

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

EQ INSURANCE COMPANY LTD

5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX

SINGAPORE 069110

INV No. AC2302739

INV Date 03/05/2023

Reference CS/EQI22008120/Kvy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMH 5149B

Insured Veh. GBC 8843S

Claim No. DM22HO01418

Policy No.

Accident Date 20/08/2022

Inspection Date 24/08/2022

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	300.00
GST (8%)	24.00
Grand Total	324.00

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

KHM



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

		Affiliated to Federation Internation	nale Des Experts En Au	utomol	oile
	EQ INSURANCE C	OMPANY LTD	R	ef:	CS/EQI22008120/Kvy3e2
	5 MAXWELL ROAL		Da	ate:	03/05/2023
	#17-00 TOWER BL MND COMPLEXSI	NGAPORE 069110			
			C	ode:	EQI
1.		Policy Particulars	- THIRD PARTY C	LAIM	
	Insured Veh.	GBC 8843S	Veh. Inspected		SMH 5149B
	Policy No.		Coverage (\$)		0.00
	Claim No.	DM22HO01418	Excess (\$)		0.00
	Assign From	LEE PEY SHY	Assign Date		24/08/2022
2.		Vehicle Partic	culars & Condition	ı	
	Make & Model	MITSUBISHI ATTRAGE (A)	c.c		1193
	Engine No.	HIDDEN	Year of Reg.		2019
	Chassis No.	MMBSTA13AJH004409	Colour		METALLIC SILVER
	Odometer	60165 KM	Steering		IN ORDER
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM
	General	GOOD			
3.		Condition	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	185/55 R15	YOKOHAMA		9 mm
	L/H Front Tyre	185/55 R15	YOKOHAMA		9 mm
	R/H Rear Tyre	185/55 R15	YOKOHAMA		9 mm
	L/H Rear Tyre	185/55 R15	YOKOHAMA		9 mm
4.		Description	on of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE FRO	ONT AND REAR POF	RTION	
	DAMAGES SEE DI	ETAILS.			
5.		General	Information		
	Accident Date	20/08/2022	Inspection Date		24/08/2022
	Survey held at	ALAN'S UNITED AUTO PTE LTE)		
		BLK 7 SIN MING INDUSTRIAL E	STATE		
		#01-76 SINGAPORE 575642			
5a.		Re	emarks		
		ON WAS CONDUCTED ON A"WIT			
5b.	D/11 / 1000 D/11	,	Days of Repair	,,,,or	J 1121 / 11110.
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	•	Work	king Days
	!				



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMH 5149B

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID (WCP)	BENT	630.00	630.00
1	BOOT LID TOP SPOILER (WCP)	CRACKED	440.00	440.00
2	BOOT LID HINGE @\$140.00 (WCP)	BENT	280.00	280.00
1	BOOT LID INNER LOCK (WCP)	DENTED	160.00	160.00
1	BOOT LID LOCK CATCH (WCP)	TO REPAIR SEE LABOUR	20.00	-
1	BOOT LID RUBBER (WCP)	DISTORTED / DENTED	110.00	110.00
1	BOOT LID CABLE (WCP)	SERVICEABLE	50.00	-
1	BOOT LID OUTER CHROME (WCP)	CRACKED	240.00	240.00
2	BOOT LID LICENSE PLATE LAMP @\$35.00 (WCP)	SERVICEABLE	70.00	-
1	BOOT LID "ATTRAGE" EMBLEM (WCP)	NECESSARY	28.00	28.00
1	BOOT LID LOGO (WCP)	NECESSARY	30.00	30.00
1	BOOT LID "MIVEC" PLATE (WCP)	NECESSARY	44.00	44.00
1	REAR WINDSCREEN GLASS (WCP)	CUT	430.00	430.00
2	REAR W/S GLASS SIDE MOULDING @\$62.00 (WCP)	NECESSARY	124.00	124.00
1	REAR W/S GLASS TOP MOULDING (WCP)	NECESSARY	40.00	40.00
2	REAR FENDER @\$550.00 (WCP)	BUCKLED	1,100.00	1,100.00
2	REAR FENDER SIDE EXTENSION @\$95.00 (WCP)	BUCKLED	190.00	190.00
2	REAR FENDER INNER TRIM COVER @\$120.00 (WCP)	DEFORMED	240.00	240.00
1	REAR N/S FENDER INNER SHIELD (WCP)	CRACKED	28.00	28.00
2	TAILLAMP @\$245.00 (WCP)	CRACKED	490.00	490.00
2	TAILLAMP CORNER PANEL @\$90.00 (WCP)	BENT	180.00	180.00
2	TAILLAMP GASKET @\$22.00 (WCP)	NECESSARY	44.00	44.00
2	TAILLAMP SIDE CLIP @\$5.00 (WCP)	NECESSARY	10.00	10.00
1	REAR END PANEL (WCP)	BENT	370.00	370.00
1	END PANEL TOP GARNISH (WCP)	DISTORTED	70.00	70.00
2	END PANEL SIDE GUIDE @\$45.00 (WCP)	N/S DISTORTED	90.00	45.00
1	END PANEL CENTRE GUIDE (WCP)	CRACKED	40.00	40.00
1	REAR BUMPER FASCIA (WCP)	BENT	420.00	420.00
1	REAR BUMPER LOWER SPOILER (WCP)	CRACKED	700.00	700.00

Report Ref No. CS/EQI22008120/Kvy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
2	REAR CHASSIS EXTENSION MEMBER @\$550.00 (WCP)	N/S BENT	1,100.00	550.00
1	REAR SPARE TYRE PANEL (WCP)	BENT	650.00	650.00
1	REAR SPARE TYRE BOARD (WCP)	CRACKED	135.00	135.00
1	REAR SPARE TYRE SCREW & NUT (WCP)	BENT	80.00	80.00
1	REAR EXHAUST PIPE (WCP)	BENT	440.00	440.00
1	BONNET (WCP)	BUCKLED	535.00	535.00
2	BONNET HINGE @\$42.00 (WCP)	DISTORTED	84.00	84.00
1	BONNET INSULATOR (WCP)	CRACKED	110.00	110.00
1	BONNET INNER LOCK (WCP)	JAMMED	50.00	50.00
1	BONNET RUBBER (WCP)	SERVICEABLE	35.00	-
1	BONNET CABLE (WCP)	SERVICEABLE	30.00	-
2	FRONT FENDER @\$310.00 (WCP)	O/S BUCKLED	620.00	310.00
2	FRONT FENDER "ECO" EMBLEM @\$28.00 (WCP)	NECESSARY	56.00	56.00
2	ECO EMBLEM LOWER CHROME @\$35.00 (WCP)	NECESSARY	70.00	70.00
1	FRONT O/S FENDER INNER SHIELD (WCP)	CRACKED	65.00	65.00
1	FRONT O/S FENDER OUTER GARNISH (WCP)	DENTED	20.00	20.00
2	HEADLAMP @\$410.00 (WCP)	O/S CRACKED / N/S MTG CRACKED	820.00	820.00
1	FRONT GRILLE (WCP)	CRACKED	340.00	340.00
1	FRONT GRILLE LOGO (WCP)	CRACKED	35.00	35.00
1	FRONT GRILLE TOP COVER (WCP)	SERVICEABLE	47.00	-
8	FRONT GRILLE CLIP @2.00 (WCP)	NECESSARY	16.00	16.00
1	FRONT BUMPER FASCIA (WCP)	BENT	480.00	480.00
1	FRONT BUMPER REINFORCEMENT (WCP)	BENT	115.00	115.00
2	FRONT BUMPER SIDE RETAINER @\$12.00 (WCP)	DISTORTED	24.00	24.00
1	FRONT BUMPER LOWER GRILLE (WCP)	CRACKED	124.00	124.00
1	FRT BUMPER CENTRE LOWER COVER (WCP)	SERVICEABLE	70.00	-
1	FRONT BUMPER LOWER SPOILER (WCP)	CRACKED	1,300.00	1,300.00
1	FRONT BUMPER TOW COVER (WCP)	DENTED	20.00	20.00
2	FRONT WIPER GARNISH SIDE @\$20.00 (WCP)	SERVICEABLE	40.00	-
2	HORN @\$60.00 (WCP)	DENTED	120.00	120.00
1	RADIATOR ASSY (WCP)	BENT	650.00	650.00
1	RADIATOR TOP GUIDE (WCP)	CRACKED	100.00	100.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	RADIATOR FAN COWLING (WCP)	CRACKED	90.00	90.00
1	RADIATOR FAN BLADE (WCP)	DISTORTED	55.00	55.00
1	RADIATOR FAN MOTOR (WCP)	JAMMED	285.00	285.00
1	RADIATOR SPARE TANK (WCP)	DENTED	30.00	30.00
1	RADIATOR TOP HOSE (WCP)	SERVICEABLE	14.00	-
1	RADIATOR LOWER HOSE (WCP)	CUT	20.00	20.00
1	AIR CON CONDENSER (WCP)	BENT / PUNCTURE	520.00	520.00
2	AIR CON CONDENSER SIDE GUIDE @\$13.00 (WCP)	CRACKED	26.00	26.00
1	AIR CON SUCTION HOSE (WCP)	BENT	160.00	160.00
1	AIR CON DISCHARGE HOSE (WCP)	PUNCTURE	170.00	170.00
1	FRONT TOP PANEL (WCP)	BENT	135.00	135.00
1	FRONT LOWER SUPPORT PANEL (WCP)	BENT	700.00	700.00
1	AIR INTAKE AIR DUCT (WCP)	DENTED	95.00	95.00
1	AIR CLEANER HOUSING ASSY (WCP)	CRACKED	140.00	140.00
1	ENGINE MANIFOLD (WCP)	DENTED	1,350.00	1,350.00
1	REAR END PANEL AIR VENT (ADDITIONAL) (WCP)	DENTED	33.00	33.00
1	W/S GLASS WASHER TANK (ADDITIONAL) (WCP)	DENTED	65.00	65.00
	COST PLUS 10%		1,893.70	1,765.60
			20,830.70	19,421.60
	SPECIAL NETT ITEMS			
1	REAR W/S GLASS SOLAR FILM (SN)	NECESSARY	350.00	200.00
1	REAR W/S GLASS SEALANT (SN)	NECESSARY	60.00	40.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	300.00	200.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	40.00	40.00
1	REAR NO. PLATE WITH BOX (SN)	DENTED	50.00	45.00
1	FRONT NO. PLATE WITH BOX (SN)	BENT	50.00	45.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	40.00	40.00
1	RADIATOR COOLANT (SN)	NECESSARY	30.00	30.00
			920.00	640.00
	<u>LABOUR</u>			
	TO TOWING.		100.00	100.00
	TO REWIRE DAMAGED PARTS AND REFOCUS HEADLAMP BEAM.		20.00	20.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO REMOVE & RENEW REAR WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.		150.00	120.00
	TO REMOVE ROOF LINING, FRONT AND REAR SEATS, TRIM BOARD AND CARPET.		200.00	120.00
	TO APPLY UNDERSEALING.		300.00	210.00
	TO REMOVE AND RENEW EXHAUST SILENCER BOX.		80.00	60.00
	TO PUTTY AND SPRAY REPLACED PARTS.		2,400.00	2,200.00
	TO REMOVE, CUT-OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ABOVE PARTS. INCLUSIVE OF THE REPAIR OF BOOT LID LOCK CATCH.		2,500.00	2,300.00
			5,750.00	5,130.00
	GRAND TOTAL		27,500.70	25,191.60

RECOMMENDED COST OF LUMP SUM REPAIRS		20,000.00
(TO ITS PRE-ACCIDENT CONDITION)		

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KONG SENG CHEONG

Licensed Appraiser

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBC8843S

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1 pc 2 pcs 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc	Radiator lower hose Air con condenser Air con condenser side guide Air con suction hose Air con discharge hose Front top panel Front lower support panel Air intake air duct Air cleaner housing assy Engine manifold	@ S\$ 13.00	20.00 520.00 26.00 160.00 170.00 135.00 700.00 95.00 140.00 1,350.00	Bt puc Bt Bt Bt Bt
1 pc	Boor and panel air vent	7	33.00/	DD .
1 pc	Rear end panel air vent 3 Supple W/s glass washer tank	minimod	65.00	DD
ı pc	n/s glass nation came		18,937.00 1,893.70	17846.00
1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc	Rear w/s glass solar film Rear w/s glass sealant Rear bumper reverse sensor(set Rear bumper clip (set) Rear no.plate with box Front no.plate with box Front bumper clip (set) Radiator coolant			20,830.70
To to	owing			100.00
	wire damaged parts and refocus amp beam.			20.00 /
To reglass	emove & renew rear windscreen and conduct water leak test.			150.00/26
	emove roof lining, front and seats, trim board and carpet			200.00 / >U

SA1E228M0001 / ALAN'S UNITED AUTO PTE LTD ENTRY DATE & TIME: 22/08/2022 11:18 (SGT) SUBMITTED BY: KHONG SHI JIE VERSION: 1 (22/08/2022 11:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

Reported by

Date of Accident

xact Location of Accident

Additional Location Information

Country/State of Loss

22/08/2022 11:18 (SGT)

Both

20/08/2022 13:40 (SGT)

CTE, Singapore

CTE TOWARDS SLE BEFORE MOULMEIN

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH5149B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

LEONG SIYUN

SXXXX474F

CHARLTON.NG@GMAIL.COM

(Phone) +65-98651576

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mitsubishi

Attrage

Private use

No - Claiming third party

Private car

Auto

1193

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

EQ Insurance Company Ltd DMPPHQ22-000486

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

NG ZHEWEI, CHARLTON (HUANG ZHEWEI) SXXXX035E 13/04/1986

Indoor

Accident report SA1E228M0001

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Date Of Driving Pass 23/01/2019 Driving experience 3 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96629921 Alt. Phone Number Email Address CHARLTON.NG@GMAIL.COM Address BLK 19 JALAN TENTERAM #26-138 Address complement Postcode 321019 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 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) 5 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 PASSENGER 1 Name LEONG SI YUN Gender Female PASSENGER 2 .vame CEPHAS NG Gender Male PASSENGER 3 Name IAN NG

Male

Male

JONATHAN NG

DETAILS OF POLICE ACTION

Gender

Name

Gender

PASSENGER 4

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

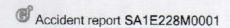
Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865



REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver

Passport No/FIN Contact Number Address

dress complement Postcode

Insurance Company Name Nature Of Damage Details of property damaged in accident

No. Of Passenger (Including Driver)

GBC8843S

Commercial vehicle

HOSSEN MOHAMMAD SHAMIM GXXXX793W

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

NRIC No Contact Number

Address

Address complement ostcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SML1704D

Private car **NEO SIOK HONG** SXXXX425G

(Phone) +65-94798130

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender

Phone No. Address Address Complement

Post Code Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NG ZHEWEI CHARLTON

Male

SMH5149B

Yes

No

INJURED 2

Name of injured person	LEONG SIYUN
Gender	Female
Phone No	-
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	CMUETADO
	SMH5149B
	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 loggement 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 Mohetary Authority of Singapore and any relevant government agency authority (such as the police), for the purpose(s) of

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims:

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and

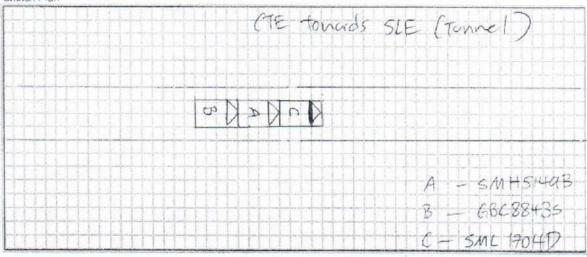
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Syrvature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



1

scribe Circumst	ance of the	Accident		T/20220821/2012
Peter	-to	Police	report	T/20220821/2012
		1		11-11-00-11/30-
- Commercial Commercia				
100000				
			MATERIA:	
	-			
	DIE			

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

Policyholder's Signature / Date & Time

Driver's Signature (if griver is not the policyholder) / Date 8. Time

Winesandry Reporting Centre Personnel (Name as in NRIC/ID card)

2





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 5 Report No. T/20220821/7012

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 13:32	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		The control of the co
	Informant: WEI, CHAF		Address: 19 JALAN TENTERAN	#26-138 SINGAPORE 321019
	/ ID No.: D / S86100:	35E	Contact No.: Home/Office:	Mobile: 96629921
Nationality: SINGAPORE CITIZEN		Email: CHARLTON.NG@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 13/04/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Imdustria	ion: al Relations	Officer	Driving Licence Inform Class: 3	pation: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2022 14:15	Type of Location Straight Road
	(PRESSWAY	Road Surface:		Road Speed Limit:
Weather:		Dry		
Weather: Cloudy Traffic Flow: Two Way		Dry Traffic Control: Not Controlled		80 Km/h Traffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBC8843S	Lorry	NISSAN		Red	Slightly Damaged	1
SMH5149B	Car	MITSUBISHI		Silver	Seriously Damaged	4
SML1704D	Car	SUZUKI	ARONA	Red	Slightly Damaged	1



T/20220821/7012

T/20220821/7012

2 of 5

Report No. T/20220821/7012

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

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
	4	DMPPHQ22- 000486	25/01/2022	24/01/2023		

Details of Persor			y cura e	(F) (S)	
Any Pedestrian In				_	114
No. of Pedestrian:	Use of Pedestrian Crossing: NA				
Driver			ID No.		
Name	HOSSEN MOHAMMAD SHAMIM				G6936793W
Related Vehicle	GBC8843S (Lorry)			t No.	NIL
Hospital/Clinic	NIL			of l e &	Class: NIL Date of Expiry: NIL
Date	NIL	Date	Expiry		
	red Medical Leave NIL	Degree of			
Vehicle Owner	THE	A THE STATE OF STATE	1000		
Name Name	LEONG SIYUN		ID No.		S8778474F
Related Vehicle	SMH5149B (Car)			ct No.	98651576
Hospital/Clinic	TAN TOCK SENG HOSPITAL			of g ce &	Class: NIL Date of Expiry: NIL
Dete	20/08/2022	Date	20/08/2022		3/2022
Date	ted Medical Leave 05	Degree of	ee of Sligh		t
	ted Medical Leave 30		15.17.18		
Passenger Name	NG WEI LE CEPHAS				T1637215Z
Related Vehicle	SMH5149B (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL		
	nted Medical Leave NIL	Degree o	ee of NIL		





T/20220821/7012

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Report No. T/20220821/7012

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

CONTINUATION OF REPORT

Passenger						
Name	NG WEI ZE JONAT	HAN	ID No.	T2117744F		
Related Vehicle	SMH5149B (Car)		Contact No	. NIL		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	NIL		NIL	1		
No. of Days gran	ted Medical Leave	NIL	Degree of	of NIL		
Driver				A A		
Name	NG ZHEWEI, CHAR	RLTON	ID No.	S8610035E		
Related Vehicle	SMH5149B (Car)		Contact No	. 96629921		
Hospital/Clinic	TAN TOCK SENG H	HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL		
Date	20/08/2022		20/0	8/2022		
No. of Days gran	ted Medical Leave	04	Degree of	Sligl	nt	
Passenger						
Name	NG WEI YANG IAN			ID No.	T1835488D	
Related Vehicle	SMH5149B (Car)			Contact No	. NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date			NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL		
Driver		e la Sturber Sir				
Name	NEO SIOK HONG		ID No.	S7831425G		
Related Vehicle	SML1704D (Car)		Contact No	. 94798130		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date			NIL		
No. of Days granted Medical Leave NIL Degree						



T/20220821/7012

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

4 of 5 Report No. T/20220821/7012

CONTINUATION OF REPORT

Brief Details.

I was travelling in my vehicle (SMH5149B) on CTE(SLE). As I approach the viaduct, the vehicle in front (SML1704D) of me came to a complete stop. I was able to brake and stop in time because I kept a safe distance from the front vehicle. However, a lorry (GBC8843S) collided into my rear and the impact cause my vehicle to move forward and collided into the vehicle in-front.

The following persons are onboard my car:

- 1. Ng Zhewei Charlton (S8610035E) Driver
- 2. Leong Siyun (S8778474F)
- 3. Ng Wei Le Cephas T1637215Z (5 yo)
- 4. Ng Wei Yang Ian (T1835488D) (3 yo)
- 5. Ng Wei Ze Jonathan (T2117744F) (1 yo)

They are my immediate family members.

I exchanged particulars with the other drivers and my vehicle was towed away.

Leong Siyun and myself went to Tan Tock Seng Hospital's A&E for follow up as we felt pain on our neck and back of our head. I was given 4 days of medical leave and Siyun was given 5 days of medical leave.

Ambulance was not activated for all parties of the accident.

I have a rear dashcam video of the vehicle SML1704D that substantiate the above statement (3MB video).





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 5 of 5 Report No. T/20220821/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

This report is lodged at Moulmein NPP Kiosk

NP168

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: 21/08/2022 13:32
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

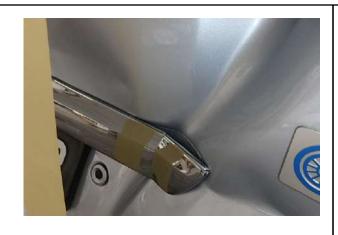
Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SMH 5149B

INSPECTION











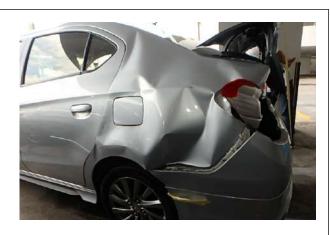




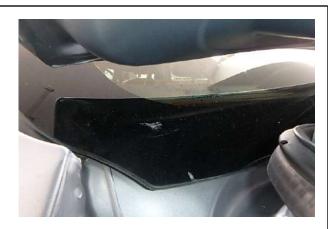
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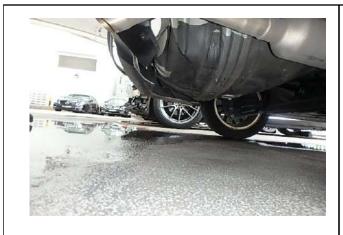


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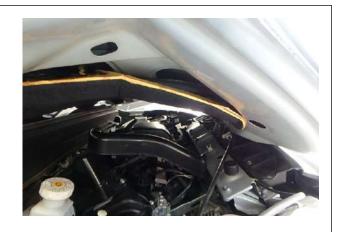






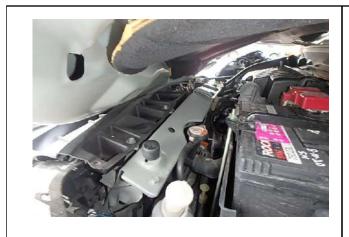
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PHOTOGRAPHS FOR VEHICLE NO. SMH 5149B

RE-INSPECTION















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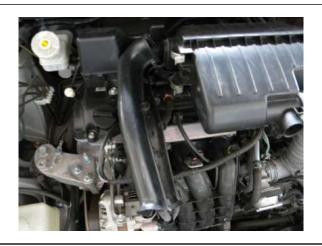






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PHOTOGRAPHS FOR VEHICLE NO. SMH 5149B

RE-INSPECTION















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PHOTOGRAPHS FOR VEHICLE NO. SMH 5149B

RE-INSPECTION











