

WARRANT TO ACT

To: **M/s Legiste Law Corporation**
133 New Bridge Road
#11 - 01 Chinatown Point
Singapore 059413
Tel: 6227 9909
Fax: 6227 2767

RE: ACCIDENT ON 17.03.23 INVOLVING
SKM 9535R & MID 33853
AT CHOA CHU KANG (CAMP CARPARK)

I **TENG WEN JIE (NRIC No. Sxxxx883B)**, owner of motor-vehicle No. **SKM 9535R** hereby appoint you, LEGISTE LAW CORPORATION ("Legiste") to act for me in my claim for property damage losses i.e costs of repairs and loss of use/rental arising out of the above accident.

I/We hereby authorise and empower you to act for me in all respects of the matter as you shall in your professional discretion deem fit and to copy all claim-related correspondence to YEOW KOON MOTOR SPRAY PAINTING as my duly appointed workshop.

I further authorise you to commence legal proceedings in my name to recover my losses, where necessary, and to pay the repair costs component and such rental costs direct to my said appointed workshop in discharge of my indebtedness to them.

I also confirm that Legiste has agreed to limit your Solicitor and Client Costs to the Party and Party Costs that is recovered from the insurers concerned such that I will not be out-of-pocket for legal costs as long as my claim is successful.

I consent to Legiste retaining a photocopy of National Registration Identify Card ("NRIC") and other National Identification Document e.g. Driver's License, Vocational Driver's License pursuant to paragraphs 3.12 and 3.13 of the Personal Data Protection Commission ("PDPC") Advisory Guidelines on the Personal Data Protection Act ("PDPA") for NRIC and National Identification Numbers issued 31st August 2019, namely that Legiste finds it necessary to accurately establish or verify my identity to a high degree of fidelity, in particular, to the insurers concerned when serving my claim.

17 MAR 2023

Dated this _____ day of _____ 2023



TENG WEN JIE



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	17/03/2023 14:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/03/2023 09:40 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	CHOA CHU KANG CAMP CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9535R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG WEN JIE
NRIC No	S9032883B
Email Address	HAMTAROTENG@GMAIL.COM
Mobile Phone No	(Phone) +65-96826315
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128484636

DRIVER

Name of Driver	TENG WEN JIE
NRIC No	S9032883B
Date Of Birth	16/09/1990
Occupation	Indoor



Date Of Driving Pass	18/03/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-96826315
Alt. Phone Number	-
Email Address	HAMTAROTENG@GMAIL.COM
Address	412A FERNVALE LINK
Address complement	16-19
Postcode	791412
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN 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

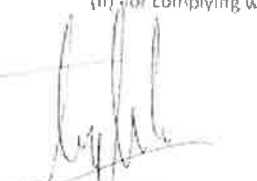
Vehicle Registration Number	MID33853
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-


Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1


SKETCH PLAN

IMPORTANT NOTICE

1. This report must be correctly filled out and submitted to the relevant insurers.
2. This report must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this form by the relevant companies is not an admission of policy liability and is not 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 lodgment 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 Ministry of Transport 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders;


Policyholder's Signature & Date

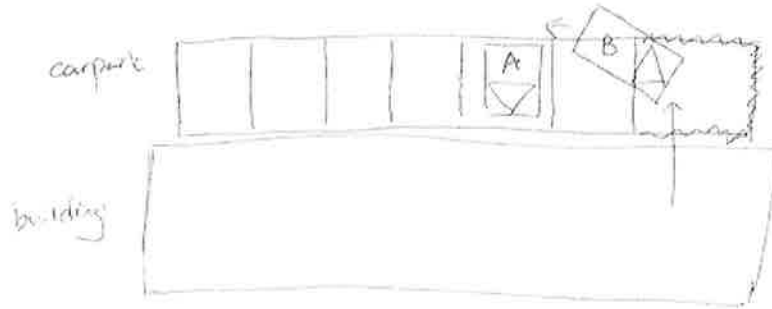

Driver's Signature
(If driver is not the policyholder) Date & Time


Reporting Centre Personnel's Signature
Name
NRIC/FIN No 17/03/23

SKETCH PLAN

A) SKM 9535R

B) 33853 MID



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex A

DECLARATION

I/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:

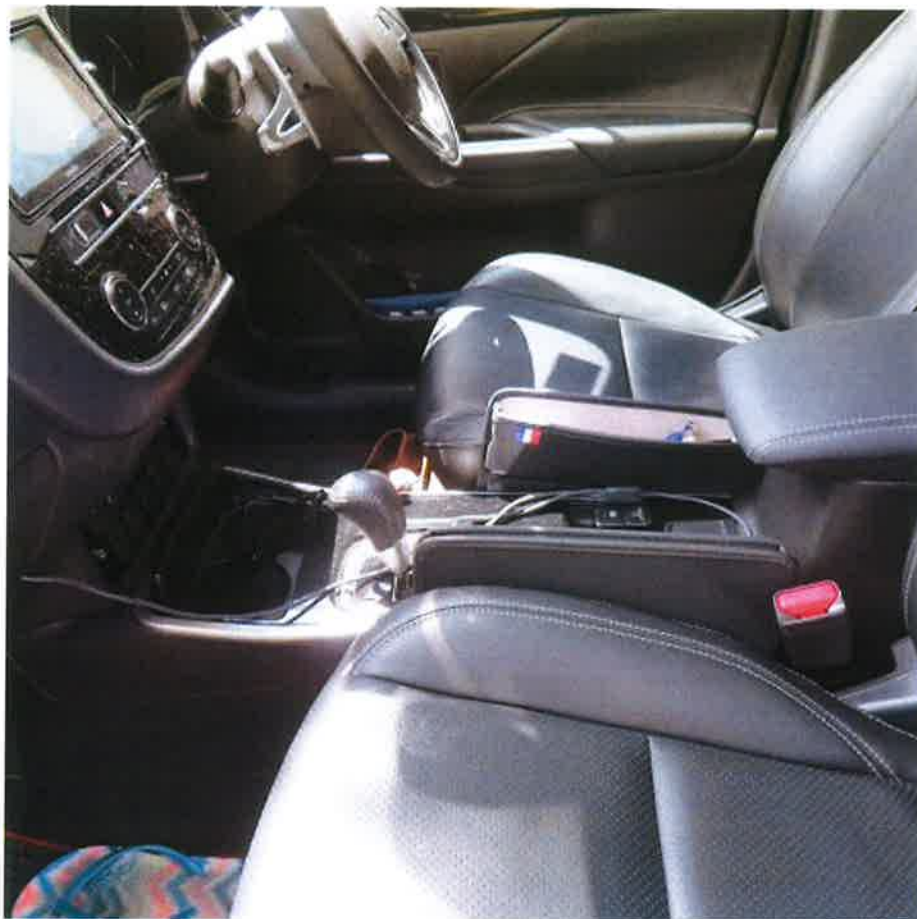
Reporting Car Hire Personnel's Signature
Name
NRIC/ID No.















SINGAPORE POLICE FORCE



T/20230317/7062

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

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Report No. T/20230317/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2023 21:16		Vide Report No.: T/20230317/7030		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG WEN JIE			Address: 102A CANBERRA STREET #16-69 SINGAPORE 751102		
ID Type / ID No.: NRIC NO / S9032883B			Contact No.: Home/Office: Mobile: 96826315		
Nationality: SINGAPORE CITIZEN			Email: HAMTAROTENG@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 16/09/1990	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SAF officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 17/03/2023 09:40	Type of Location: Car Park
Location: JALAN BAHAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKM9535R	Car	MITSUBISHI	Outlander	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM9535R	NTUC Income Insurance Co-Operative Limited	5128484636	04/07/2022	03/07/2023



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TENG WEN JIE	ID No.	S9032883B
Related Vehicle	NIL	Contact No.	96826315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Brief Description of incident:

On 17 Mar 23, at around 0940H, one SAF OUV (MID33853) was slated to perform an admin run from within Choa Chu Kang Camp to Lor Danau, just beforebefore Nayang Ave.

The SAF OUV was parked head-in to the sheltered area of the camp building, the Transport Operator reversed out from the sheltered area, with a vehicle front guide standing outside of the vehicle. The Transport Operator stepped on the accelerator to reverse the vehicle out as he had to reverse upslope onto the main road.

As the vehicle reversed onto the main road, which was on a downhill slope, the Transport Operator did not respond to the hand signs by the vehicle guide in time, causing the rear spare tyre of the OUV to come in contact with the left-hand rear (LHR) of my vehicle (SKM9535R).

MID33835 had no visible damage to the spare tyre or contact point to the vehicle's body. The LHR taillight on the SKM9535R was cracked, and the LHR bumper was misaligned. There were no injuries among those involved.



**SINGAPORE
POLICE FORCE**



T/20230317/7062

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

3 of 3

Report No. T/20230317/7062

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:
17/03/2023 21:16

Classification Of Case: