



**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](mailto:hdperfectautowork@gmail.com)

Our Ref.: SMJ8319Y

Your Ref.: SJN5456T

Date: 13.02.2023

ATTN: Motor Claims Department

INS : **AXA INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SMJ8319Y & SJN5456T

Date of Accident: 22.11.2022 @ 17:15 HOURS

Location: PIE TOWARDS CHANGI AFTER TOH GUAN EXIT

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 2,550.00

Loss of Use:

(6 Days x \$220.00): \$ 1,320.00

LTA Search: \$ 7.45

**Grand Total:** \$ 3,877.45

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, Ong Tiow Young Kenneth ("the third party claimant") of  
138C Lor 1A Toa Payoh #10-36 S(313138)  
(address), owner of SMJ8319Y (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. SMJ8319Y that was  
damaged pursuant to the accident which occurred on 22/11/22 (date)  
at/along PIE twds Changi after Toh Guan Exit  
(location) involving vehicle no/s SJMS456T ("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.

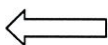
I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 23 day of 11 (month) 20 22 (year)

[Signature]

Signed by "the third party claimant"



[Signature]

Signed by "the workshop"



HD PERFECT  
AUTOWORK PTE LTD  
SEN: 202136904Z



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. SMJ8319Y and SJN5456T on 22/11/22

at/along P1E twds Changi after Toh Guan Exit

1. I/We, the Owner of motor vehicle no. SMJ8319Y 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 23 day of 11 2022

Signature of vehicle owner 

Name : Ong Tiow Yuong Kenneth

IC/UEN No : S7104023B

(Company stamp, if applicable)

Address : 138C Lor 1A Toa Payoh

#10-36 S(313138)

Tel : 9873 1119

Witnessed by :





# 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 |
|------------|-----------------|----------------|
| 13.02.2023 | HDP202302-00318 | SMJ8319Y       |

## 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 | \$ 2,550.00  |
| Total   | \$ 2,550.00  |

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

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Nov 2022 / 12:48:59

Receipt Date/Time : 23 Nov 2022 / 12:48:59

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221123-001744

Previous Receipt No. :

| S/N                                    | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|--|---|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SJN5456T |   |                               |                        |                              |
| As at 22 Nov 2022/17:15:00             |   |                               |                        |                              |
| Insurance Co: AXA INSURANCE PTE LTD    |   |                               |                        |                              |
| 1                                      | Insurance Enquiry - SJN5456T<br>Enquiry Fee<br>20221123124805986135 | 7.00                          | 0.49                   | 7.49                         |
| Sub-Total                              |   | 7.00                          | 0.49                   | 7.49                         |
| Total Before Rounding                  |   | 7.00                          | 0.49                   | 7.49                         |
| Rounding Difference                    |   |                               |                        | 0.04                         |
| Total Amount Payable                   |   |                               |                        | 7.45                         |
| Paid By                                |   |                               |                        |                              |
| 421808XXXXXX9928                       |   | eNETS Credit Card             |                        | 7.45                         |
| Total                                  |   |                               |                        | 7.45                         |
| Cash Change                            |   |                               |                        | 0.00                         |
| Tendered Amount                        |   |                               |                        | 7.45                         |
| Excess Refundable Amount               |   |                               |                        | 0.00                         |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 23/11/2022 17:27 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/11/2022 17:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS CHANGI AFTER TOH GUAN EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ8319Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG TIOW YOONG KENNETH  
NRIC No ..... SXXXX023B  
Email Address ..... tyko27@gmail.com  
Mobile Phone No ..... (Phone) +65-98731119  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
Variant ..... SUBARU / FORESTER 2.0I-L CVT AWD SR  
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 ..... 1995

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ONG TIOW YOONG KENNETH  
NRIC No ..... SXXXX023B  
Date Of Birth ..... 17/02/1971  
Occupation ..... Indoor



|  |  |
|--|--|
| Date Of Driving Pass .....   | 29/07/1998                                   |
| Driving experience .....   | 24 YEARS AND 4 MONTHS                        |
| Gender .....   | Male   |
| Mobile Number .....  | (Phone) +65-98731119                         |
| Alt. Phone Number .....  | -  |
| Email Address .....  | tyko27@gmail.com                             |
| Address .....  | 183C LORONG 1A TOA PAYOH #10-36 SPORE 313138 |
| Address complement .....   | -  |
| Postcode .....   | -  |
| 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 SKETCH PLAN/POLICE REPORT

#### 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 ..... | SJN5456T |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |



|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMC9138H    |
| 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 TIOW YOONG KENNETH |
| Gender .....  | -                      |
| Phone No .....  | -                      |
| Address .....   | -                      |
| Address Complement .....                                  | -                      |
| Post Code .....   | -                      |
| Approximate Age Years Old .....                           | -                      |
| Injuries Sustained .....                                  | -                      |
| Injured person in which vehicle? .....                    | SMJ8319Y               |
| Were seat belts worn? .....                               | Yes                    |
| Was this injured conveyed to hospital by ambulance? ..... | No                     |



SKETCH PLANIMPORTANT 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 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. 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

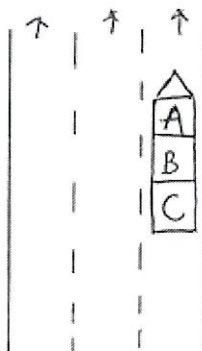
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

PIE towards  
Changi after Ton Guan Exit.

Vehicle A: SMJ 8319Y  
Vehicle B: SJN 5456T  
Vehicle C: SMC 9138H



### Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/2022/123/7016

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20221123/7016

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

1 of 3

Report No. T/20221123/7016

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>23/11/2022 12:33   |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>               |            |                              |  |                    |                            |
| Name of Informant:<br>ONG TIOW YOONG KENNETH |            |                              | Address:<br>138C LORONG 1A TOA PAYOH #10-36 SINGAPORE 313138 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7104023B     |            |                              | Contact No.:<br>Home/Office: Mobile: 98731119                |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN            |            |                              | Email:<br>TYKO27@GMAIL.COM                                   |                    |                            |
| Sex:<br>Male                                 | Age:<br>51 | Date of Birth:<br>17/02/1971 | Type of Informant:<br>Driver                                 |                    |                            |
| Race:<br>Chinese                             |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>BD Manager                    |            |                              | Driving Licence Information:<br>Class:                       |                    | Date of Expiry:            |

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| <b>General Information of the Accident</b>                   |                  |                                    |   |  |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>22/11/2022 17:15 | Type of Location:<br>Straight Road     |
| Location:<br><br>JALAN KERIA                                 |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:<br>80 Km/h           |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

|                                    |      |        |                                  |        |          |       |
|------------------------------------|------|--------|----------------------------------|--------|----------|-------|
| <b>Details of Vehicle Involved</b> |      |        |                                  |        |          |       |
| Vehicle No.                        | Type | Make   | Model                            | Color  | Conditio | No of |
| SJN5456T                           | Car  |        |                                  |        |          | 0     |
| SMC9138H                           | Car  |        |                                  |        |          | 0     |
| SMJ8319Y                           | Car  | SUBARU | FORESTER<br>2.0I-L CVT<br>AWD SR | Silver |          | 0     |





**SINGAPORE  
POLICE FORCE**



T/20221123/7016

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

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Report No. T/20221123/7016

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |                |            |             |
|------------------------------|--|----------------|------------|-------------|
| Vehicle No.                  | Insurance Company                              | Insurance No.  | Effective  | Expiry Date |
| SMJ8319Y                     | DIRECT ASIA INSURANCE<br>(SINGAPORE) PTE. LTD. | MT/00767070/02 | 22/03/2020 | 21/03/2023  |

| Details of Person Involved        |                        |                                |  |
|-----------------------------------|------------------------|--------------------------------|--|
| Any Pedestrian Involved: No       |                        |                                |  |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA |  |
| Driver                            |                        |                                |  |
| Name                              | ONG TIOW YOONG KENNETH |                                | ID No. S7104023B   |
| Related Vehicle                   | SMJ8319Y (Car)         |                                | Contact No. 98731119   |
| Hospital/Clinic                   | NIL                    |                                | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | 23/11/2022             |                                | Date 23/11/2022  |
| No. of Days granted Medical Leave | 03                     | Degree of                      | Slight   |

## Brief Details.

On the 22/11/2022 @ 513pm I was driving my vehicle SMJ8319Y along PIE towards Changi, after the exit of Toh Guan and before Bukit Timah the car in front slowdown. I slow down my vehicle too, and I felt a impact on my rear. I stop my vehicle and alight to check. I found vehicle SJN5456T hit my rear side, and further check notice vehicle SMC9138H hit vehicle SJN5456T rear. We took photos and exchange particulars. I file for insurance on the 23/11/2022. I felt uncomfortable and pain on my neck, chest and back. I consulted a doctor at CK Tan Family Clinic & Surgery in Toa Payoh and was given a 3 days MC.

**SINGAPORE  
POLICE FORCE**

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



T/20221123/7016

3 of 3

Report No. T/20221123/7016

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/11/2022 12:33

Classification Of Case:

NP168

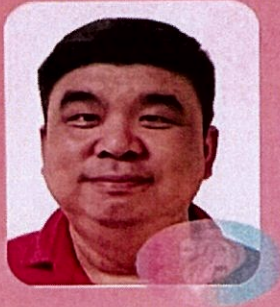


SMJ8319Y

Owner and Driver

**REPUBLIC OF SINGAPORE**

**NATIONAL DIGITAL IDENTITY CARD**



NAME

**ONG TIOW YOONG  
KENNETH  
(WANG ZHURONG  
KENNETH)**

NRIC NO.

**S7104023B**



DATE OF BIRTH

**17 FEB 1971**

SEX

**MALE**

NATIONALITY / CITIZENSHIP

**SINGAPORE CITIZEN**

DATE OF ISSUE

**21 APR 1992**

ADDRESS

**138C LORONG 1A TOA  
PAYOH  
#10-36  
SINGAPORE 313138**

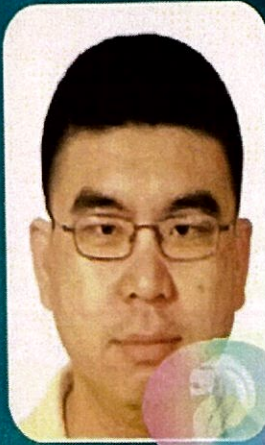


SMJ83197

Owner and Driver

# DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S7104023B



CLASS AND ISSUE DATE

3 • 29 JUL 1998

CERTIFICATE OF MERIT

ELIGIBLE

DEMERIT POINTS

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CARD SERIAL NO.

002920136E

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**Contact us at**

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

**CERTIFICATE OF INSURANCE**

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

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

|  |  |
|--|--|
| <b>Certificate No.</b>   | : MT/00767070                            |
| <b>Type of Coverage / Driver Plan</b>  | : Car Comprehensive (Value Plus Plan)    |
| <b>1) Vehicle Registration No.</b>   | : SMJ8319Y                               |
| <b>Chassis No.</b>   | : JF1SJ5KC5JG112809                      |
| <b>2) Name of Policy Holder</b>  | : Ong, Tiow Yoong Kenneth                |
| <b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>  | : 22/03/2020 00:00                       |
| <b>4) Date/Time of Expiry of Insurance</b>   | : 21/03/2021 23:59                       |
| <b>5) Persons or Classes of Persons Entitled to Drive</b>  |  |
| (a) Any named person under the policy who is driving on the Policyholder's permission.   |  |
| (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission   |  |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.  |  |
| <b>6) Limitations as to use*</b>   |  |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed. |  |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.  |  |
| <b>Sum Insured</b>   | : Market Value                           |
| <b>Own Damage Excess</b>   | : S\$ 800.00 (before any applicable GST) |
| <b>Windscreen Excess</b>   | : S\$ 100.00 (before any applicable GST) |
| <b>Choice of workshop</b>  | : DirectAsia approved workshops          |
| <b>Finance company / Hire Purchase</b>   | : Maybank                                |
| <b>Main driver</b>   | : Ong, Tiow Yoong Kenneth                |
| <b>Named driver</b>  | : None                                   |
| <b>Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.</b>  |  |

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 11/02/2020

**Direct Asia Insurance (Singapore) Pte. Ltd.**

**Gary W. Denson (Chief Executive Officer)**

**Direct Asia Insurance (Singapore) Pte Ltd**  
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