



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.: GBL5003Y

Your Ref.: SKQ8517D

Date: 11.04.2023

ATTN: Motor Claims Department

INS : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: GBL5003Y AND SKQ8517D

Date of Accident: 02.02.2023 @ 14:10 HOURS

Location: JALAN BUKIT MERAH TOWARDS QUEENSWAY

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 5,400.00</u>
Loss of Rental :	
(\$162.00 X 05 Days):	<u>\$ 810.00</u>
LTA Search :	<u>\$ 26.75</u>
Grand Total:	<u>\$ 6,236.75</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,

Joanne

Authorisation To Act

I, Rayco Appliances Pte. Ltd ("the third party claimant") of
700, West Camp Road # 01-02, Singapore 797649
(address), owner of GBL 5003Y (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. GBL 5003Y that was
damaged pursuant to the accident which occurred on 02/02/2023 (date)
at/along Jalan Bukit Merah towards Queensway
(location) involving vehicle no/s SKQ 857D ("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 03 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"

 ←



Signed by "the workshop"



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. GBL 5003Y and SKQ 8517D on 02/02/2023
at/along Jalan Bukit Merah towards Queensway

1. I/We, the Owner of motor vehicle no. GBL 5003Y 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 03 day of 02 2023

Signature of vehicle owner

Name :

IC/UEN No :

(Company stamp, if applicable)

Address :

Tel :

Witnessed by :

Rayco Appliances Pte Ltd
202027279R
700, West Camp Road,
#01-02, Singapore 797619
9451 3893

[Signature]
Joanne



"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Rayco Appliances Pte. Ltd ("the third party claimant")
of 700, West Camp Road # 01-02, Singapore 797649 (address),
owner of GBL 5003Y (vehicle no.) hereby authorize
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. GBL 5003Y that was damaged pursuant to the
accident which occurred on 02/02/2023 (date) along Jalan Bukit
Merah towards Queensway (location)
involving vehicle no/s SKQ 8517D
("the accident").

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

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 03 day of 02 (month) 20 23 (year)



Signed by "the third party claimant"

Signed by "the workshop"
(with chop)



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

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
11.04.2023	HDP202304-00385	GBL5003Y

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,400.00
Total	\$ 5,400.00

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



TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES
GST Reg.No. 19-8304039-K

出租：汽車、廣告車、必甲與輕重型羅厘

CHD Perfect)
6BL 5003Y

HIRER'S PARTICULARS
If Different From
Section 1

I/We

of

S

Tel:

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1500/= to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.
whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 6BL 2680L		Rental Agreement 合同號碼 No. A 94532	
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT 03/02/2023 11:50a.m.	
姓名 Name: CHAN WEI SOON, RAYMOND		交車日期及時間 Date & Time IN 08/02/2023 03:20 p.m.	
地址 Address: BLK 296 B COMPASSVALE CRESCENT #12-279 S 542296		Chargeable Rates Amount	
		5	8750/-
居民證/護照號碼 I/C No./Passport No: -		天 Days @ \$	
駕駛執照號碼 Driving Licence No: 88706556A		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport: -		月 Month @ \$	
Pass 日期 Pass Date: 15 Apr 2010			
發出地 Place of Issue: -			
出生日期 Date of Birth: 18-03-1987		ADD 8% GST 860/-	
三號保險底金 \$1500/= a) Third Party Only Policy Excess \$1500/=		一號保險底金 \$2000/= b) Comprehensive Policy Excess \$2000/=	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		送車/費 Delivery Fees	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge 8810/-	
		按金 Security Deposit	
		總金額 Total Payable 8810/-	
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	
		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		租費不包括汽油 Rates Do Not Include Fuel	
出車油箱 Fuel Tank IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		添油 Refuelling	
車牌號碼 Vehicle No: 1)		至 To:	
車牌號碼 Vehicle No: 2)		至 To:	
工具 Tools		加額費用 Total Additional Charges	
輪胎 Spare Tyre			
裝飾品 Accessories			
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:	
NOTE: 註 租車者或司機必須付所有停車及違反交通法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.		總計 Grand Total	

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.



日期 Date: _____

租車者簽名 Signature of Hirer: _____

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Feb 2023 / 20:59:22

Receipt Date/Time : 02 Feb 2023 / 20:59:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230202-003686

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 - SKQ8517D				
As at 02 Feb 2023/14:10:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKQ8517D			
	Enquiry Fee	24.77	1.98	26.75
	20230202205806089411			
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
Paid By				
	DICNV20230202205806752795	SGQR(PayNow)		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	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	03/02/2023 16:50 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 14:10 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	JALAN BUKIT MERAH TOWARDS QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5003Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RAYCO APPLIANCES PTE. LTD.
Company Reg No	2XXXXX279R
Email Address	RAYMOND19872013@GMAIL.COM
Mobile Phone No	(Phone) +65-94513893
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128785110

DRIVER

Name of Driver	CHAN WEI SOON, RAYMOND (ZENG WEISHUN)
NRIC No	SXXXX556A
Date Of Birth	18/03/1987
Occupation	Outdoor

Date Of Driving Pass	15/04/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94513893
Alt. Phone Number	-
Email Address	RAYMOND19872013@GMAIL.COM
Address	BLK 296B COMPASSVALE CRESCENT
Address complement	#12-279
Postcode	542296
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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 AND POLICE REPORT 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	SKQ8517D
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	CHAN WEI SOON, RAYMOND (ZENG WEISHUN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
pproximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBL5003Y
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 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 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, 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.



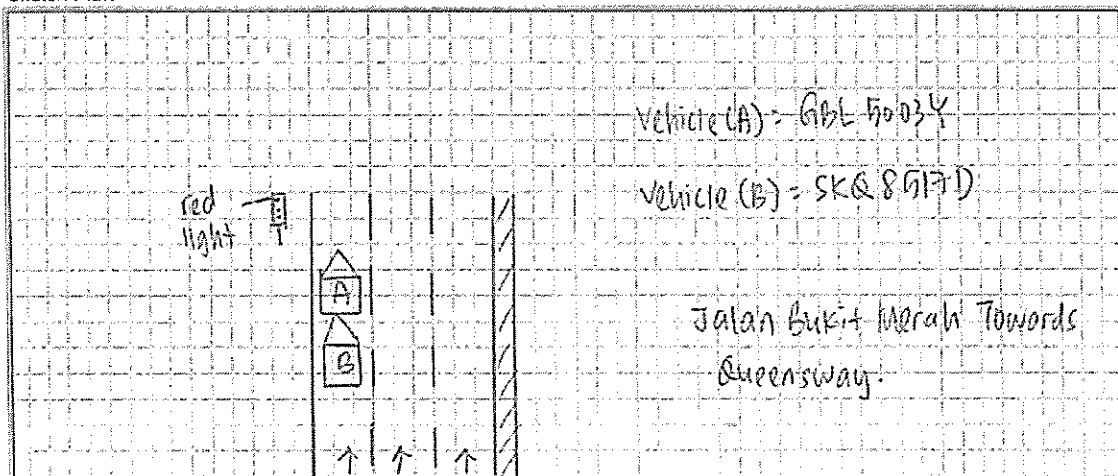
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report :
Police Report No = T/50230202/7021

Declaration

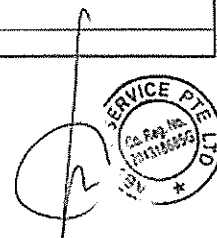
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel
(Name as in NR/C&D card)



SINGAPORE POLICE FORCE



T/20230202/7071

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

1 of 3

Report No. T/20230202/7071

record purpose
wrong 3rd party number plate
SKQ6517D → SKQ8517D (V)

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2023 21:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN WEI SOON, RAYMOND			Address: 296B COMPASSVALE CRESCENT #12-279 SINGAPORE 542296		
ID Type / ID No.: NRIC NO / S8706556A			Contact No.: Home/Office: Mobile: 94513893		
Nationality: SINGAPORE CITIZEN			Email: RAYMOND19872013@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 18/03/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2023 14:10	Type of Location:
Location: JALAN BUKIT MERAH				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL5003Y	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230202/7071

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

2 of 3

Report No. T/20230202/7071

CONTINUATION OF REPORT

Driver				
Name	CHAN WEI SOON, RAYMOND		ID No.	S8706556A
Related Vehicle	GBL5003Y (Van)		Contact No.	94513893
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving GBL5003Y along Jalan Bukit Merah Towards Queensway.

I was stationary waiting for traffic light to turn green for more than 10 seconds when suddenly, a massive impact slammed into the rear of my vehicle, causing it to jerk forward.

My body lurched forward only to be restrained by my seat belt, having been caught completely off guard by the sudden impact.

Upon alighting, I realised that SKQ6517D had crashed into the rear of my vehicle.

Initially, I felt ok. However, later in the day, I started feeling aches in my neck, chest and back areas.

The discomfort got increasingly worse and I decided to seek treatment at my family doctor LifePlus Medical Hougang the same evening.

I was given 3 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230202/7071

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

3 of 3

Report No. T/20230202/7071

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
02/02/2023 21:15

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20230205/7018

1 of 2

POLICE REPORT (NP299)

Report No. D/20230205/7018

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 05/02/2023 14:08	Vide Report No.	Station Diary No.		
Name Of Informant CHAN WEI SOON, RAYMOND	Address 296B COMPASSVALE CRESCENT #12-279 SINGAPORE 542296			
ID Type / ID No. NRIC NO / S8706556A	Contact No. Home/Office: Mobile: 94513893			
Nationality SINGAPORE CITIZEN	Email Address RAYMOND19872013@GMAIL.COM			
Occupation Delivery Driver	Sex Male	Age 35	Date of Birth 18/03/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/02/2023 14:10	Location Of Incident JALAN BUKIT MERAH			

Brief details.

Vide T/20230202/7071

I would like to make an amendment to my initial report:

The vehicle registration number of the vehicle that hit me is SKQ8517D and NOT SKQ6517D as indicated in my initial report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2023 14:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20230205/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230205/7018

My TPIO is Muhammad Noor.

I am lodging this report for record purposes only.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
05/02/2023 14:08

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1823230007 Vehicle Registration No: GBL 5003Y
Name (as shown in NRIC): Chan Wei Soon, Raymond NRIC/FIN/Passport No: S8706556A
(*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate
Address: BK296B Compassvale Crescent #12-279 Singapore (542296)
Contact (Tel): - Mobile No.: 9451 3893
Email Address: raymond19872013@gmail.com
Date of Accident: 02/02/2023 Time of Accident: 14:10
Place of Accident: Jalan Bukit Merah Towards Queensway
Insurance Company: Income

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Amend third party carplate number from SKQ6517D to SKQ8517D
- Attach amended Police Report

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8706556A



Name

CHAN WEI SOON, RAYMOND
(ZENG WEISHUN)

曾 伟 顺

Race

CHINESE

Date of birth

18-03-1987

Sex

M

S8706556A

Country/Place of birth

SINGAPORE

GBL 5003Y

Driver

5806838



NRIC No. S8706556A



Date of issue

29-09-2017

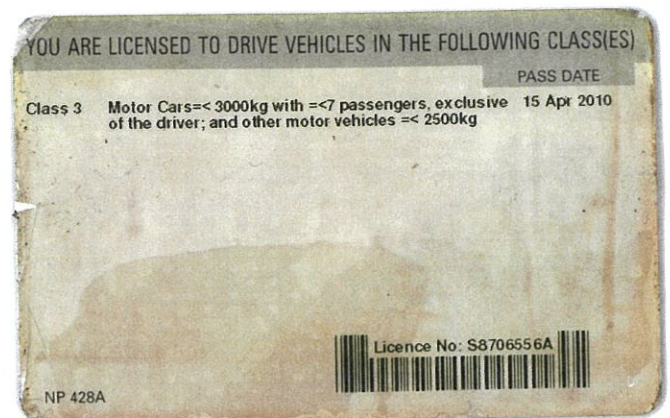
Address

APT BLK 296B COMPASSVALE CRESCENT
#12-279
SINGAPORE 542296



GBL 5003Y

Driver



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5128785110

Cover : Comprehensive

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBL5003Y |
| Chassis Number | : VR2E26136448 |
| 2. Name of Policyholder | : RAYCO APPLIANCES PTE. LTD. |
| 3. Effective Date of Insurance | : 26 Aug 2022 |
| 4. Expiry Date of Insurance | : 25 Aug 2023 |
| 5. 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 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : CHUA CHWEE CHERN LINDA (00000526982)

Date of Issue : 17 Jul 2022 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive