



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Daniel Poon Choon Kow
LL. B. (Hons), LLM

Our Ref: DP.sl.11814.22.GA+PI
Your Ref: -----
Please quote our reference number when replying

DATE: 15 AUG 2022

M/S GREAT EASTERN GENERAL INSURANCE LIMITED
1 PICKERING STREET #01-01
GREAT EASTERN CENTRE
SINGAPORE 048659
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SCY 8288S

WITHOUT PREJUDICE
E-MAIL ONLY

M/S AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#27-01
AXA TOWER
SINGAPORE 068811
ATTN: MOTOR CLAIMS DEPARTMENT
YOUR REF: SJU 9085S

E-MAIL ONLY

Dear Sir,

CHIA TUCK WAH, NRIC# S XXXX380/I
ACCIDENT ON 07 MAY 2022 INVOLVING SJL 3286R AND SCY 8288S, SJU 9085S
ALONG YIO CHU KANG TURNING RIGHT INTO HOUGANG AVENUE 2 LP76

We act for CHIA TUCK WAH, NRIC# S XXXX380/I.

We are instructed that on 7 May 2022 at about 11:15 hours, our client was the owner and driver of motor vehicle no: SJL 3286R travelling along Yio Chu Kang turning right into Hougang Avenue 2 LP76. Suddenly motor vehicle no: SCY 8288S & SJU 9085S collided into the vehicle our client was on. The said collision was due solely to or contributed by the negligence of the driver of motor vehicle no: SCY 8288S & SJU 9085S.

A copy each of the following supporting document has been sent to your insurer:

1. Medical report from M/s Changi General Hospital dated 21 June 2022;
2. Official receipt being payment of medical report.
3. Medical expenses amounting to \$132.00;
4. Medical certificate for 03 days;
5. A&E discharge summary;

...2/-

Date:
15 AUG 2022

6. Our client's GIA report; Police report;
7. TP insurer search on vehicle: SJU 9085S amounting to \$2.00;
8. LTA search and invoice on vehicle number: SJU 9085S;
9. GIA search and report invoice amounting to \$31.00;
10. GIA report of SCY 8288S;
11. GIA search and report invoice amounting to \$31.00;
12. GIA report of SJU 9085S;
13. Repair Bill;
14. Rental invoice + agreement;
15. Survey report + invoice;
16. Sixty-nine (69) copies of scanned coloured photographs showing damage to our client's vehicle.
17. One (01) copy of coloured scanned photographs taken at the scene of accident;
18. Our client's in-car camera video footage.

Based on the aforesaid, we quantify our client's claim for personal injury as follows:

1. General Damages for pain & suffering & loss of amenities	\$ 3,000.00
2. Medical expenses	\$ 132.00
3. Transport expenses	\$ 50.00
4. Medical report fee	\$ 110.00
5. Repair Costs	\$ 4,300.00
6. Rental	\$ 300.00
7. Loss of use (02 days @ \$60.00/day)	\$ 120.00
8. Survey report	\$ 529.00
9. GIA/police search fee &/reports	\$ 71.49
10. Postages, transport and other incidentals	\$ 100.00

In addition, we propose that you contribute a sum of \$2,500.00 and disbursements towards our client's legal costs.

Kindly let us hear from you within eight (08) weeks hereof whether your insured driver admit liability and your agreement on our proposal.

If we do not hear from you on the stipulated time, we have strict instructions to commence legal proceedings without further reference.

Yours faithfully,



c.c. Client (SJL 3286R)

c.c. TAY GEK ENG – OWNER & DRIVER OF SCY 8288S
9 SERANGOON GARDEN WAY SINGAPORE 555908

ZHANG XUTONG – OWNER & DRIVER OF SJU 9085S
BLK 469A SENGKANG WEST WAY #12-604 SINGAPORE 791469



Restricted, Sensitive (Normal)

PRIVATE & CONFIDENTIAL

DP.SL.11814.22.GA+PI
MPL/2022/0005688

21 June 2022

Through
CHAIRMAN MEDICAL BOARD
Changi General Hospital
2 Simei Street 3
Singapore 529889

MEDICAL REPORT
CHIA TUCK WAH
S90493801

This medical report has been prepared based on a review of the patient's medical records at Changi General Hospital (CGH) Accident & Emergency department (A&E). The author did not personally examine the patient.

Patient was seen on the 7/5/2022. Patient was the driver of a vehicle that was involved in a road traffic accident.

On examination, patient was conscious and alert.

Injuries sustained:

- tenderness over the left trapezius.

X-rays done was reported as no acute fractures.

Impression of the attending doctor was strain of the neck muscles.

Patient was discharged. Medical leave was issued from the 7/5/2022 till the 9/5/2022.

DR PRAVIN THIRUCHELVAM
Staff Registrar
Accident & Emergency Department



Your Ref : DP.SL.11814.22.GA+PI
Our Ref : MPL/2022/0005688
Date : 29 Jun 2022

DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

Dear Sir/Madam

PATIENT'S NAME CHIA TUCK WAH
HRN XXXXX380I

Enclosed is the completed LEGAL ORDINARY MEDICAL REPORT (19)

Any clarification to the enclosed medical report will be accepted within 3 months from the above date. Beyond which, a fee will be applicable.

Please contact the Medical Reports Section at 6850 4545 / 4546 for further assistance.

Thank you.

Yours sincerely

STEPHANIE ONG SU XIAN
Medical Reports Section

Enc.

This is a computer-generated document. No signature required.



DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

MR No. : MPL/2022/0005688
Receipt No. : SXXXX380/I
Date : 07-Jun-2022
Reference No. : DP.SL.11814.22.GA+PI
External Receipt No. : SXXXX380/I

PAYMENT ACKNOWLEDGEMENT

GST Reg No. : M9-0368910-N

Received From : DANIEL POON & CO	Quantity	Fee (S\$)	Amount (S\$)
Patient Name : CHIA TUCK WAH			
HRN : XXXXX380I			
LEGAL ORDINARY MEDICAL REPORT (19)	1	110.00	110.00
	Amount Before Tax		102.80
	GST (7%)		7.20
	Total Amount Payable		110.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
GIRO	MR/2022/03328			110.00

PLEASE NOTE: The timeline required for completion of **Ordinary** medical reports is about 4 to 6 weeks, from the date of receiving the request with all the relevant documents and appropriate medical report fee. **Specialist** medical reports and Medical reports for **Work Injury** Compensation require a longer processing time as a review at the Specialist Outpatient Clinic may be required after the patient has been discharged or given an open date for clinic review.

***You are served by

NUR RULATIQA BINTI ABDUL AZIS



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LLM

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Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11814.22.GA+PI
Your Ref: CHIA TUCK WAH
NRIC# S90493801

Please quote our reference number when replying

Date: 01 JUN 2022

M/S CHANGI GENERAL HOSPITAL
2 SIMEI STREET 3
SINGAPORE 529889
ATTN: MEDICAL RECORDS OFFICE

E-MAIL ONLY

Dear Sirs,

**CHIA TUCK WAH, NRIC#S XXXX380/I
ACCIDENT ON 07 MAY 2022 INVOLVING SJL 3286R AND SCY 8288S
ALONG YIO CHU KANG TURNING RIGHT INTO HOUGANG AVENUE 2 LP 76**

We act for the above named who was involved in the above accident and was treated in your hospital, copies of our client's **Consent form, Tax invoices and Medical certificate** are enclosed for your reference.

We enclose herewith a copy of our PayNow transaction slip for the sum of **\$110.00** being payment of the medical report fee.

We shall be obliged if you could let us have the said document stating the type and nature of the injury / injuries sustained by our client.

Yours faithfully

Pay Local / Overseas Payee

Pay a local or overseas payee in any currency. Uses DBS Account Transfer, DBS PriorityPay, Telegraphic Transfer, or available local transfer types

1. Input Details

2. Verify Details

3. Submit for Approval

Your transfer has been submitted

GIRO Payment Sxxxx380/I CHIA TUCK WAH on 02 Jun 2022 for SGD 110 has been created successfully with status Approved

Want to be notified by SMS or Email when this transaction is approved? Set it up in Alerts and Reminders.

Your account will be deducted **SGD 110.00**

From **0109064257 (SGD)
DANIEL POON & CO**

To **PayNow proxy:
Company Identifier: 198904226R
CHANGI GENERAL HOSPITAL PTE LTD**

Payment date **02 Jun 2022 This transfer must be approved by 16:00 hrs 01 Jun 2022 by Approver.**

Payment type **PayNow [Singapore GIRO Payment]**

Payee will receive **SGD 110.00** Payee will likely to receive funds in 1 working days

Based on this exchange rate **1 SGD = 1 SGD**

Payment details to bank **Sxxxx380/I CHIA TUCK WAH**

Message to payee (free)

Send to

Total amount deducted **SGD 110.00**

Purpose Code BEXP - Business Expenses

Reference Sxxxx380/I CHIA TUCK WAH

Batch ID

Message to your
Approver



TAX INVOICE

CHIA TUCK WAH

BILL REF. NO. 6922345031G
BILL DATE 07 MAY 2022
HRN 692022345031G
NRIC / FIN / MRN S90493801

LOCATION A&E
VISIT DATE ▶ 07 MAY 2022 03:55 PM

702 HOUGANG AVENUE 2
#05-49 SINGAPORE 530702

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	315.00
GOVT SUBSIDY	\$	-183.00
TOTAL AMOUNT (BEFORE GST)	\$	132.00
7% GST	\$	9.24
GST absorbed by Govt	\$	-9.24
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	132.00
TOTAL AMOUNT PAYABLE	\$	132.00
Net Payment made	\$	-132.00
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00
FINAL AMOUNT PAYABLE

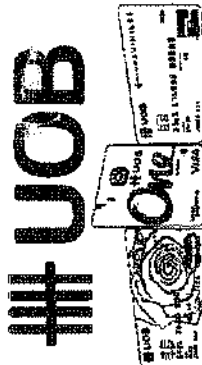
CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
INVESTIGATIONS	X-RAY INVESTIGATIONS	51.00	0.00
TREATMENT SERVICES	A&E ATTENDANCE FEE	264.00	132.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		315.00	
GOVT SUBSIDY		-183.00	
TOTAL AMOUNT (BEFORE GST)			132.00
7% GST			9.24
GST absorbed by Govt (for subsidised patient only)			-9.24
TOTAL AMOUNT (AFTER GOVT SUBSIDY)			132.00

PAYMENT SUMMARY

SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
CHIA TUCK WAH	S90493801	132.00

Payment Summary to be continued on page 2



L1 ARE REGISTRATION
2 SIMEI STREET 3
SINGAPORE 529889

DATE/TIME: 07/05/22 16:53:24
MID: 9801239278
TID: 51512945
BATCH: 000478
ECR NO: 000000003000050855
S/W : 231B.00.01.4
APPR CODE: 849592

CONTACTLESS SALE

AMEX *****2527
EINT: EXPRESS
REF NUM: 126839737771

BASE : S\$ 132.00

TOTAL : S\$ 132.00
I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT

*** CUSTOMER COPY ***
THANK YOU. HAVE A NICE DAY

ENJOY GREAT DEALS
WITH JOB CARDS!
SCAN AND APPLY NOW!
TERMS APPLY.





TAX INVOICE

BILL REF. NO. 6922345031G
 BILL DATE 07 MAY 2022
 HRN 692022345031G
 NRIC / FIN / MRN S9049380I

PATIENT NAME
 CHIA TUCK WAH

CHIA TUCK WAH		TOTAL AMOUNT PAYABLE	132.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
CHIA TUCK WAH	07 MAY 2022	AMEX	-132.00
		Net Payment made	-132.00

ST: P SN: S9049380I
 THIS IS AN ORIGINAL RECEIPT FOR AMEX
 PAYMENT OF \$ 132.00 RECEIVED ON 07.05.2022.

FINAL AMOUNT PAYABLE \$ 0.00

PAYMENT OPTIONS & ADVISORY

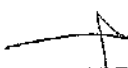
- Payment Policy**
- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
 - If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
 - Please ignore the tax invoice if you have made payment.



MEDICAL CERTIFICATE

EMD202277417

ORIGINAL

Name CHIA TUCK WAH		NRIC No. S9049380I
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>07-May-2022</u> to <u>09-May-2022</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____ Operated on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 07-May-2022	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  TERRY TEO ZHI ZHONG , 66160J

10 may 22



A&E Discharge Summary

Date of Visit : 07-May-2022 15:55
 Name of patient : CHIA TUCK WAH
 NRIC : S9049380I Account Number : 6922345031G
 Address : Blk 702 #05-49 HOUGANG AVENUE 2 Singapore 530702
 Telephone : 0, 83288438
 Date of Birth : 24-Dec-1990 Sex : Male Race : Chinese

Final Diagnosis : Strain of neck muscle

Disposition

Disposition : Treated And Discharged
 Disposition Date/Time : 07-May-2022 16:42



Discharge Prescription

Allergy : No Known Allergies

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
ANAREX Tablet [Paracetamol 450mg, Orphenadrine 35mg]	2 tablet - TDS		Pain	5 days

Terry Teo Zhi Zhong
 Doctor
 dr66160]

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

07-May-2022 16:57

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 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. 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 09/05/2022 15:16 (SGT)
Reported by Both
Date of Accident 07/05/2022 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information YIO CHU KANG TURNING RH INTO HOUGANG AVE 2 LP76
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL3286R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA TUCK WAH
NRIC No SXXXX380I
Email Address chia_tuck_wah@hotmail.com
Mobile Phone No (Phone) +65-83288438
Alternative Phone No +65-83288438

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5096635929-04

DRIVER

Name of Driver CHIA TUCK WAH
NRIC No SXXXX380I
Date Of Birth 24/12/1990
Occupation Outdoor

Date Of Driving Pass	18/05/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-83288438
Alt. Phone Number	+65-83288438
Email Address	chia_tuck_wah@hotmail.com
Address	702, HOUGANG AVE 2, #05-49
Address complement	-
Postcode	530702
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	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	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKECH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCY8288S
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	SJU9085S
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL3286R
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 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 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.

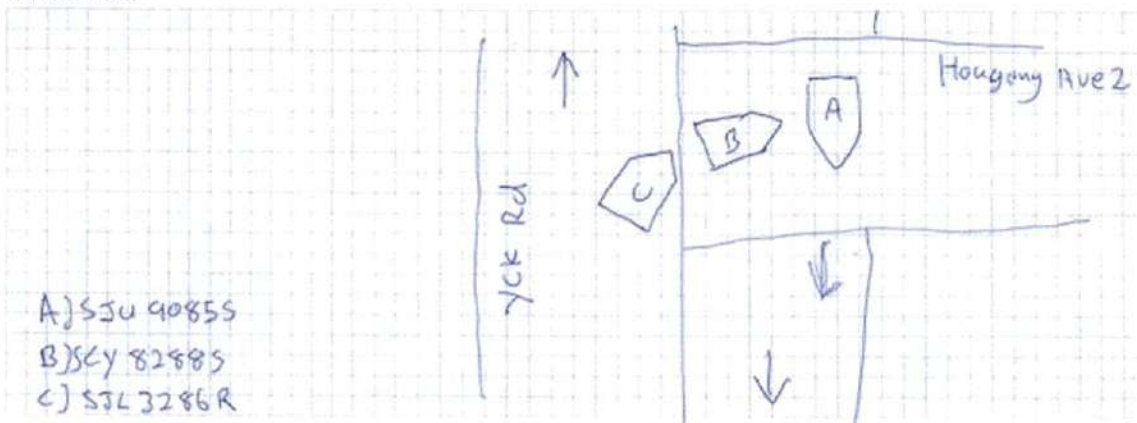
Ang
09 May 2022

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6463 1235 Fax: 6463 7944
Witnessed by Reporting Centre
(Claims Section)
Personnel

Sketch Plan











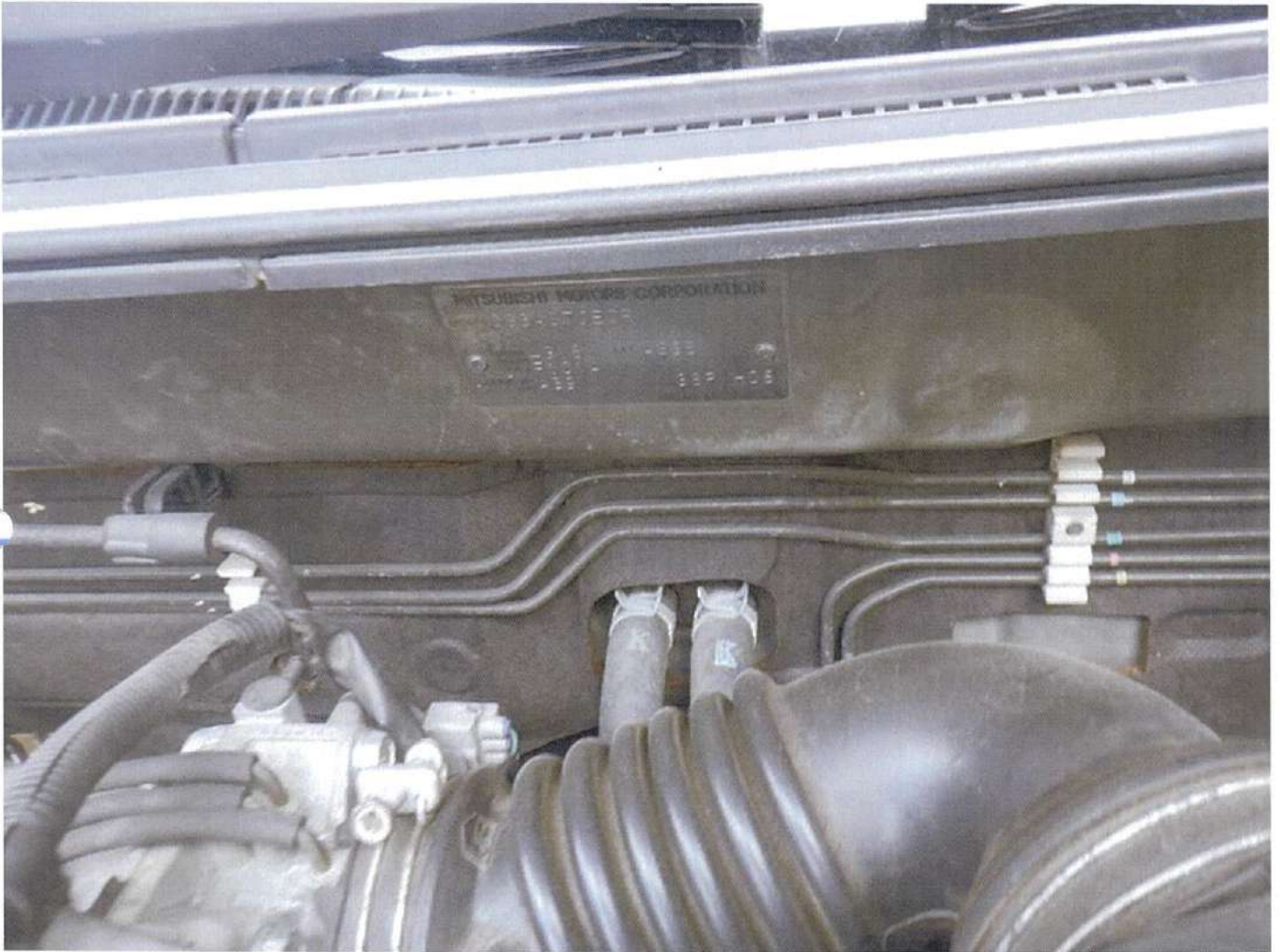


















**SINGAPORE
POLICE FORCE**



T/20220509/2031

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 4
Report No. T/20220509/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL3286R	NTUC Income Insurance Co-Operative Limited	5096635929-04	12/12/2021	11/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAY GEK ENG	ID No.	S1388608C	
Related Vehicle	SCY8288S (Car)	Contact No.	92987955	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	CHIA TUCK WAH	ID No.	S9049380I	
Related Vehicle	SJL3286R (Car)	Contact No.	83288438	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	07/05/2022	Date Discharge	07/05/2022	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Name	ZHANG XUTONG	ID No.	S9083892Z	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	


**SINGAPORE
POLICE FORCE**


T/20220509/2031

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20220509/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2022 11:46	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: CHIA TUCK WAH		Address: APT BLK 702 HOUGANG AVENUE 2 #05-49 SINGAPORE 530702	
ID Type / ID No.: NRIC NO / S9049380I		Contact No.: Home/Office: Mobile: 83288438	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 24/12/1990	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ASSISTANT ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2022 11:15	Type of Location: X-Junction
Location: YIO CHU KANG ROAD Lamp Post Number: 76				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCY8288S	Car				Slightly Damaged	3
SJL3286R	Car	MINISUBISHI	LANCER 1.6 A	Grey	Slightly Damaged	0
SJU9085S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220509/2031

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No: T/20220509/2031

CONTINUATION OF REPORT

Brief Details.

On the 07/05/2022, I was traveling along Yio Chu Kang Road and making a right turn towards Hougang Avenue 2. The green arrow appears and the vehicle (SCY8288S) in front started to move forward. A red car (SJU9085S) from the opposite direction suddenly beat the red light causing the car in front of my vehicle (SJL3286R) to brake.

As I could not brake in time, I collided to the rear of the vehicle in front of mine. The red car that dashes across the junction did not stop and drove off. My vehicle (SJL3286R) and vehicle (SCY8288S) gave chase and managed to stop the red car. We proceeded to exchange particular before driving off.

Later part of the day, I felt a strain to my neck and decided to visit Changi General Hospital. I was issued a medical certificate (MCR no. 66160J) of 3 days. As such I am making this report.



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: SC1R22590006 Vehicle Registration No: SJL3286R
 Name (as shown in NRIC): Chia Tuck Wah NRIC/FIN/Passport No: S90493801
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK T02 Hougang Ave 2 #05-49 Singapore (930702)
 Contact (Tel): _____ Mobile No.: 93283452
 Email Address: chia_tuck_wah@hotmail.com
 Date of Accident: 07/09/2022 Time of Accident: 11-15
 Place of Accident: YIO CHU KANG TURNING RH INTO HOUGANG AVE 2 LPT6
 Insurance Company: NTUC INTOME INSURANCE

(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 email address
 ↳ should be chia_tuck_wah@hotmail.com

 Policyholder / Driver's Signature
 Date:

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 3019 Fax: 6453 7044

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

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJU9085S

Date of Accident

07/05/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance AXA Insurance Pte Ltd

Period of Insurance 06/01/2022 - 05/01/2023

Requested By DPCOSITI (DANIEL POON & CO)

Requested Date 09/05/2022 14:38

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

DP. 11874. 22. GA

Enquire Vehicle Owner Details (As At 07 May 2022 / 11:15:00)**Vehicle Owner Details**

Owner ID Type:

Owner ID:

Singapore NRIC

S9083892Z

Owner Name:

Registered Address Type:

ZHANG XUTONG

HDB / HUDC

Registered Block/House No.:

Registered Street Name:

469A

SENGKANG WEST WAY

Registered Unit No.:

Registered Building Name:

12 - 604

-

Registered Postal Code:

791469

Vehicle Insurance Details

Vehicle No.:

Make Description/Model:

SJU9085S

KIA / CERATO EX FORTE 1.6L A/T ABS AB
2WD 4DR

Insurance Company Name:

AXA INSURANCE PTE LTD

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 07 May 2022 / 11:15:00)

Vehicle Insurance Details

Vehicle No.:

SJU9085S

Make Description/Model:

KIA / CERATO EX FORTE 1.6L A/T ABS AB
2WD 4DR

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220518141722700184

Please retain the business transaction reference number for Enquire Vehicle Owner
Details (if required).

Save as PDF

Print

OK →



Thank you

Daniel Poon & Co has successfully logged out.

Your last login date and time was 18 May 2022, 14:15:45.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.:	Asset Type:	Asset ID:	Transaction Type:	Transaction Amount(S\$):	Log Date/Time:
1	Vehicle	SJU9085S	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	18 May 2022 / 14:17:22





**GENERAL
INSURANCE
ASSOCIATION**

RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 26/07/2022

Your Ref No: DP.11814.22.GA+PI

Dear Sir/Madam,

Date of Accident: 07/05/2022 00:00 (SGT)

Vehicle No: SJL3286R

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SCY8288S	Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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. 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 09/05/2022 20:41 (SGT)
Reported by
Date of Accident -
Exact Location of Accident 07/05/2022 11:45 (SGT)
Additional Location Information Singapore
Country/State of Loss YIO CHU KANG ROAD
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCY8288S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY GEK ENG

VEHICLE PARTICULARS

Manufacturer
Model Toyota
Variant Harrier
Vehicle Category -
Transmission Private car
CC Auto
1986

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number Great Eastern General Insurance Limited
2021-V0108803-VDP-R002

DRIVER

Name of Driver
NRIC No TAY GEK ENG
Address S1388608C
Address complement 9 SERANGOON GARDEN WAY
Postcode -
Does Driver Own Other Vehicles? 555908
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear

Weather Conditions

Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UPLOAD SEPERATELY.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL3286R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA TUCK WAH
Insurance Company Name	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU9085S
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG XUTONG
Insurance Company Name	-

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 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 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 lodging 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 be 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, law firms/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, law firms/law firms, may be 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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

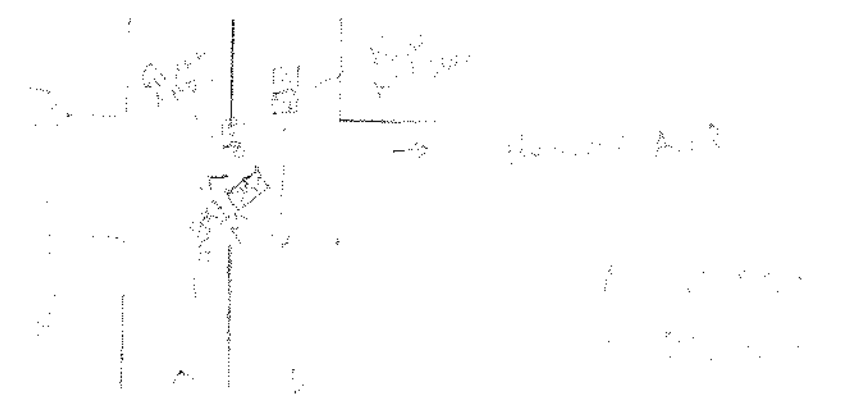


Policyholder's Signature : Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report.

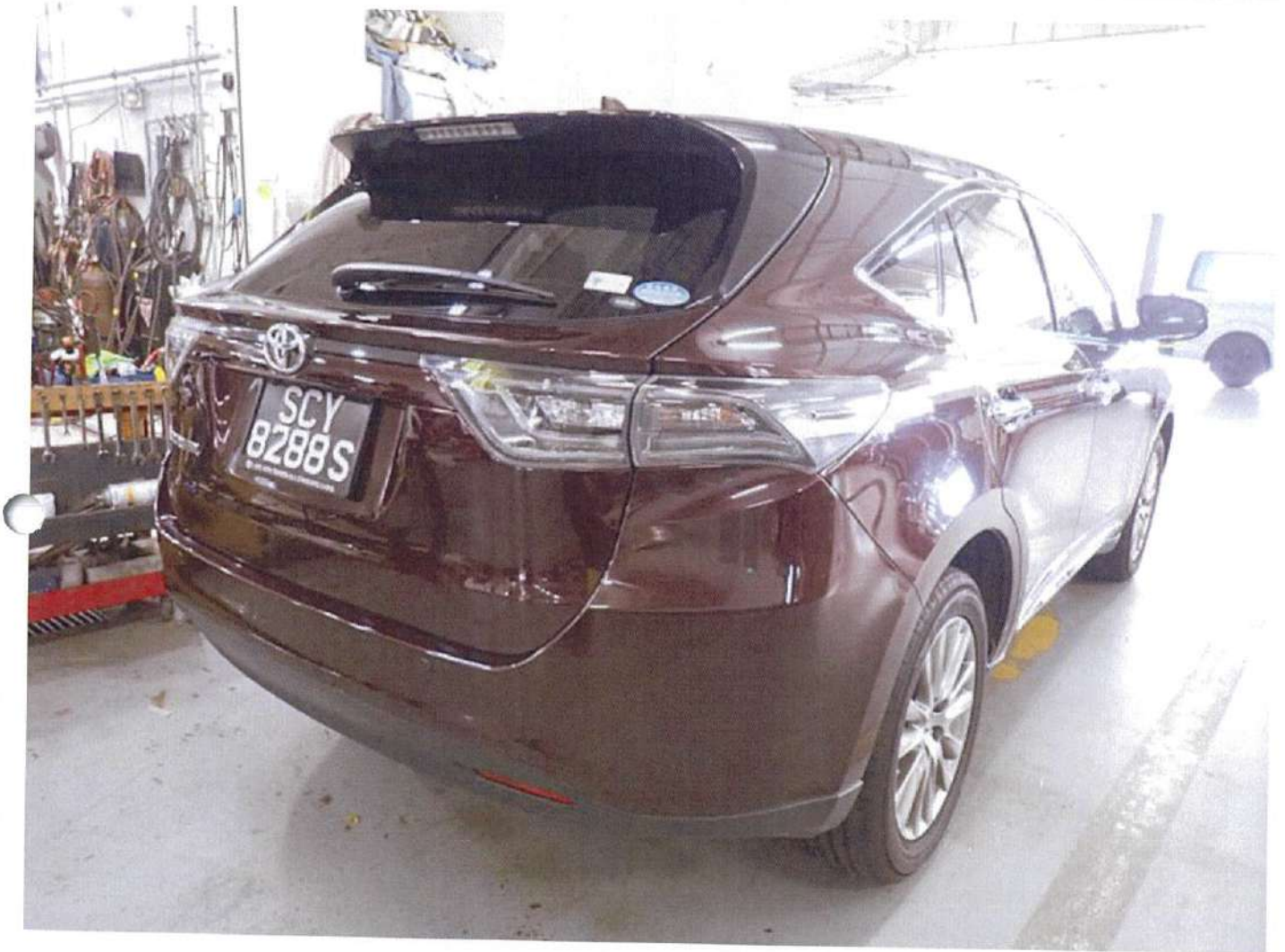
Declaration

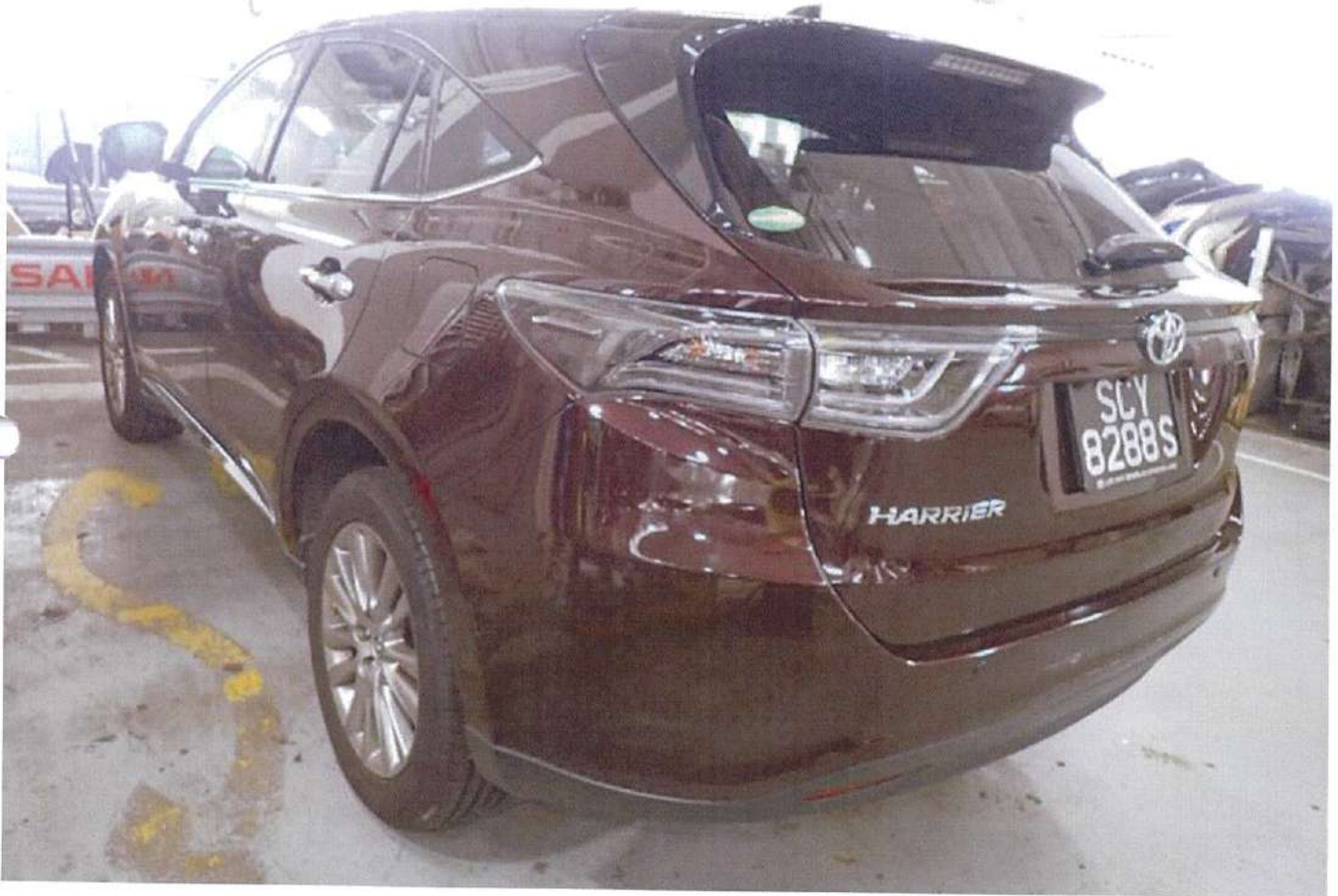
I/We declare the foregoing particulars are true in every respect

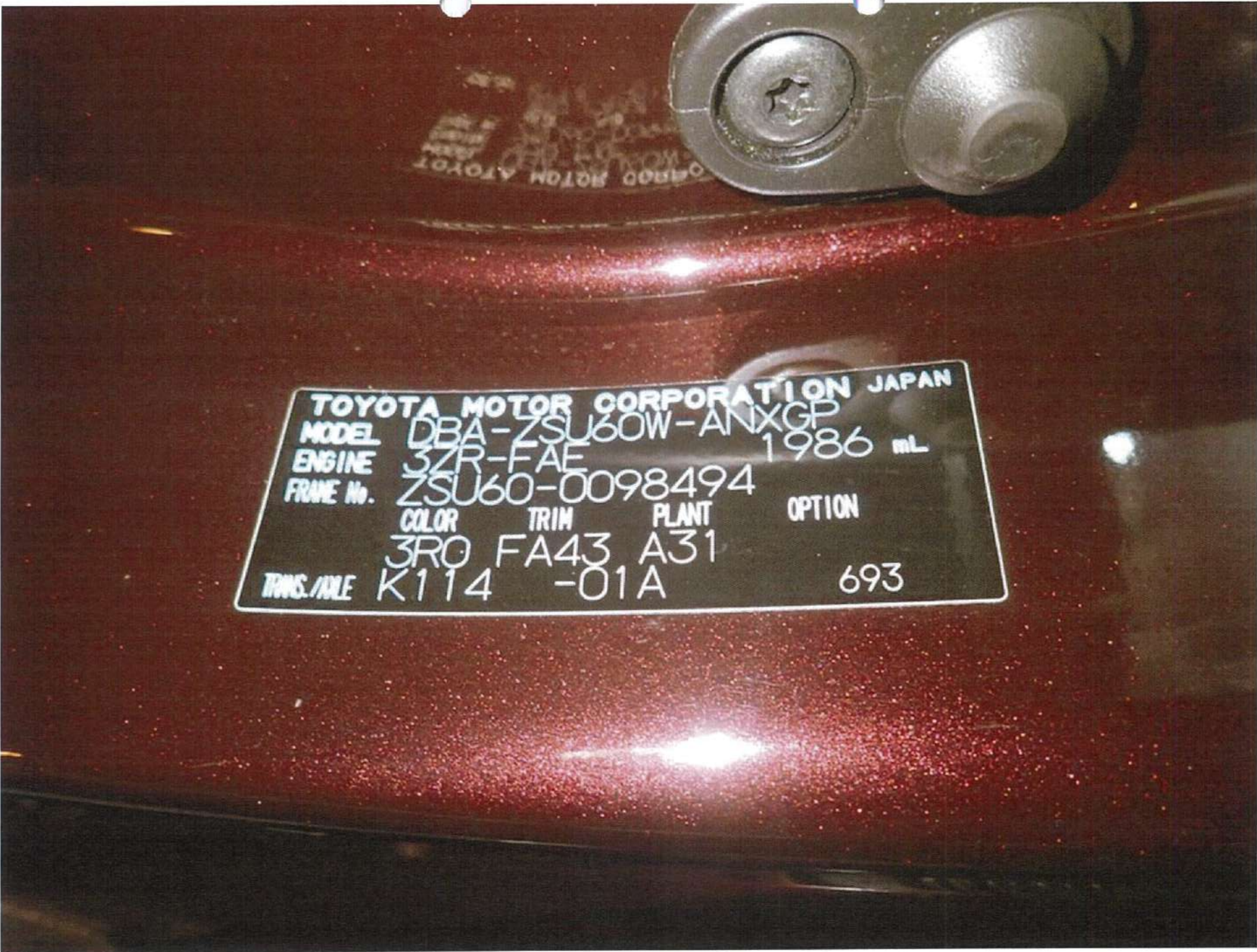
Policyholder's Signature - Date & Time
[Signature]
9/15/22 E. Ryan

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

Witnessed by Reporting Centre Personnel
[Stamp]

















FEEDBACK ON ROAD USERS

Traffic Police
Singapore Police Force
110 Robinson Road
Singapore 068966
Tel No: 6547 0000
Fax: 6547 4748

Date/Time Report Made
7/5/2022 1:34 pm



Submission Number: 20220507-0032
Public Violation Report No: APV:22/10312

Informant Name NEO HUIYING PAULINE	Email PAULINE.NEOHY@GMAIL.COM
ID Type / ID No. S8633373B	Contact No. 92987999
Date / Time Of Violation 7/5/2022 12:15 pm	Location Of Violation YIO CHU KANG ROAD
Video URL	

Description of Incident

Car SJU9085S beat red light
As the car I am in is turning right with the favor of the green arrow, car SJU 9085S failed to stop at her red light junction she beat the traffic light and my car to do an E-Brake to avoid collision. Unfortunately, the car behind me is unable to stop in time and hit my car from the back.
SJU9085S dangerous driving had caused an accident and get away with it. Innocent drivers get involved in accident due to irresponsible driver. Lucky Singapore have kind drivers. Mr Shawn 97356197 another car at the junction saw everything and willing to be the witness and exchange contact with me. The workers working at the junction saw 9085 beat the red light and the accident I got in.
The car that hit the back of the car I am in Mr Andy 89275374 said he have dash cam and is able to get footage of the accident. Innocent drivers like Mr Andy got involve in this all because of 1 irresponsible driver.
inside the car there were 2 young children and people crossing the road. It is unforgiving for such driving behavior. Dear TP please take a serious look in this driver because when confronted driver totally show no remorse. Driver dont seem like she have done anything wrong.
Thank you deeply appreciate your kind investigation.

Vehicle Involved			
S/N	Vehicle No	Colour	Make
1	SJU9085S	RED	KIA

Independent Eyewitness				
S/N	Name	ID No	Contact No	Email
1	ANDY		89275374	
2	SHAWN		97356197	

Items submitted or uploaded	
S/N	File Name
NO DATA FOUND	

POLICE REPORT #2

DRIVING BEHAVIOUR FEEDBACK REPORT



Report Number: 20220507-0032

Public Violation Report No: APV:02:10312

Signature Of Informant:

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



**GENERAL
INSURANCE
ASSOCIATION**

RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 25/07/2022

Your Ref No: DP.11814.22.GA+PI

Dear Sir/Madam,

Date of Accident: 07/05/2022 00:00 (SGT)

Vehicle No: SJL3286R

Place of Accident: Serangoon, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJU9085S	Serangoon, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 26/05/2022 18:32 (SGT)
Reported by
Date of Accident -
Exact Location of Accident 07/05/2022 11:00 (SGT)
Additional Location Information Serangoon, Singapore
Country/State of Loss SERANGOON
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU9085S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHANG XUTONG

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA562223

DRIVER

Name of Driver ZHANG XUTONG
NRIC No S9083892Z
Address APT BLK 469A SENGKANG WEST WAY #12-604 SINGAPORE
791469
Address complement
Postcode -
Does Driver Own Other Vehicles? 791469
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident No Collision

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO 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 SCY8288S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or willful concealment of material facts may allow insurance companies to rescind 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.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my work/office 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").

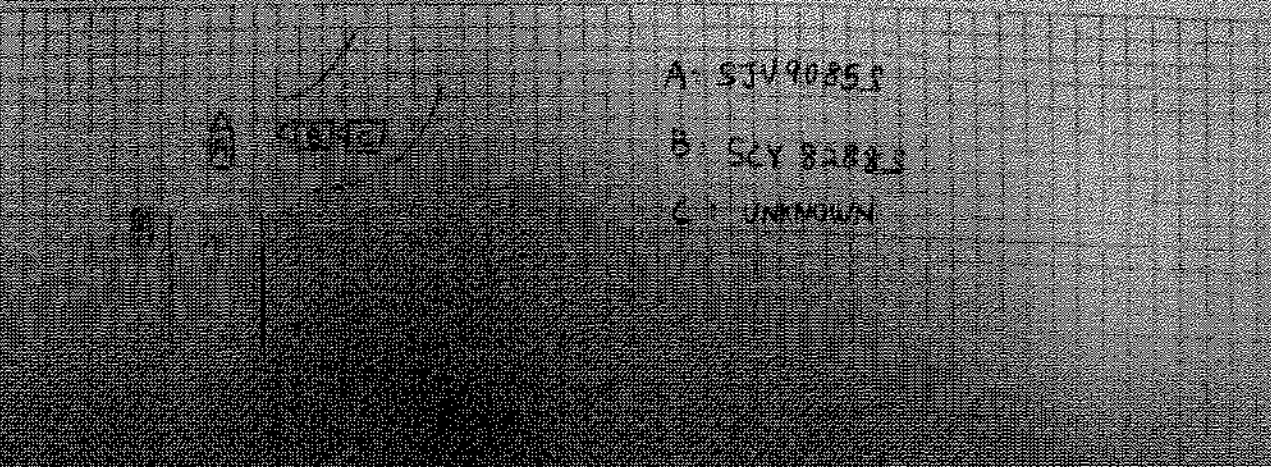
(b) as insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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



A - SJV 90853
 B - SCY 82813
 C - UNKNOWN

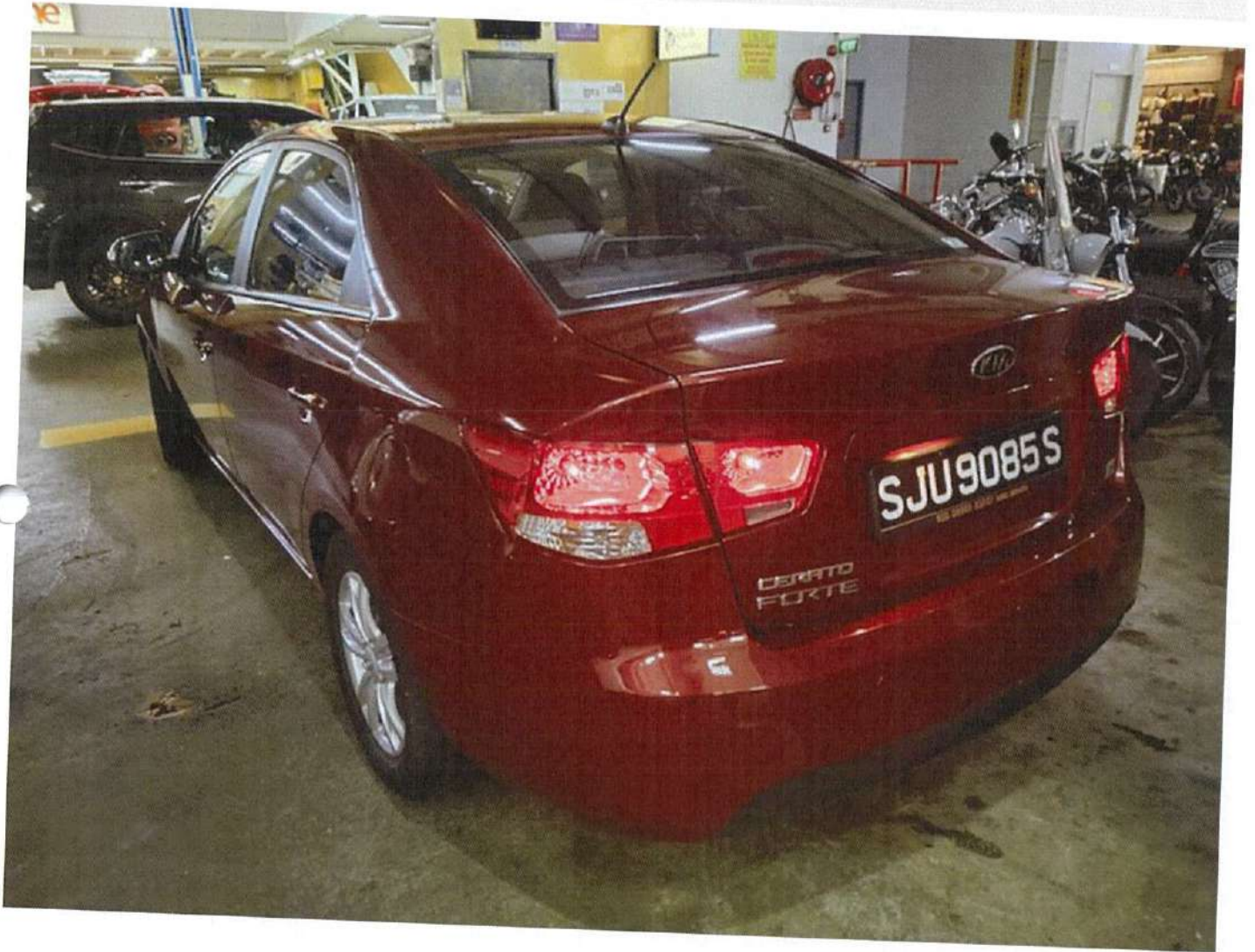
Describe Circumstances of the Accident

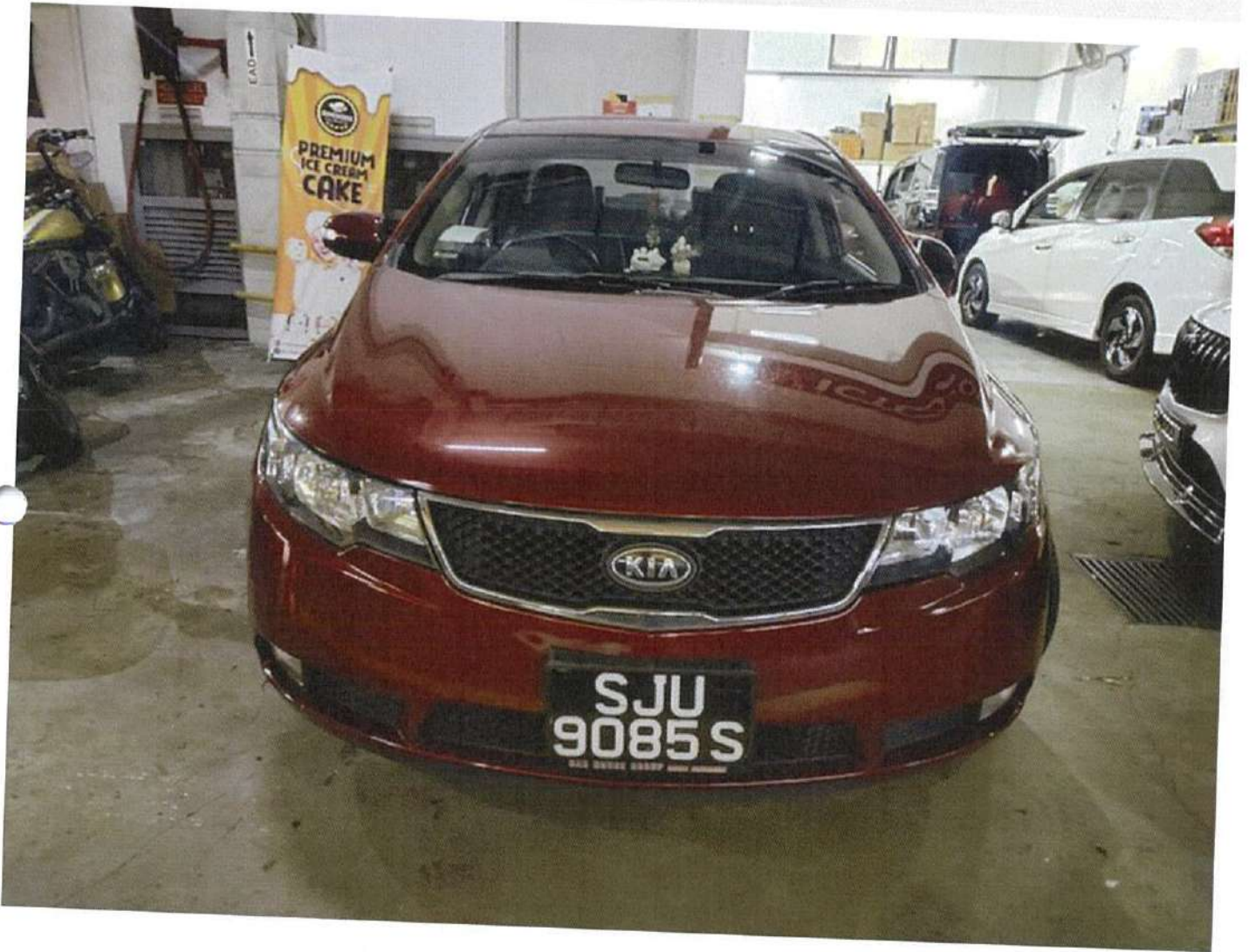
ON 7 MAY 2022 AT AROUND 11 AM I WAS TRAVELING ALONG CERANGGUW
I WAS NOT ABLE TO STOP IN TIME WHEN THE TRAFFIC LIGHT TURNED RED
SO I KEEP DRIVING VEHICLE B ON MY RIGHT SIDE MADE A EMERGENCY
BRAKE VEHICLE C NOT ABLE TO STOP IN TIME AND COLLIDED WITH VEHICLE
B.

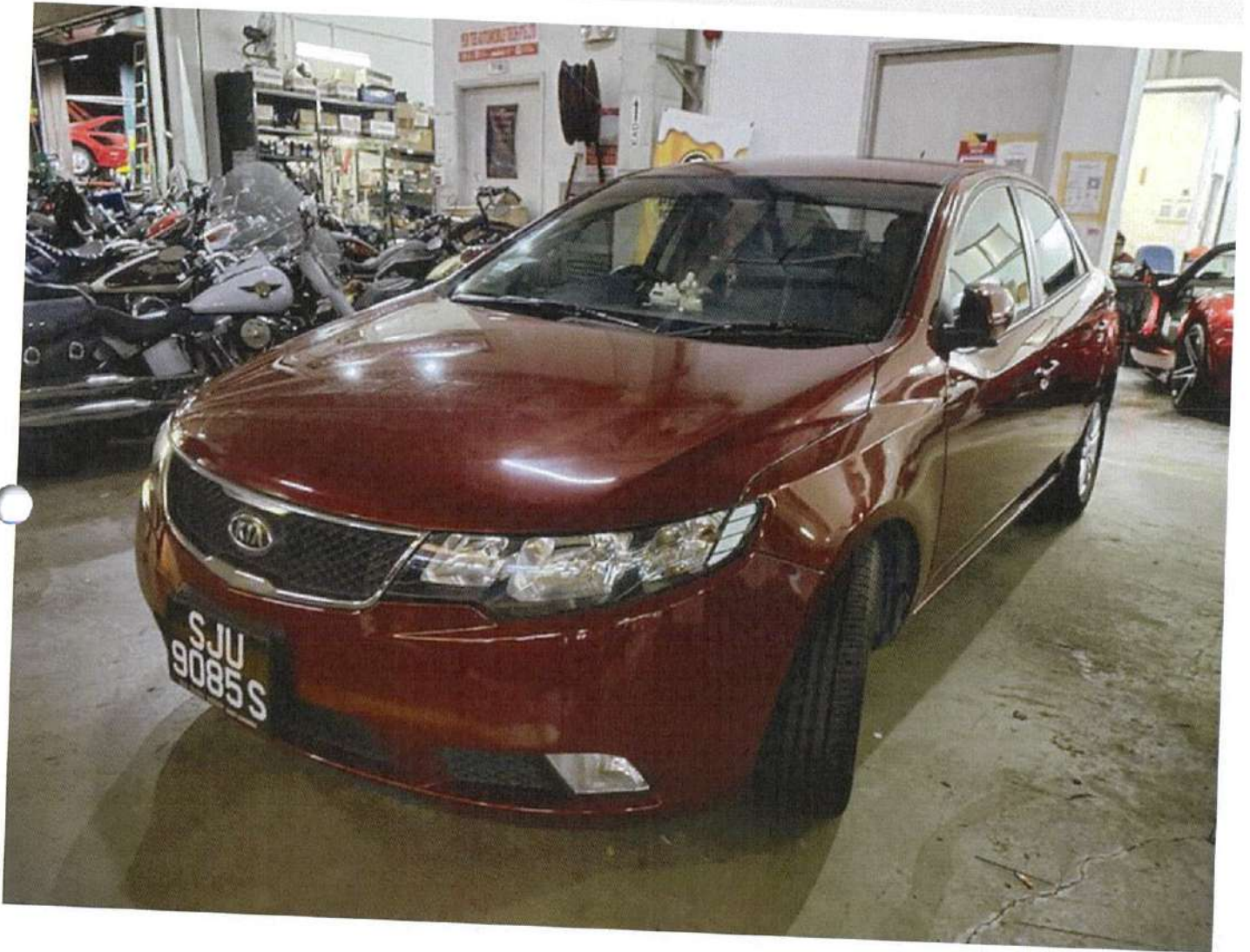
Description

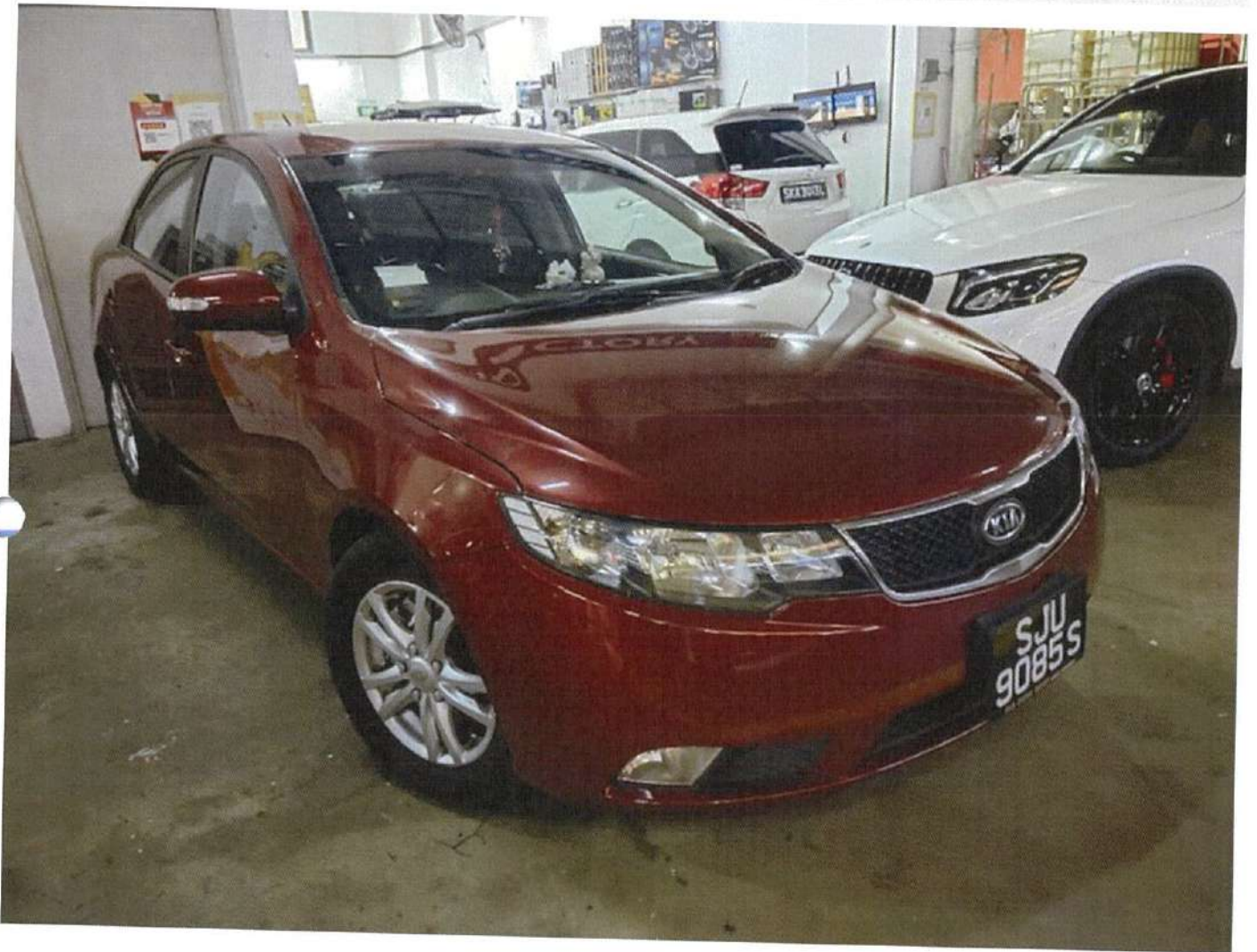
File Location (if available) (e.g. Police File Number)





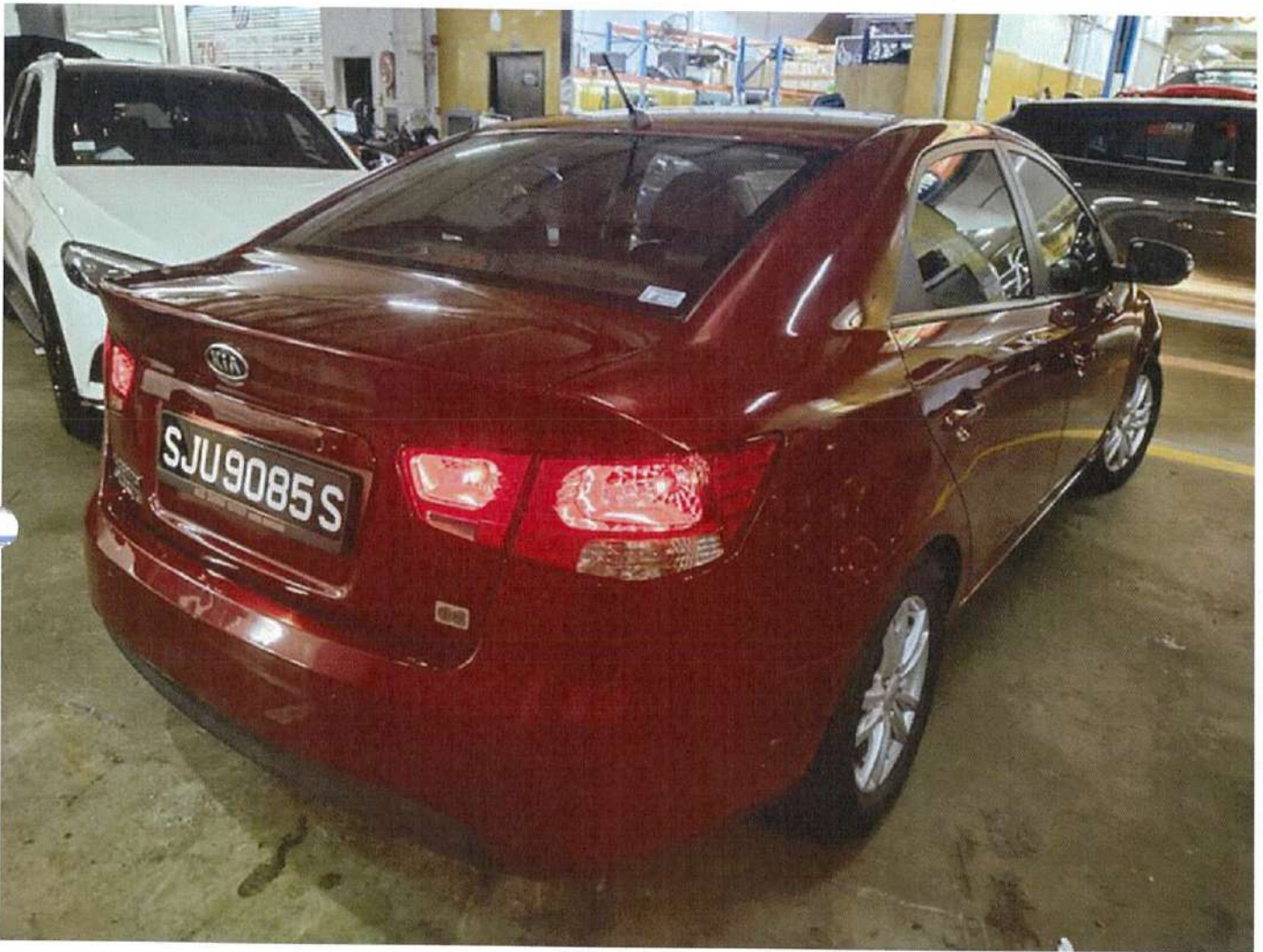












GUAN AUTO SERVICE

Blk 7 Sin Ming Industrial Estate Sector C
#01-82 Singapore 575642

FINAL BILL

Chia Tuck Wah
c/o Blk 7 Sin Ming Industrial Estate Sector C
#01-82 Singapore 575642

Our Ref.	SJL3286R
Your Ref.	-
Date	30-May-2022

No.	Description	Qty	Unit Price	Total
	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition. Vehicle: <u>SJL3286R</u> Make/Model: <u>Mitsubishi Lancer</u> Accident Date: <u>7-May-22</u>			\$4,300.00
			Amount Due	\$4,300.00



Fong

Authorised Signatory



WIN WIN RENT-A-CAR PTE LTD

Invoice

CHIA TUCK WAH

Invoice No : WPLIN0006213
Invoice Date : 20/5/2022
Due Date : 20/5/2022
VHA No : 6977
Referral ID : G023

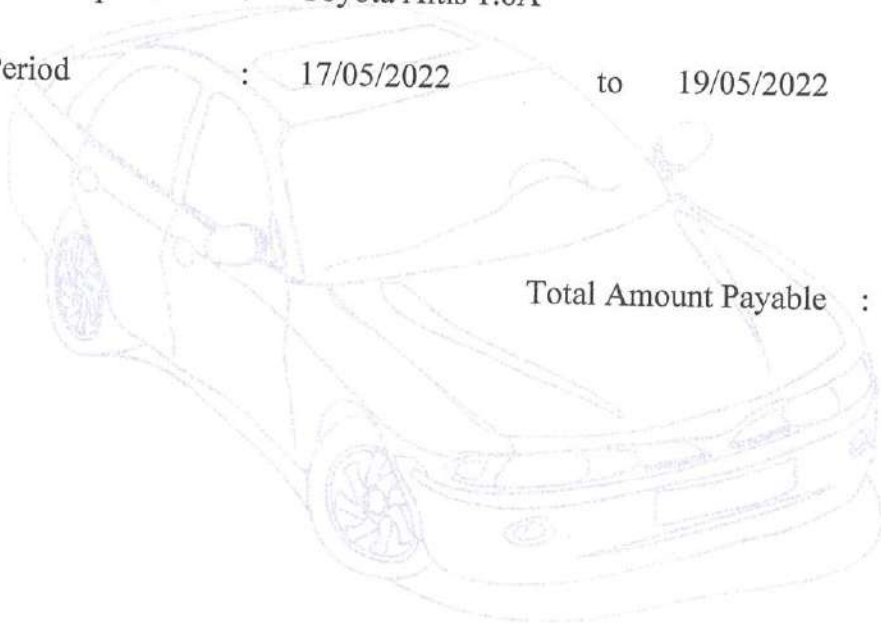
Description :	Amount
Rental for 3 Day/s @ \$100 per Day \$	300.00

Vehicle No : SJN5379H

Vehicle Description : Toyota Altis 1.6A

Rental Period : 17/05/2022 to 19/05/2022

Total Amount Payable : \$ 300.00



WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

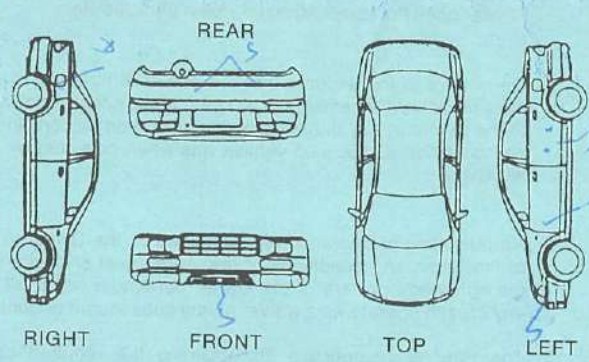

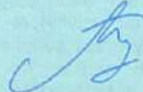
VHA No: 6977

Invoice No: WPLIN 6213

Hirer's Vehicle No:

UEN: 201505115E

VEHICLE RENTAL AGREEMENT



HIRER'S PARTICULARS		Vehicle No: <u>SJN 5379H</u> Replace Veh No:	
Name: (as in I/C) <u>CHIA TUCK WAH</u>		Mileage Out: <u>241274</u> Mileage Out:	
NRIC / FIN No: <u>S9049380 I</u>		Make & Model: <u>TOYOTA ALTIS</u> Auto / Manual	
Address (Res): <u>BK 702 HOUGANG AVE 2</u> <u># 05-49 5 (530702)</u>		Out : Date <u>17/5/22</u> Time: <u>1300</u>	
Name & Address of Employer:		HIRE / PERIOD EXPIRY Time:	
Occupation: _____ Driving Exp: _____		NON-WAIVER EXCESS=\$ <u>2000/-</u>	
Singapore Driving Licence No: _____		CHARGES	
Issue Date: <u>28/5/09</u> Date of Birth: <u>24/12/90</u>		Daily <u>3</u> @\$ <u>100</u> per day <u>\$300 -</u>	
Tel: (O) _____ (R) _____ HP: _____		Weekly @\$ _____ per week	
ADDITIONAL DRIVER'S PARTICULARS		Monthly @\$ _____ per month	
Name: (as in I/C) _____		Hours @\$ _____ per hour	
NRIC / FIN No: _____		Extension @\$ _____	
Address (Res): _____		Delivery/Collection Service	
Occupation: _____ Driving Exp: _____		SUB-TOTAL \$	
Singapore Driving Licence No: _____		PETROL LEVEL	
Issue Date: _____ Date of Birth: _____		Out E <u>1/8</u> 1/4 3/8 1/2 5/8 3/4 7/8 F	
Tel: (O) _____ (R) _____ H/P: _____		In <u>E</u> 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	
VEHICLE CHECK LIST		Fuel _____	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS		Traffic / Parking Fines	
		TOTAL CHARGES \$	
MISSING / FAULTY ACCESSORIES / PARTS		Hirer's Signature  	
REMARKS: _____		Additional Driver's Signature _____	

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

***IMPORTANT**

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
5. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SIGNATURE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
<u>19/5/22</u>	<u>1902</u> <u>18:02</u>	<u>241293</u>			  SIGNATURE OF HIRER/DRIVER
<u>19/5</u>					

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

Chia Tuck Wah
C/O Guan Auto Service
Blk 7 Sin Ming Industrial Estate Sector C
#01-80/#01-82
Singapore 575642

INVOICE NO : APA22002382

DATE : 23/05/2022

VEHICLE NO : SJL3286R

JOB REFERENCE NO : 22/002498

ACCIDENT DATE : 07/05/2022

SURVEY DATE : 17/05/2022

DESCRIPTION

AMOUNT

Survey Fees Inclusive Of Transportation	\$460.00
Photographs (\$1) Per Copies : 69	\$69.00

TOTAL AMOUNT : \$529.00

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



VEHICLE SURVEY REPORTS																																				
Chia Tuck Wah C/O Guan Auto Service Blk 7 Sin Ming Industrial Estate Sector C #01-80/#01-82 Singapore 575642																																				
1	Reference Job Reference No : 22/002498 Claim No : - Claim Type : Third Party Accident Date : 07/05/2022 Survey Date : 17/05/2022 Survey Report Date : 23/05/2022																																			
2	Particulars Of Vehicle Vehicle Registration No : SJL3286R Make & Model : Mitsubishi Lancer 1.6 A Vehicle Registration Date : 24/11/2008 Chassis No : JMYSTCS3A8U010555 Engine No : Blocked Colour : Grey																																			
3	Condition Of Vehicle And Tyres <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Mileage (KM)</u></th> <th style="text-align: left;"><u>Brakes</u></th> <th style="text-align: left;"><u>Steering</u></th> <th style="text-align: left;"><u>Modification</u></th> </tr> </thead> <tbody> <tr> <td>208608</td> <td>Serviceable</td> <td>Serviceable</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th style="text-align: left;"><u>Tyres</u></th> <th style="text-align: left;"><u>Make</u></th> <th style="text-align: left;"><u>Size</u></th> <th style="text-align: left;"><u>Balance (MM)</u></th> </tr> <tr> <td>Front RHS</td> <td>Kumho</td> <td>195/55R15</td> <td>5</td> </tr> <tr> <td>Front LHS</td> <td>Kumho</td> <td>195/55R15</td> <td>5</td> </tr> <tr> <td>Rear RHS</td> <td>Kumho</td> <td>195/55R15</td> <td>6</td> </tr> <tr> <td>Rear LHS</td> <td>Kumho</td> <td>195/55R15</td> <td>6</td> </tr> </tbody> </table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	208608	Serviceable	Serviceable	None					<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Kumho	195/55R15	5	Front LHS	Kumho	195/55R15	5	Rear RHS	Kumho	195/55R15	6	Rear LHS	Kumho	195/55R15	6
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Rear RHS	Kumho	195/55R15	6																																	
Rear LHS	Kumho	195/55R15	6																																	
4	Description Of Damages The vehicle sustained damages at front right hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex A

Ref No : 22/002498

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
List Items					
1	1	Front bumper	Deformed	743.00	743.00
2	1	Front bumper RH Fog lamp cover	Serviceable/reuse	64.00	-
3	1	Front bumper RH side bracket	Bent	37.00	37.00
4	1	Front bumper inner reinforcement	Badly dented/bent	147.00	147.00
5	1	Front bumper clips	Broken/necessary	30.00	30.00
6	1	Front grille complete	Dented/broken	197.00	197.00
7	1	RH headlamp	Broken/cut	612.00	612.00
8	1	Front RH fender	Badly dented/bent	486.00	486.00
9	1	Front RH fender under shield	Serviceable/reuse	90.90	-
10	1 set	Front fender under shield clips	Broken/necessary	30.00	30.00
11	1	Front bonnet	Badly dented/bent	567.00	567.00
12	1	Front bonnet lock	Bent	68.00	68.00
13	1	Front support panel	Buckled/bent	567.00	567.00
14	1	Air con condenser	Dented/leaking	527.00	527.00
15	1	Radiator	Serviceable/reuse	831.00	-
				4,996.90	4,011.00
Less discount 10%				499.69	401.10
Total :				4,497.21	3,609.90
Special Nett Items					
16	1	Front number plate	Serviceable/reuse	45.00	-
17	1L	Radiator coolant	Necessary	35.00	35.00
				80.00	35.00
Total Spare Parts :				4,577.21	3,644.90

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 22/002498

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, jack out, straighten, panel beating, align and renew replaced parts.	1,000.00	700.00
2	To putty and respray painting on affected areas.	1,200.00	800.00
3	To check wirings and lightings.	50.00	30.00
4	To remove, refix aircon condenser, pipes, drier vacuum and recharge gas.	150.00	120.00
5	To supplied and applied anti rust treatments.	100.00	60.00
		Total Labour :	2,500.00
		Total Spare Parts :	4,577.21
		Total Labour :	2,500.00
		Total Repair Costs :	7,077.21
			5,354.90

Assessor's Recommendation

Repairer Estimate : 7,077.21
Our Adjustment : 5,354.90

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$4,300.00, with a repair period of 5 working days.

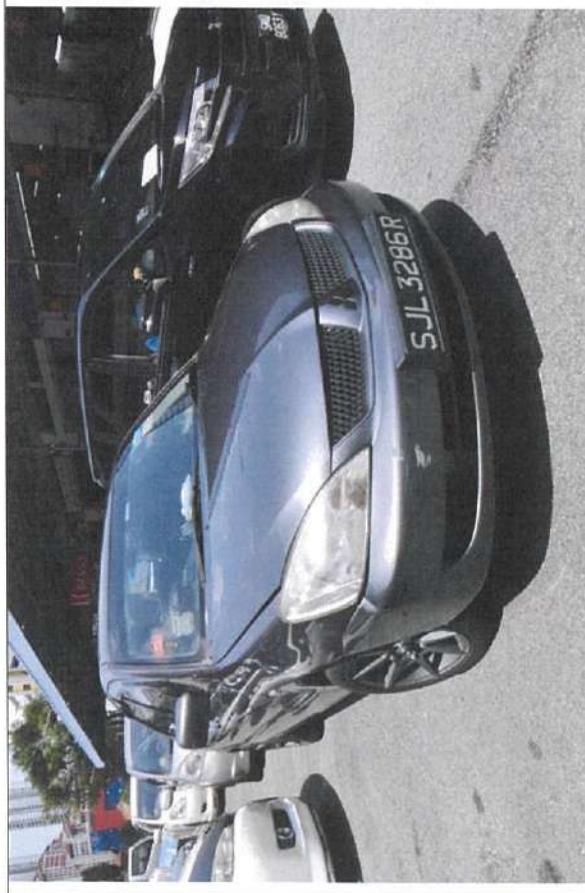
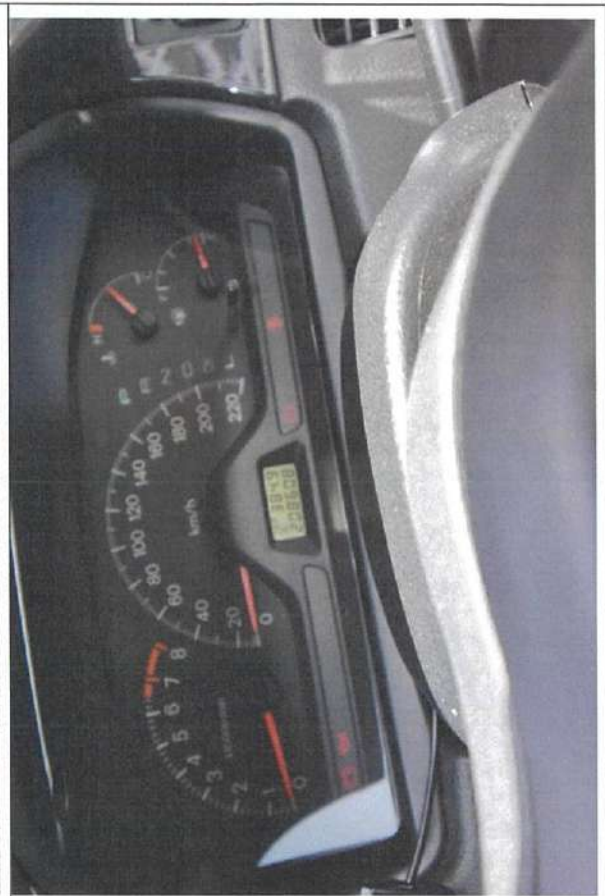
Surveyed By:



Lek Boon Hwee
Automobile Appraiser

APA

Job Reference No : 22/002498



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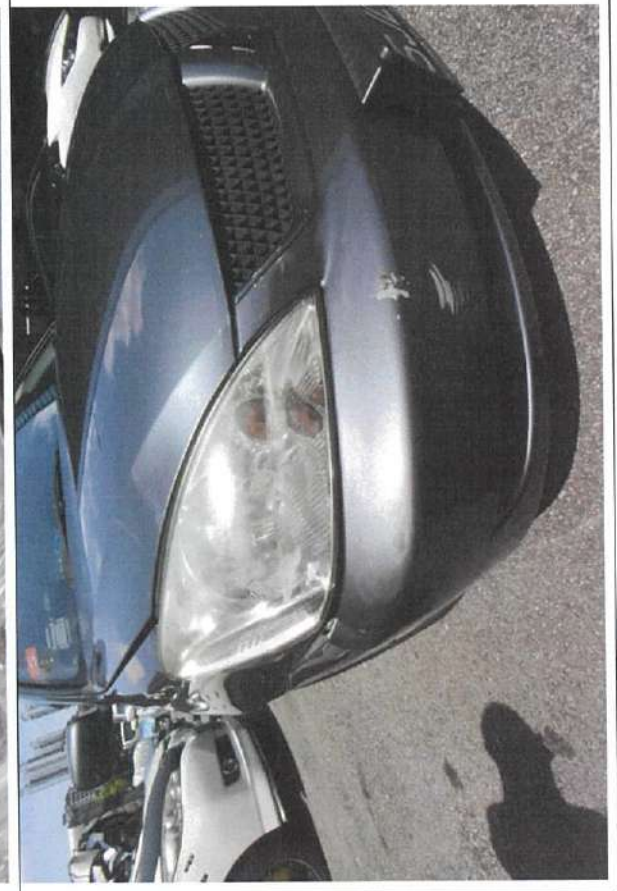
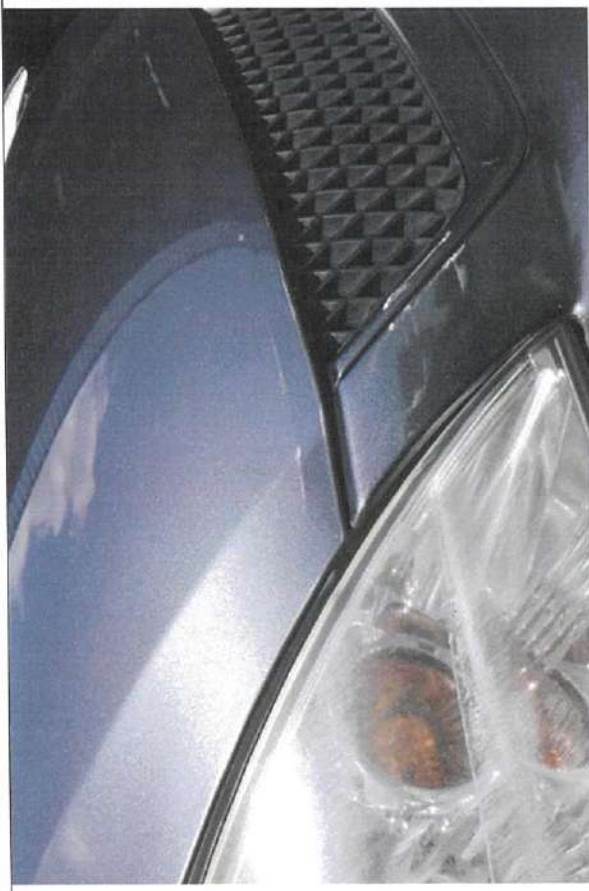
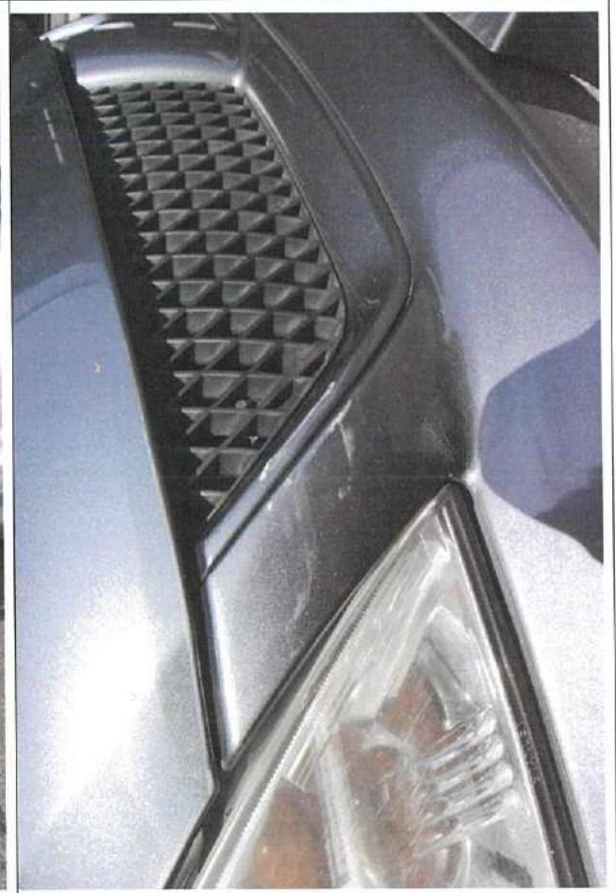
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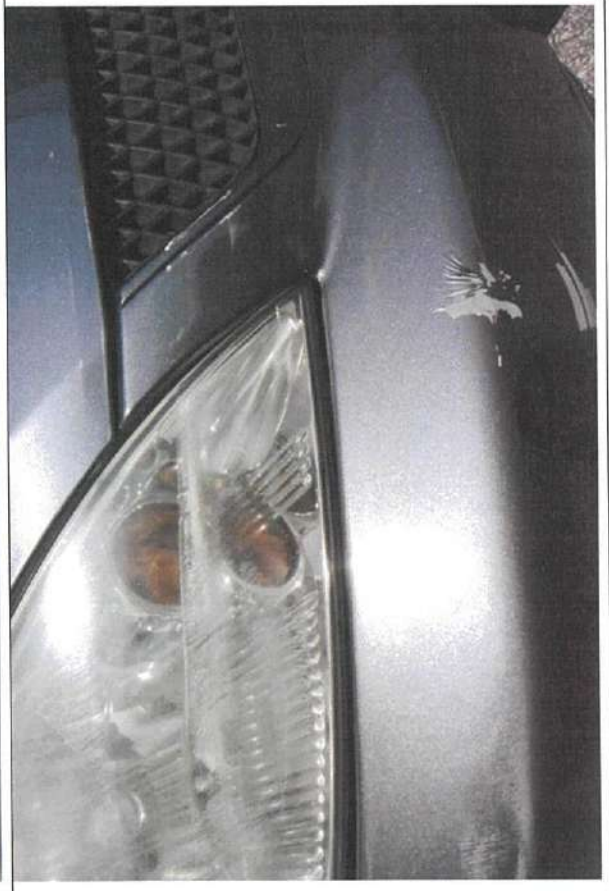
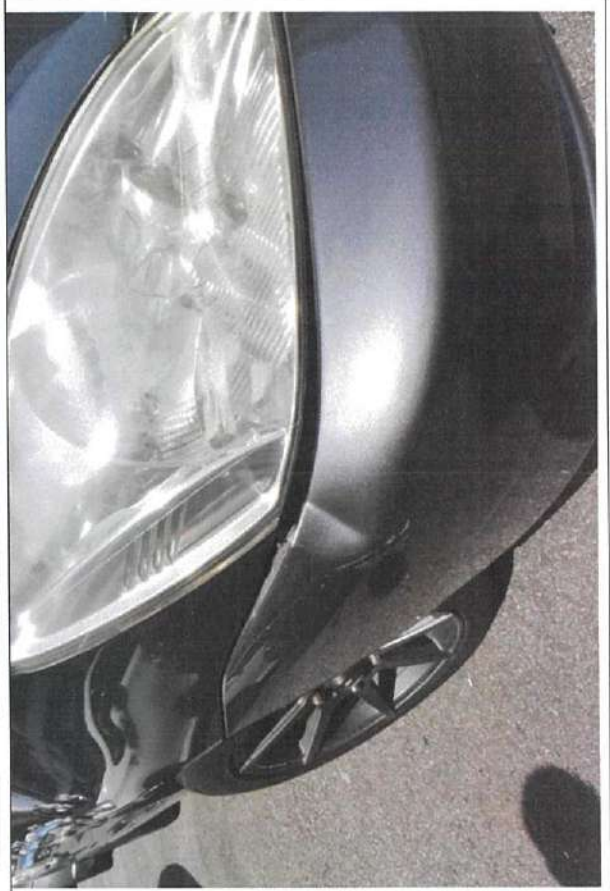
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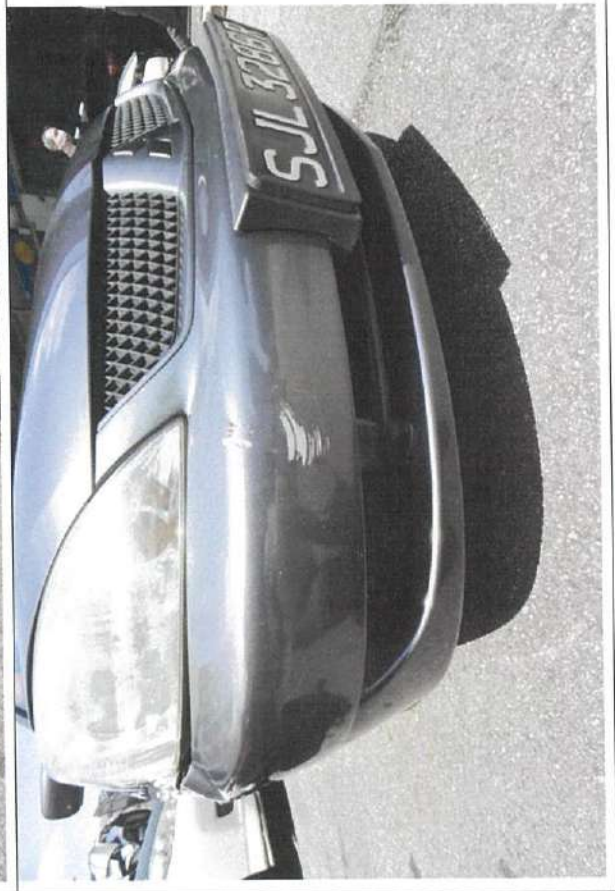


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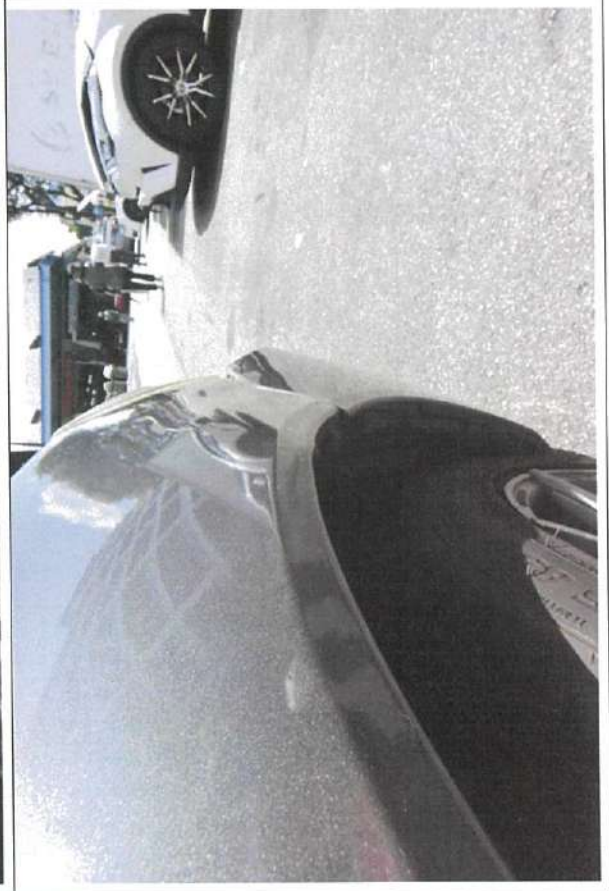
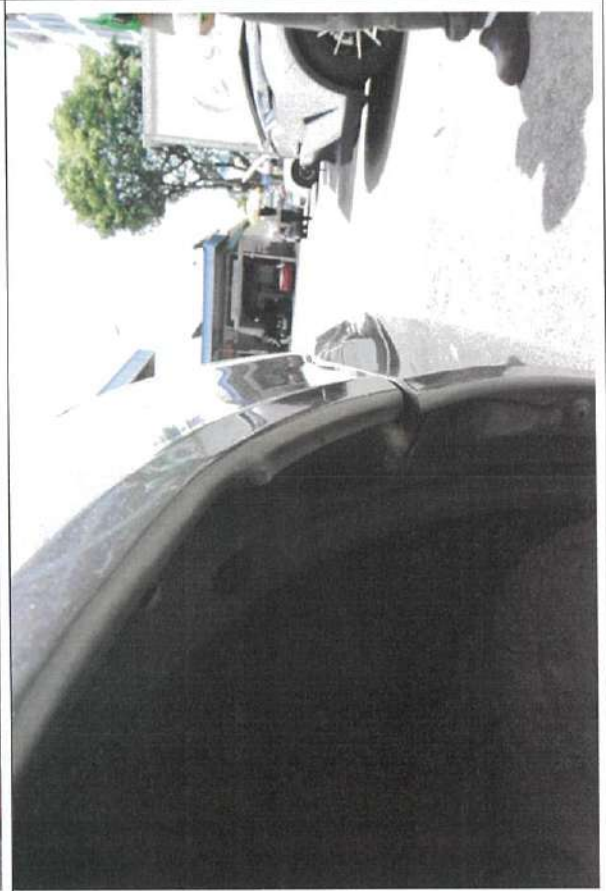
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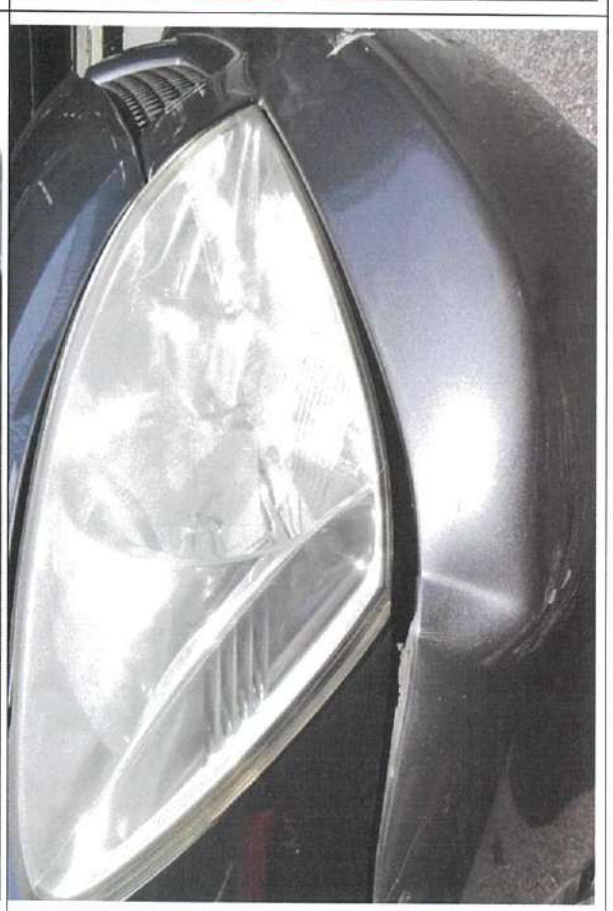
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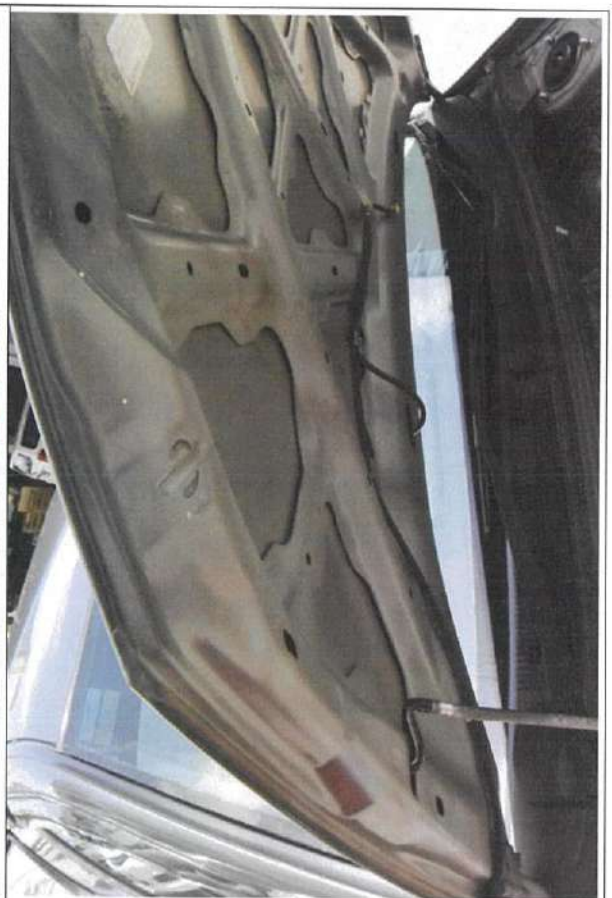


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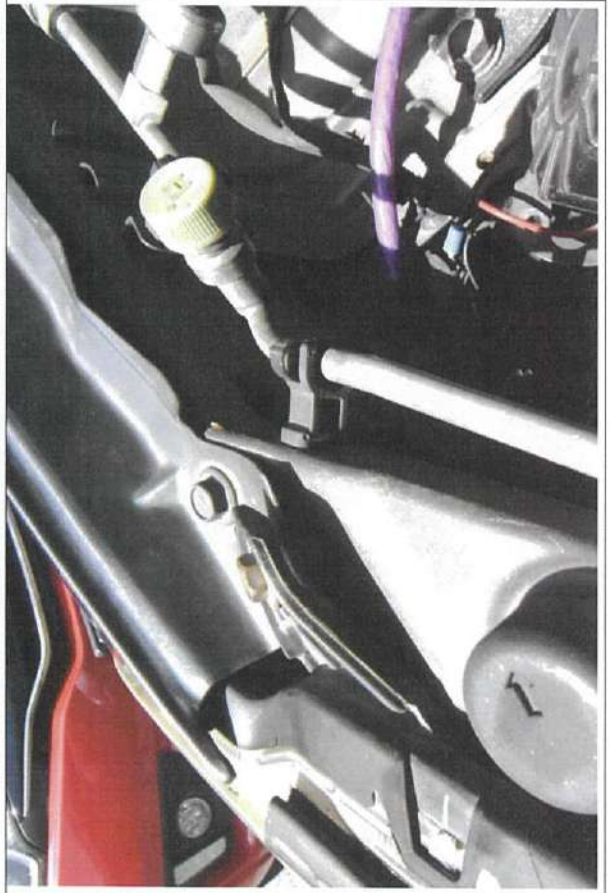
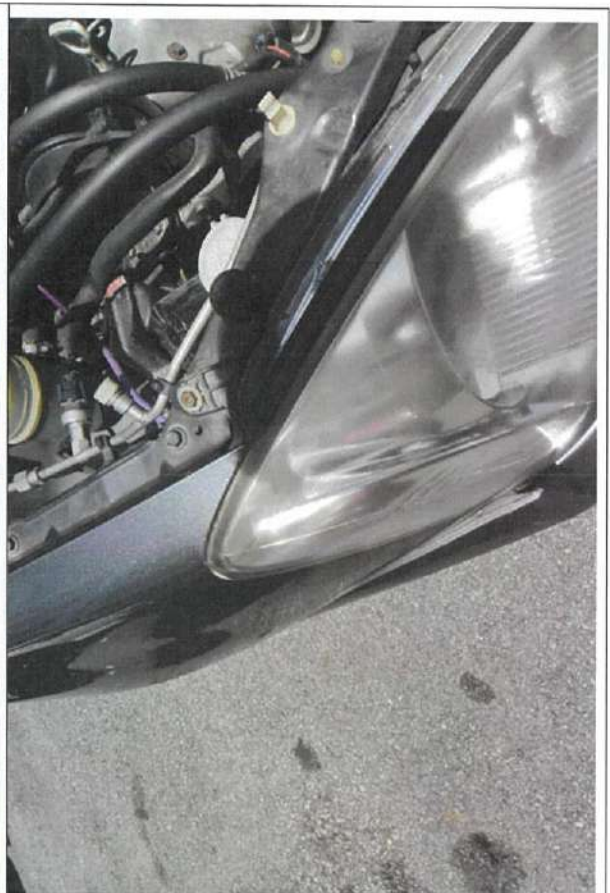
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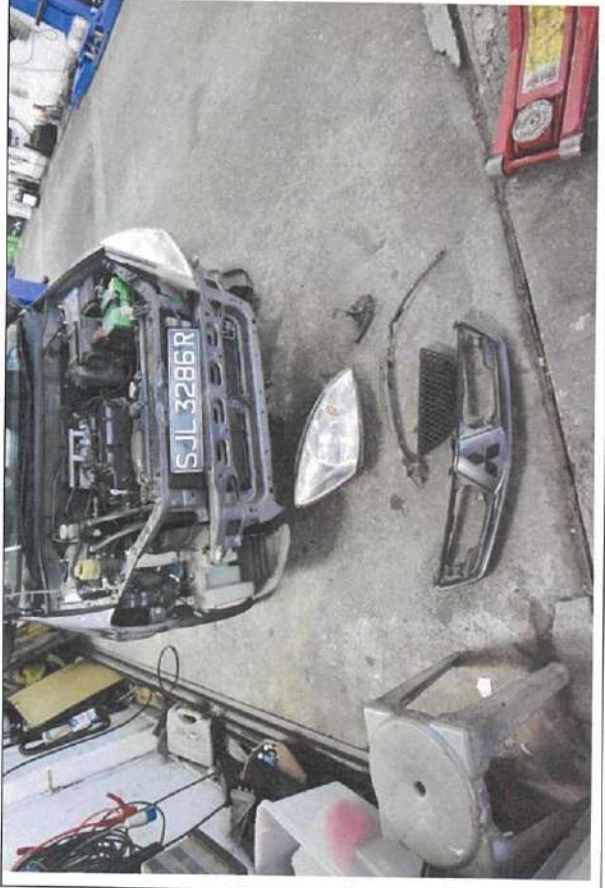
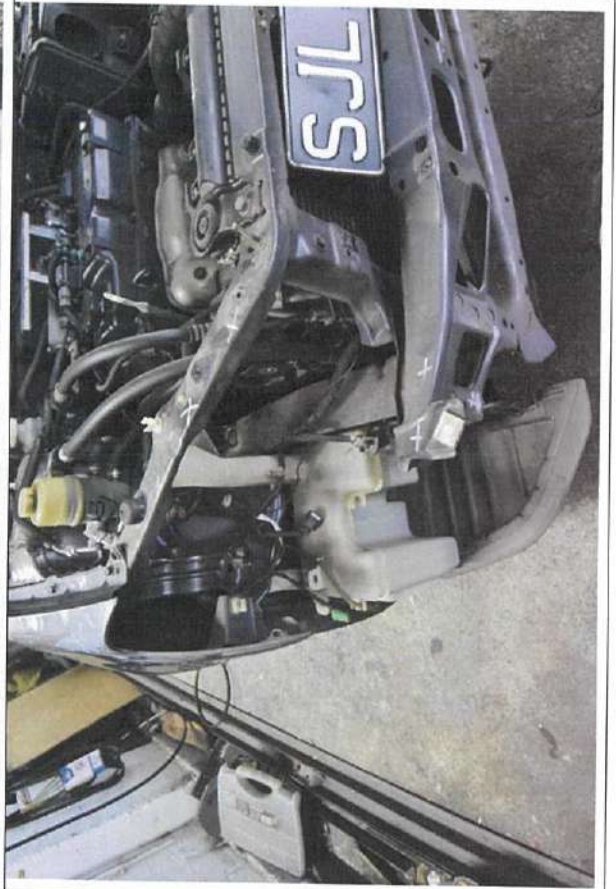
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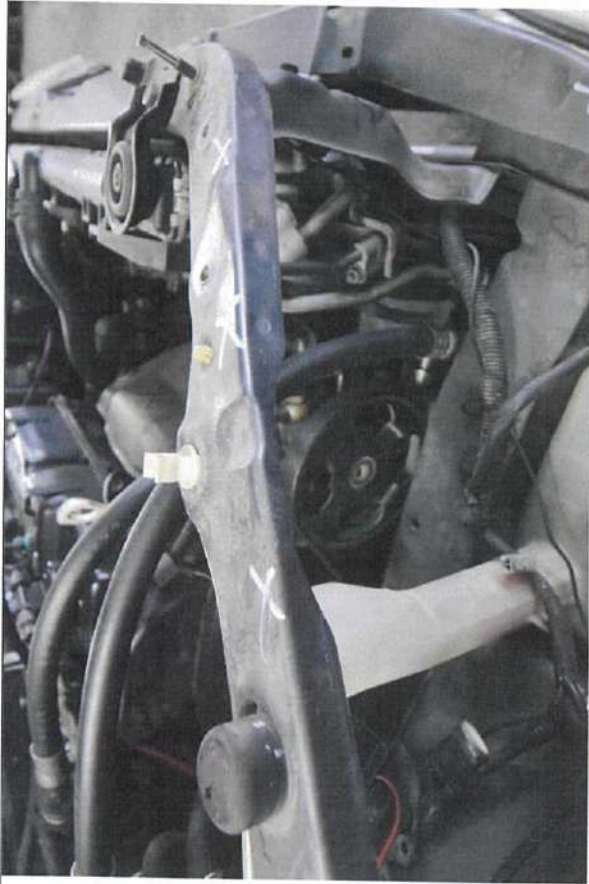
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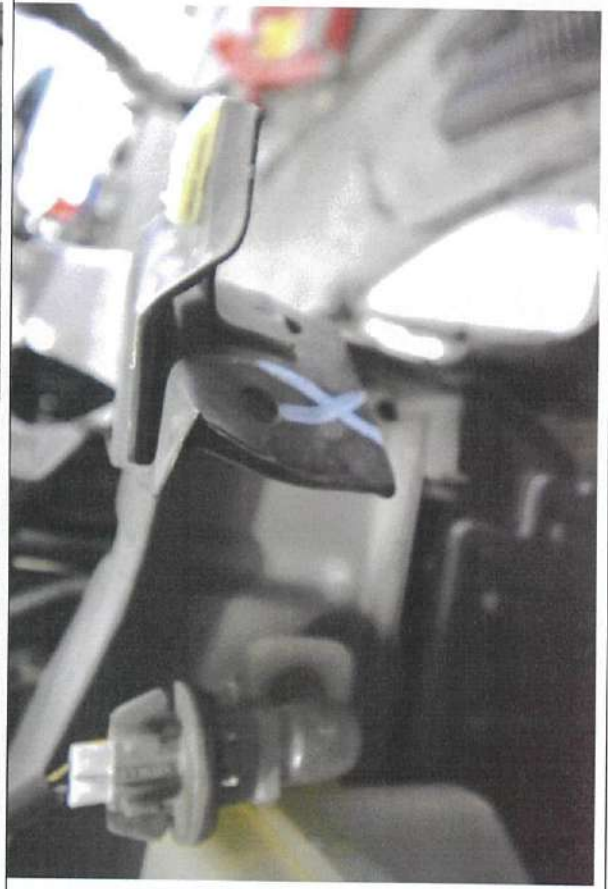
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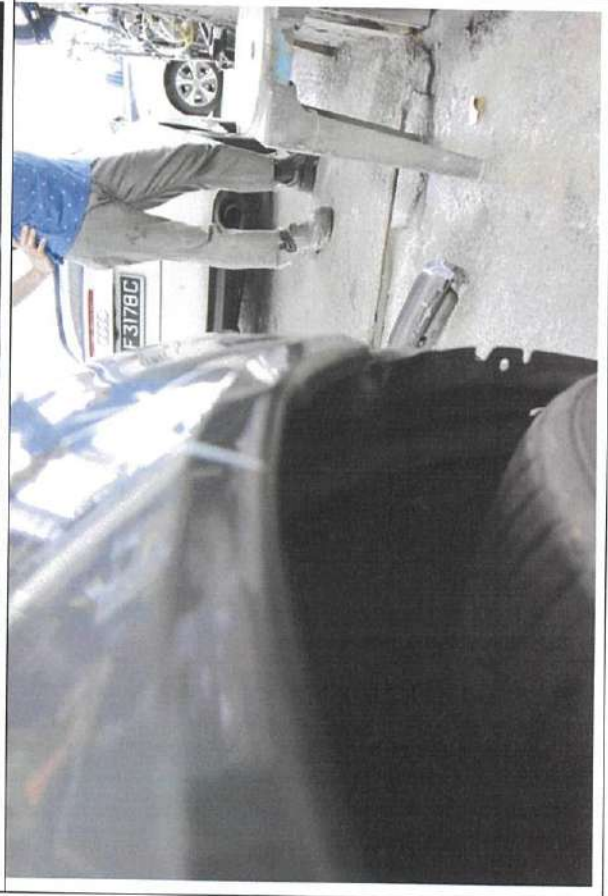
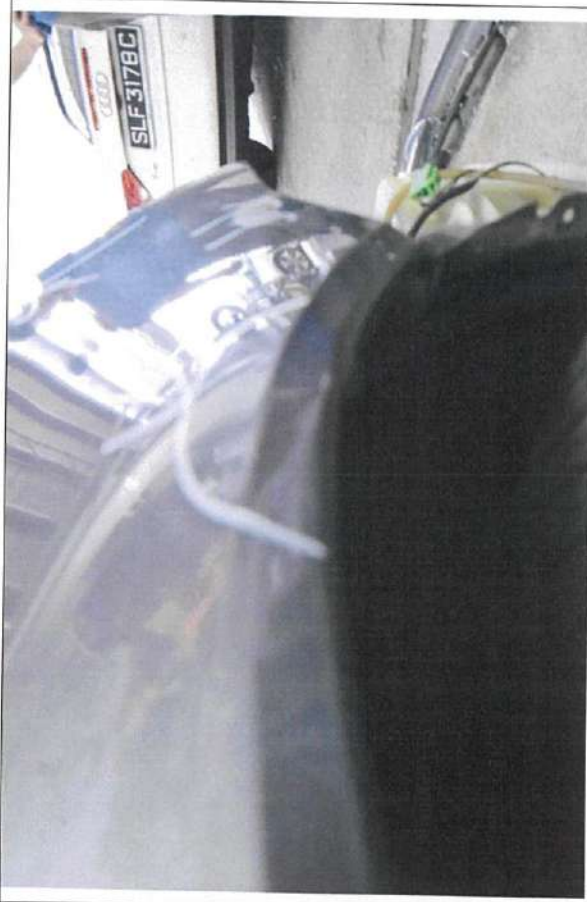
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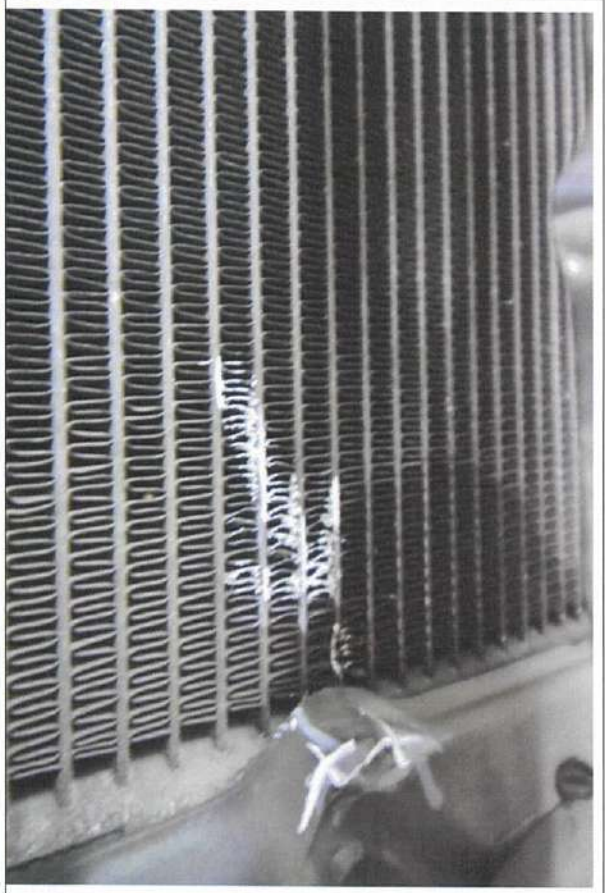
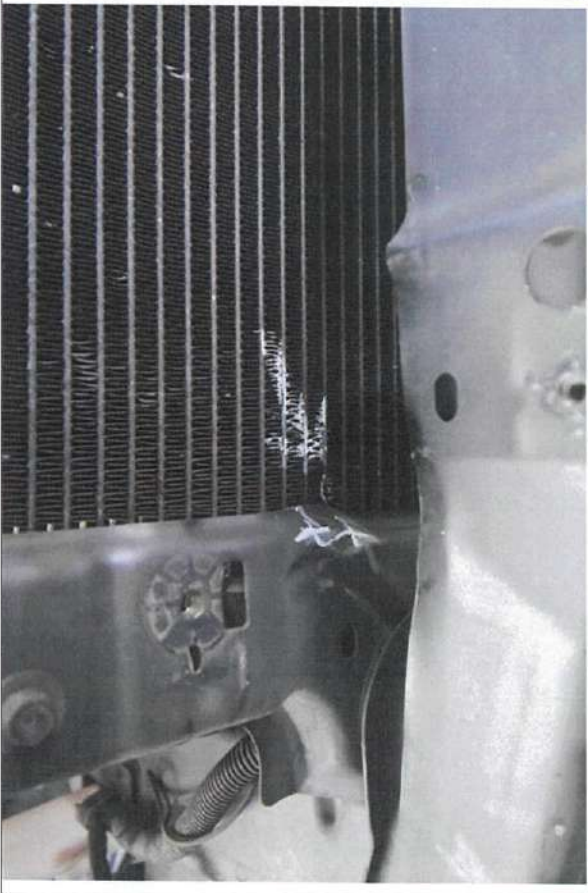
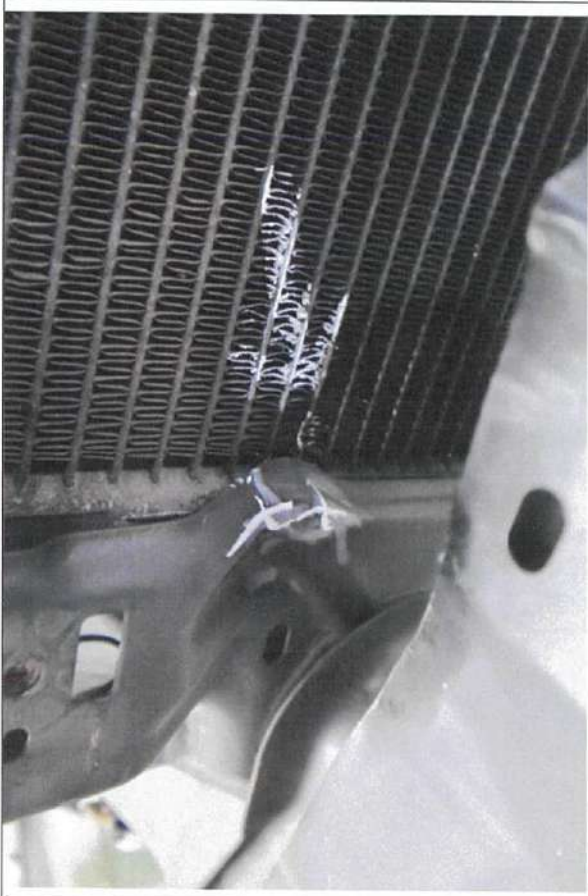
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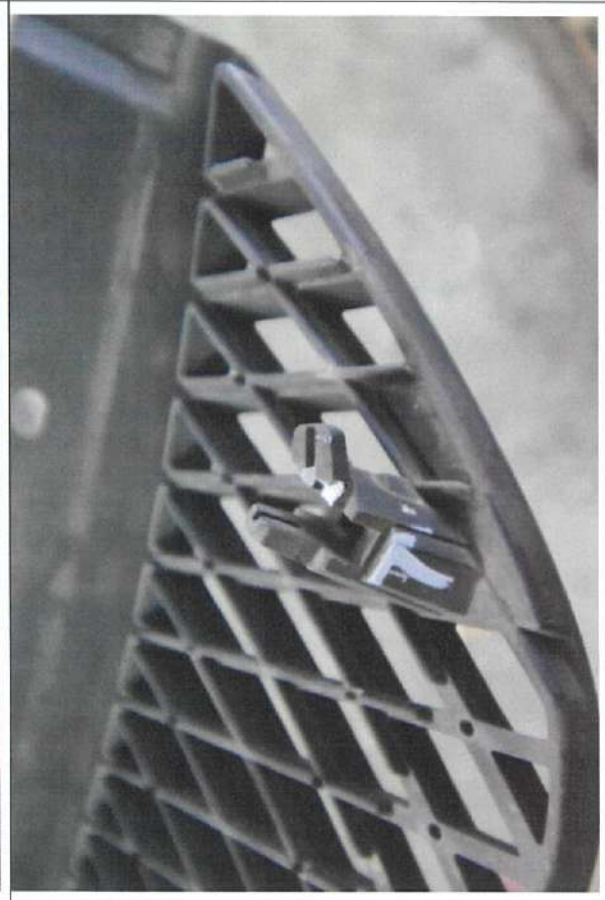
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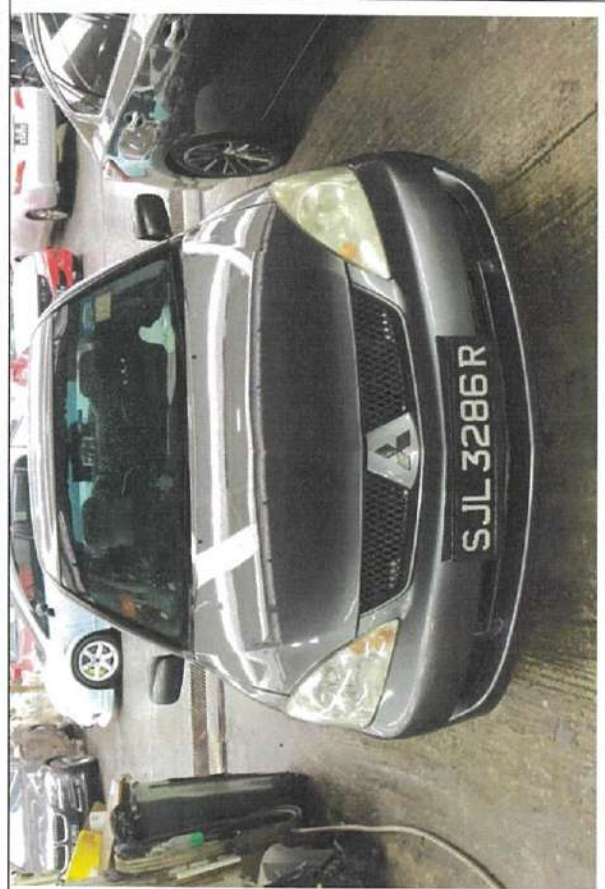
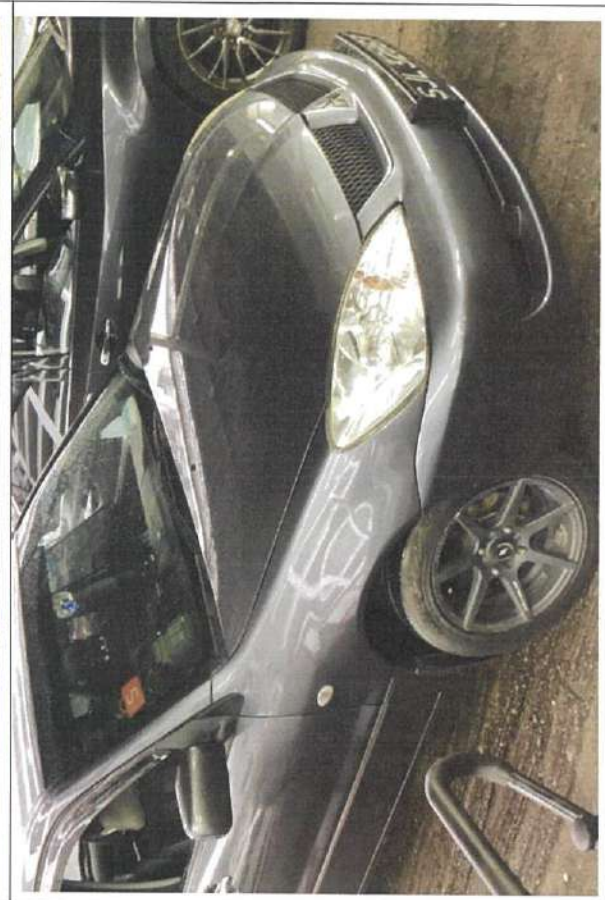


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