



AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883 Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Email: huameng@live.com.sg Reg. No.: 254678/00M



Your Ref:

Our Ref :

Date: 16/12/2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn: Motor Claims Dept

ACCIDENT ON 28.09.2022 INVOLVING VEHICLE SJY 419 B & GBD 9363 Z ALONG CTE/AYE/PIE TOWARDS (CHANGI) EXIT

With regards to the above, we are writing on behalf of the registered owner of vehicle SJY 419 B which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle GBD 9363 Z.As a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expenses, particulars of which are follows:

1) Repair cost		\$ 12,500.00
2) Loss of rental-\$200 X 07 days		\$ 1,400.00
3) LTA search		\$ 7.45
	Total	\$ 13,907.45

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

a) Final Repair Bill Of SJY 419 B

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

Yours faithfully,
HUA MENG SPRAY PAINTING WORKSHOP

華明 噴漆廠 HUA MENG SPRAY PAINTING WORKSHOP AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883 TEL: 6747 8064, 6746 5519 FAX: 6743 4896





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Email: huameng@live.com.sg Reg. No.: 254678/00M



Your Ref:

Our Ref :

16/12/2022 Date:....

VEHICLE NO

:SJY 419 B

MAKE / MODEL

:AUDI A5

NAME **ADDRESS** :TAN WEI LOONG, WILSON

:33 UPPER SERANGOON VIEW

#14-26

S 534042

FINAL REPAIR BILL FOR VEHICLE NO:SJY 419 B

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING (LUMPSUM REPAIR)

\$ 12,500.00

SINGAPORE DOLLARS:TWELVE THOUSAND FIVE HUNDRED ONLY

SK0U229T000D / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 29/09/2022 16:25 (SGT) SUBMITTED BY: DARRELL LEK VERSION: 1 (30/09/2022 19:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

29/09/2022 16:25 (SGT)

Both

28/09/2022 16:45 (SGT)

Singapore

CTE/ AYE/ PIE TOWARDS (CHANGI) EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJY419B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN WEI LOONG, WILSON

S9211067B

SALVATOREE-BB@HOTMAIL.SG

(Phone) +65-93889551

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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? Vehicle Category Transmission

CC

Audi

A5

No - Claiming third party

Private car Auto 1984

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5118682193-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN WEI LOONG, WILSON

S9211067B 12/03/1992 Indoor

Accident report SK0U229T000D

Page 1 of 27

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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?

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?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

ATTACHMENT(S)

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

Yes Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

GBD9363Z

09/01/2012

Male

Yes

No

Clear

Dry

No

Yes

No

Yes

No

Yes

No

Tampines Neighbourhood Police Centre

6 Tampines Ave 4 Singapore 529682

(Phone) +65-18005871999

(Fax) +65-65871699

2

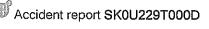
10 YEARS AND 8 MONTHS

SALVATOREE-BB@HOTMAIL.SG

33 UPPER SERANGOON VIEW #14-26 S534042

(Phone) +65-93889551

Collision - Head to Rear



Page 2 of 27

Vehicle Colour

Vehicle Category Goods vehicle

Name of Driver MUHD BADRUN BIN ABDUL NASIR

Contact Number (Phone) +65-86945164

Address

Address complement __

Postcode

Insurance Company Name

Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

Nο

INJURED 1

Name of injured person TAN WEI LOONG, WILSON

Gender Male

Phone No (Phone) +65-93889551

Address
Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained _

Injured person in which vehicle?

Were seat belts worn?

SJY419B

Yes

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any waitinisrepresentation 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 GA Records Management Contre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be grade 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)

Lunderstand, 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 (at 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 making of correspondence, statements, knotoes, 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/mill 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 Porsonal 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 (kms), which may be sked outside of Singapore, for one or more of the above Purposes.

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Folicyholder's Signature / Date & Time	Driver's Signature (if driver is not the pos & Torre	cyholder) / Date	Witnessed by Reporting Centre Personnel LEK SIU 6	= ==\
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holder's Signature / Date &	Driver's Signatur	A second	imulastas) / Date 1	Witnessed by Reporting Centre Personnel LEK โรน คีมี



Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

o Toff Report No. 7/20220929/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.
29/09/2022 13:22	· · · · · · · · · · · · · · · · · ·	32

29/09/20	)22 13:22		32		
Informa	nt's Partic	ulars			
Name of Informant: TAN WEI LOONG, WILSON			Address: APT BLK 33 UPPER SERAN SINGAPORE 534042	IGOON VIEW #14-26	
	/ ID No.: D / S92110	67B	Contact No.: Home/Office:	Mobile: 93889551	
Nationality: SINGAPORE CITIZEN		ŒN	Email:	M. 11000 1000 1000 1000 1000 1000 1000 1	
Sex: Male	Age: 30	Date of 6irth: 12/03/1992	Type of Informant: Driver	The state of the s	
Race: Chinese			Language:	Institution / School Name:	
Occupat financial			Driving Licence Information: Class:	Date of Expiry:	

General Infor	nation of the Acc	Mariana (,,	and discreted in the control of the	and the second s
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2022 16:45	Type of Location:
Location: CENTRAL EX	(PRESSWAY			
Weather:	49. <b>Advance(4)</b> (1.11.11.11.11.11.11.11.11.11.11.11.11.1	Road Surface:	Ro	oad Speed Limit:
Traffic Flow:	Manageria	Traffic Control:	T.	affic Volume:
Type of Collis	íon:	1986 e e e e e e e e e e e e e e e e e e e		yone conveyed by abulance;

Details of V	encial neces			And the second second second second		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD93632	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 5DR E5 W/RC	Red	Seriously Damaged	0
SJY4198	Car	AUDI	A5 2.0 QUATTRO A	Black	Slightly Damaged	



Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20220929/2139

CONTINUATION OF REPORT

FARSAN WAR AND		the second second	20
	PATTE PATE PATE AND	evacement of the contract of t	DESCRIPTION OF PROPERTY AND A VARIABLE AS A SA
Details of Vehicle Insurance			
Violatiate Minimate Land			
Vehicle No. Linsurance Company	insurance No	- Emertive	
SJY4198 NTUC Income Insurance Co-Operative	#110000100 00	GO:08/000	
Paralise   Parale Historiance Co-Operative	5118682193-02	29/07/2022	[ 28/07/2023   [
			140/01/2020
Limited		}	1
		ł	1

Details of Perso	and the second s	Management of the	e de la companion de la compan	
Any Pedestrian I	Company Company and Company an			1
No. of Pedestriar	ns Injured: NIL	Use of Pe	destrian Cross	sing: NA
<b>Driver</b>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name	MUHAMMAD BADRUN BIN ABI	DUL NASIR	ID No.	S9104405F
Related Vehicle	GBD9363Z (Van)	Control of the second s	Contact No.	86945164
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NL	Date Disc	narge NIL	garanta an
No. of Days gran	ted Medical Leave NIL		Injury Serio	osioonaanin oo
Driver				
Name	TAN WEI LOONG, WILSON		ID No.	S9211067B
Related Vehicle	SJY4198 (Car)		Contact No.	93889551
Hospital/Clinic	OUR FAMILY PHYSICIAN CLIN SURGERY	IC &	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/09/2022	Date Disci	narge NIL	a transfer of the transfer comment in a month of the transfer of the transfer of the transfer of the transfer
No. of Days grant	ied Medical Leave 05	house accompanies of the first	Injury Slight	N (AND 27 And

## Brief Details.

On 28/09/2022, at 1645hrs, I was driving along CTE > AYE, I was exiting CTE and on a lane towards PIE(Changi). Traffic was heavy and vehicles were inching forward gradually. Travelling speed was between 30km/h to 40km/h. As I slowly moved forward and slowed down in the heavy traffic, I was rear ended by a Red Nissan Van(GBD9363Z). I suffered back and neck pains, I received a 5 day MC from Our Family Physician Clinic & Surgery. The damages on my vehicles were as such, a cracked and dented rear bumper, broken rear brake lights and a damaged exhaust. The van's damages were as such, heavily dented front, broken front bumper, and a broken license plate.



7/20220929/2139

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999 CONTINUATION OF REPORT

Report No. 1/20220929/2139

## 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: G / SR STAFF SGT SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/09/2022 13:22
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	

PEPUBLIS OF SMGAPORE

TENTITY 0190 NO. \$9211067B





TAN WEI LOONG, WILSON









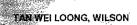






EAST DRIVING LICENS

ence Number: \$9211067B





Birth Date 12 Mar 1992 Issue Date: 09 Jan 2012



4017065





16-03-2007

APT BLK 33 UPPER SERANGOON VIEW #14-26 SINSAPORE 534042

VRIC No:

S92110678

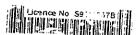
10/08/2020 Date.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

EFFECTIVE DATE

Class 3 Total Cars=< 3000kg with act passengers, exclusive CS Jan 2012 or the diliver; and other motor rehides =< 2500kg

^ 7 428A



## > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

29 Sep 2022 / 11:08:44

Receipt Date/Time: 29 Sep 2022 / 11:08:44

## Tax Invoice/Receipt

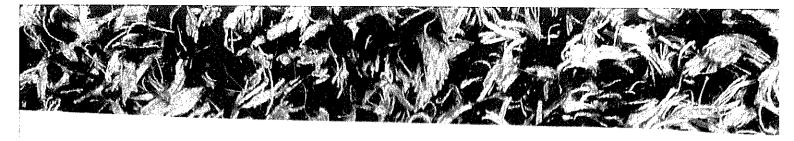
Receipt No.: ITNET-00000-220929-001250

Previous Receipt No.:

	escription/ ess Transaction Reference		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at 28 Sep Insurance Co	urance Enquiry - GBD9363Z 2022/16:49:00 b: CHINA TAIPING INSURANCE be Enquiry - GBD9363Z	E (SINGAPORE) PTE LTD	7.00	0.49	7.40
. ,	9110726869332		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			•
		20220929110747158	Direct Debit: eN (Intern	NETS Debit et Banking)	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.





Our Ref: TP/IP/27224/2022

TAN WEI LOONG, WILSON 33 UPPER SERANGOON VIEW #14-26 SINGAPORE 534042 Traffic Police 10 Ubi Avenue 3 Singapore 408865

IB Call Centre: 65470000 eservices.police.gov.sg

Date: 08/11/2022

Dear Sir

TRAFFIC ACCIDENT INVOLVING GBD9363Z AND SJY419B ALONG CENTRAL EXPRESSWAY ON 28.09.2022 AT ABOUT 4.45PM

I refer to the above accident.

- We have completed our investigation into the case. Action has been initiated against the driver of <u>GBD9363Z</u> for the offence of Careless Driving Causing Hurt under Section 65(1)(a) of the Road Traffic Act 1961 p/u Section 65(4)(a) of the same Act.
- If you have any clarification, you may contact the Investigation Officer, Mohamad Zulfazdli Bin Abdullah at office number: 65476204.

Yours faithfully, SI Mohamad Zulfazdli Bin Abdullah IO (Accident Enquiry & Investigation) Traffic Police Singapore Police Force

This is a computer-generated letter. No signature is required.





531 4198

Nº 38224

E F

21 Seletar West Farmway 1 Singapore 798125 Tel: 63832661 Fax: 64842836 Reg No.430058/00D

## RENTAL AGREEMENT

HIRER'S PARTICULARS  Name  Address  Address  SSSAOA  HIRER'S PARTICULARS  WILLIAM  WILLIAM  SSSAOA  MILLIAM  SSSAOA  SSSAOA  SSSAOA  SSSAOA  SSSAOA  SSSAOA  SSSAOA  MILLIAM  SSSAOA  SSSAOA	DRIVER'S PARTICULARS  Name  Address	and spirit in the tree of the control of the contro
I/C or Passport No. 9211067B Country	I/C or Passport No Cou	ntry
Date of Birth Age  Driving Licence No Date Passed	_ Driving Licence No Date	
Tel: (HP)	CHARGES  Day at \$2-00 100 per days	\$14000
Please notify our office should there be any accident involving this hired vehicle within 24 No refund will be given for vehicle returns early. No refund will be given for petrol left in vehicle. Hirer is liable to pay all parking fee and traffic summonses. Vehicles to be return during office hour only. No Service on Public Holiday and Sunday.  SCHEDULE  MODEL	Day at \$ per month  TOTAL AMOUNT	\$140,00
SMP 5498B Mazda 5 Date Time Mileage	BALANCE DUE  Days Extension From To	3 17100.00
28 9 22 645 pm.	Amount Deposit (refundable) \$	
I/we have read and understood the terms and conditions above and hereby agreed to abide	TO 8/10/22	

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1

SINGAPORE 798125

TEL: 6383 2661 FAX: 6484 2836

REG. NO. 430058/00D

No. 20649

OFFICIAL RECEIPT	Date, 5 10 37
Received from Tan William	
the sum of Dollars M KNUNIMA YOUV NWNOV	10 01/1
being Payment Of SMP 5498 CT10 22 C	28/9/22-5/10/22
a 1400 xx	DAWN ENTERPRISES

Cash/Cheque No.