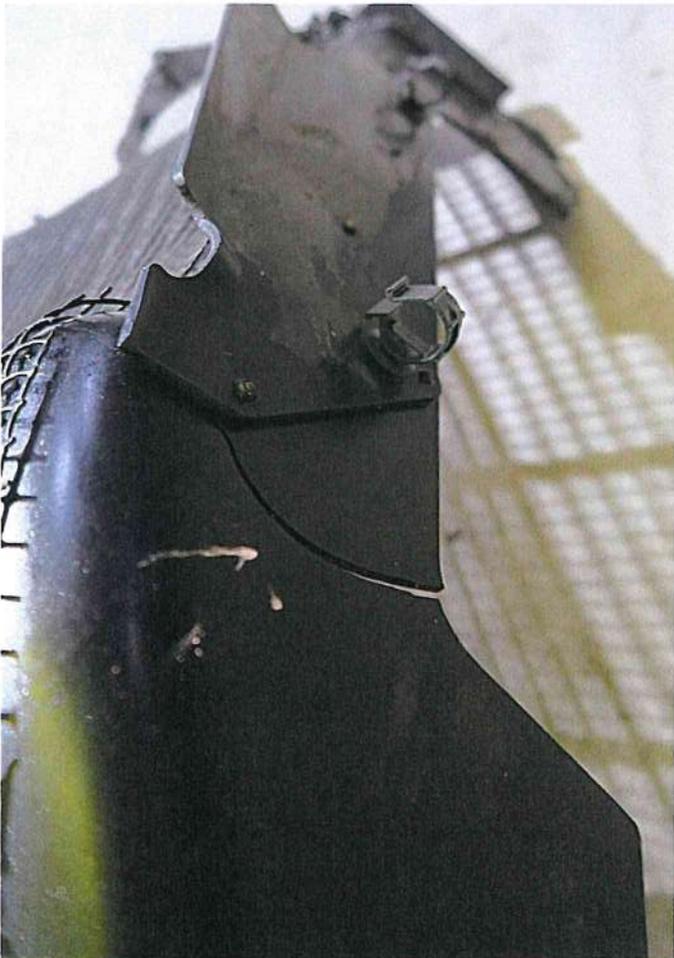
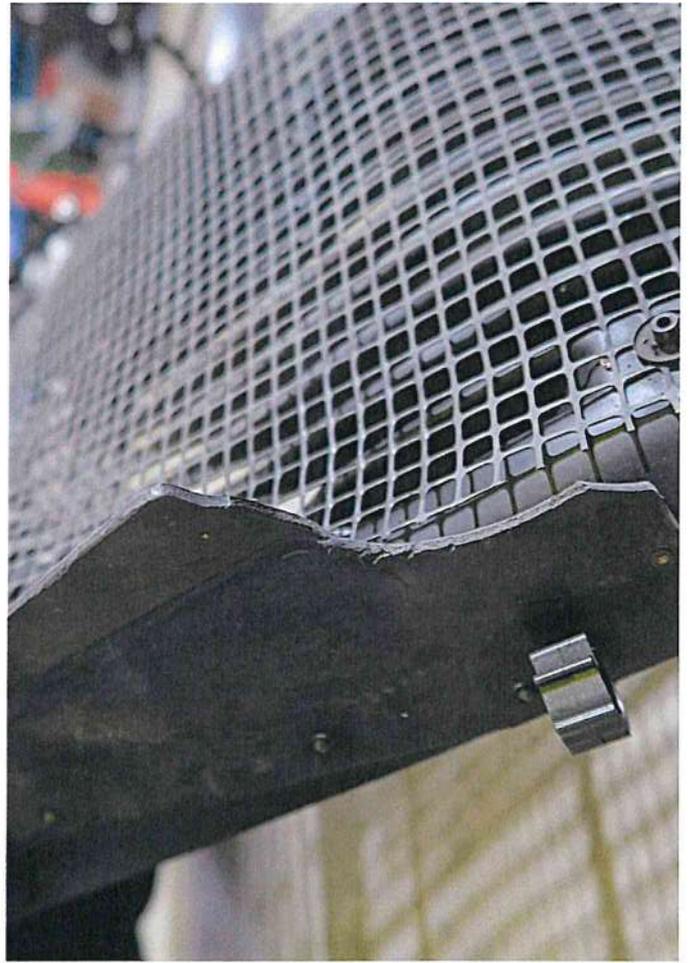


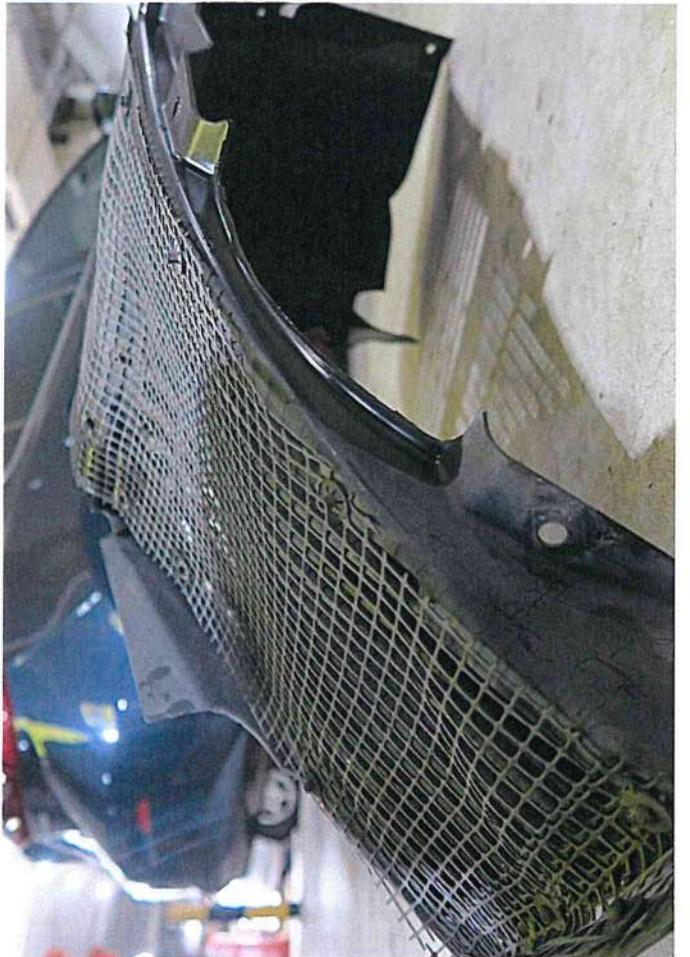
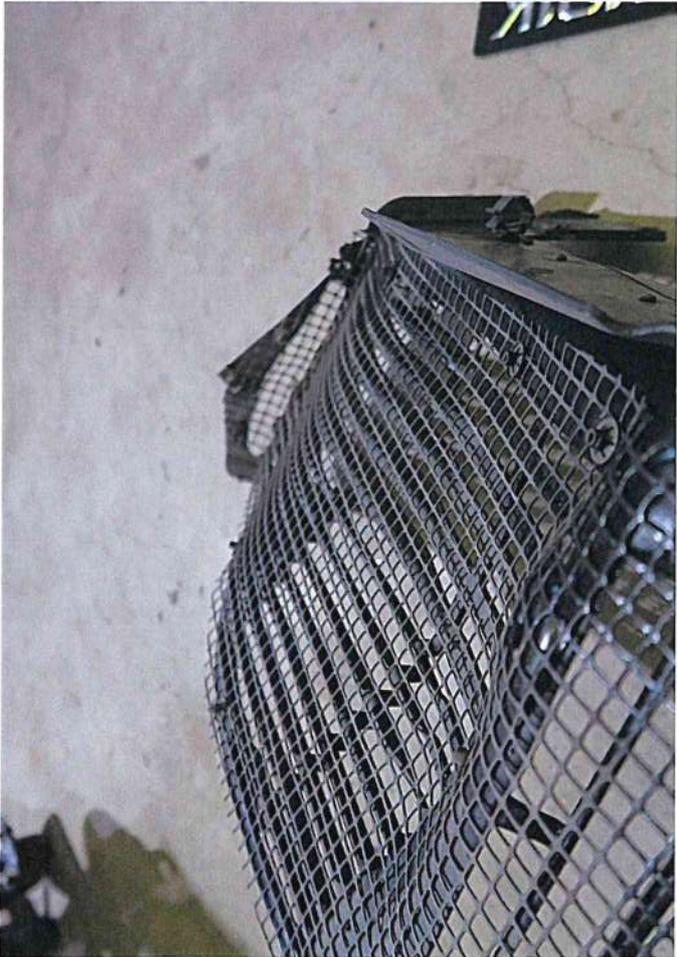
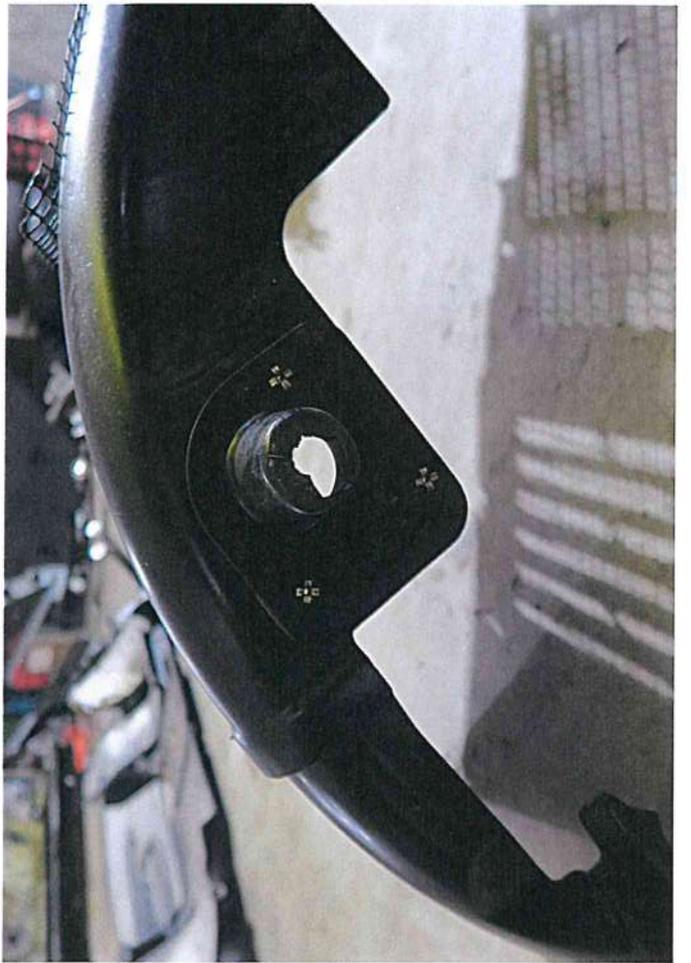


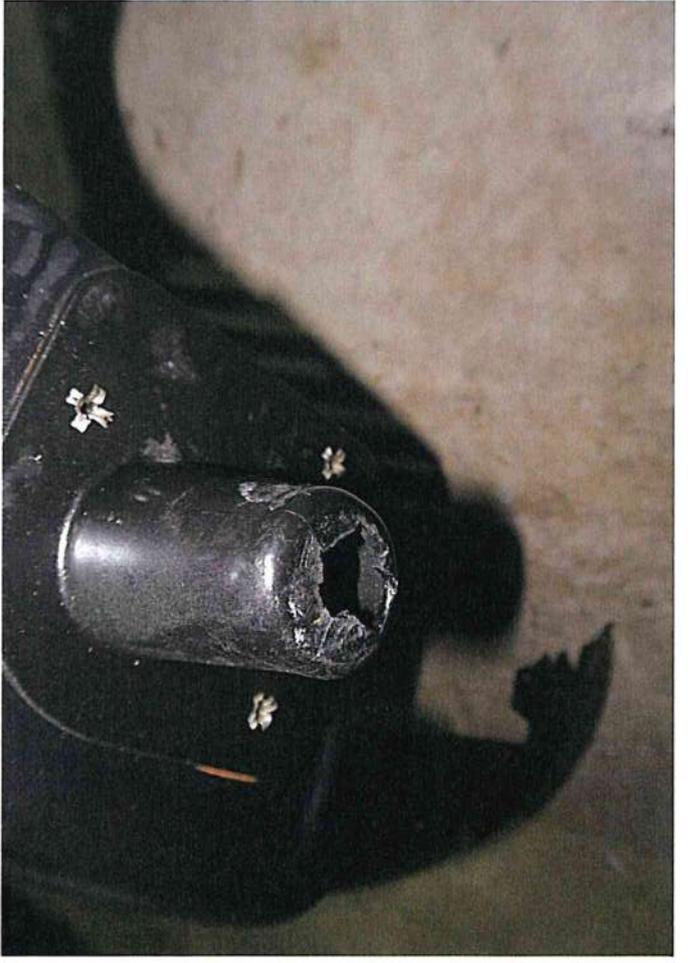
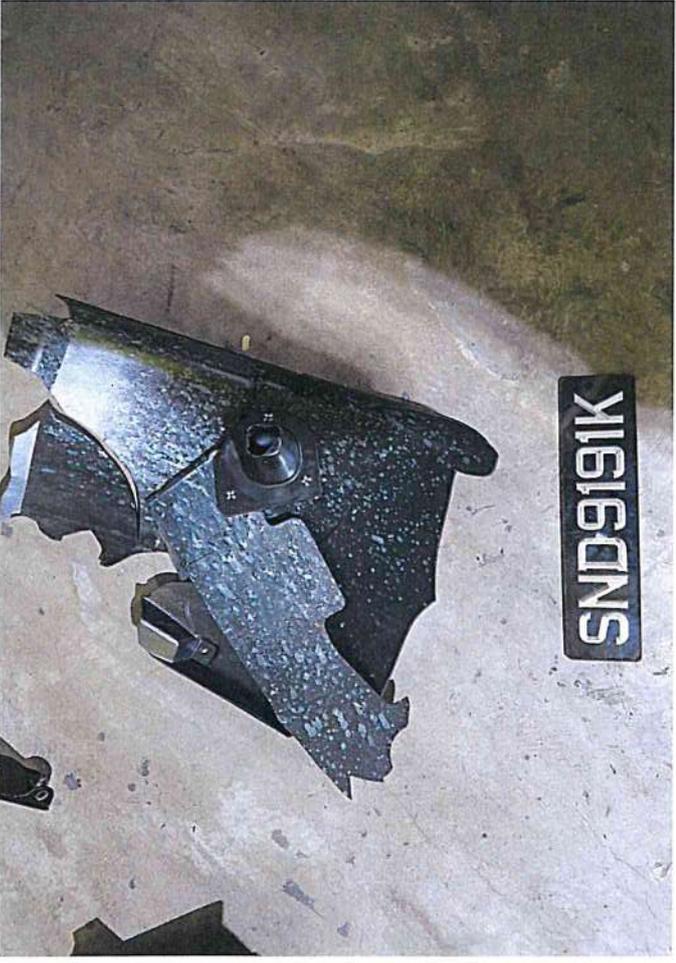
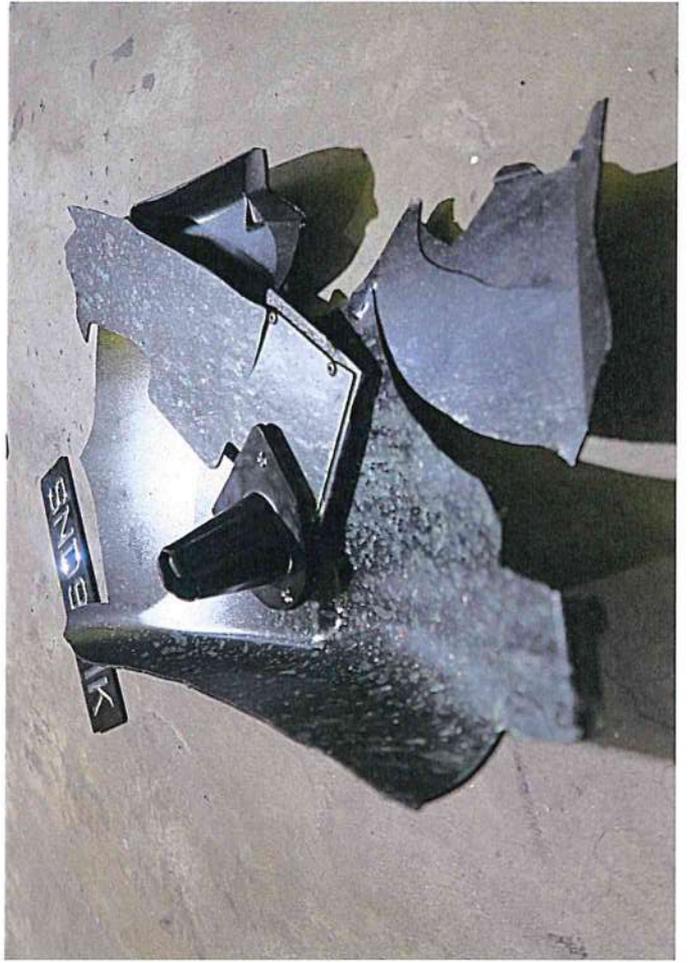


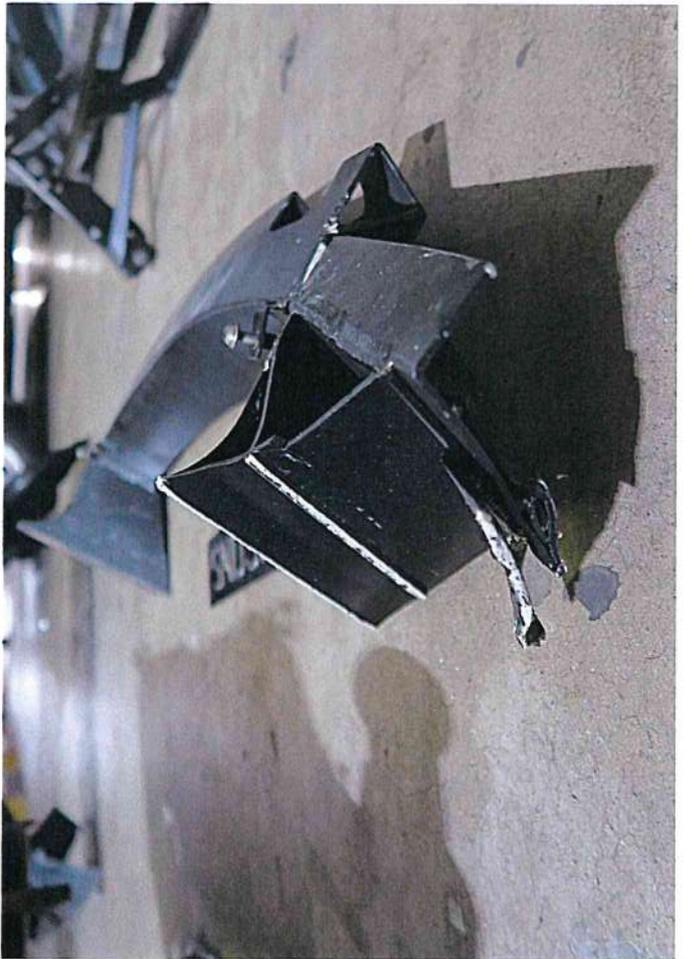




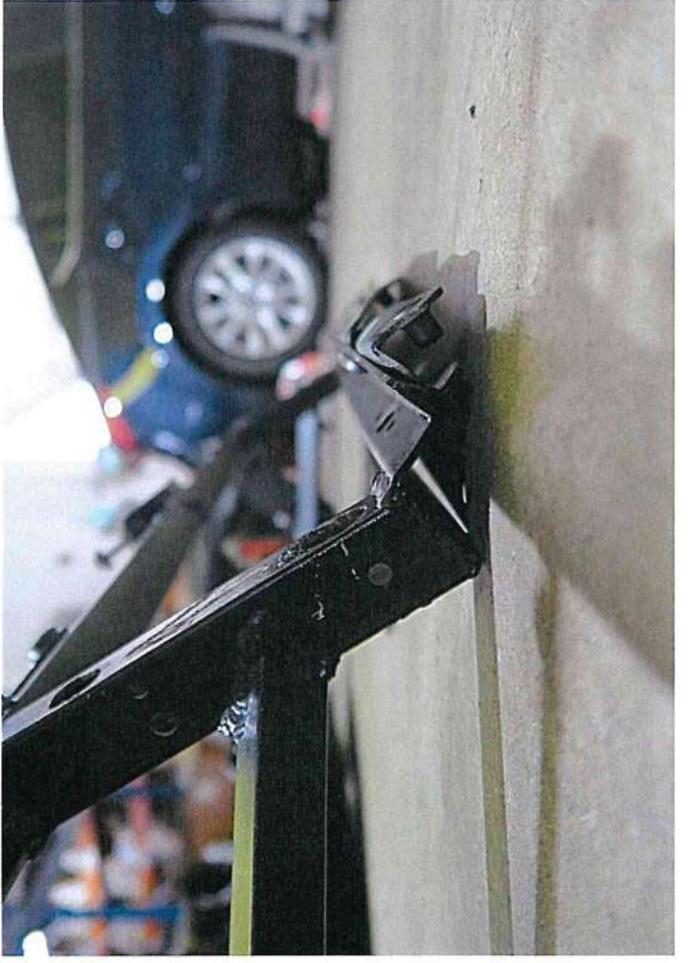


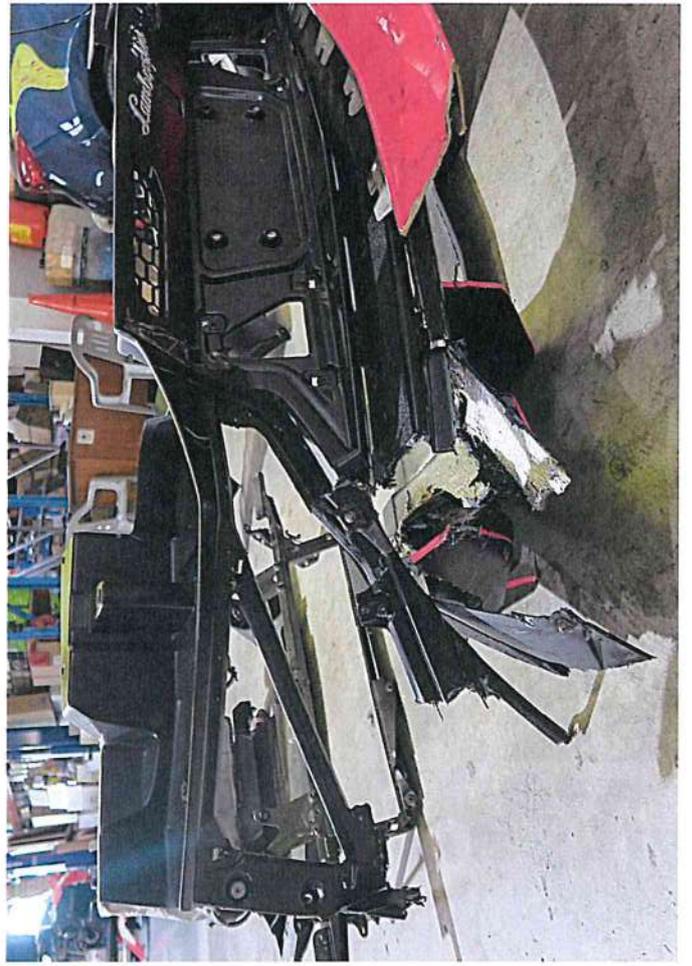


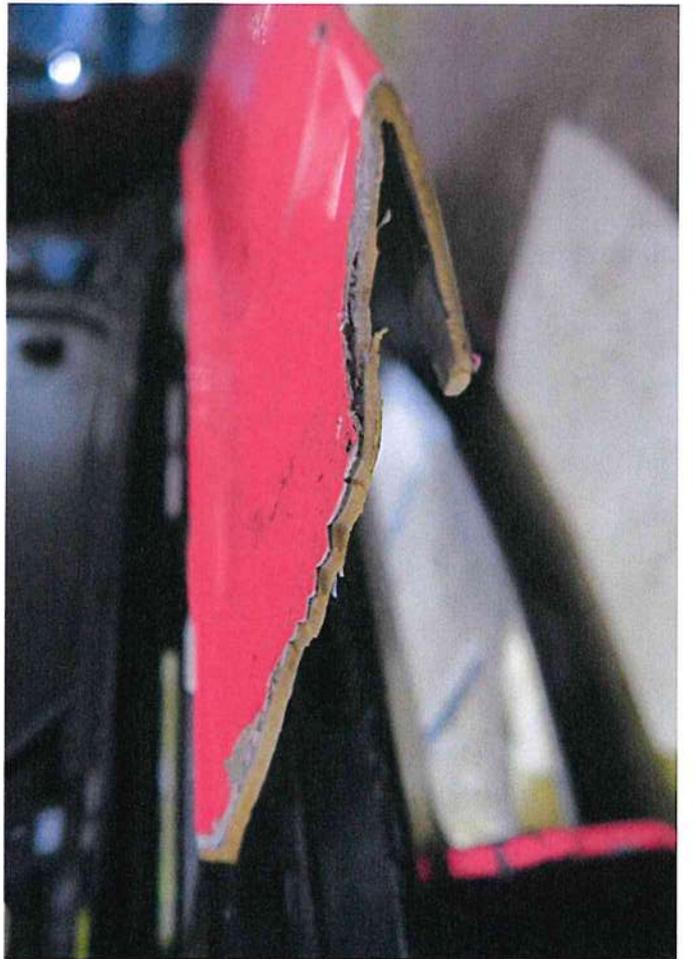
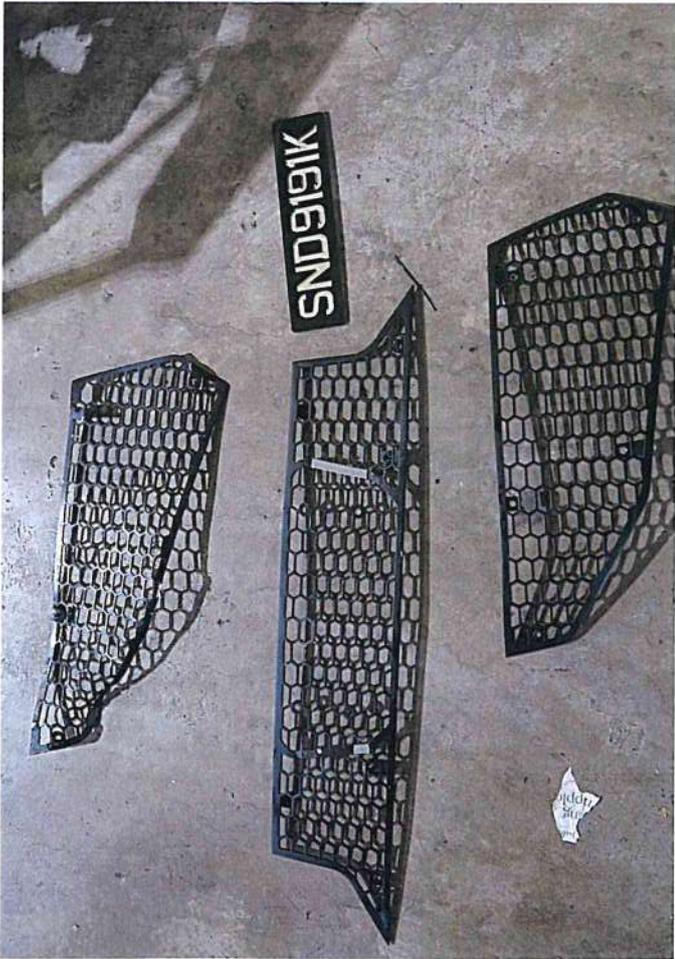


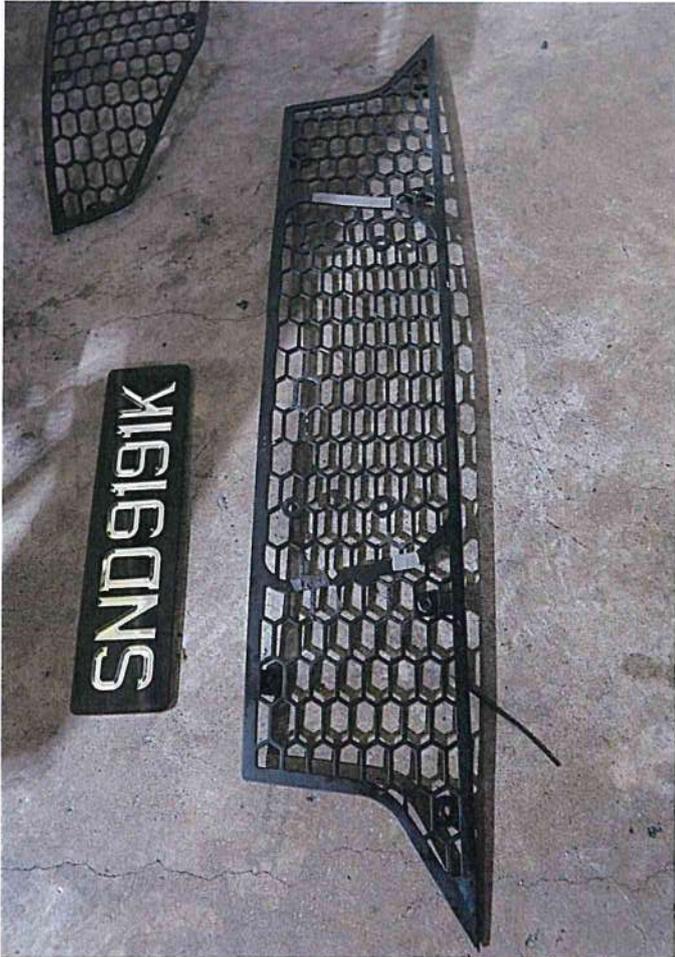
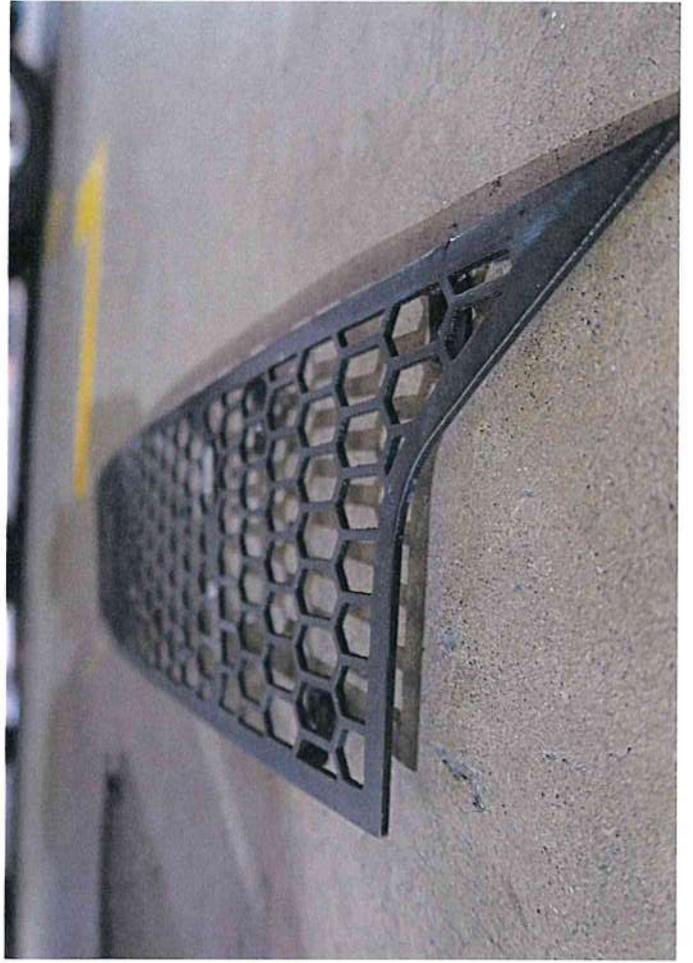




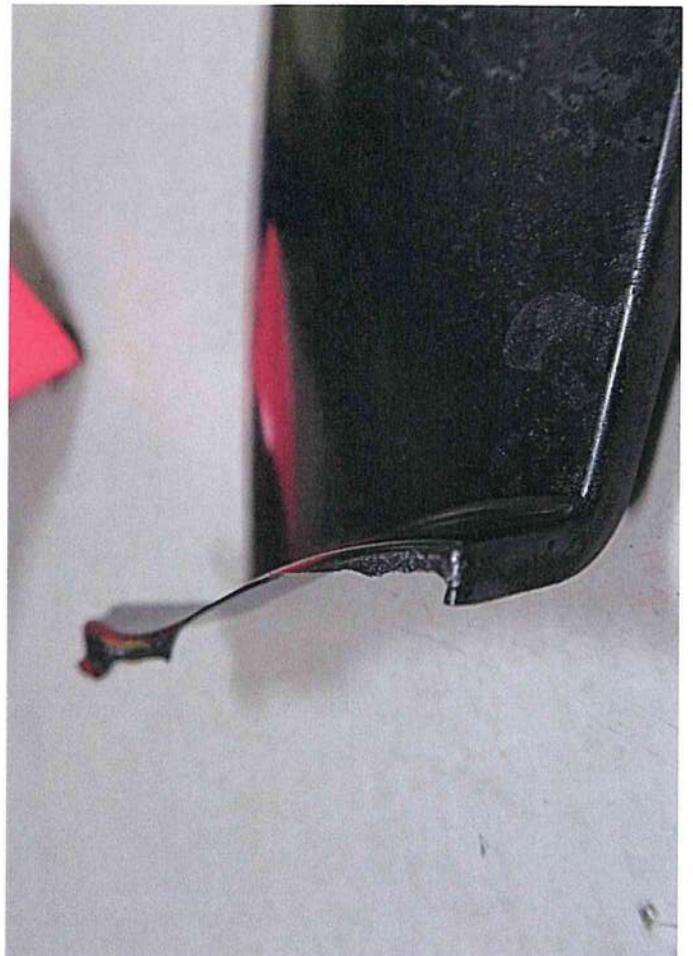


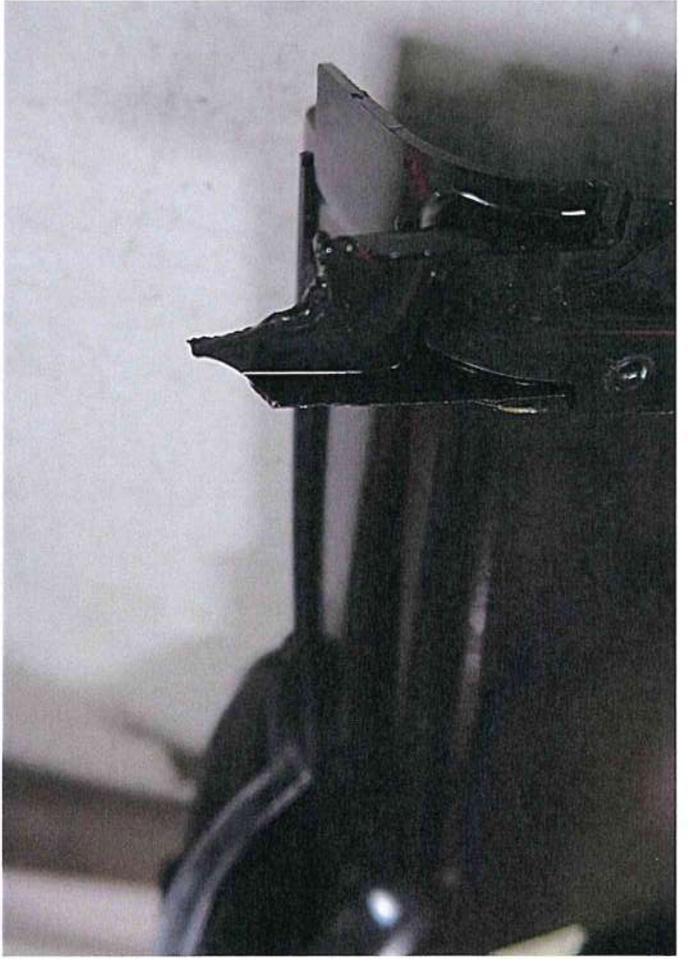
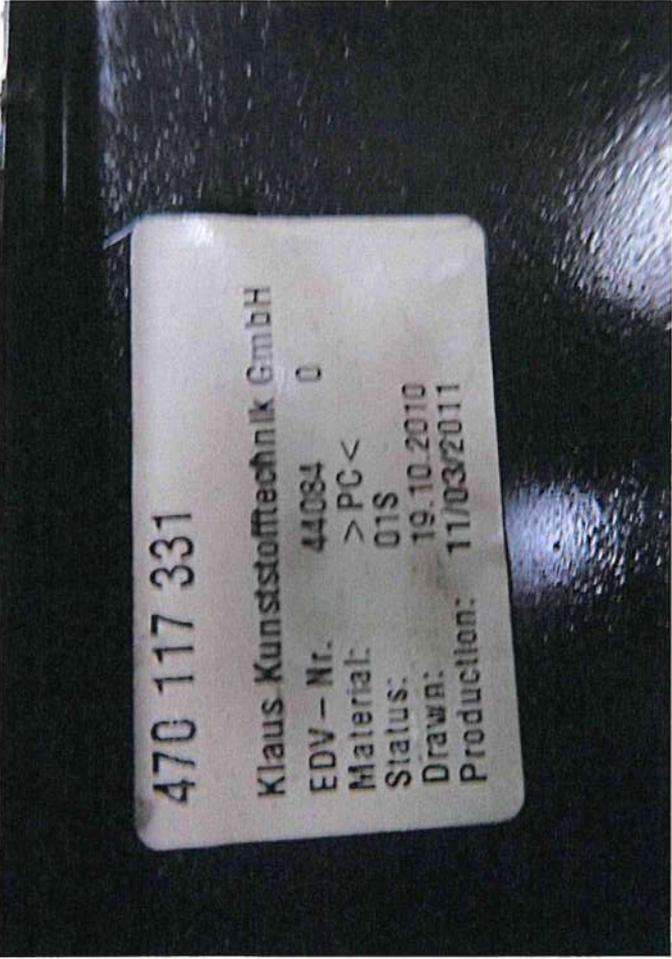


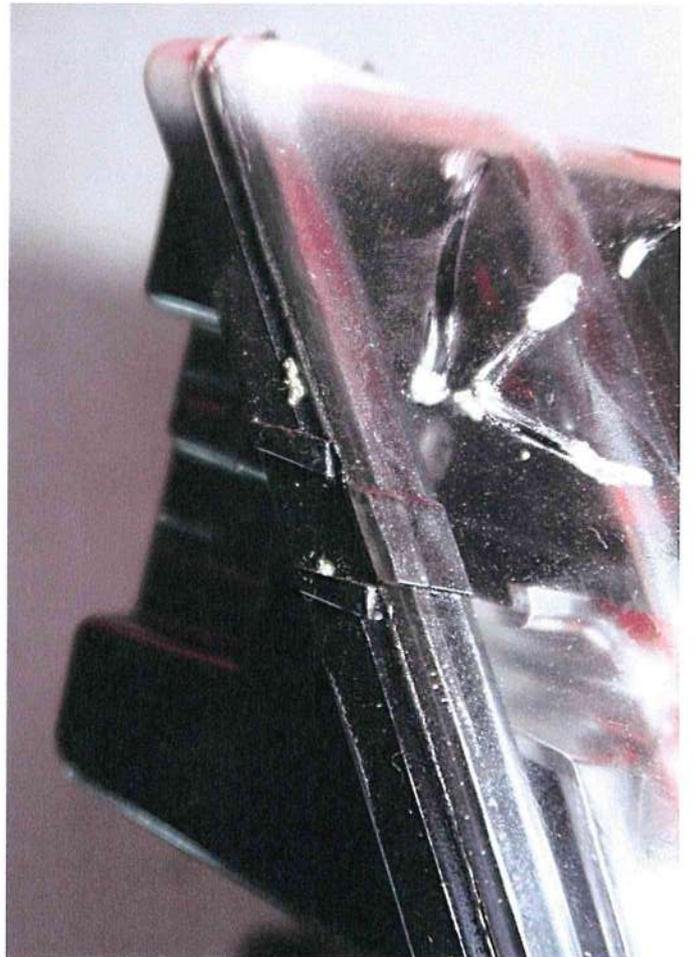
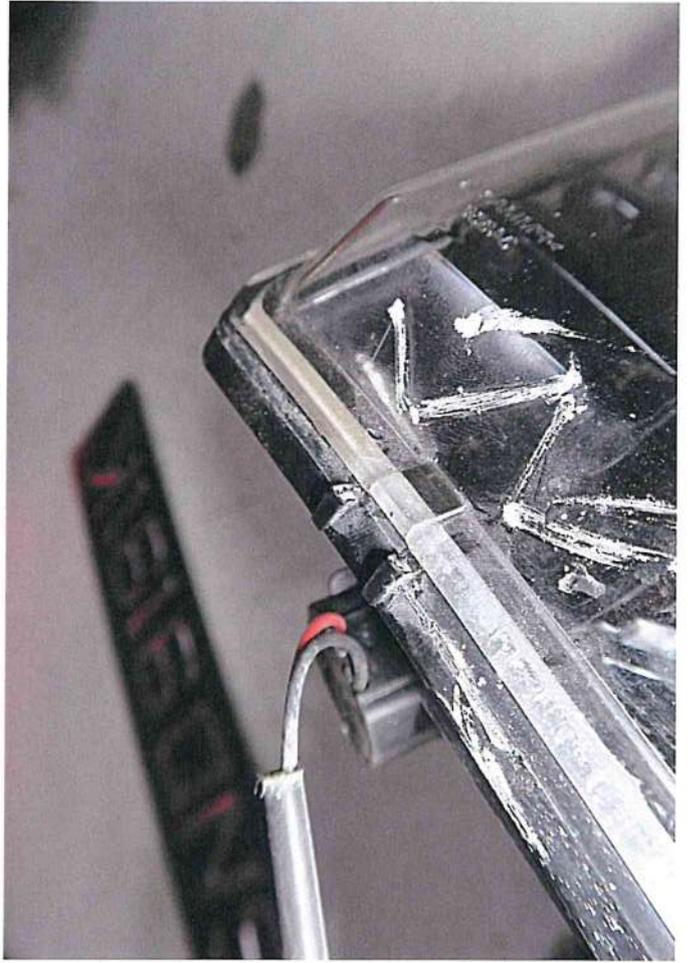
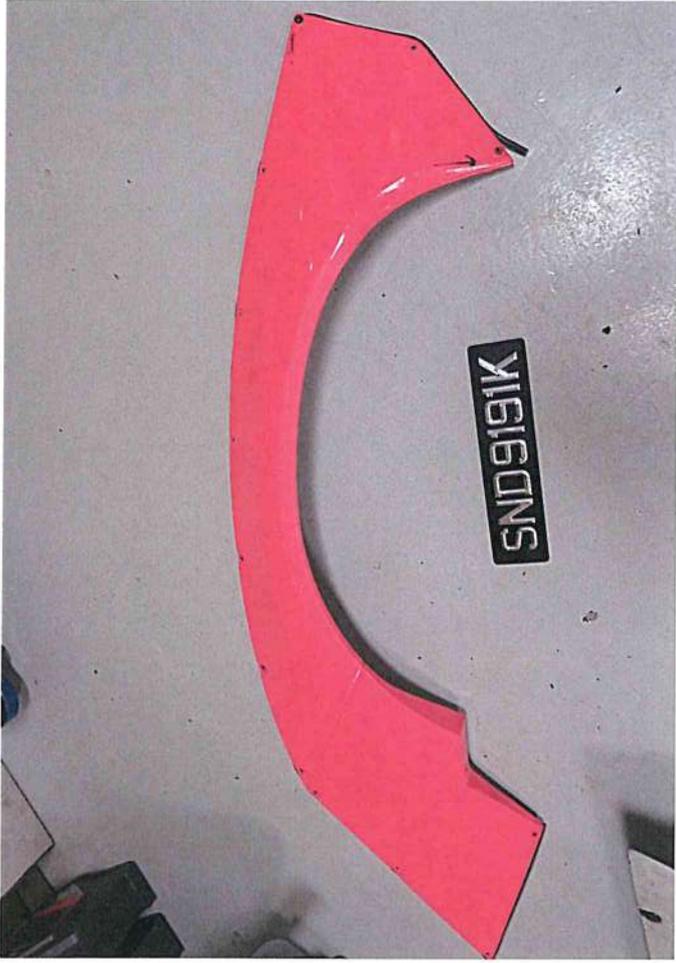


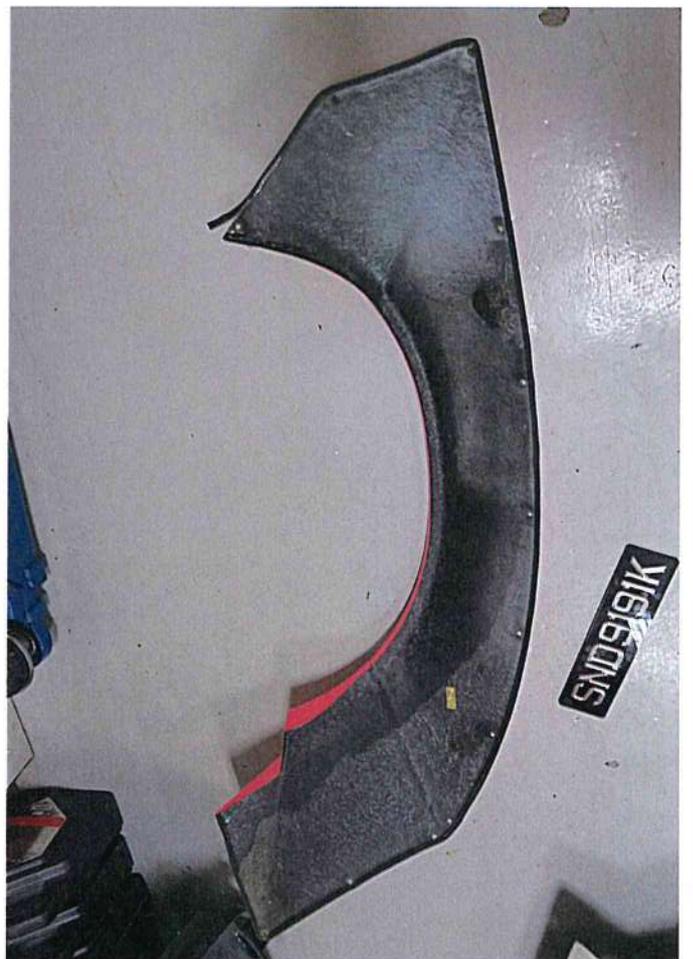
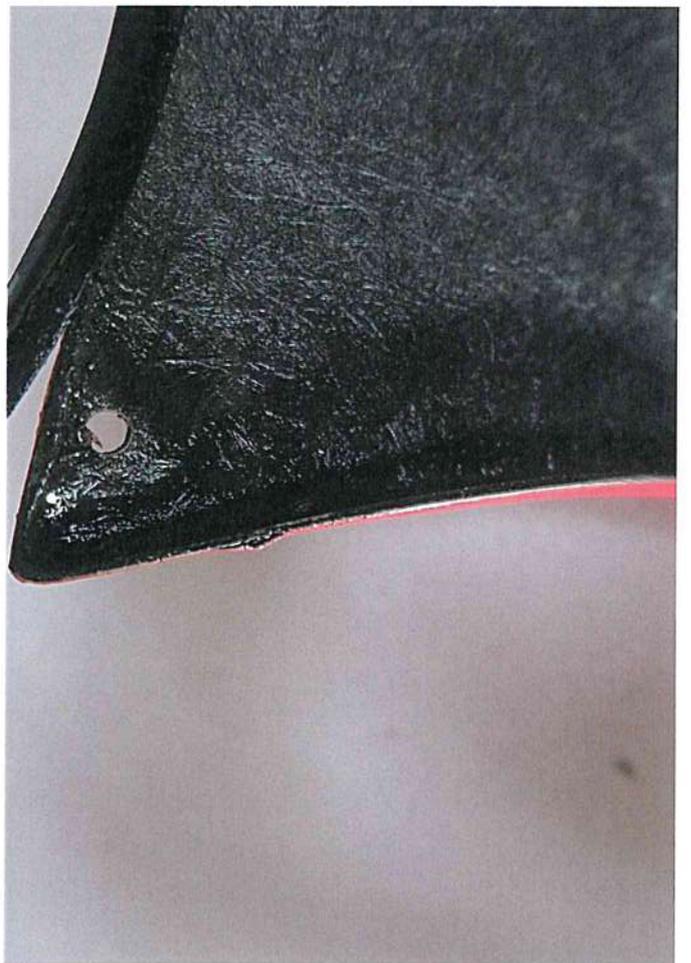


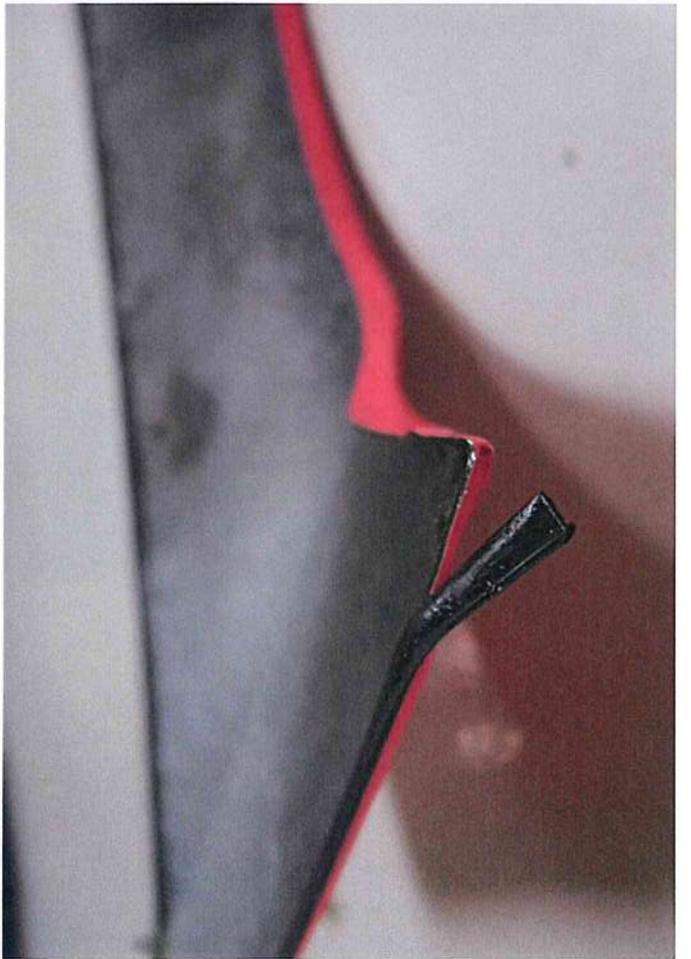
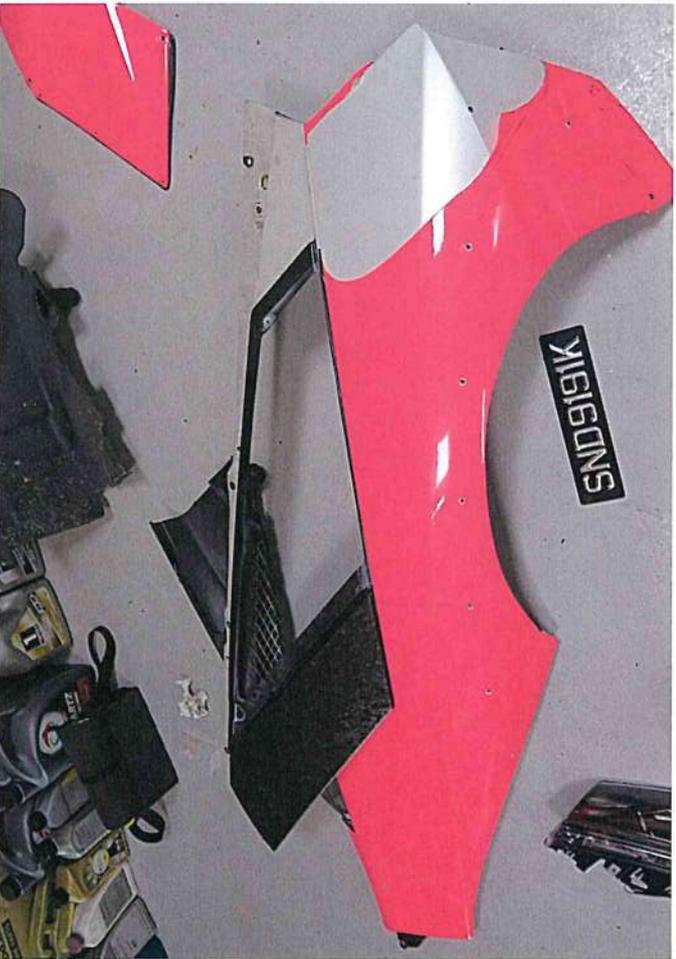
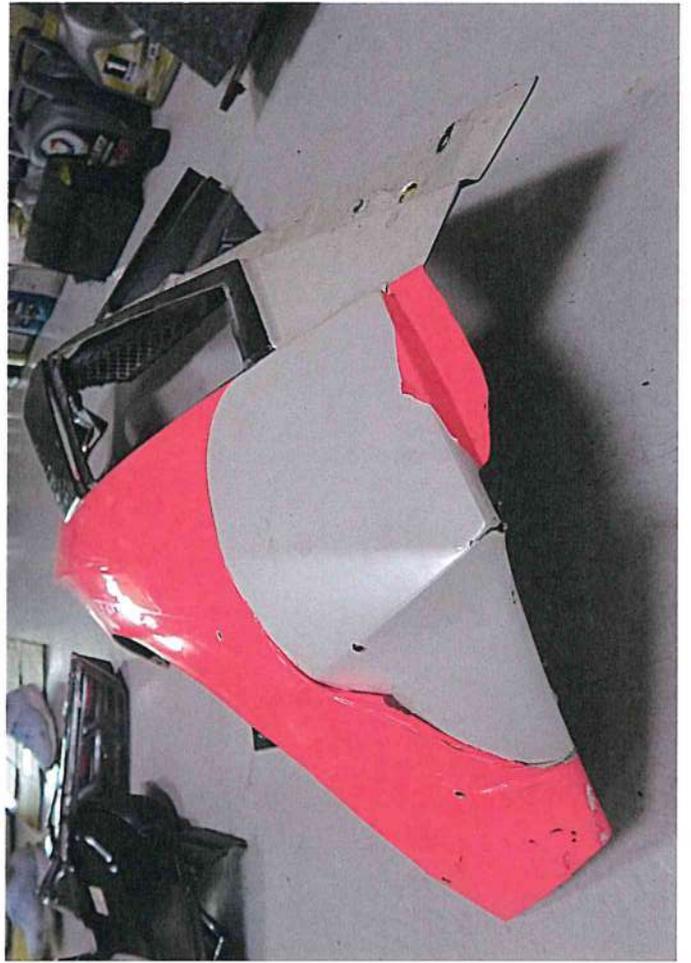
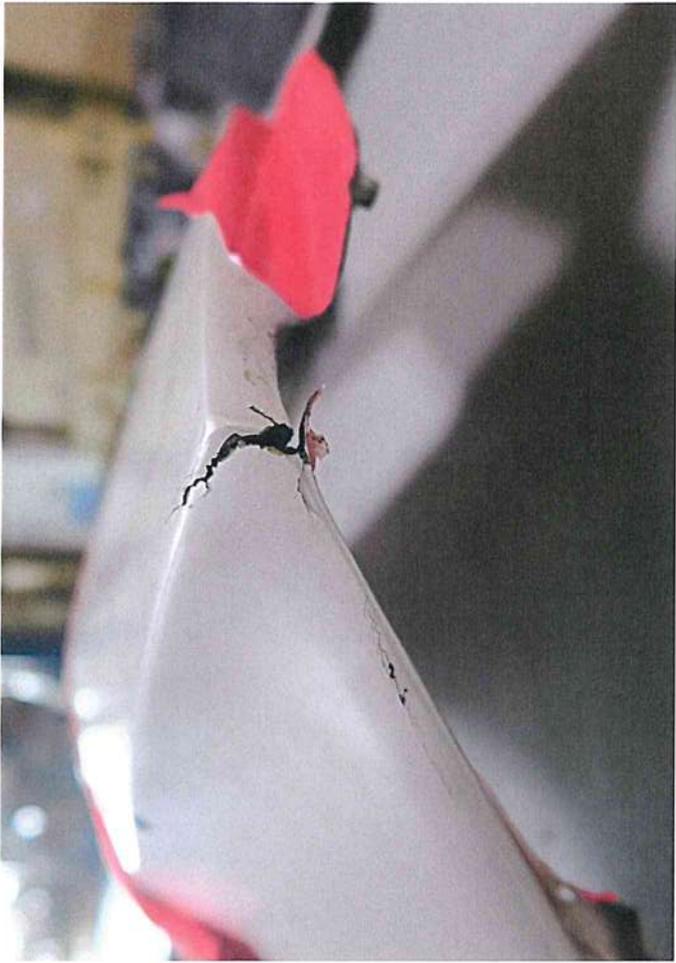


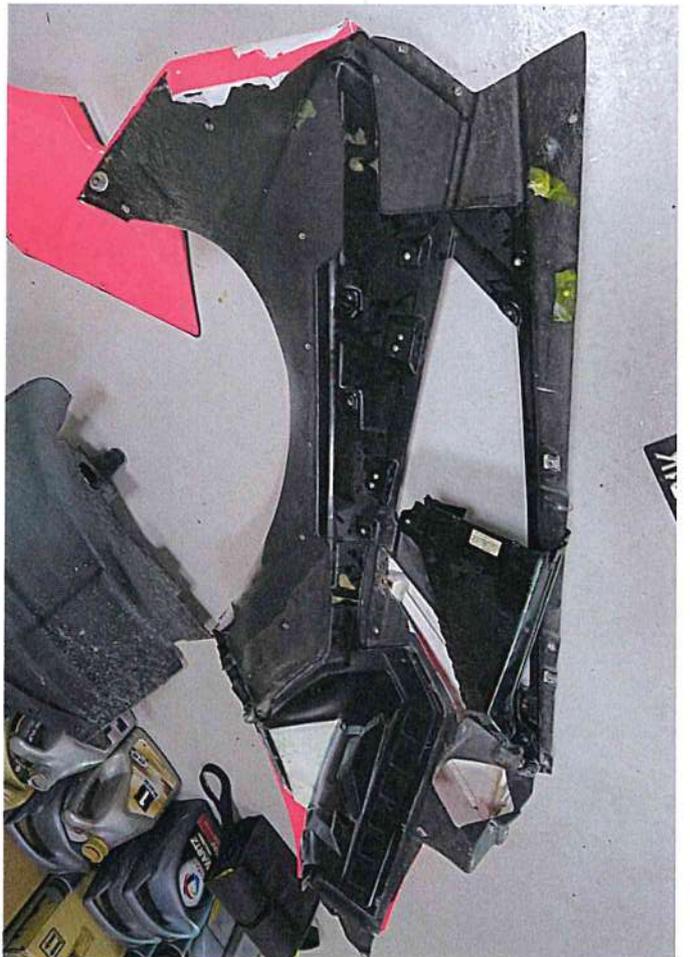


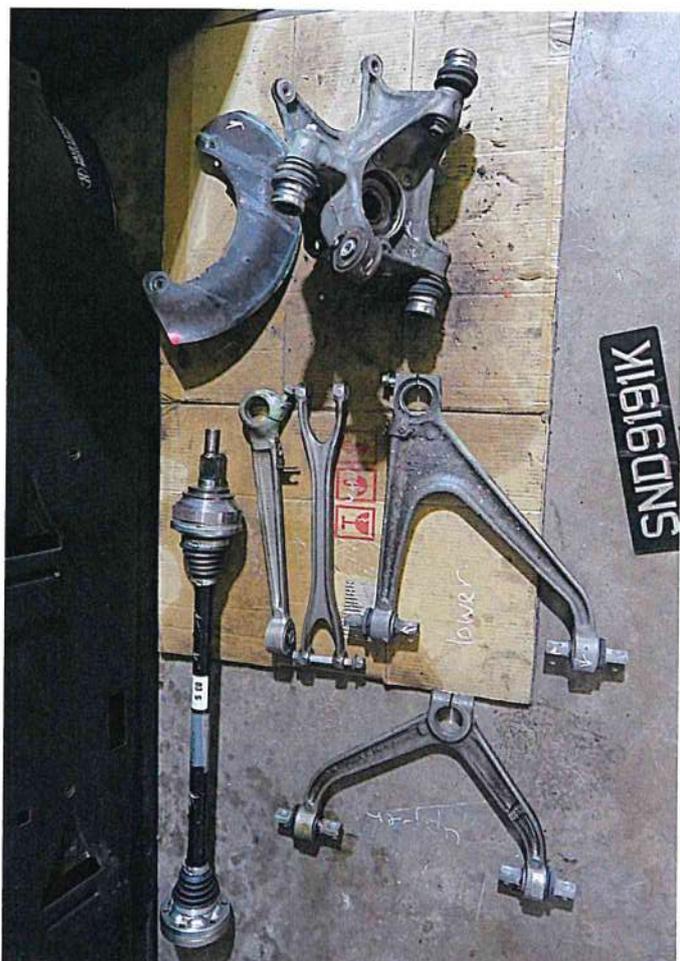


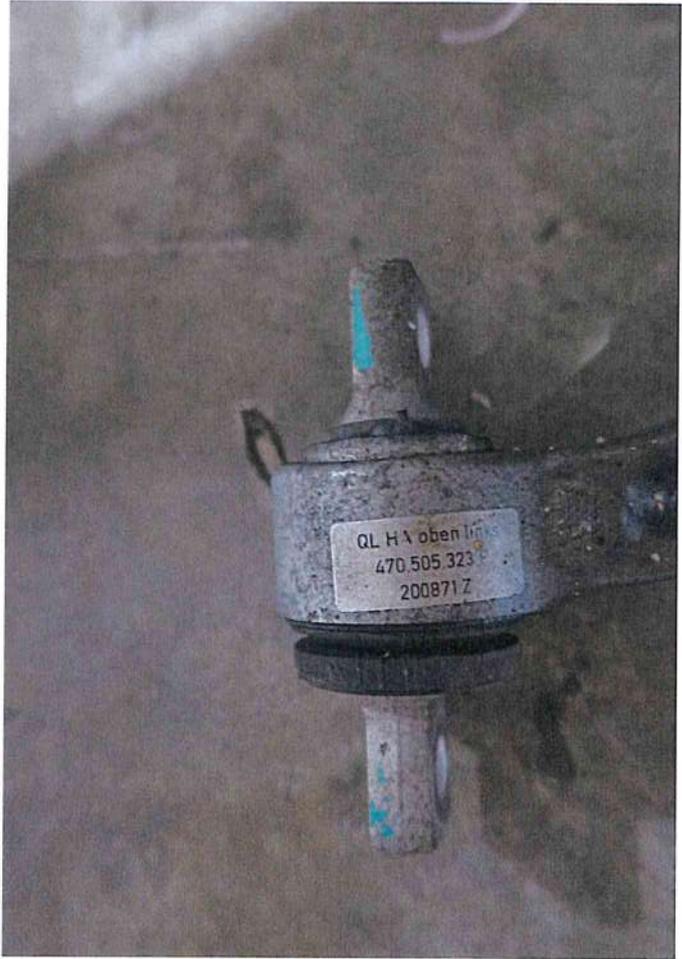
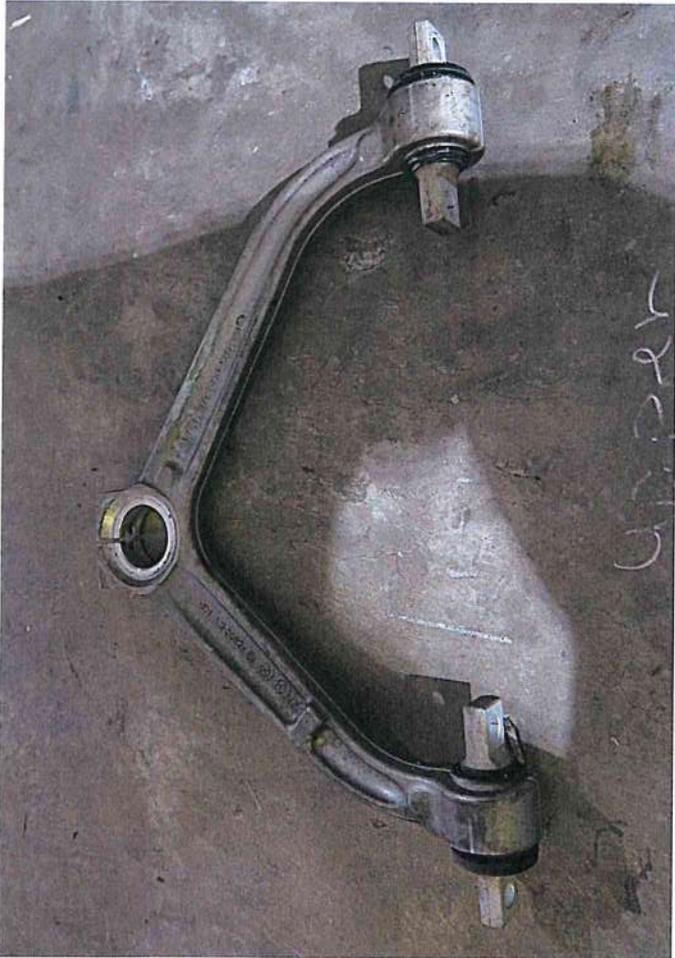
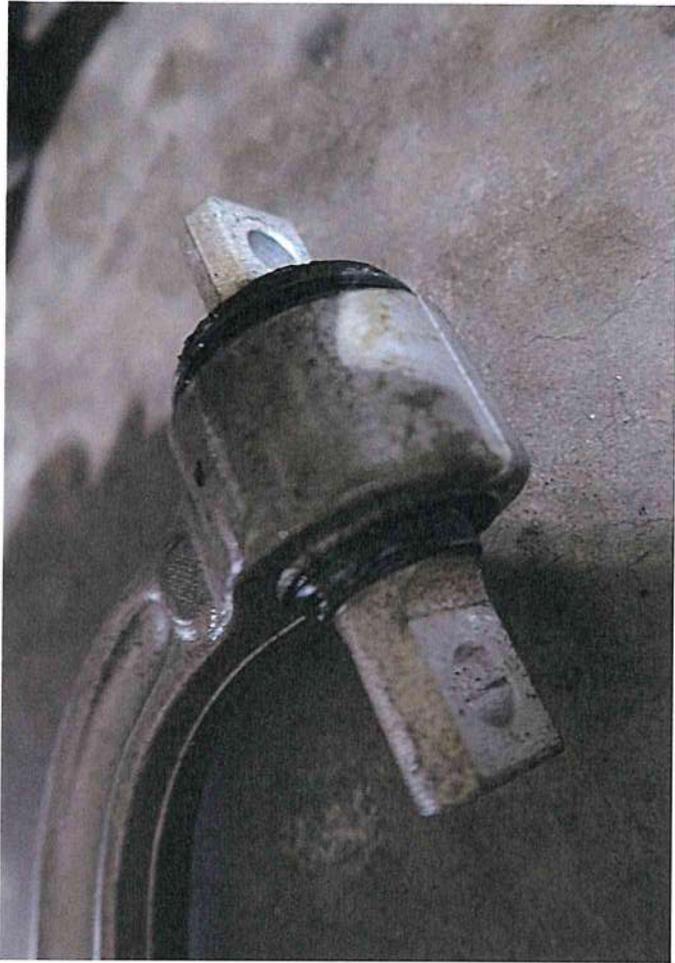


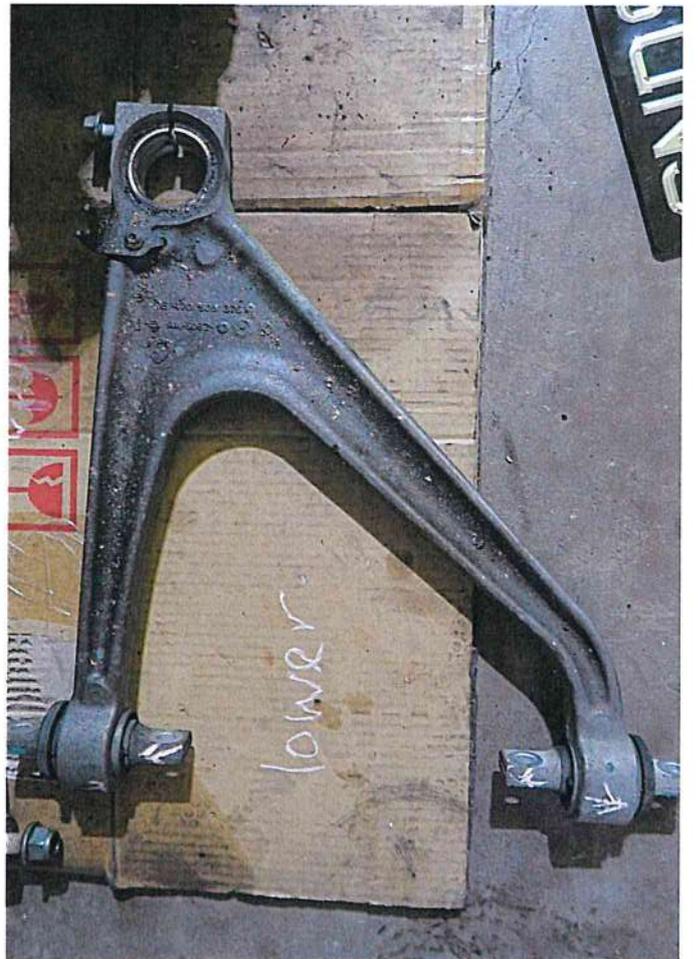
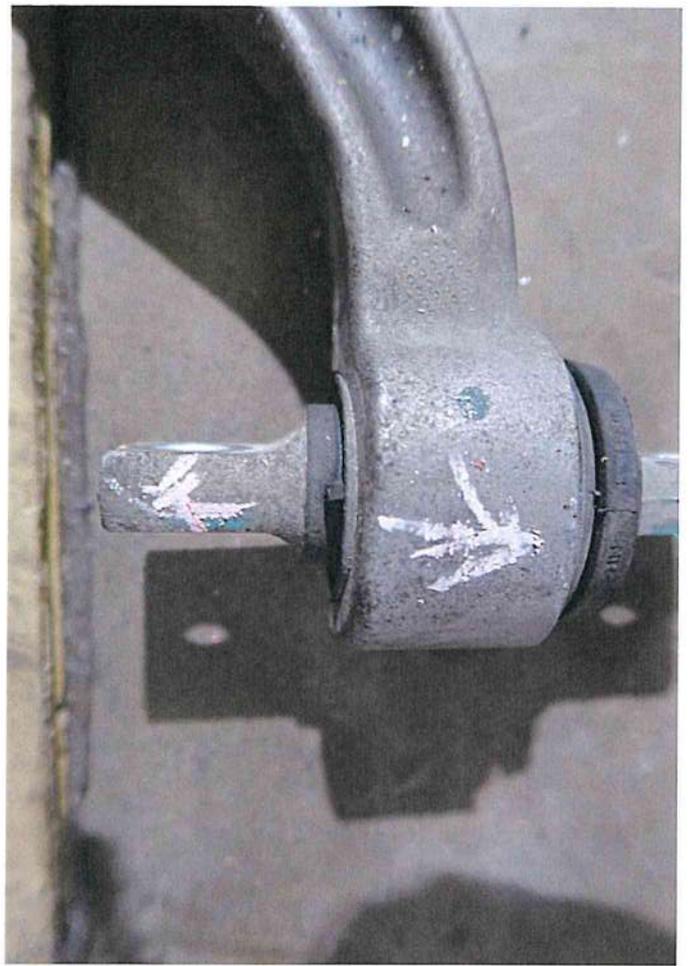
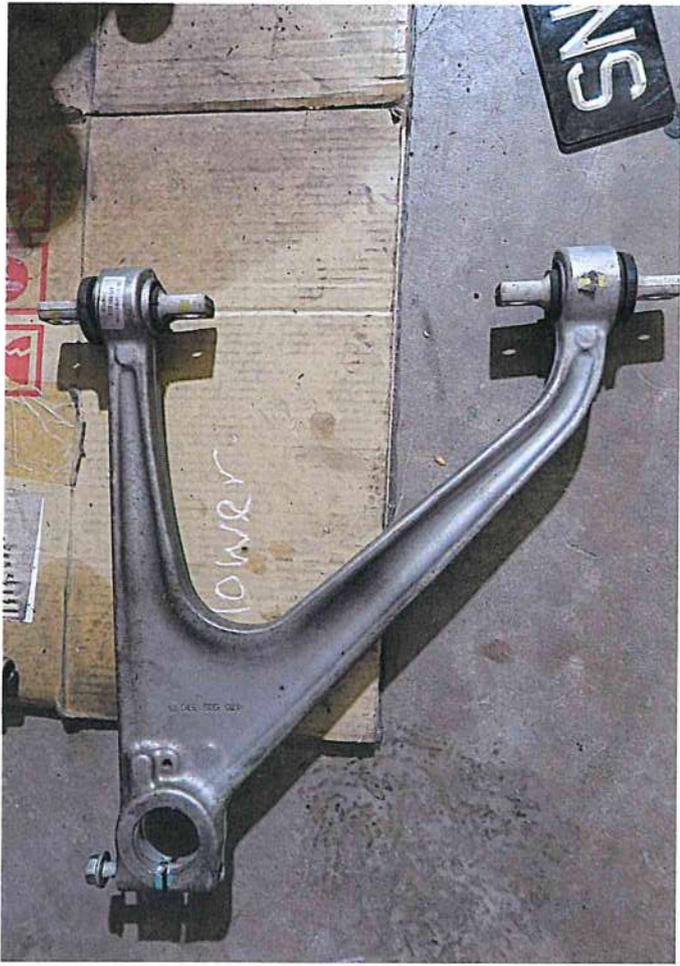


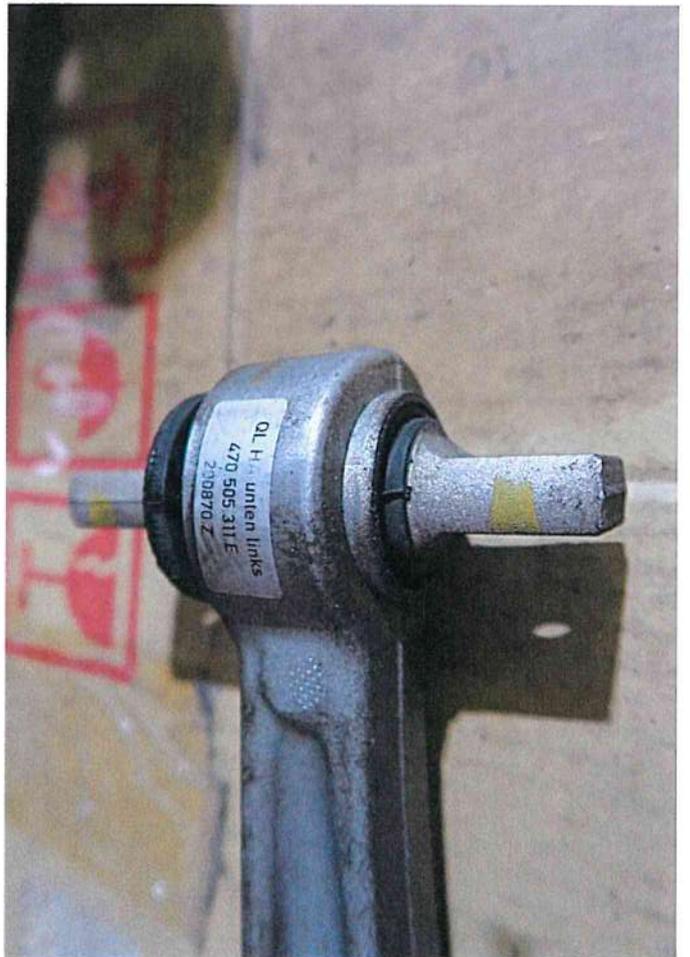
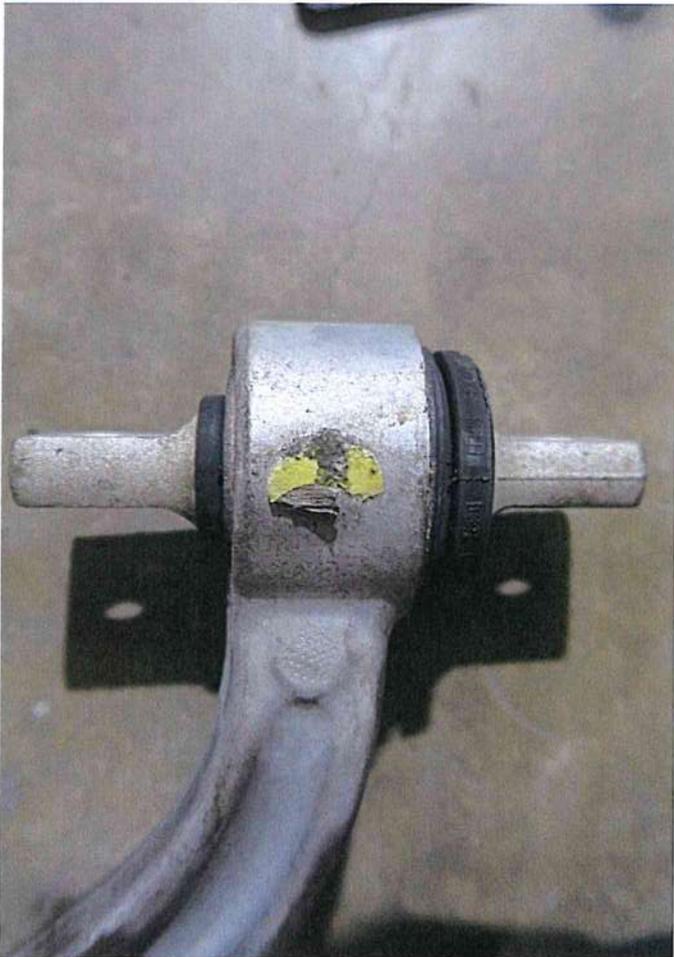
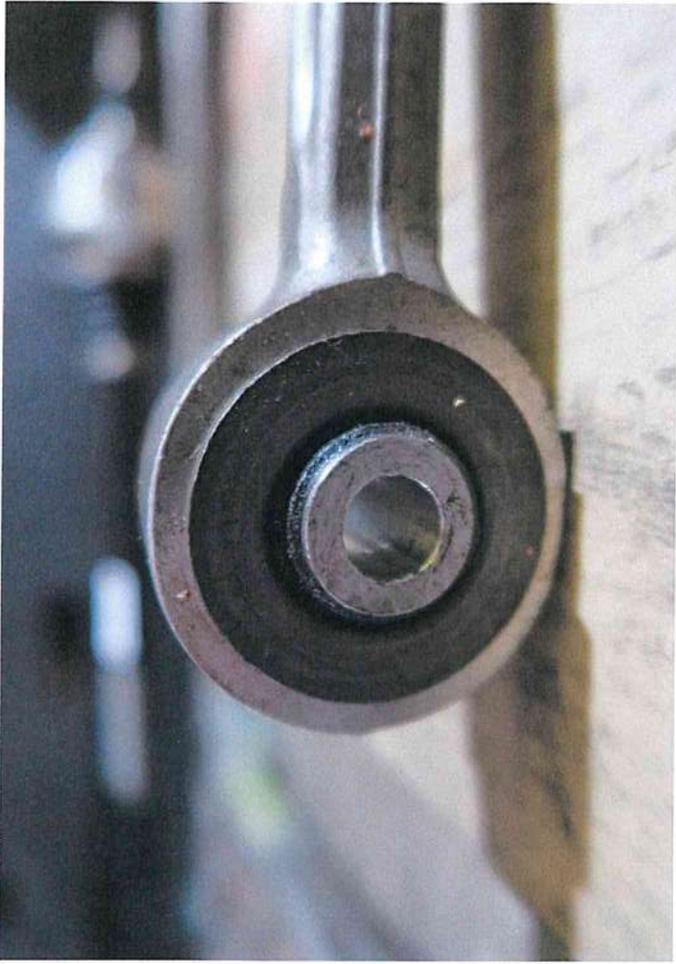


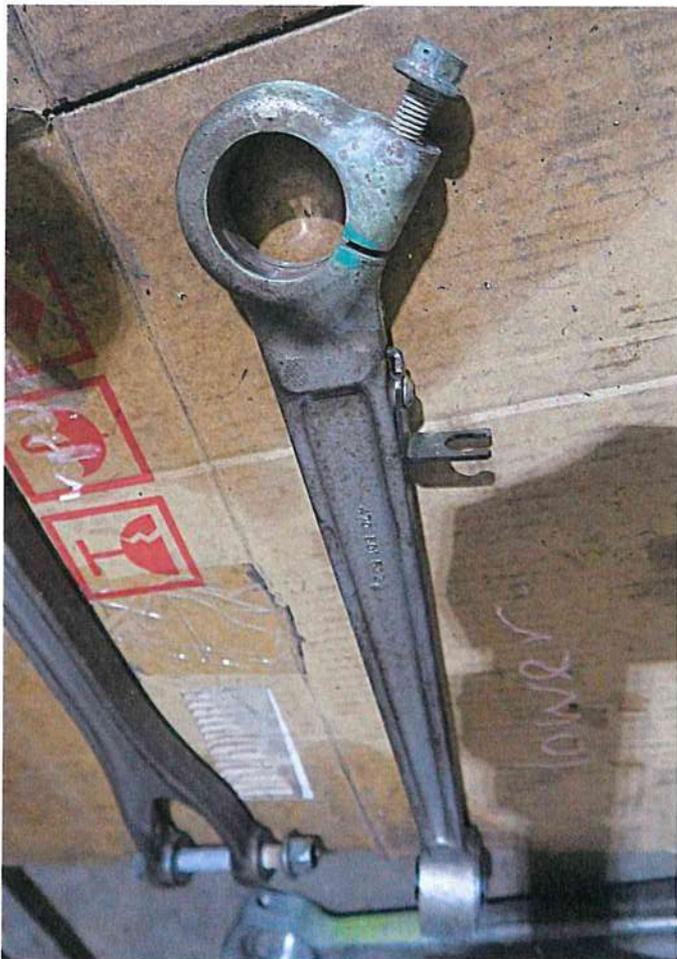


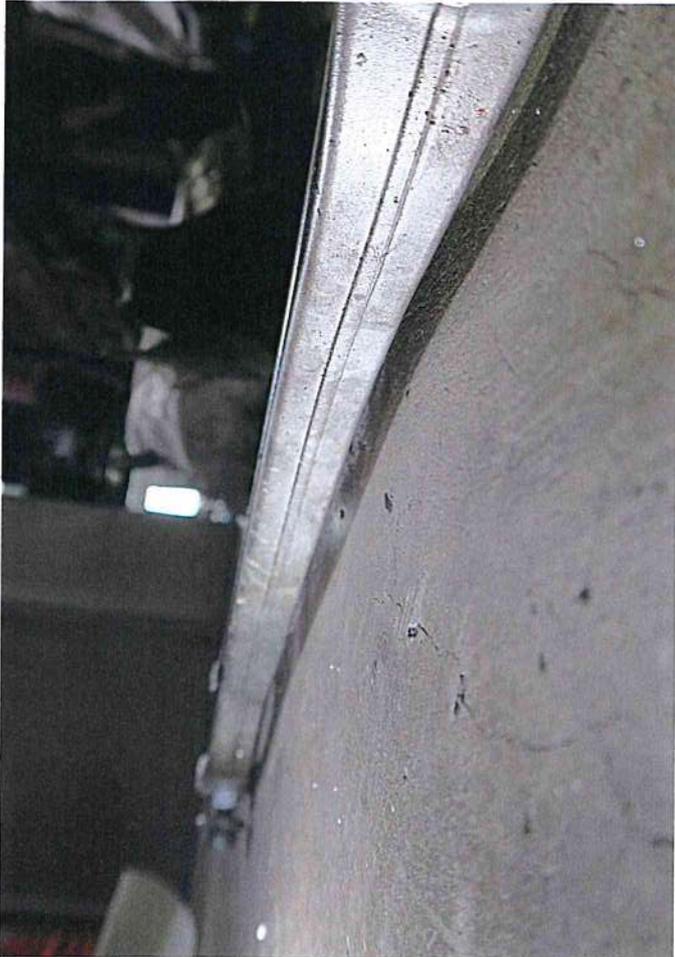


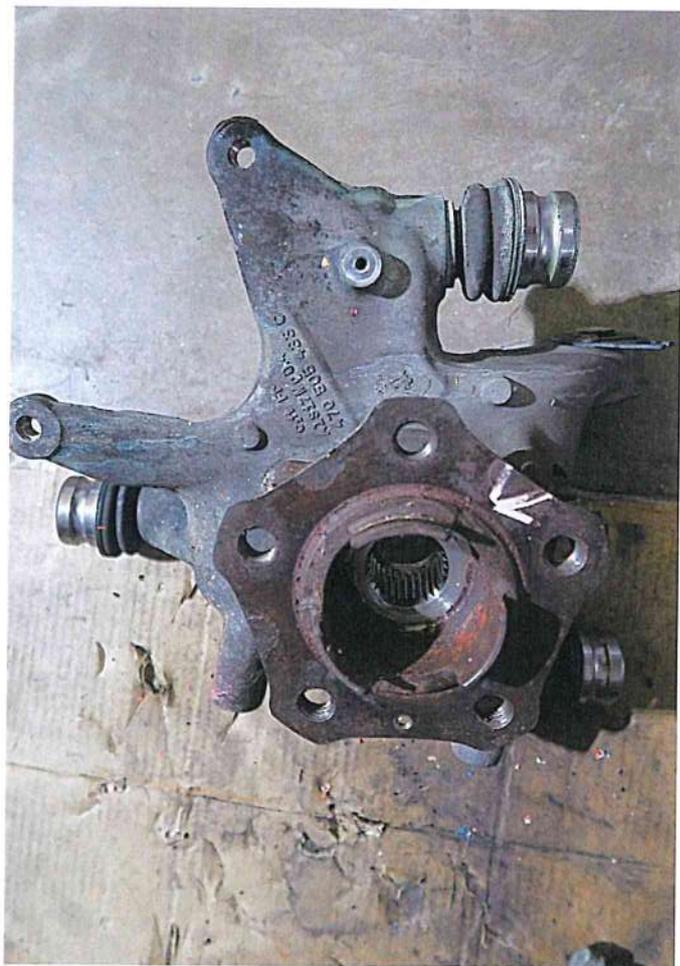
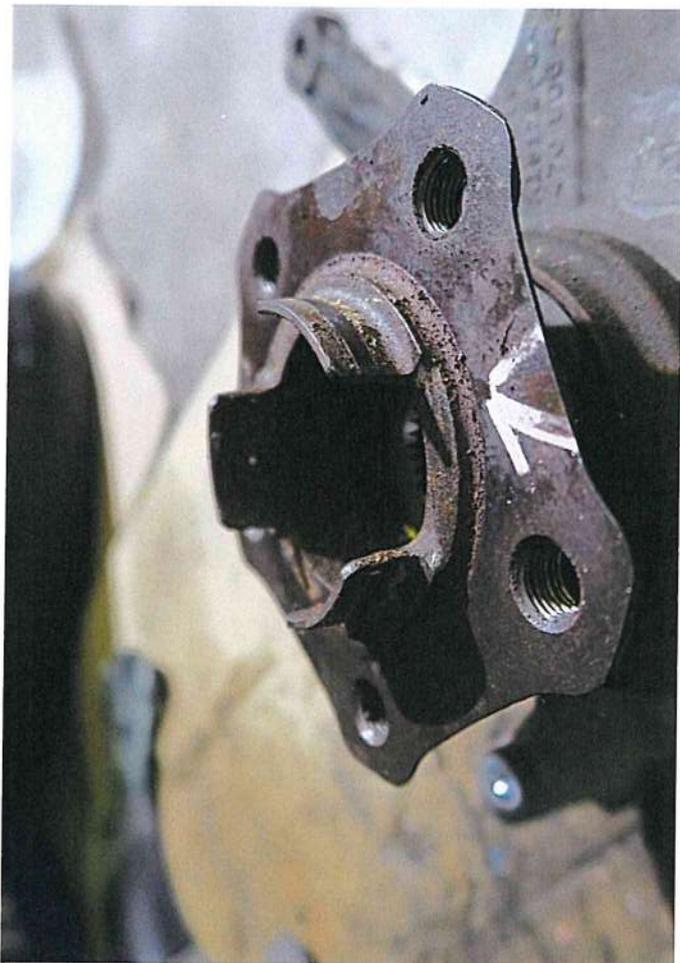


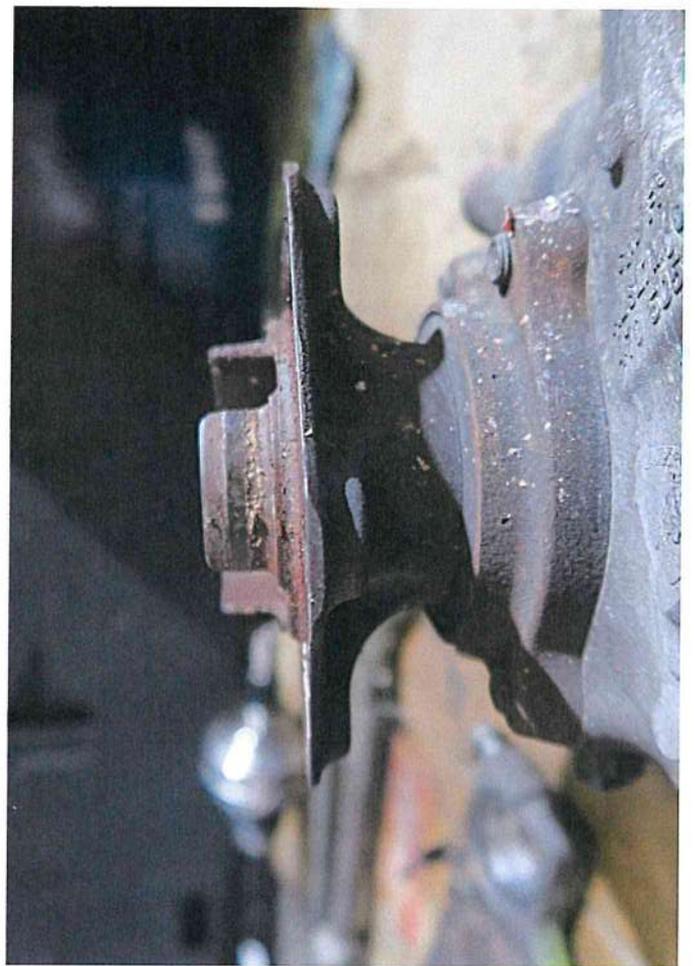


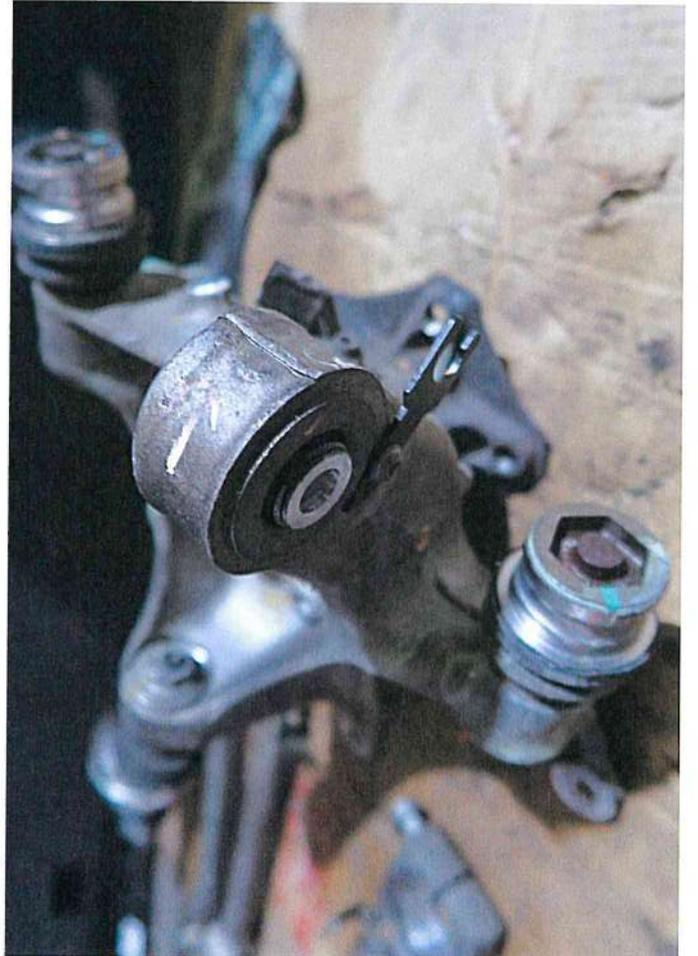
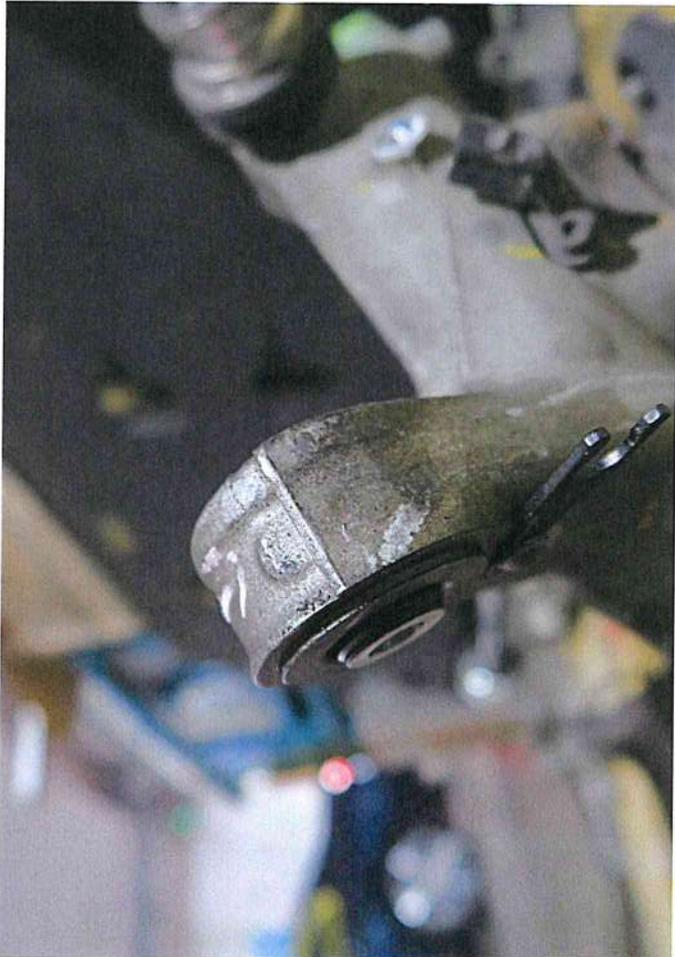
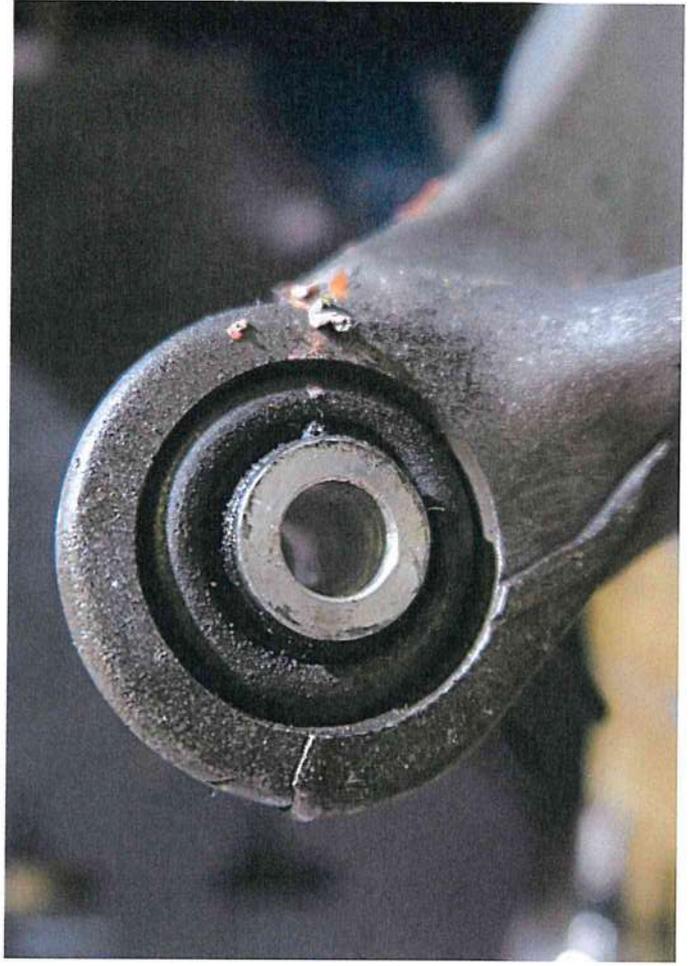


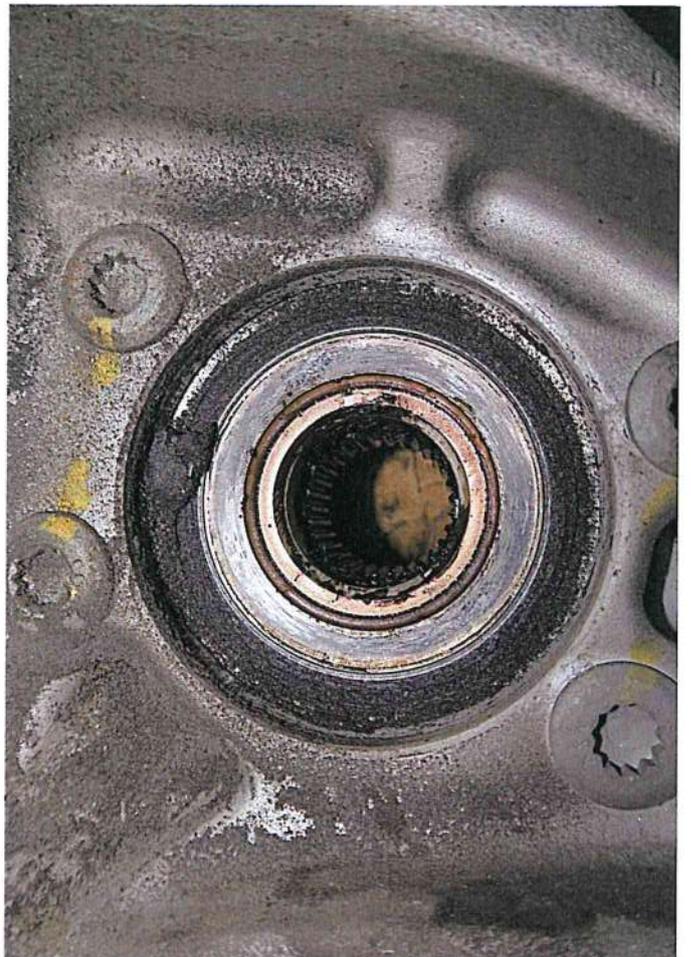
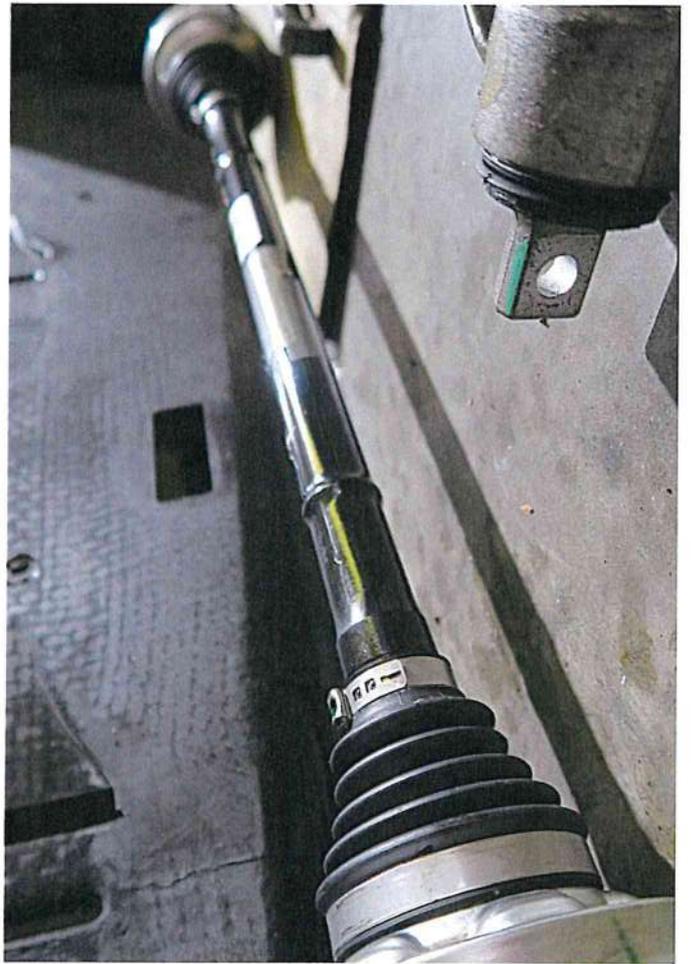


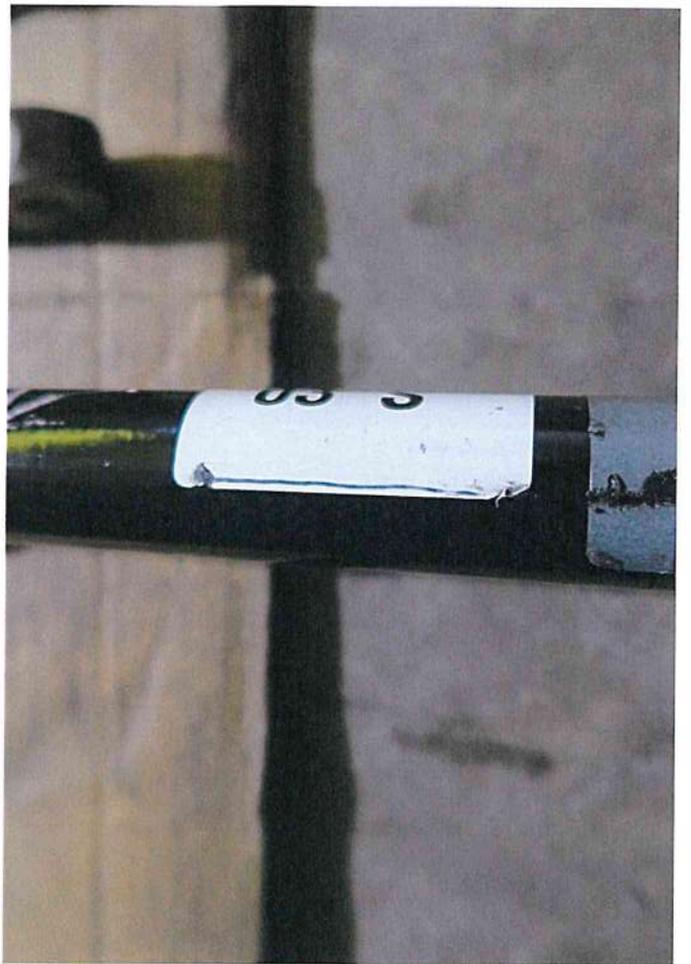


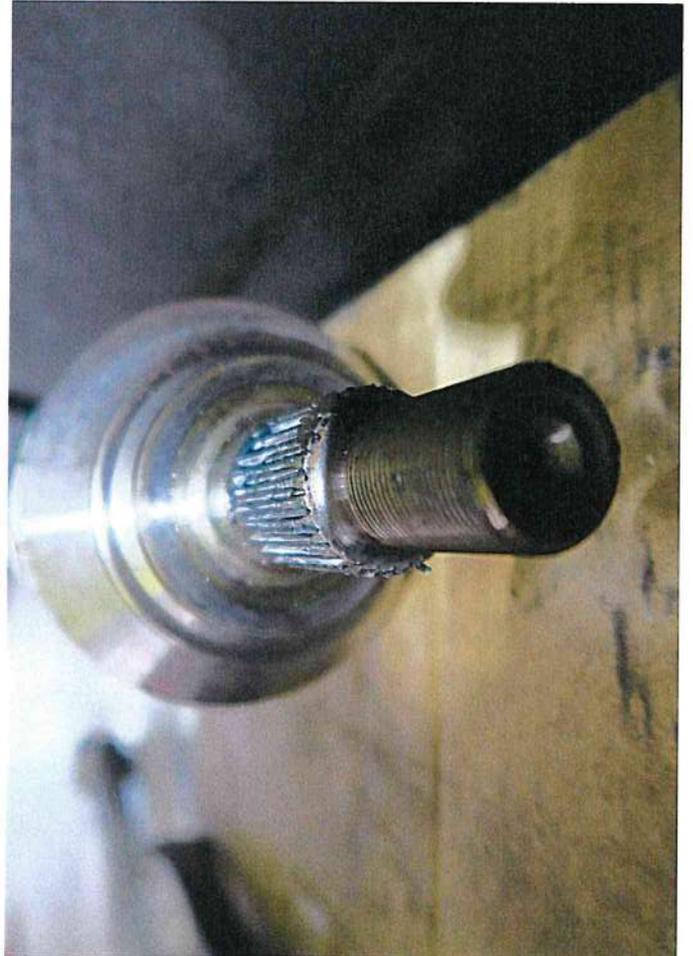


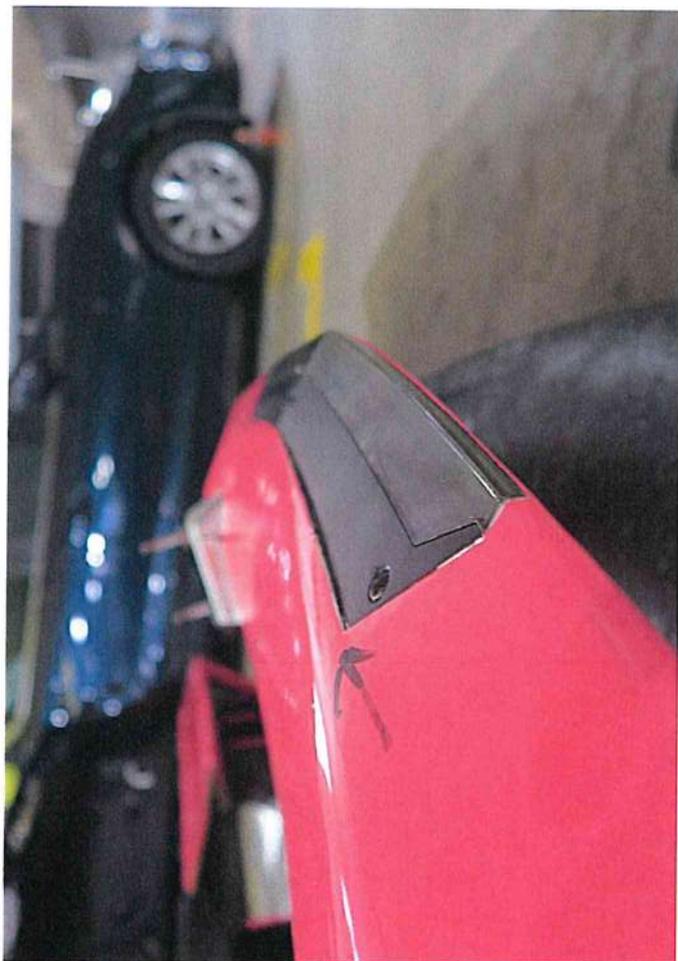
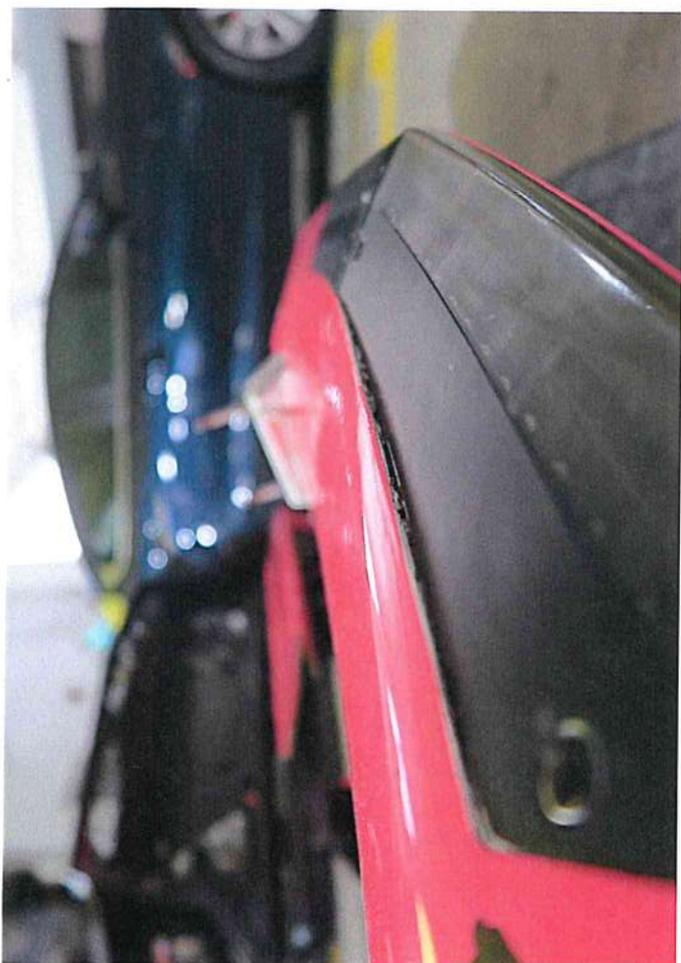
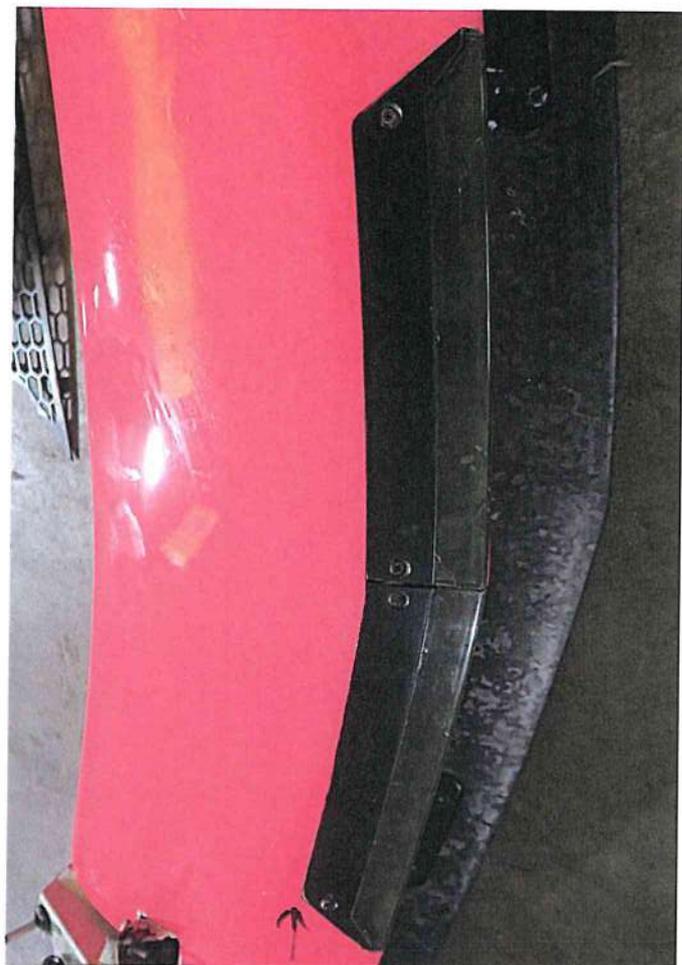
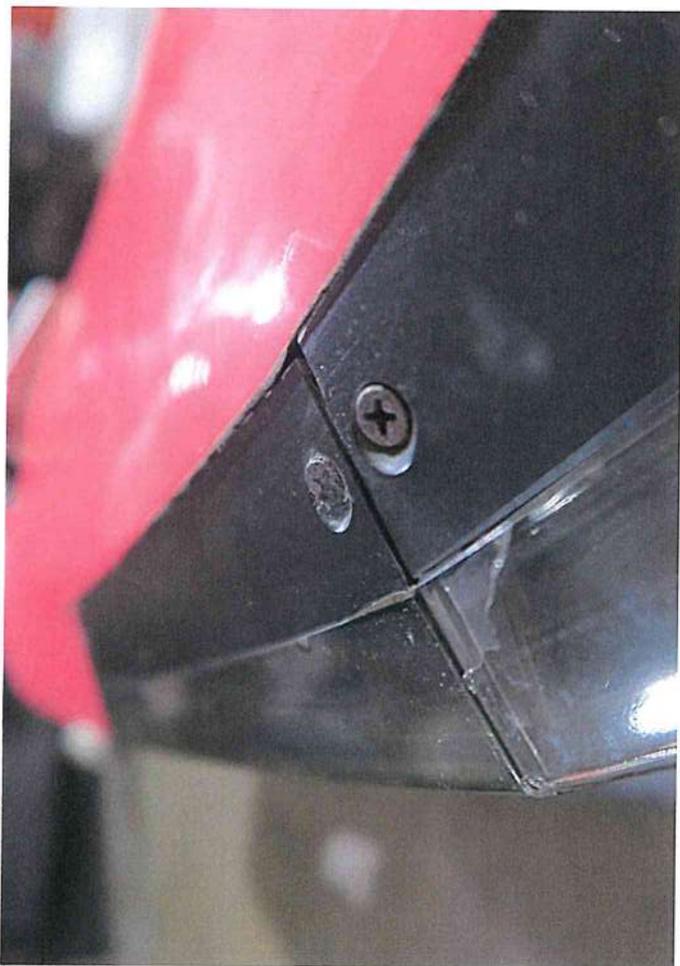




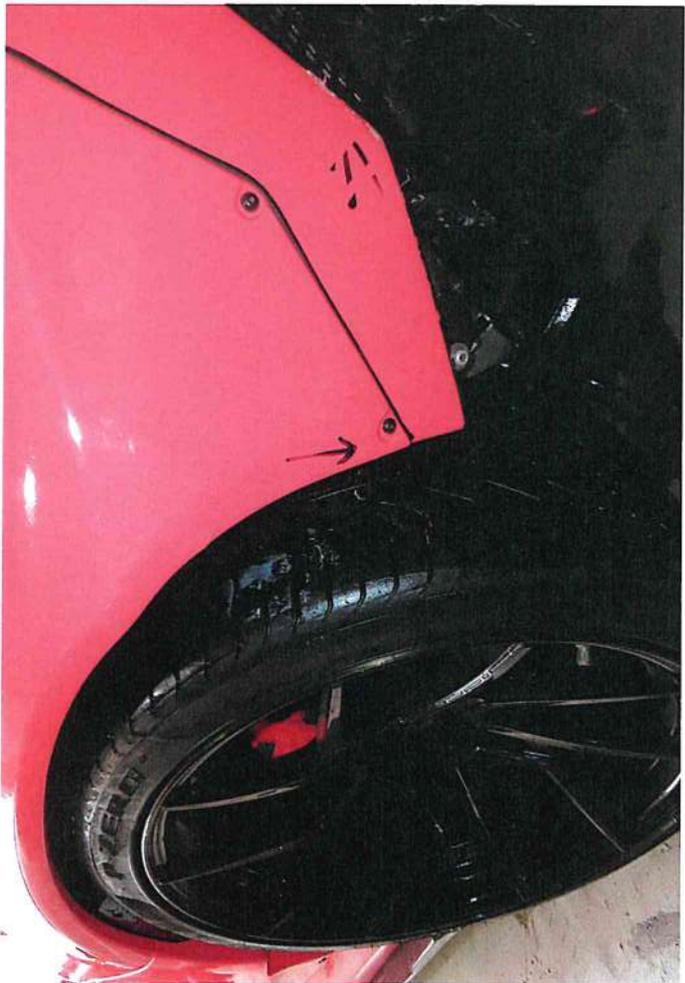
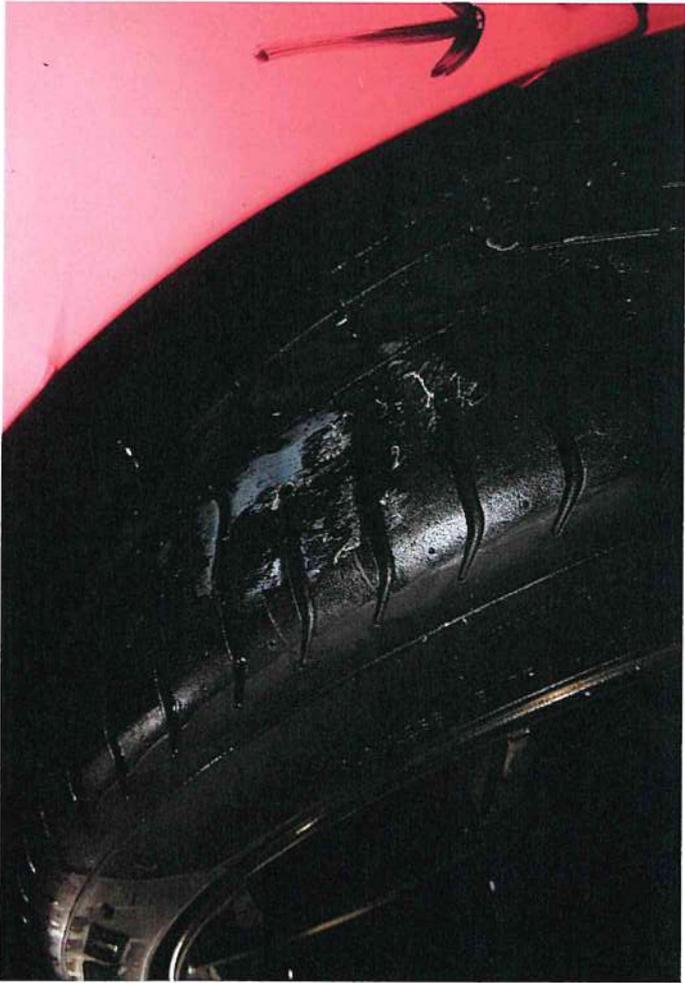
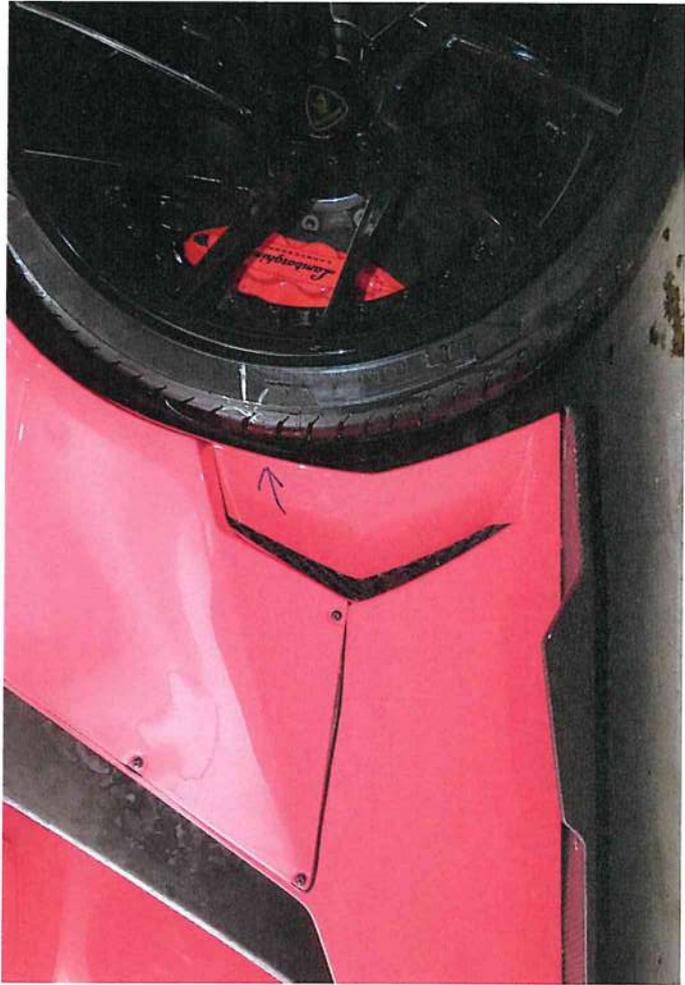


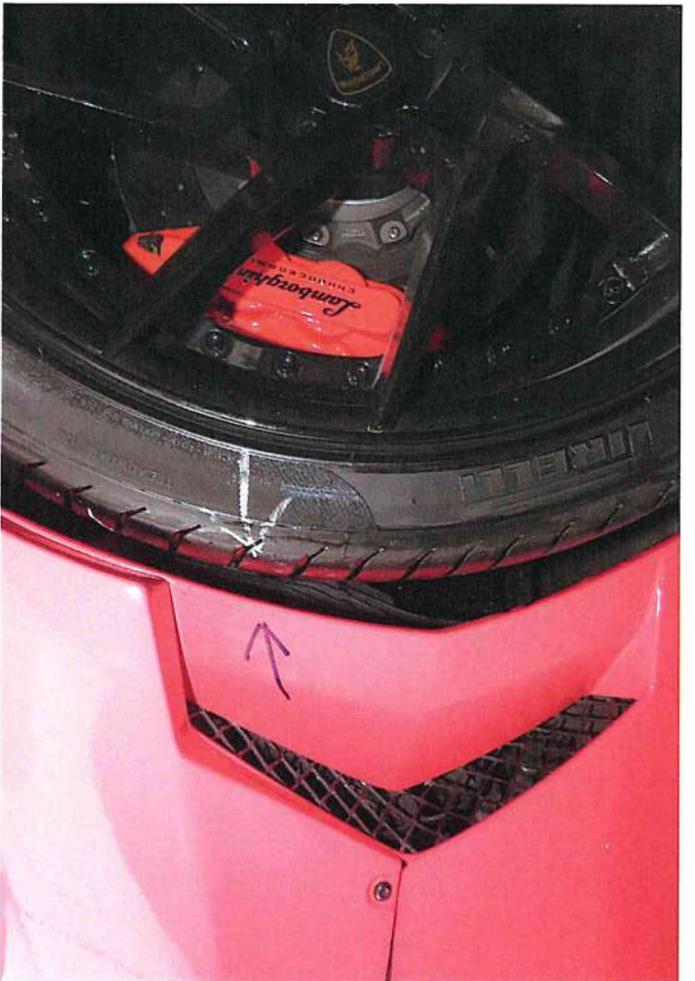
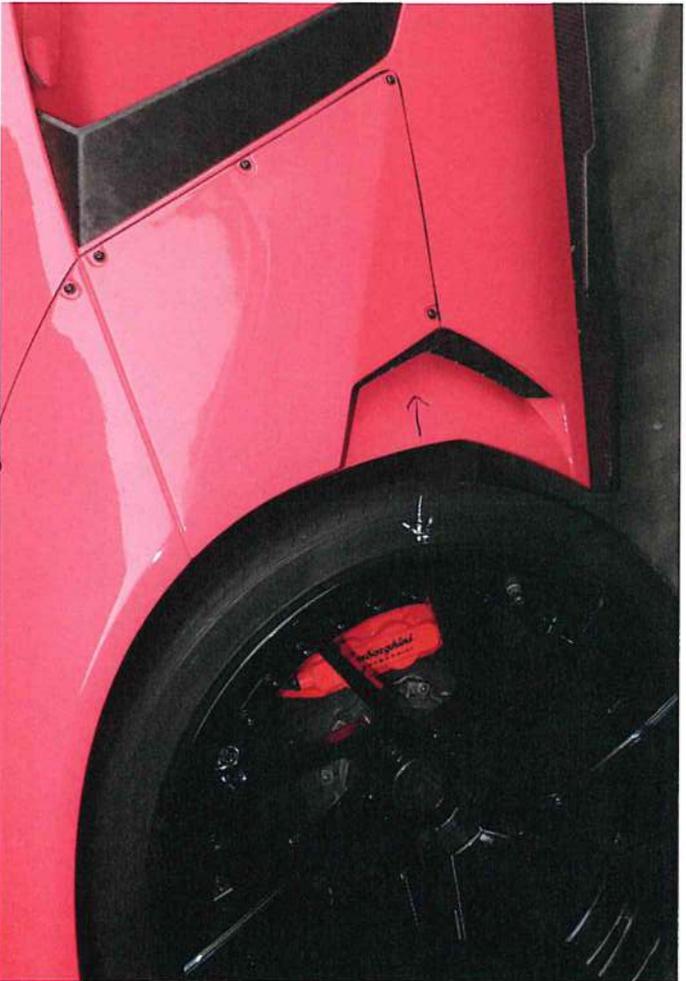
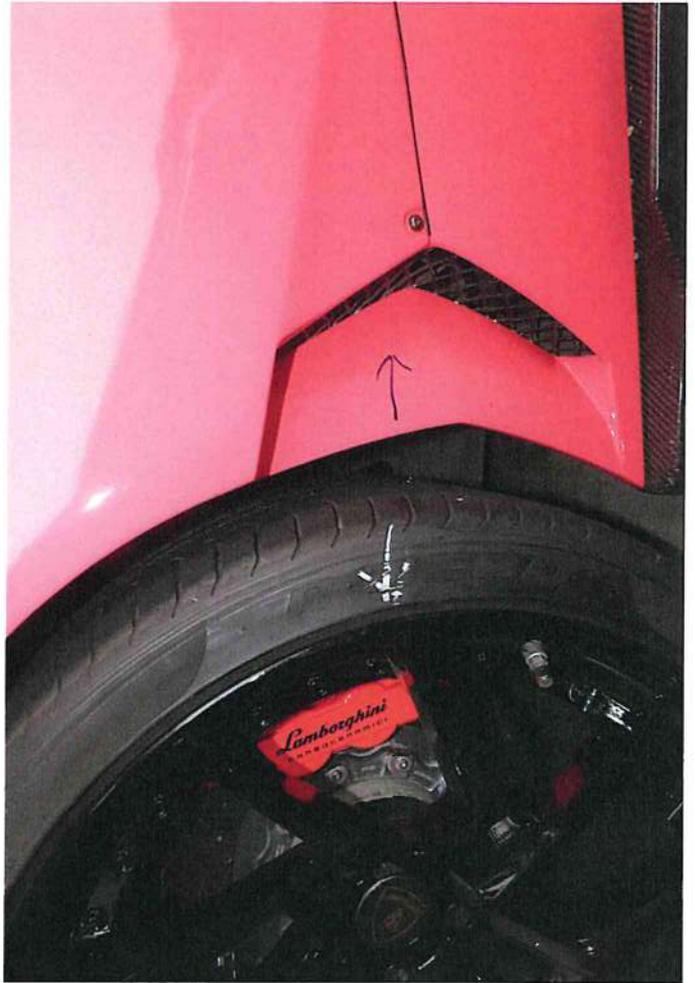
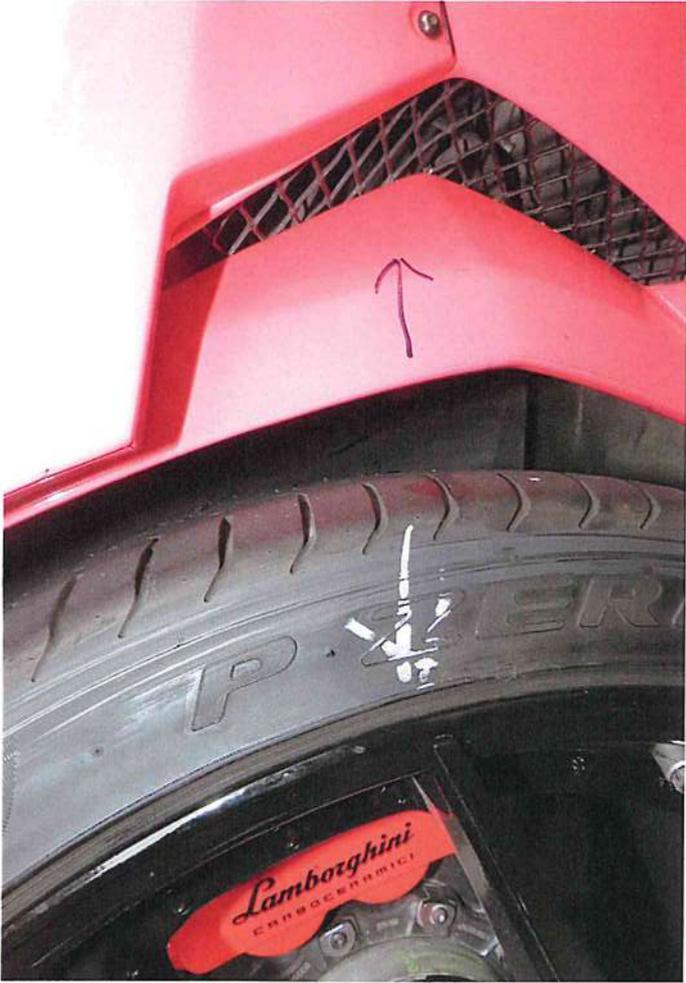


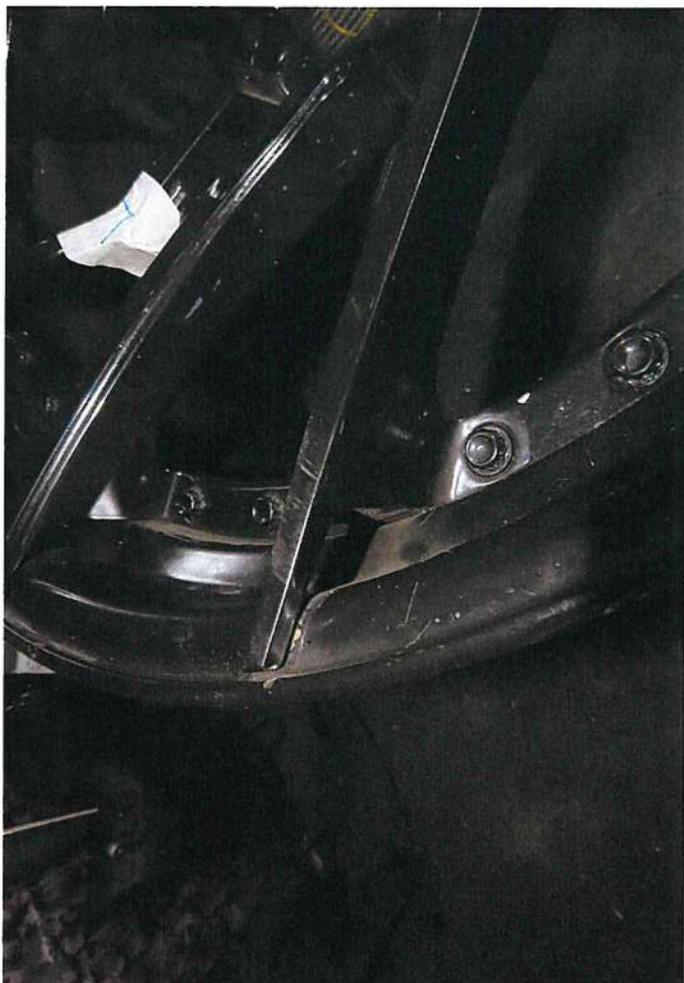


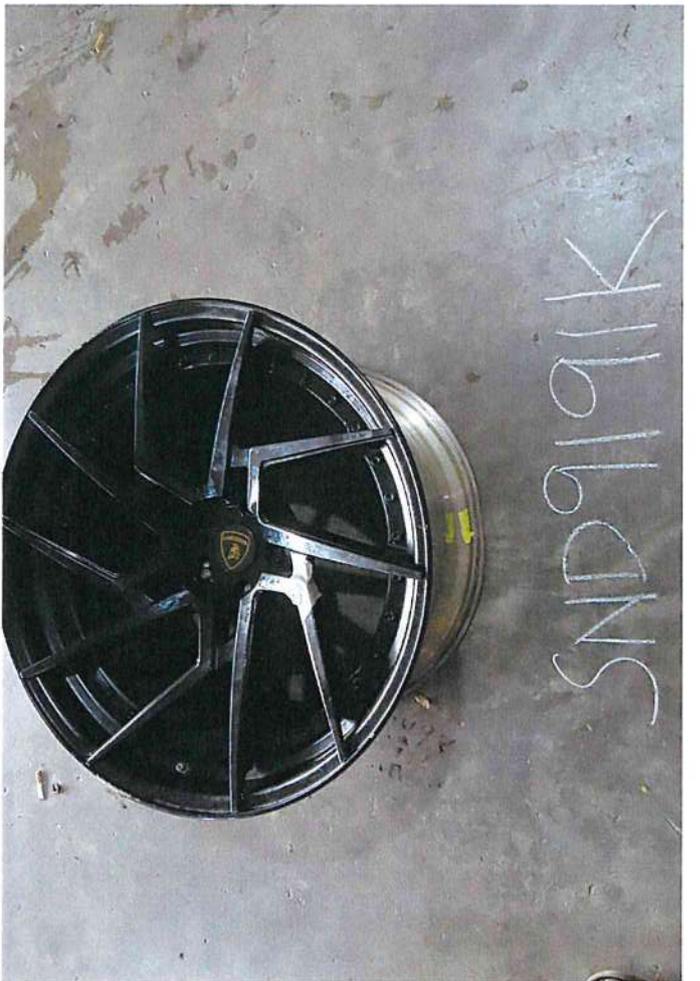
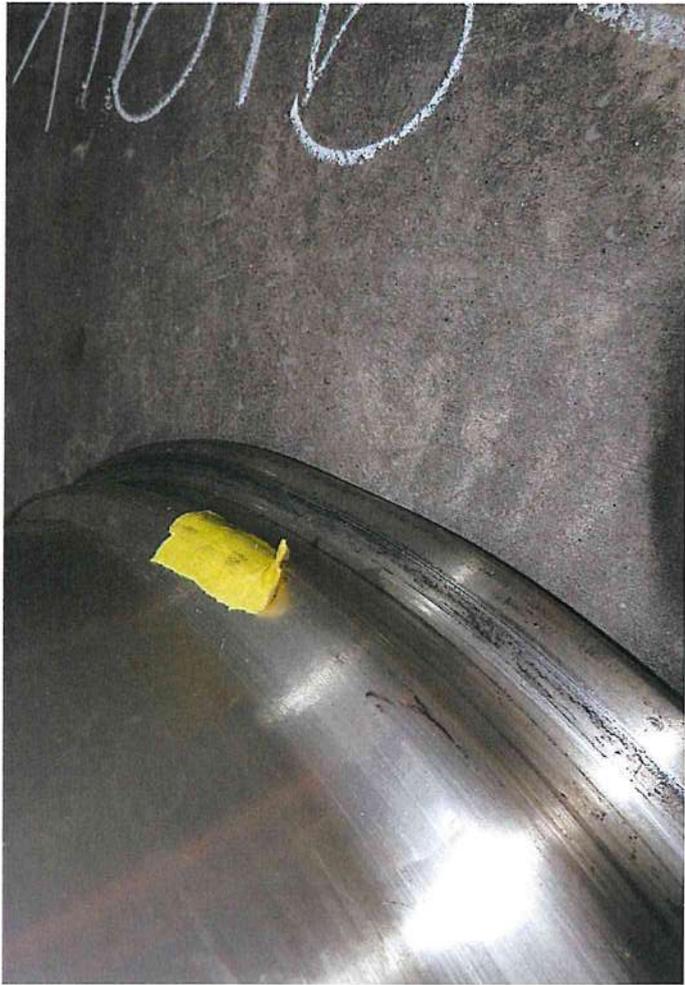


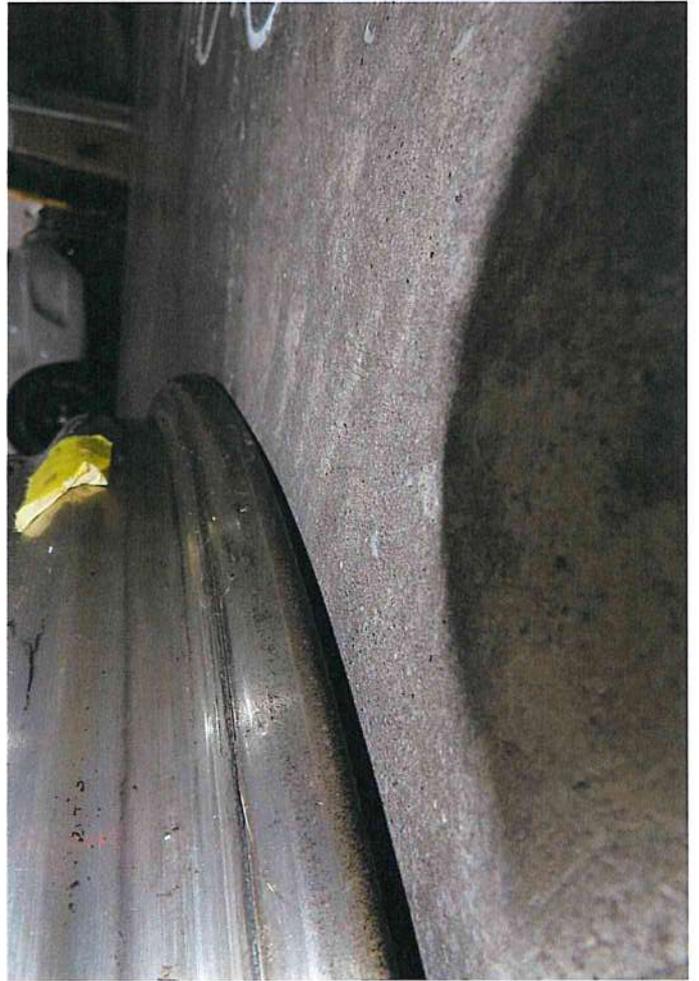












SINGAPORE ACCIDENT STATEMENT

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 20/05/2022 16:10 (SGT)
Date of Accident 19/05/2022 02:30 (SGT)
Exact Location of Accident Penang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND9191K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THUM WEI RONG
NRIC No S8836481C
Email Address Desmondkee13@gmail.com
Mobile Phone No (Phone) +65-98891130
Alternative Phone No +65-98891130

VEHICLE PARTICULARS

Manufacturer Lamborghini
Model Aventador
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 6498

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number AIS/2021/AAC/0000001

DRIVER

Name of Driver THUM WEI RONG
NRIC No S8836481C

Date Of Birth	29/09/1988
Occupation	Indoor
Date Of Driving Pass	30/11/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98891130
Alt. Phone Number	+65-98891130
Email Address	Desmondkee13@gmail.com
Address	BLK 524C PASIR RIS ST 51 #04-601
Address complement	-
Postcode	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	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

REFER SKETCH.

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	SNB2005Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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 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.

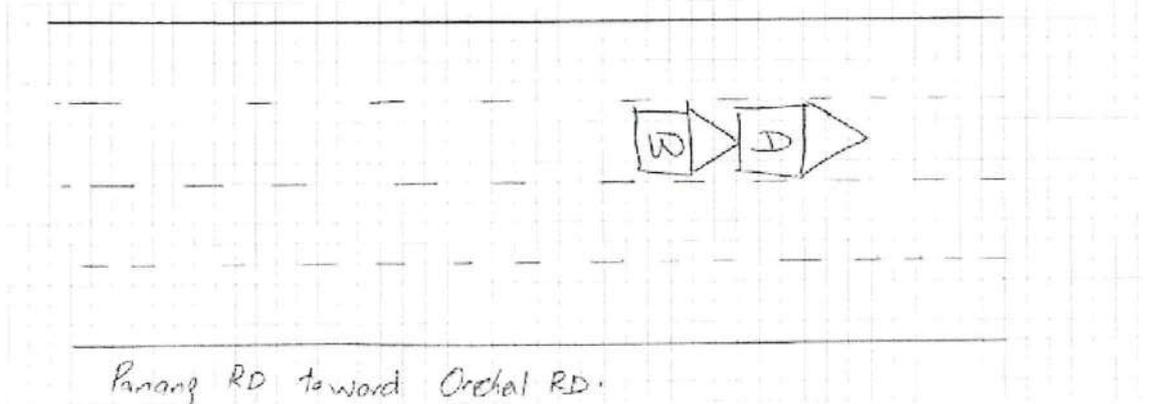
(collectively the "Purposes")

(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.

 <hr style="border: 0.5px solid black;"/> Policyholder's Signature / Date & Time	 <hr style="border: 0.5px solid black;"/> Driver's Signature (if driver is not the policyholder) / Date & Time	 <hr style="border: 0.5px solid black;"/> Witnessed by Reporting Centre Personnel
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Sketch Plan





POLICE REPORT (NP299)

Report No. E/20220519/7054

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 19/05/2022 23:45	Vide Report No.	Station Diary No.	
Name Of Informant THUM WEI RONG	Address 524C PASIR RIS STREET 51 #04-601 SINGAPORE 513524		
ID Type / ID No. NRIC NO / S8836481C	Contact No. Home/Office:	Mobile: 98891130	
Nationality SINGAPORE CITIZEN	Email Address kennythum8@gmail.com		
Occupation Manager	Sex Male	Age 33	Date of Birth 29/09/1988
Institution/School Name	Race Chinese		
Date/Time Of Incident 19/05/2022 02:30	Language English		
	Location Of Incident PENANG ROAD		

Brief details.

On 19/05/2022, I was driving my vehicle SND9191K along Penang Rd towards Orchard Rd at around 2.30am with my wife, Ong Ting Ting.

Due to traffic light turning red, I had gradually come to a stop.

Suddenly I feel a huge impact from the rear of my vehicle and I knocked my right knee against the dashboard as a result.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2022 23:45
Officer In-Charge Of Case:	Classification Of Case:



My wife also knocked her left knee against the passenger door due to the impact.

I alighted from my vehicle and realised that I was hit by SNB2005Y.

The following morning, I woke up with aches in my neck, shoulders and lower back areas. My right knee was also sore and swollen.

My wife also complained that she had body aches as well on top of pain in her left knee.

Hence, we proceeded to our family doctor at Sunshine Family Clinic for treatment and was given 7 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2022 23:45
Officer In-Charge Of Case:	Classification Of Case: