

**HD PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: SKU2849PYour Ref.: SCK8998ADate: 17.11.2022

ATTN: Motor Claims Department

INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SKU2849P & SCK8998A
Date of Accident: 04.08.2022 @ 17:00 HOURS
Location: DUNEARN ROAD TOWARDS ENG NEO AVENUE

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 20,000.00</u>
Loss of Rental:	
(22 Days x \$120.00):	<u>\$ 2,640.00</u>
LTA Search:	<u>\$ 7.45</u>
Grand Total:	<u>\$ 22,647.45</u>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Irene @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Irene



Authorisation To Act

I, Leo Kok Choy ("the third party claimant") of
29 Jalan Gumilang S(6688681)
(address), owner of SKU2849P (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SKU2849P that was
damaged pursuant to the accident which occurred on 04/08/22 (date)
at/along Dunearn Road Tnds Eng Neo Ave
(location) involving vehicle no/s SCK8998A ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

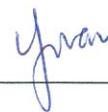
I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 04 day of 08 (month) 20 22 (year)



Signed by "the third party claimant"





Signed by "the workshop"



HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.

Co. Reg No: 202136904Z

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#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

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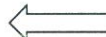
Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SKU2849P and SCK8998A on 04/08/22
at/along Dunearn Road towards Eng Neo Ave

1. I/We, the Owner of motor vehicle no. SKU2849P hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 04 day of 08 20 22

Signature of vehicle owner



Name: Leo Kak Choy

Witnessed by:

IC/UEN No: S2015350D

IRENE

(Company stamp, if applicable)

Address: 29 Jalan Gunung
S(668868)

Tel: 93878926

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
17.11.2022	HDP202211-00206	SKU2849P

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 20,000.00
Total	\$ 20,000.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2208283

Date: 31-08-22

Bill To:

Ship To:

1

HD Perfect Autowork Pte Ltd

For the account of:

Leo Kok Choy

S2015350D

29 Jalan Gumilang

2366

HD Perfect Autowork Pte Ltd

For the account of:

Leo Kok Choy

S2015350D

29 Jalan Gumilang

2366

Description	Amount	Job No.
Vehicle Rental for Period 04.08.2022 to 26.08.2022 (Billing for days 22 X \$120.00/per day) (Vehicle No.: SKU2849P)	\$2,640.00	SMQ9395H SR

Your Order #: 20419

			Terms: Net 30th after		GST:	\$172.71
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	\$2,640.00
	SR	7%	\$172.71	\$2,467.29	Amount Applied:	\$0.00
					Balance Due:	\$2,640.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 20419

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

(TD Perfect)

HIRER'S PARTICULAR		Vehicle No: <u>SMQ9395H</u> Replace Veh No: <u>SKU2849P</u>													
Name: (as in I/C) <u>Leo Kok Choy</u>		Mileage out: <u>48190km</u>													
Email: _____		Make & Model: <u>Honda Vezel</u> <input checked="" type="radio"/> Auto / <input type="radio"/> Manual													
NRIC/PASSPORT No: <u>S2015350D</u>		OUT: Date <u>4 Aug 2022</u> Time: <u>7pm</u>													
Date of Birth: <u>16/5/1950</u>		HIRE PERIOD													
Address (Res): <u>29 Jalan Gumilang S (2366)</u>		OWN DAMAGE CLAIM Excess S\$ <u>2000</u>													
Driving Licence No: <u>S2015350D</u> D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		THIRD PARTY CLAIM Excess S\$ <u>1500</u>													
Issue Date: <u>11 Apr 1969</u>		CHARGES													
Tel: (O) _____ HP _____		Daily <u>22</u> @ \$ <u>120.00</u> per day <u>2640.00</u>													
Company Name: _____		Weekly @ \$ _____ per week													
Company UEN: _____		Monthly @ \$ _____ per month													
Company Address: _____		Others @ \$ _____													
ADDITIONAL DRIVER'S PARTICULARS		Delivery Service													
Name: (as in I/C) _____		GST													
NRIC/PASSPORT No: _____		SUB-TOTAL \$													
Date of Birth: _____		PETROL LEVEL													
Address (Res): _____		<table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table>		Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	3/4	F
Out	E	1/4	1/2	3/4	F										
In	E	1/4	1/2	3/4	F										
Driving Licence No: _____ D/L Type: <input type="radio"/> Local / <input type="radio"/> International		EXTENSION													
Issue Date: _____		Misc. _____													
Tel: (O) _____ HP _____		GST <u>Ind 7%</u>													
VEHICLE CHECK LIST		TOTAL CHARGES <u>2640.00</u>													
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>BACK</p> </div> <div style="text-align: center;"> <p>RIGHT</p> </div> <div style="text-align: center;"> <p>FRONT</p> </div> <div style="text-align: center;"> <p>TOP</p> </div> <div style="text-align: center;"> <p>LEFT</p> </div> </div> <p>INDICATE: D - DENTS, S - SCRATCHES, A - ACCIDENTS</p>		Rented out by: _____ Hirer's Signature: <u>[Signature]</u> Addition Driver's Signature: _____													

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	* CHECKED BY	REMARKS	HIRER'S SIGNATURE
<u>26/8/22</u>	<u>4:41pm</u>	<u>48875km</u>			<u>[Signature]</u>

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Aug 2022 / 18:38:09

Receipt Date/Time : 04 Aug 2022 / 18:38:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220804-003316

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 - SCK8998A				
As at 04 Aug 2022/17:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SCK8998A Enquiry Fee 20220804183725977172	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				
421808XXXXXX9928		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.

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 Actual 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	05/08/2022 17:02 (SGT)
Reported by	Both
Date of Accident	04/08/2022 17:00 (SGT)
Exact Location of Accident	Duneam Rd, Singapore
Additional Location Information	DUNEARN ROAD TOWARDS ENG NEO AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2849P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEO KOK CHOY
NRIC No	SXXXX350D
Email Address	LEOKOKCHOY5350@GMAIL.COM
Mobile Phone No	(Phone) +65-93878926
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120359869-01

DRIVER

Name of Driver	LEO KOK CHOY
NRIC No	SXXXX350D
Date Of Birth	16/05/1950
Occupation	Indoor

Date Of Driving Pass	11/04/1969
Driving experience	53 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93878926
Alt. Phone Number	-
Email Address	LEOKOKCHOY5350@GMAIL.COM
Address	29 JALAN GUMILANG
Address complement	-
Postcode	668868
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Is notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

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	SCK8998A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	GBJ5155C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEO KOK CHOY
Gender	Male
Phone No	(Phone) +65-93878926
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	72
Injuries Sustained	-
Injured person in which vehicle?	SKU2849P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

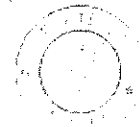
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 completion 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 at a cost.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insuror, my workshop and the General Insurance Association of Singapore (GIA) may be 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 processed by my insuror (collectively the "Personal Information") and disclose and transfer such Personal Information to all insuror(s) who have insured vehicles involved in this accident (all insuror(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 purposes 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 making 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 envelops/postal packaging) and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) I hereby agree that my consent is given for the purposes of the above and the Insurers' lawyers/law firms may also be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers (agents), including their lawyers, law firms, which may be located outside of Singapore, for one or more of the above Purposes.



Sketch Plan

<p>1. Date of accident: _____</p> <p>2. Time of accident: _____</p> <p>3. Location of accident: _____</p> <p>4. Road name: _____</p> <p>5. Road number: _____</p> <p>6. Direction of travel: _____</p> <p>7. Direction of wind: _____</p> <p>8. Direction of rain: _____</p> <p>9. Direction of sun: _____</p> <p>10. Direction of traffic: _____</p> <p>11. Direction of pedestrian: _____</p> <p>12. Direction of cyclist: _____</p> <p>13. Direction of motorist: _____</p> <p>14. Direction of other vehicle: _____</p> <p>15. Direction of other person: _____</p> <p>16. Direction of other object: _____</p> <p>17. Direction of other animal: _____</p> <p>18. Direction of other thing: _____</p> <p>19. Direction of other person: _____</p> <p>20. Direction of other object: _____</p> <p>21. Direction of other animal: _____</p> <p>22. Direction of other thing: _____</p> <p>23. Direction of other person: _____</p> <p>24. Direction of other object: _____</p> <p>25. Direction of other animal: _____</p> <p>26. Direction of other thing: _____</p> <p>27. Direction of other person: _____</p> <p>28. Direction of other object: _____</p> <p>29. Direction of other animal: _____</p> <p>30. Direction of other thing: _____</p>	<p>3. Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.</p> <p>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.</p> <p>5. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u></p> <p>6. This report will be forwarded by the insurers to 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.</p> <p>7. By the completion 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 at a cost.</p> <p>8. Consent under the Personal Data Protection Act (PDPA)</p> <p>I understand, acknowledge, agree and consent that:</p> <p>(a) My insuror, my workshop and the General Insurance Association of Singapore (GIA) may be 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 processed by my insuror (collectively the "Personal Information") and disclose and transfer such Personal Information to all insuror(s) who have insured vehicles involved in this accident (all insuror(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 purposes of:</p> <p>(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;</p> <p>(ii) investigating the accident and/or my claims;</p> <p>(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;</p> <p>(iv) administering my claims (including the making 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 envelops/postal packaging) and/or</p> <p>(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.</p> <p>(b) I hereby agree that my consent is given for the purposes of the above and the Insurers' lawyers/law firms may also be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and</p> <p>(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers (agents), including their lawyers, law firms, which may be located outside of Singapore, for one or more of the above Purposes.</p>
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ON THE STATED DATE AND TIME. I, VEHICLE A (SKU2849P) WAS TRAVELLING STRAIGHT ON LANE 4 OF DUNEARN ROAD TOWARDS ENG NEO AVENUE. WHEN THE FRONT VEHICLE C (GBJ5155C) SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE C (GBJ5155C). SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE, THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (GBJ5155C) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SCK8998A) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

VEHICLE A : SKU2849P

VEHICLE B : SCK8998A

VEHICLE C : GBJ5155C



Describe Circumstance of the Accident

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2015350D



LEO KOK CHOY

刘高才

Race

CHINESE

Date of Birth:

16-05-1950

Sex

M

Country of Birth

MALAYSIA



SKU2849P

owner & driver

2427378



NRIC No. S2015350D



Blood Group

B+

Date of issue

28-09-1994

Address

29 JALAN GUMILANG
SINGAPORE 2366

SKU2849P

owner & driver

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S2015350D 

CLASS AND ISSUE DATE

3 • 11 APR 1969

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

001174169G

^ Hide details



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5120359869-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKU2849P**
Chassis Number : JM6BM42A8G0310890
2. Name of Policyholder : LEO KOK CHOY
3. Effective Date of Insurance : 15 Jan 2022
4. Expiry Date of Insurance : 14 Jan 2023
5. Persons 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.
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 so 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.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEO KOK CHOY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 15 Dec 2021 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive