



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.: SND7513D

Your Ref.: SHD2631A

Date: 04.01.2023

ATTN: Motor Claims Department

INS : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SND7513D & SHD2631A

Date of Accident: 01.11.2022 @ 08:30 HOURS

Location: TPE (PIE) ALONG UPPER CHANGI FLYOVER

We refer to the above-mentioned accident.

We are claiming as follows:

| | |
|---------------------|----------------------------|
| Cost of Repair: | <u>\$ 13,300.00</u> |
| Loss of Rental: | |
| (14 Days x \$120): | <u>\$ 1,680.00</u> |
| LTA Search: | <u>\$ 7.45</u> |
| Towing Fee: | <u>\$ 60.00</u> |
| Grand Total: | <u>\$ 15,047.45</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





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, Ong Zhedong Kenneth ("the third party claimant") of
330 Clementi Ave 2 #12-168 S(120330)
(address), owner of SND7513D (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. SND7513D that was
damaged pursuant to the accident which occurred on 01/11/22 (date)
at/along TPE (PIE) along Upper Changi Flyover
(location) involving vehicle no/s SHD2631A ("the accident").


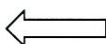
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

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 01 day of 11 (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

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

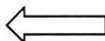
Accident involving motor vehicles no. SND7513D and SH02631A on 01/11/22

at/along TPE (PIE) along Upper Changi Flyover

1. I/We, the Owner of motor vehicle no. SND7513D 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 01 day of 11 2022

Signature of vehicle owner



Witnessed by :

Name : Ong Zhedong Kenneth

IC/UEN No : S9100176D

(Company stamp, if applicable)

Address : 330 Clementi Ave 2

#12-168 S(120330)

Tel : 98713213

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 |
|------------|-----------------|----------------|
| 04.01.2023 | HDP202301-00304 | SND7513D |

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

| Description | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 13,300.00 |
| Total | \$ 13,300.00 |

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 #: E2211192

Date: 18-11-22

Bill To:

Ship To:

1

HD Perfect Autowork Pte Ltd

For the account of:

Ong ZheDong Kenenth

S9100176D

APT Blk 330 Clementi Avenue 2

#12-168

HD Perfect Autowork Pte Ltd

For the account of:

Ong ZheDong Kenenth

S9100176D

APT Blk 330 Clementi Avenue 2

#12-168

| Description | Amount | Job No. |
|---|------------|-------------|
| Vehicle Rental for Period 01.11.2022 to 15.11.2022 (Billing for days 14 X \$120.00/per day) (Vehicle No.: SND7513D) | \$1,680.00 | SMQ9435B SR |

Your Order #: 21021

| | | | | | | |
|---------|--------------|------|-----------------------|-------------|-----------------|------------|
| COMMENT | | | Terms: Net 30th after | | GST: | \$109.91 |
| | CODE | RATE | GST | SALE AMOUNT | Total Inv Amt: | \$1,680.00 |
| | SR | 7% | \$109.91 | \$1,570.09 | Amount Applied: | \$0.00 |
| | Balance Due: | | | | | \$1,680.00 |



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: 21021

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HD Perfect

HIRER'S PARTICULAR

Name: (as in I/C) Ong Zhedong Kenneth

Email:

NRIC/PASSPORT No: S9100 176D

Date of Birth: 1/1/1991

Address (Res): 81K 330 Clementi Avenue 2 #12-168
(S) 120330

Driving Licence No: S9100176D D/L Type: Local / International

Issue Date:

Tel: (O) HP 98713213

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:
D - DENTS
S - SCRATCHES

A - ACCIDENTS



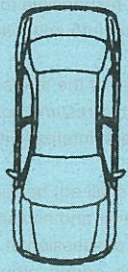
RIGHT



BACK



FRONT



TOP



LEFT

Vehicle No: SMQ9435B Replace Veh No: SND7513D

Mileage out: 44527 km

Make & Model: Honda Vezel Auto / Manual

OUT : Date 01/11/2022 Time : 6:00pm

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$ 5000

THIRD PARTY CLAIM Excess S\$ 1500

CHARGES

Daily 14 @\$ 120.00 per day 1,680 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

TOTAL CHARGES 1,680 00

Rented out by:

Hirer's 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 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 |
|----------|---------|---------|------------|---------|-------------------|
| 15/11/22 | 2:00pm | 45316 | | | |



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Nov 2022 / 16:35:20

Receipt Date/Time : 01 Nov 2022 / 16:35:20

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221101-003344

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 - SHD2631A As at 01 Nov 2022/08:30:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - SHD2631A Enquiry Fee 20221101163437929271 | 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.



Hotline: +65 9392 4545

Email: info.autow@gmail.com

AUTOW Recovery Services

8 Kaki Bukit Avenue 4, #08-41 Premier @ Kaki Bukit, Singapore 415875

ROC: 53347242C

CASH ORDER / WORK ORDER

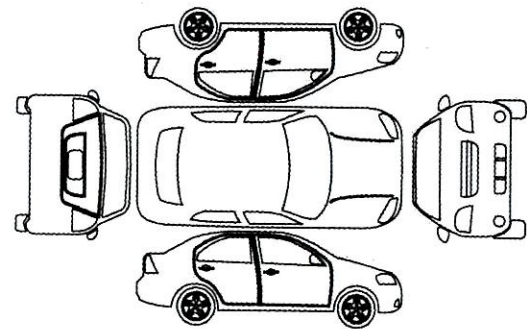
No. A 15600

Service Date: 01-11-2022 Time Received: 0900
Member Name: Cash Time Arrived: 0930
NRIC No.: _____ Time Completed: 1000
Contact No.: _____ From: TPE -> Changi Airport
Car Reg No.: SND 7513D To: 08-09 Premier
Car Make/Model: Avanza Tow Truck No.: YP6723C
Remarks: Accident Amount: 601-
Cash / Credit

ADDITIONAL CHARGES:

- ☐ Dolly Wheels / Flat Bed
- ☐ Basement / Multi Storey
- ☐ Crane up / Bogged
- ☐ Causeway / Second Link
- ☐ Low Body Kit
- ☐ Collection of Key
- ☐ ERP / Carpark _____

BODY & PAINT CONDITION:



[Signature]
Tow Diver's Name & Signature

[Signature]
Member's Name & Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle / asset whilst being towed.

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 02/11/2022 16:12 (SGT)
Reported by Both
Date of Accident 01/11/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE (PIE) ALONG UPPER CHANGI FLYORER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND7513D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG ZHEDONG KENNETH
NRIC No S9100176D
Email Address KENNETHONGZD@GMAIL.COM
Mobile Phone No (Phone) +65-98713213
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P2467945

DRIVER

Name of Driver ONG ZHEDONG KENNETH
NRIC No S9100176D
Date Of Birth 01/01/1991
Occupation Indoor

| | |
|--|----------------------------|
| Date Of Driving Pass | 27/12/2010 |
| Driving experience | 11 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98713213 |
| Alt. Phone Number | - |
| Email Address | KENNETHONGZD@GMAIL.COM |
| Address | 330 CLEMENTI AVE 2 #12-168 |
| Address complement | - |
| Postcode | 120330 |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO 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 | SHD2631A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | SLF8469E |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------------|
| Name of injured person | ONG ZHEDONG KENNETH |
| Gender | Male |
| Phone No | (Phone) +65-98713213 |
| Address | 330 CLEMENTI AVE 2 #12-168 |
| Address Complement | - |
| Post Code | 120330 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SND7513D |
| 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 sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

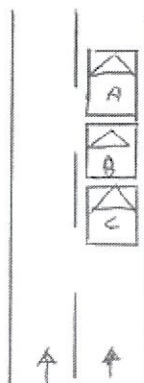


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SHD7513D
Vehicle B: SHD2631A
Vehicle C: SLF8469E



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

- Diagram showing a vehicle path with a loop and a sharp turn, labeled "Driver's vehicle".
- Text "The" written above the path.
- Text "AD" written below the path.
- Text "Refer" written at the bottom left of the section.

Declaration

(We declare the foregoing particulars are true in every respect.)

Handwritten signature of the Policyholder.

Policyholder's Signature / Date & Time

Handwritten signature of the Driver.

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

Witnessed by Reporting Centre Personnel

On the stated date and time. I, Vehicle A (SND7513D) was travelling straight on Lane 1 of TPE(PIE) Along Upper Changi Flyover. When the front vehicle slowed down and stopped, I followed suit without having any collision with the front vehicle. Suddenly I felt a huge impact from the rear portion of my stationary vehicle. After I alighted I then realise that is Vehicle B (SHD2631A) that had collided onto my vehicle.

I wish to state that this is a 3 cars chain collision.

I got 1 passenger in my car.

Vehicle A : SND7513D

Vehicle B : SHD2631A

Vehicle C : SLF8469E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9100176D



Name

ONG ZHEDONG, KENNETH
(WANG ZHEDONG)

王哲栋

Race

CHINESE

Date of birth

01-01-1991

Sex

M

Country/Place of birth

SINGAPORE

S9100176D

SND 7513D

owner & driver

6732249



NRIC No. S9100176D



Date of issue

25-10-2021

Address

APT BLK 330 CLEMENTI AVENUE 2
#12-168
SINGAPORE 120330

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9100176D**
Name: **ONG ZHEDONG, KENNETH
(WANG ZHEDONG)**

Birth Date: **01 Jan 1991**
Issue Date: **27 Dec 2010**

001923150C



SND7513D

owner k Drive

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

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 27 Dec 2010 |

NP 428A

Licence No: S9100176D



Certificate of Insurance

- Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189)
- Road Transport Act, 1987 (Malaysia)
- Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
- Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

| | | | |
|------------------------------|---|--------------------|--------------|
| CERTIFICATE NO. | P2467945 | Account No. | 08260 |
| Name of Policy Holder | ONG ZHEDONG KENNETH (WANG ZHEDONG) | | |
| Coverage | Comprehensive | | |
| Sum Insured | Market Value At The Time Of Loss | | |
| Vehicle Registration | SND7513D | | |
| Period of Insurance | From 24/01/2022 To 23/01/2023 (Both Dates Inclusive) | | |

Persons or classes of persons entitled to drive*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

Excess

An Additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver.

S\$2,500.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

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

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

N.B:

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOASH on 10/02/2022

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.