| | ASSIGNMENT |
|--|---|
| From: Date: | Veh No: SLH 1233D Yr Regn: 2016,00 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| | Truck / Trailer or |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | |
| To Inspect Vehicle No: | Make: loyota Harrier c.c 1986 |
| at Workshop m/s | Colour Silves A/C: Insured / Std / NI / NA Sp. Reading 99/00 T/Radio: Insured / Std / NI / NA |
| of | Op. todding |
| Insured: | Eng/No: |
| Policy No. | C/No: ZSU660087479, |
| Claims No. | Gen. Cond: Good Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modí: Nil/IS/Rim / STD A/Rim or |
| | Tyre Size: F: 225/65R17 |
| (Policy Condition) | R: 215/65R17 |
| The state of the s | O/S BS / DUN / EXNOVA / GY / FS / LIZA MICY OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO Į YOKO or |
| Bal. or Market Value: | Front Rear |
| IDAC Accident Rport:Consistent? : Yes or No | R/Bal. 0 mm R/Bal. 0 m |
| GIA / PR Seen: Consistent?: Yes or No | L/Bal. 06 mm L/Bal. 06 m |
| Est. Repairs: days Res.: Yes or No | D.O.A. D.O.I. 15/12/22 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at Xin Hug. |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt / Rear / OIS / N/S / U/C / Rooftop or |
| Vehicle: IN Date: Person Contacted: | |
| Date / Time Action / Instruction | The U/C / Chassis frame / Body Structure affected due to collisi |
| TP Allicaz. | |
| | |
| | |
| MV: 78K | |
| PV: 40.810 | |
| Nett: 37-21c | |
| | |
| | |
| Date/Time, File Pass to? : Preli. Report - | Days Of Repair: |
| 1) : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation; |
| | [- T 2:2] |
| Ads | Fee: : Site Insp. (\$s+Rssi |

f anfoben Grande & & B. De Ca 700

SN0922CC0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/12/2022 16:50 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (12/12/2022 16:50 (SGT))

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 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

12/12/2022 16:50 (SGT)

Both

11/12/2022 22:40 (SGT)

Singapore

NICOLL HIGHWAY TOWARDS CITY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLH1233D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

EDWIN LEONG YEW FAI

SXXXX384B

leongyewfai@gmail.com (Phone) +65-91999294

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

Toyota

Harrier

Private hire

No - Claiming third party

Private hire

Auto

1986

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMHCSNW00020242200

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

EDWIN LEONG YEW FAI

SXXXX384B

07/12/1976

Indoor

Accident report SN0922CC0009

Page 1 of 20

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

Side Swipe Clear Dry

12/01/2010

#08-775

822619

Yes

No

12 YEARS AND 11 MONTHS

BLK 619B PUNGGOL DRIVE

(Phone) +65-91999294

leongyewfai@gmail.com

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No 3 Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No 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?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221212/7028

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF11M Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

| Vehicle Colour | - |
|---|--------------------|
| Vehicle Category | Commercial vehicle |
| 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 | SLG4319B |
|---|-------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | <u>.</u> |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | 9 2 |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | = |
| No. Of Passenger (Including Driver) | 7 |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | EDWIN LEONG YEW FAI |
|---|------------------------|
| Gender | Male |
| Phone No | (Phone) +65-91999294 |
| Address | BLK 619B PUNGGOL DRIVE |
| Address Complement | #08-775 |
| Post Code | 822619 |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK PAIN |
| Injured person in which vehicle? | SLH1233D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and or the Actual Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repud ate policy liability
- The issue and acceptance of this Form by insurance companies is not an admission of policy Bability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the loggement of this report to the insurers, you hereby consent to the archiving of this report at the deritre and to copies of the report being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)

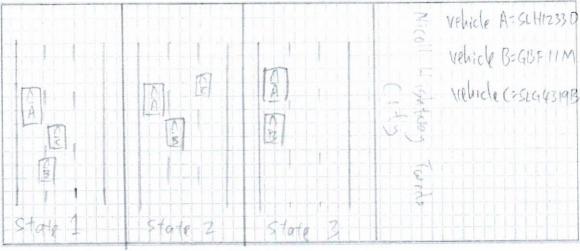
Lunderstand, acknowledge, agree and consent that

- (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 bersonal 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 Tawyers Tawyers Taw 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
- (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

12/12/2021

Sketch Plan



| escribe Circumstance of the Accident | | | | | | | | |
|--------------------------------------|-------|----|--------|--------|-------|---------|-------|---|
| | Reser | to | Police | Report | · T/2 | 072/2/2 | -/702 | 8 |
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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

2





Report No. T/20221212/7028

1 of 3

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

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 12/12/2022 13:08 | | | Vide Report No.: Station Diary | | | | |
|--|------------------------|------------------------------|--|----------------------------|--|--|--|
| Informat | nt's Particu | ılars | 《中国》的第三人称单数的一个人 | | | | |
| Name of | Informant: LEONG YE | | Address: 619B PUNGGOL DRIVE #08- | 775 SINGAPORE 822619 | | | |
| ID Type / ID No.: NRIC NO / S7639384B | | | Contact No.: Home/Office: | Mobile: 91999294 | | | |
| National | | | Email: LEONGYEWFAI@GMAIL.CO | M | | | |
| Sex: Male | Age: | Date of Birth: 07/12/1976 | Type of Informant: Driver | | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | | |
| Occupation: PHV DRIVER | | | Driving Licence Information: Class: 3 | Date of Expiry: | | | |

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/12/2022 22:40 | Type of Location Straight Road |
|-----------------------------------|------------------------------|------------------------------------|---|---|
| Location: NICOLL HIG | YAWY | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| | | Dry | | |
| Clear Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate Anyone conveyed by |

| Details of V | CONTRACTOR OF THE PARTY OF THE | Make | Model | Color | Conditio | No of |
|-----------------------|---|--------|------------------------------|--------|----------------------|-------|
| Vehicle No. GBF11M | Lorry | TOYOTA | DYNA | White | Slightly Damaged | 0 |
| SLG4319B | Car | | | | | 0 |
| SLH1233D | Car | ТОУОТА | HARRIER ELEGANCE 2.0 A | Silver | Seriously Damaged | |



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20221212/7028

Tel No: 65470000

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|------------------------|------------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SLH1233D | CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. | DMHCSNW000202 42200 | 29/11/2022 | 28/11/2023 | |

| Details of Perso | n Involved | | | | |
|-------------------------|--|----|------------|--|---------------------------------|
| Any Pedestrian I | nvolved: No | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of Ped | destrian Cro | ssing: NA |
| Driver | | | | | |
| Name | EDWIN LEONG YEW FAI | | | ID No. | S7639384B |
| Related Vehicle | SLH1233D (Car) | | | Contact No | o. 91999294 |
| Hospital/Clinic | OUR FAMILY PHYSICIAN CLINIC & SURGERY | | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 12/12/2022 Date | | | 12/ | 12/2022 |
| No. of Days gran | ted Medical Leave | 05 | Degree of | Slig | jht |

Brief Details.

On 11/12/2022 at about 2240 Hrs,i was driving my vehicle SLH1233D along Nicoll Highway towards City with no passenger onboard. While i was traveling straight on the extreme Left Lane of 3 Lane Road after Middle Road Junction.Out of sudden, a Lorry GBF11M from my right lane abruptly collided onto my vehicle rear right side portion and the impact surged my vehicle forward and the said Lorry collided again onto my vehicle rear portion as both vehicle still moving after 1st impact. After the accident, i alighted my vehicle and discover that is a chain collision as another vehicle SLG4319B was involved. I request the said Lorry for exchange particular but he refuse and ask me just to take down vehicle number, after which he drove off the scene. I call Police for assist and the police officer arrived and advice me to log a Hit and Run police report and also give me a case number as :A/20221211/0167 I wish to state that my neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



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



3 of 3 Report No. T/20221212/7028

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 / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960

NP168

Signature Of Informant:

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

Date/Time: 12/12/2022 13:08

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Singapore NRIC |
|--|--|
| Owner ID: | 384B |
| Which Details the second of th | 以中国的国际,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1 |
| Vehicle No.: | SLH1233D |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 22 Dec 2022 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | HARRIER ELEGANCE 2.0 A |
| Primary Colour: | Silver |
| Manufacturing Year: | 2016 |
| Engine No.: | 3ZRB866486 |
| Chassis No.: | ZSU600087479 |
| Maximum Power Output: | 111.0 kW (148 bhp) |
| Open Market Value: | \$30,254.00 |
| Original Registration Date: | 25 Oct 2016 |
| First Registration Date: | 25 Oct 2016 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$29,356.00 |
| Intended PARE Rebate Elecails 11 10 10 10 10 10 10 10 10 10 10 10 10 | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 24 Oct 2026 |
| PARF Rebate Amount: | \$19,081.00 |
| Intended COE Recare Details the Alexander | And the terror of the control of the |
| COE Expiry Date: | 24 Oct 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$56,410.00 |
| COE Rebate Amount: | \$21,654.00 |
| Total Rebate Amount: | \$40,735.00 |

The information contained herein is correct as at 22 Dec 2022



Compare