

**QUAN DE MOTOR TRADING**

**1 KAKI BUKIT AVENUE 6, #01-67**

**AUTOBAY, SINGAPORE 417883**

**HP: 96709191 FAX: 66840767**

Immigration & Checkpoints Authority  
Snr. Logistics & Transportation Executive  
Admin & Logistics Branch  
10 Kallang Road, #08-00 ICA Building  
Singapore 208718

Date: 5 January 2017

**Accident on 15/12/2016 involving vehicles SGT636C, SCJ2781C, SGY5392X  
along PIE towards Changi**

With regards to the above, we are writing on behalf of the owner of vehicle SGT636C which was involved in the abovementioned accident.

We are informed that the accident was caused solely by the negligence of your insured vehicle SCJ2781C. As a result of the accident, our client's vehicle was damaged and our client has been put to great loss and expenses, particulars of which are as follows:

1) Cost of Repairs	\$2,900.00
2) Loss Of Use ( 5 days x @\$250.00)	\$1,250.00

**Total: \$4,150.00**

We hereby enclosed herewith the following documents for your confirmation of the above claim.

- |                             |  |
|-----------------------------|--|
| a) Original Invoice         | b) GIA Accident Report                 |
| c) Certificate of Insurance | d) Owner/Driver NRIC & Driving License |
| e) Letter of Authorisation  |  |

Kindly acknowledge receipt of the above documents and your favourable reply is much appreciated.

Yours sincerely,

**QUAN DE MOTOR TRADING**

  
email: quanv3@yahoo.com.sg

## QUAN DE MOTOR TRADING

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AUTOBAY, SINGAPORE 417883  
HP: 96709191 FAX: 66840767  
Email: quanv3@yahoo.com.sg

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10 Kallang Road #08-00 ICA Building  
Singapore 208718

Date: 5 January 2017

Accident on 15/12/2016 involving vehicles SGT636C, SCJ2781C, SGY5392X  
along PIE towards Changi  
invoice for cost of repair to vehicle SGT636C BMW 523i

To supply spare parts, labour for panel  
beating, welding and renew parts,  
including spray painting.

Lump sum: \$ 2,900.00

(S.DLS: TWO THOUSAND NINE HUNDRED ONLY)



Date:

To: Immigration & Checkpoints Authority

RE: ACCIDENT INVOLVING VEHICLES SGT 636 C, SCJ2781C, SGY5392 X

ALONG PIE TOWARDS CHANGI

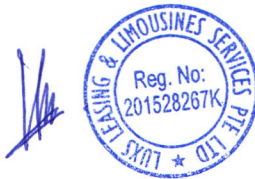
ON 15/12/2016

I/We, LUXS Leasing & Limousines Services Pte Ltd of (NRIC/ROC No.) 201528267K

of 1 Bukit Batok Crescent, #02-43 Wega Plaza S(658064)

owner of vehicle no. SGT 636 C in consideration of M/s. Quan De Motor Trading repairing my/our vehicle SGT 636 C at my/our instruction and hereby authorise M/s. Quan De Motor Trading to demand claim settle receive whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the abovementioned claims costs which may arisen therewith.



Signature of Owner : \_\_\_\_\_

Name of Owner : \_\_\_\_\_

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

### COMMERCIAL VEHICLE FLEET Third Party

Certificate No.: DMCFHQ16-000142

Form: LCVH

Excess:

Section 2 SGD1,000.00

Outside Singapore SGD3,000.00

YEID-AC Additional SGD3,000.00

YID-AC Additional SGD5,000.00

1. Index Mark and Registration Number of Vehicles  
SGT636C

2. Name of Policyholder  
Luxs Leasing & Limousines Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
28/09/2016

4. Date of Expiry of Insurance  
27/09/2017

5. Person or Classes of Persons entitled to drive\*

Any person who is Authorised to drive on the Insured's order or with their permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER


(1) Use for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

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


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



 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**CHEONG KAH FAI**

NRIC No  
**S9236231J**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9236231J**  
Name:  
**CHEONG KAH FAI**  
**(ZHANG JIAHUI)**

Birth Date: **02 Oct 1992**  
Issue Date: **04 Sep 2014**



 **002342318F**

GEMAL TOSGPU105451980116 **00000050278478**

NRIC No/Colour  
**S9236231J/ PINK**

Race  
**CHINESE**

Date Of Birth  
**02/10/1992**

Service Status  
**REGULAR**

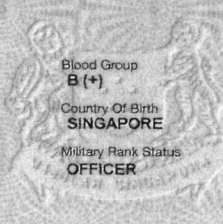
Address  
**19 LIMAU GARDEN**  
**SINGAPORE 467878**

Blood Group  
**B (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**OFFICER**

Sex  
**M**



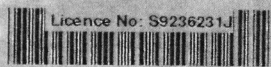


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**


**EFFECTIVE DATE**

**Class 3** **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **04 Sep 2014**

**Licence No: S9236231J**



NP 428A

 <https://efocus.police.gov.sg/>

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**SINGAPORE  
POLICE FORCE**

T/20161215/7003

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

1 of 3

Report No. T/20161215/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2016 14:07	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIAW SHI HUI			Address: APT BLK 115 BEDOK NORTH ROAD #11-319 SINGAPORE 460115		
ID Type / ID No.: NRIC NO / S8229926B			Contact No.: Home/Office: Mobile: 97713256		
Nationality: SINGAPORE CITIZEN			Email: Blacktreacle77@gmail.com		
Sex: Female	Age: 34	Date of Birth: 14/09/1982	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ACCOUNTS EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 15/12/2016 09:53	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCJ 2781 C	Car	HYUNDAI	Elantra	Grey	Slightly Damaged	3
SGT 636 C	Car	BMW	Bmw 523i	Blue		1
SGY 5392 X	Car	VOLVO		Grey		1

**SINGAPORE  
POLICE FORCE**

T/20161215/7003

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865


2 of 3

Report No. T/20161215/7003



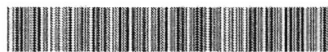
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SGY 5392 X	Car	VOLVO		Grey		1
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2 of 3

**SINGAPORE  
POLICE FORCE**

T/20161215/7003

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

2 of 3

Report No. T/20161215/7003

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Cheong kah fai	ID No.	S9236231J
Related Vehicle	SGT 636 C (Car)	Contact No.	98220094
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	LIAW SHI HUI	ID No.	S8229926B
Related Vehicle	SGT 636 C (Car)	Contact No.	97713256
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.**

Driving along, the vehicle in front of jammed brake. We braked in time successfully. Heard a bag and the car behind us has crashed into our vehicle rear.


**SINGAPORE  
POLICE FORCE**

T/20161215/7003

3 of 3

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3 of 3

**SINGAPORE  
POLICE FORCE**

T/20161215/7003

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

3 of 3

Report No. T/20161215/7003

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch plan

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.: 65476180

Authentication Stamp  
NP168

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

Date/Time:  
15/12/2016 14:07

Classification Of Case:



## 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 ability.
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 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 Report	19/12/2016 14:59
Date Of Accident	15/12/2016 09:55
Exact Location Of Accident	PIE EXIT 22 LANE 1 TOWARD CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT636C
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#### Insured/Policyholder

Name Of Registered Owner	LUXS LEASING & LIMOUSINES SERVICES PTE LTD
Co Reg No	201528267K
Email Address	quanv3@yahoo.com.sg
Mobile Phone No	
Alternative Phone No	Office-96709191

#### Vehicle Particulars

Manufacturer	BMW
Model	523I-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

#### Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	DMCFHQ16-000142
Cover Note Number	

#### Driver

Name of Driver	CHEONG KAH FAI
NRIC No	S9236231J
Date Of Birth	02/10/1992
Occupation	Outdoor
Date Of Driving Pass	04/09/2014
Driving Experience	2 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-98220094
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	19 LIMAU GARDEN
Postcode	467878
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Traffic Police Division Hq
Police Station Address	<b>ROAD:</b> 10 Ubi Avenue 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED REPORT.

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ2781C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Name of Driver	CHUA HAN WEN JEREMY
NRIC/Passport Number	
Contact Number	63916577/63916566
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGY5392X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### **Details of Witness**

Name

Phone Number

Email Address

# Sketch Plan

## 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 claims relating may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that :  
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

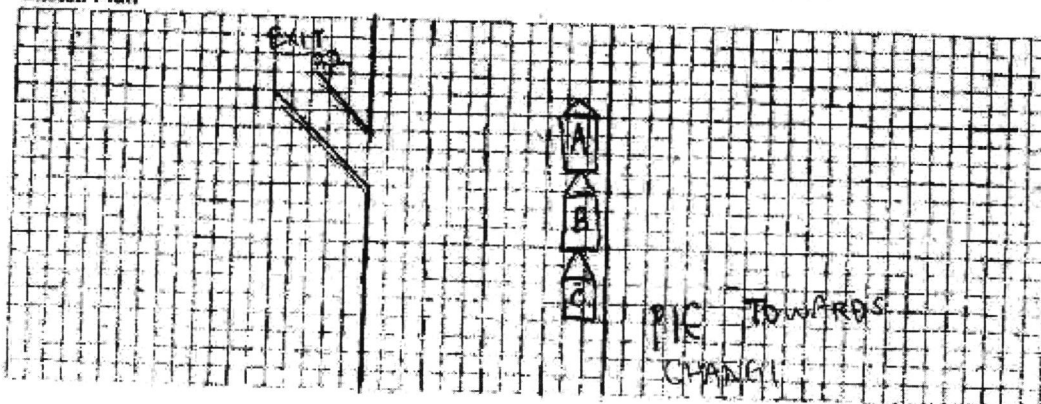
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Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan





## Sketch Plan #2

### Describe Circumstances of the Accident

I was driving on Lane (1) of Aie towards Changi.  
 Suddenly a car e-brake in front of me so I also  
 e-braked successfully. After that I heard a loud bang from  
 behind me.

### Declaration

We declare the foregoing particulars are true in every respect

   
 Policyholder's Signature / Date &  
 Time

 15/11/16  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time

   
 Witnessed by Reporting Centre  
 Personnel