

**HD PERFECT AUTOWORK PTE LTD**

Co. &amp; 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](mailto:hdperfectautowork@gmail.com)Our Ref.: SJZ9872KYour Ref.: SND415ADate: 18.11.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SJZ9872K & SND415ADate of Accident: 14.09.2022 @13:00 HOURSLocation: PICKERING STREET TOWARDS CHURCH STREET

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 4,300.00</u>
Loss of Rental:	
(5 Days x \$120.00):	<u>\$ 600.00</u>
LTA Search:	<u>\$ 7.45</u>
GIA 3rd Report :	<u>\$ 31.00</u>
<b>Grand Total:</b>	<b><u>\$ 4,938.45</u></b>

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](mailto:hdperfectautowork@gmail.com)

Thank You,

Irene





HD PERFECT  
AUTOWORK PTE LTD

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

## Authorisation To Act

I, Nor Suhaili Binte Sharif ("the third party claimant") of  
BLK 785D Woodlands Rise #12-52 Singapore 734785  
(address), owner of SJZ9872K (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. SJZ9872K that was  
damaged pursuant to the accident which occurred on 14/09/2022 (date)  
at/along Pickering Street towards Church Street  
(location) involving vehicle no/s SND415A ("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 15 day of 09 (month) 2022 (year)

Signed by "the third party claimant"



Signed by "the workshop"



HD PERFECT  
AUTOWORK PTE LTD  
UEN: 202136904Z



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SJZ9872K and SND415A on 14/09/2022  
at/along Pickering Street towards Church Street

1. I/We, the Owner of motor vehicle no. SJZ9872K 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 15 day of 09 2022

Signature of vehicle owner

Name : Nor Suhaili Binte Sharif

IC/UEN No : S8812989Z

(Company stamp, if applicable)

Address : BLK 785D Woodlands Rise

#12-52 Singapore 734785

Tel : 90125726

Witnessed by :

IRENE

# 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
18.11.2022	HDP202211-00213	SJZ9872K

## **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	\$ 4,300.00
Total	\$ 4,300.00

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 #: E2209179

Date: 21-09-22

**Bill To:**

HD Perfect Autowork Pte Ltd  
For the account of:  
Nor Suhaili Binte Sharif  
S8812989Z  
APT Blk 785D Woodlands Rise  
#12-52

**Ship To:**

HD Perfect Autowork Pte Ltd  
For the account of:  
Nor Suhaili Binte Sharif  
S8812989Z  
APT Blk 785D Woodlands Rise  
#12-52

1

Description	Amount	Job No.
Vehicle Rental for Period 15.09.2022 to 20.09.2022 (Billing for days 5 X \$120.00/per day) (Vehicle No.: SJZ9872K)	\$600.00	SKA6586B SR

Your Order #: 20667

		Terms: C.O.D.	GST:	\$39.25
COMMENT	CODE	RATE	GST SALE AMOUNT	Total Inv Amt: \$600.00
	SR	7%	\$39.25 \$560.75	Amount Applied: \$0.00
Balance Due:				\$600.00





# 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: 20667

ROC/GST No: 201609732N

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULAR

Name: (as in I/C) Nor Suhaili Binte Shanif

Email: \_\_\_\_\_

NRIC/PASSPORT No: 888129892

Date of Birth: 15/11/1988

Address (Res): APT B/K 705D Woodlands Rise

#12-52 5(734785)

Driving Licence No: 888129892 D/L Type: Local / International

Issue Date: 23 Sep 2011

Tel: (O) \_\_\_\_\_ HP \_\_\_\_\_

Company Name: \_\_\_\_\_

Company UEN: \_\_\_\_\_

Company Address: \_\_\_\_\_

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) \_\_\_\_\_

NRIC/PASSPORT No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (Res): \_\_\_\_\_

Driving Licence No: \_\_\_\_\_ D/L Type: Local / International

Issue Date: \_\_\_\_\_

Tel: (O) \_\_\_\_\_ HP \_\_\_\_\_

### VEHICLE CHECK LIST

INDICATE:		BACK				FRONT				TOP				LEFT				RIGHT							
		D - DENTS				S - SCRATCHES				D - DENTS				S - SCRATCHES				D - DENTS				S - SCRATCHES			

Vehicle No: SKA 6586B Replace Veh No: STZ 9872K

Mileage out: 160506 km

Make & Model: Ayza 1.6 14 Altis Auto / Manual

OUT : Date 15/09/2022 Time: 3pm

### HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$ 2000

THIRD PARTY CLAIM Excess S\$ 1500

### CHARGES

Daily 5 @ \$ 100.00 per day 600.00

Weekly @ \$ \_\_\_\_\_ per week

Monthly @ \$ \_\_\_\_\_ per month

Others @ \$ \_\_\_\_\_

Delivery Service \_\_\_\_\_

GST \_\_\_\_\_

**SUB-TOTAL \$** \_\_\_\_\_

### PETROL LEVEL

Out E 1/4 1/2 3/4 F

In E 1/4 1/2 3/4 F

EXTENSION \_\_\_\_\_

Misc. \_\_\_\_\_

GST 300.00

**TOTAL CHARGES** 600.00

Rented out by: \_\_\_\_\_

Hirer's Signature [Signature]

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 CARS 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>20/9</u>	<u>2:45pm</u>	<u>160751km</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 : 15 Sep 2022 / 16:19:08

Receipt Date/Time : 15 Sep 2022 / 16:19:08

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220915-002873

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SND415A

As at 14 Sep 2022/13:00:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SND415A Enquiry Fee 20220915161814761149	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

421808XXXXXX9928	eNETS Credit Card	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Reg No: M400017735

UEN: S66SS0020G

**TAX INVOICE**

HD PERFECT AUTOWORK PTE LTD -  
Nor Suhaili Bte Sharif

Invoice Number  
GR-2022-003521

Invoice Issue Date  
16 Sep 2022

Invoice Due Date  
23 Sep 2022

Total Amount (S\$)	28.97
Total GST 7.00% (S\$)	2.03
Total Amount Incl. of GST (S\$)	31.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	16/09/2022,14/09/2022,SJZ9872K,SND415A	28.97	2.03	31.00
		Total Amount (S\$)		28.97
		Total GST 7.00% (S\$)		2.03
		Total Amount Incl. of GST (S\$)		<u>31.00</u>

*This is a computer generated document.  
No signature is required.*



# 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	15/09/2022 17:32 (SGT)
Reported by	Both
Date of Accident	14/09/2022 13:00 (SGT)
Exact Location of Accident	Pickering St, Singapore
Additional Location Information	PICKERING STREET TOWARDS CHURCH STREET
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9872K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NOR SUHAILI BTE SHARIF
NRIC No	SXXXX989Z
Email Address	suhaili.sharif88@gmail.com
Mobile Phone No	(Phone) +65-90125726
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

## INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129356597

## DRIVER

Name of Driver	NOR SUHAILI BTE SHARIF
NRIC No	SXXXX989Z
Date Of Birth	15/04/1988
Occupation	Indoor

Date Of Driving Pass	23/09/2011
Driving experience	11 YEARS
Gender	Female
Mobile Number	(Phone) +65-90125726
Alt. Phone Number	-
Email Address	suhaili.sharif88@gmail.com
Address	785D WOOLDANDS RISE
Address complement	12-52
Postcode	734785
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 - Major/Minor Rd
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?	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?	Yes
Police Station Name	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT 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	SND415A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG MING YI
Contact Number	(Phone) +65-86664999
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	NOR SUHAILI BTE SHARIF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
proximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJZ9872K
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

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

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

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

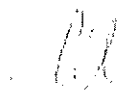
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

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

(collectively the "Purposes")

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

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



Policyholder's Signature (Print Name)



Authorised Driver's Signature (Print Name)

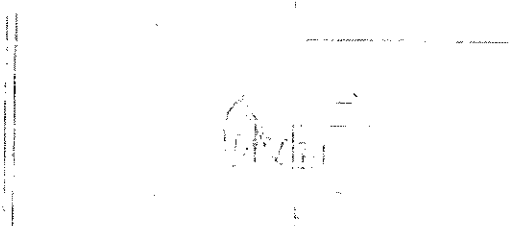


Reporting Officer's Signature (Print Name)

Sketch Plan

Accident Date: 15/04/2014  
Accident Time: 15:04:15H

Accident Location: 15/04/2014  
Accident Time: 15:04:15H




Describe Circumstances of the Accident


Please refer to police report.


7/20/2014 12:11

Declaration

I hereby declare that the information provided is true and correct.

  
 Driver  
 Signature

  
 Passenger  
 Signature

  
 Police Officer  
 Signature


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999



T/20220914/2077

1 of 3

Report No. T/20220914/2077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 19:27	Vide Report No.:	Station Diary No.: 118
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**Informant's Particulars**

Name of Informant: NOR SUHAILI BINTE SHARIF		Address: APT BLK 785D WOODLANDS RISE #12-52 SINGAPORE 734785	
ID Type / ID No.: NRIC NO / S8812989Z		Contact No.: Home/Office: Mobile: 90125726	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 15/04/1988	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2022 13:00	Type of Location: T-Junction
Location: PICKERING STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ9872K	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Slightly Damaged	0
SND415A	Car				No Damage	0





**SINGAPORE  
POLICE FORCE**



2 of 3

Report No. T/20220914/2077

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ9872K	NTUC Income Insurance Co-Operative Limited	5129356597	13/08/2022	12/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOR SUHAILI BINTE SHARIF	ID No.	S8812989Z
Related Vehicle	SJZ9872K (Car)	Contact No.	90125726
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/09/2022	Date Discharge	14/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ANG MING YI	ID No.	S9132999I
Related Vehicle	SND415A (Car)	Contact No.	86664999
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.**

On 14 September 2022 at around 1.00pm, I was driving my car SJZ9872K along Pickering Street towards Church Street when another car SND415A came out suddenly from China Street and hit onto my vehicle. Due to the collision, there were dents and scratches on the driver side door. There was no traffic police who attended to the incident.

Due to the collision, I suffered from neck and head pain and I was given 3 days MC. That is all.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2389999



T/20220914/2077

3 of 3

Report No. T/20220914/2077

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

A /  
STAFF SGT MUHAMMAD  
FARHAN BIN AMIRWEJAYA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:

14/09/2022 19:27

Classification Of Case:


NP168

SJZ9872K

OWNER & DRIVER

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8812989Z**



 Name  
**NOR SUHAILI BINTE SHARIF**

Race  
**MALAY**


Date of birth  
**15-04-1988**

Sex  
**F**


Country/Place of birth  
**SINGAPORE**



6148944



NRIC No. **S8812989Z**



Date of issue  
**16-03-2019**

Address  
**APT BLK 785D WOODLANDS RISE  
#12-52  
SINGAPORE 734785**



SJZ9872K

OWNER & DRIVER

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

Licence Number: **S 8 8 1 2 9 8 9 Z**  
Name: **NOR SUHAILI BINTE SHARIF**

Birth Date: **15 Apr 1988**  
Issue Date: **23 Sep 2011**

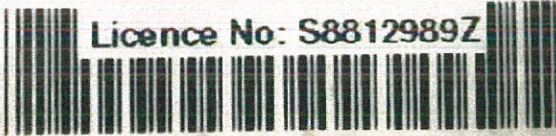
002002536K



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

	<b>EFFECTIVE DATE</b>
<b>Class 3A</b> Motor cars without clutch pedals (Auto) $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals $\leq$ 2500kg	<b>23 Sep 2011</b>

Licence No: S8812989Z



## 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:** 5129356597

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJZ9872K  
 Chassis Number : KNAFW411MA5267901
2. Name of Policyholder : NOR SUHAILI BTE SHARIF
3. Effective Date of Insurance : 13 Aug 2022
4. Expiry Date of Insurance : 12 Aug 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	: NOR SUHAILI BINTE SHARIF
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 15 Aug 2022 11:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive