Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 10 /01,2023 dd/mm/yy) Time of Accident: 11: 55 h 24-HR-FORMAT)
Vehicle No.: ES1188 Vehicle Make & Model / Engine (cc): Tolissen Latio 50R Private Hire: (Y 10)
Exact location of Accident: PIE Cluss) 29.8 Km mark.
Policyholder's Name / IC No.: Leong Kee chee ROC/UEN (Company)
Driver's Name / IC No.: Marlina Sobs 5143B. (As Above)
Driver's Contact No.: 91555911 Company Contact No / Owner Contact No:
Driver's Address: Blk 421 clement: Avel #23-369 5 (120421).
Owner Email address: Insurance Company:
Driver Email address: akbbabegneil. Com.
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling Relative Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver):
Private use / Work purpose *No. of Passengers (Including Driver): 2
*Passenger Name: Leong Hee Suan *Passenger Name: Gender: Male / Female x() Gender: Male / Female x()
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes \ No Remarks: SD Cord with Teffic for Any Injuries: Yes / No (If YES) Injured Person' Name: Marlina, Leong Hee Svan
Any Injuries: Yes / No (If YES) Injured Person' Name: Marlina , Leong Hee Suar
Injuries Sustain: 3 days 5 days Injured Person in Which Vehicle: Both Fr 65 (1801)
Police Report filed: Yes / No (If YES) Which Police Station: Clement, NPC
The Other Party(s) Details:
1. Driver's Name/IC No: Sulainan Bin Bakar S61569527 Vehicle No: SHCF379B
Driver's Contact No:Insurance Company :
2. Driver's Name / IC No (If Any): Kok Sip Chon S2502541E Vehicle No: SHA1619J
Driver's Contact No:Insurance Company:
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

Describe Circumstance of the Accident
Refer to price opport no 7/20230111/2038

Declaration

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

4 XP

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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. 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 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, involces, 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		Witnessed by Reporting Centre Personnel (Name as In NRIC/ID card)
Sketch Plan		, verme ee an aratical eet.
$\parallel - \parallel -$	<u> </u>	
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Impact

Meach

29-8 Km

Mark.





T/20230111/2038

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 4 Report No. T/20230111/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2023 12:46			Vide Report No.: D/20230110/0056	Station Diary No.:
Informant	's Particu	lars		
Name of Ir MARLINA	nformant:		Address: APT BLK 421 CLEMENTI AV 120421	ENUE 1 #23-369 SINGAPORE
ID Type / I NRIC NO / Nationality	S268514		Contact No.: Home/Office: Email:	Mobile: 91555911
SINGAPO	RE CITIZE	N		
Sex: Female	Age: 56	Date of Birth: 28/12/1966	Type of Informant: Driver	
Race: Chinese	*		Language:	Institution / School Name:
Occupation CLEANER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulan	Drink - ce Drive: No	Date/Time of Accident: 10/01/2023 11:55	Type of Location Straight Road
PAN-ISLAND	EXPRESSWAY			
Weather: Clear	R	oad Surface:	F	Road Speed Limit:
Traffic Flow: One Way	No	raffic Control: ot Controlled		raffic Volume: leavy
Type of Collision Between Movin	on: ng Vehicles - Head To Rear		A	nyone conveyed by mbulance:

Details of V	ehicle involved	当代后在这个时间,对外		BO ELLEGIST RE	he to have the factor of the factor of
Vehicle No.	Type	A			No of Passenger
ES1188B	Car		1 - 34 - 34 - 30 - 37 - 33		1
SHA1619J	Car				1
SHC7379B	Car				1
					1





Police Station Of Origin: Clementl N.P.C 20 Clementi Avenue 5, S

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

20011172030

2 of 4

Report No. T/20230111/2038

Any Pedestrian I	nvolved: No		in all all majore	A.D. V. W. T. V.	1 201 2	
No. of Pedestria	ns Injured: NIL		lise of P	odostic	- C	-i
Passenger	19 8 8 19 19 19 19 19 19 19 19 19 19 19 19 19	21-22-7-12	Thornes San Con Con	edesina	n Cros	sing: NA
Name	LEONG HEE SUAN		14 57 x 20 x 2 13 14 1 1			
				ואו טו	J.	S0125254B
Related Vehicle	ES1188B (Car)			Cont	act No.	97559128
Hospital/Clinic	NG TENG FONG GI	ENERAL	HOSPITAL	Class		Class NIII
			HOSPITAL	Drivin		Class: NIL
				Licen	_	Date of Expiry: NIL
					y Date	
Date Treatment	10/01/2023		Date Dis			1/2023
	ted Medical Leave	03	Degree o	of Injury		172020
Driver	अस्ति है	S. Winner	THE REPORT OF THE	or forther		24年10年代的特色的高级。
Name	MARLINA			ID No.		S2685143B
Related Vehicle	ES1188B (Car)			Conta	ct No.	91555911
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			01		01 0
				Class of Driving Licence & Expiry Date		Class: 3
						Date of Expiry: NIL
Date Treatment	10/01/2023		Date Disc			10000
	ed Medical Leave	03	Degree o		10/01 NIL	12023
			Section 5	Was a	7.1	SICK CALLED
Vame	KOK SIP CHON	To resident the servery	Carried State of Stat	ID No.		COECOE 445
				I ID NO.	'	S2502541E
Related Vehicle	SHA1619J (Car)		Conta	ct No	84000504	
	()			Conta	Ci NO.	84922521
lospital/Clinic	NIL			Class	of	Class: NIL
				Driving		Date of Expiry: NIL
				Licenc	_	Date of Expiry: MIL
				Expiry	22 11	
ate Treatment	NIL		Date Disc		NIL	
lo. of Days grante	ed Medical Leave	NIL	Degree of		NIL	





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Report No. T/20230111/2038

3 of 4

CONTINUATION OF REPORT

Driver	of the transfer of the state of		A Significant	object (1971)	17.55	
Name	SULAIMAN BIN BAK			ID No		S0156952Z
Related Vehicle	SHC7379B (Car)			Conta	ict No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the 10/1/2023 at about 1157hrs, i was driving my brother-in-law namely Leong Kee Chee's car, bearing registration number ES1188B along PIE (Tuas) 29.8KM, after Toh Guan Road Exit. My husband was seated at the front passenger seat. There were a total of 3 lanes. I was on first lane and i saw that there was road work at the front and i had merged into the lane 2. The Taxi bearing registration number SHA1619J at the front came to a stop, which caused me to brake and subsequently came to a stop. All of a sudden, the Taxi from the rear bearing registration number SHC7379B collided with the rear of our car, the impact was severe, resulted in our car to move forward, i then quickly swerved to my right, in attempt to avoid collision with the front Taxi, but to no avail as i also collided with the front Taxi.

After the collision, we both alighted from our car and exchanged particulars with the two other drivers. Traffic Police and ambulance arrived at scene. My husband and I were both conveyed to Ng Teng Fong General Hospital. I experienced pain on both of my knees and today on the 11/1/2023 while lodging this report, i felt pain at my neck area. My husband experienced pain on his neck area to his lower back area. We were given 03 days of outpatient sick leave until 12/1/2023.

The front left of the car that i was driving sustained scratches and dents whereas the rear of the car sustained very serious damage.

There was a working front camera in the car that i was driving and it was handed over to the Traffic Police.





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

4 of 4

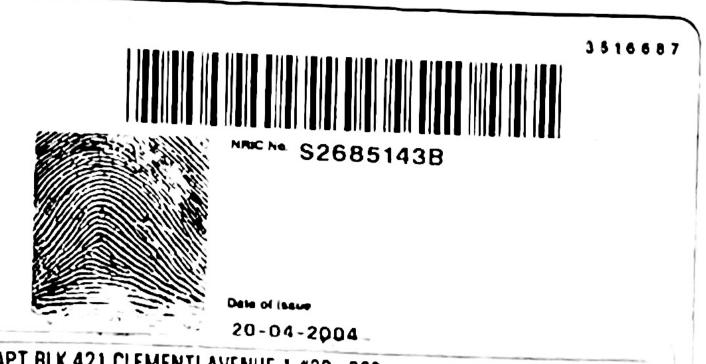
Report No. T/20230111/2038

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:	Signature Of Informant:
SGT 3 LEE LI HWEE	Little Comments of the Comment
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2023 12:46
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
NP168	



APT BLK 421 CLEMENTI AVENUE 1 #23 - 369 SINGAPORE 120421

NRIC No: \$2685143B

Date: 18/12/2012

No: 7275144



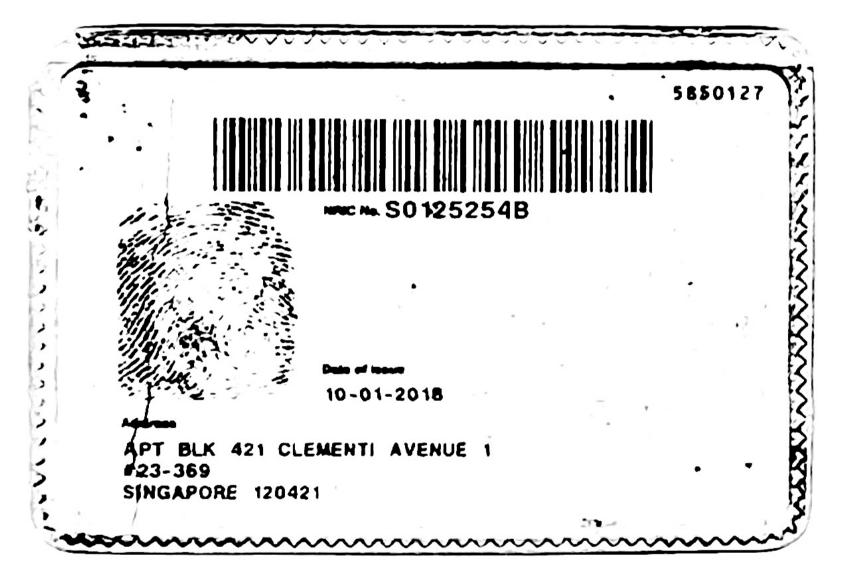
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

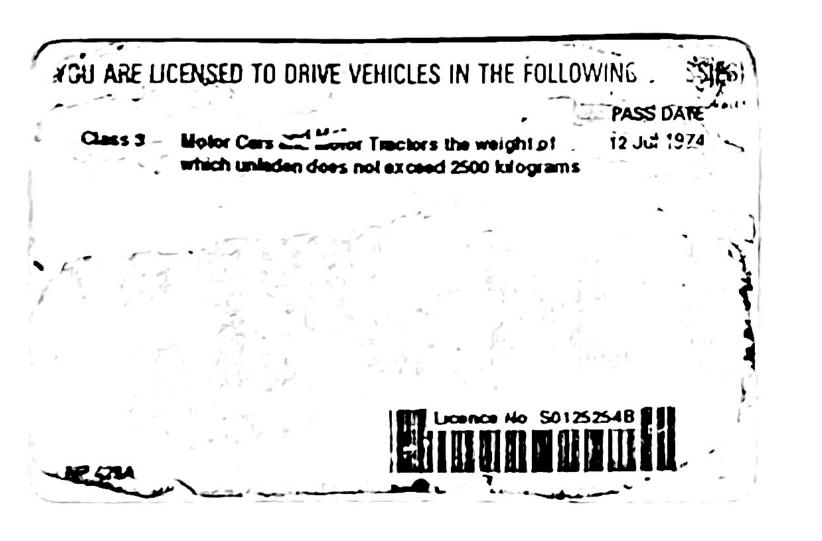
02 Sep 2002

PASS DATE

NP 428A

1 Loonoo No: \$26851438





De1766

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2685143B

Name





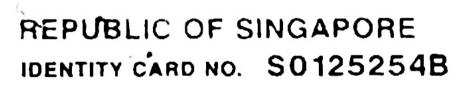
MARLINA MRS LEONG HEE SUAN

Race
CHINESE
Date of birth
28-12-1988
Country of birth
INDONESIA





passayer.



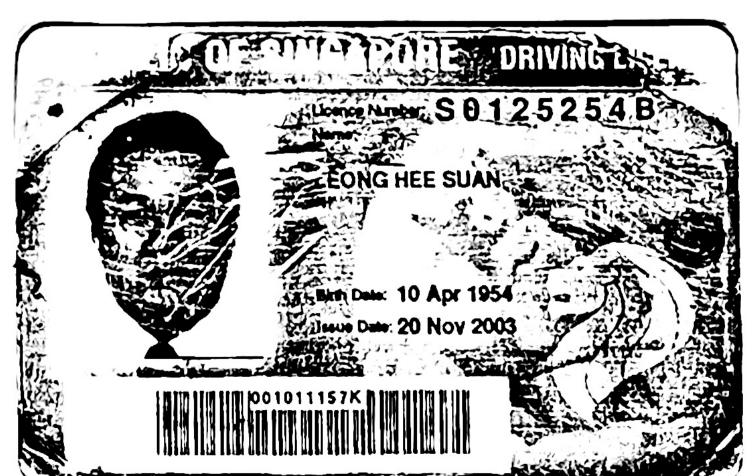


LEONG HEE SUAN

梁 供 经 Race CHINESE Date of birth

10-04-1954
Country/Place of barth
SINGAPORE





CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2000566184-01

Date of Issue

: 23 September 2022

Coverage

: Third party only

Policyholder

: LEONG KEE CHEE

Period of Insurance

: 23 September 2022 to 22 September 2023(both dates inclusive)

Registration No.

: ES1188B

Chassis number of Vehicle

: JN1FAAC11Z0010772

Persons or Classes of Persons Entitled to Drive*:

(a) The Policyholder.

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

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage

Limitation as to Use^:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

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

IWE 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) or Amendment, Act or Acts passed in substitution thereof.

23 September 2022

Issued Date

Hicham Raissi **Chief Executive Officer** Allianz Insurance Singapore Pte. Ltd.

Intermediary Code

: 0000180 All Ins Marketing Pte Ltd

Excess

Own Damage

: Windscreen Damage

SGD

SGD

0,00 0.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NDIC
	Singapore NRIC
Owner ID: /ehicle Details	298J
/ehicle No.:	ES1188B
/ehicle to be Exported:	Yes
ntended Deregistration Date:	10 Jan 2023
/ehicle Make:	NISSAN
/ehicle Model:	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D
Primary Colour:	Silver
Manufacturing Year:	2009
Ingine No.:	HR15155748B
Chassis No.:	JN1FAAC11Z0010772
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,927.00
Original Registration Date:	23 Sep 2009
First Registration Date:	23 Sep 2009
Transfer Count:	2
Actual ARF Paid: ntended PARF Rebate Details	\$16,927.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	22 Sep 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,743.00
COE Rebate Amount:	\$5,012.00
Total Rebate Amount: Message	\$5,012.00

The information contained herein is correct as at 10 Jan 2023