



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.: SLP8844C

Your Ref.: SMT5249H

Date: 17.07.2023

ATTN: Motor Claims Department

INS : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Dear Sir/Madam,

Accident Involving: SLP8844C & SMT5249H

Date of Accident: 04.05.2023 @ 10.10 HOUR

Location: LOR 3 GEYLANG TOWARDS UPPER BOON KENG ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 6,804.00</u>
Loss of Rental:	
(\$120.00 X 07Days):	<u>\$ 840.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 7,670.75</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 Joanne @ 97231055, or email to hdperfectautowork@gmail.com

Thank You,

Joanne



TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

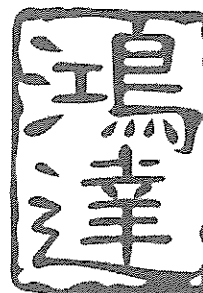
#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



HD PERFECT
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
17.04.2023	HDP202307-00479	SLP8844C

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#15-00 SPRINGLEAF TOWER

SINGAPORE 079909

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,300.00
Total	\$ 6,300.00
Add: 8% GST	\$ 504.00
Total	\$ 6,804.00

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

Authorisation To Act

I, Hu zhi Qin ("the third party claimant") of
15 Upper Boon Keng Road #14-1055 S. 380 015
(address), owner of SLP 8844C (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. SLP 8844C that was
damaged pursuant to the accident which occurred on 4/5/2023 (date)
at/along Lor 3 Geylang towards Upper Boon Keng Road
(location) involving vehicle no/s SMT 5249H ("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 04 day of 05 (month) 20 23 (year)

胡志琴

Signed by "the third party claimant"






Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLP 8844C and SMT 5249H on 4/5/23 .
at/along Lor 3 Geylang towards Upper Boon Keng Road .

1. I/We, the Owner of motor vehicle no. SLP 8844C . 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 04 day of 05 2023

Signature of vehicle owner

胡志琴

Name :

Hu zhi Qin .

IC/UEN No :

S7462990C .

(Company stamp, if applicable)

Address :

15 Upper Boon Keng Road .

#14-1055 S. 380015 .

Tel :

98506083 .

Witnessed by :

Joanne .

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 04 May 2023 / 14:08:04

Receipt Date/Time : 04 May 2023 / 14:08:04

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230504-002106

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMT5249H

As at 04 May 2023/10:10:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SMT5249H

Enquiry Fee

20230504140702945007

24.77 1.98 26.75

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

421808XXXXXX9928 eNETS Credit Card 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.

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2305098

Date: 15-05-23

1

Bill To:**Ship To:**

HD Perfect Autowork Pte Ltd

For the account of:

Hu ZhiQin

S7462990C

APT Blk 15 Upper Boon Keng Road

#14-1055

HD Perfect Autowork Pte Ltd

For the account of:

Hu ZhiQin

S7462990C

APT Blk 15 Upper Boon Keng Road

#14-1055

Description**Amount****Job No.**

Vehicle Rental for Period 04.05.2023 to 11.05.2023
(Billing for days 7 X \$120.00/per day)
(Vehicle No.: SLP8844C)

\$840.00 SJS4552D SR8

Your Order #: 22134

Terms: Net 30th after

GST:

\$62.22

COMMENT

CODE

RATE

GST SALE AMOUNT

Total Inv Amt:

\$840.00

SR

7%

\$0.00

\$0.00

Amount Applied:

\$0.00

SR8

8%

\$62.22

\$777.78

Balance Due:

\$840.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 22134

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HD Perfect

HIRER'S PARTICULAR		Vehicle No: <u>SJS4552D</u> Replace Veh No: <u>SLP8844C</u>	
Name: (as in I/C) <u>Hu Zhi Qian</u>		Mileage out: <u>233378 km</u>	
Email: _____		Make & Model: <u>Toyota Corolla Altis</u> <u>Auto</u> / Manual	
NRIC/PASSPORT No: <u>S7462990C</u>		OUT : Date <u>04/05/2023</u> Time: <u>2:30 pm</u>	
Date of Birth: <u>21/1974</u>		HIRE PERIOD	
Address (Res): <u>APT BLK 15 Upper Boon Keng Road</u> <u>#14-1055 S(380015)</u>		OWN DAMAGE CLAIM Excess S\$ <u>2000</u>	
Driving Licence No: <u>S7462990C</u> D/L Type: <u>Local</u> / International		THIRD PARTY CLAIM Excess S\$ <u>1500</u>	
Issue Date: <u>29 Sep 2009</u>		CHARGES	
Tel: (O) _____ HP _____		Daily <u>7</u> @ \$ <u>120.00</u> per day <u>840</u> <u>00</u>	
Company Name: _____		Weekly @ \$ _____ per week	
Company UEN: _____		Monthly @ \$ _____ per month	
Company Address: _____		Others @ \$ _____	
ADDITIONAL DRIVER'S PARTICULARS		Delivery Service	
Name: (as in I/C) <u>Lim Hood Hong</u>		GST	
NRIC/PASSPORT No: <u>S038383C</u>		SUB-TOTAL \$	
Date of Birth: <u>12/8/1944</u>		PETROL LEVEL	
Address (Res): <u>APT BLK 15 Upper Boon Keng Road</u> <u>#14-1055 S(380015)</u>		Out E 1/4 <u>1/2</u> 3/4 F	
Driving Licence No: <u>S038383C</u> D/L Type: <u>Local</u> / International		In E 1/4 <u>1/2</u> 3/4 F	
Issue Date: <u>30 Jan 1962</u>		EXTENSION	
Tel: (O) _____ HP _____		Misc.	
VEHICLE CHECK LIST		GST	
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS		TOTAL CHARGES <u>840</u> <u>00</u>	
		Rented out by:	
		Hirer's Signature <u>胡志琴</u>	
		Addition Driver's Signature <u>胡志琴</u>	

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount 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 CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) 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	HIRER'S SIGNATURE
<u>11/05/23</u>	<u>3:20pm</u>	<u>233447</u>			<u>胡志琴</u>



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	05/05/2023 14:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2023 10:10 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	LORONG 3 GEYLANG TOWARDS UPPER BOON KENG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8844C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HU ZHI QIN
NRIC No	SXXXX990C
Email Address	RWSSERVS@GMAIL.COM
Mobile Phone No	(Phone) +65-98506083
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	21-MU006714-R02

DRIVER

Name of Driver	LIM HOO HONG
NRIC No	SXXXX183C
Date Of Birth	12/08/1944
Occupation	Indoor



Date Of Driving Pass	30/01/1962
Driving experience	61 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96308223
Alt. Phone Number	-
Email Address	RWSSERVS@GMAIL.COM
Address	BLK 15 UPPER BOON KENG ROAD #14-1055
Address complement	-
Postcode	380015
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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)	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

ON 04/05/23 AT ABOUT 10:10 HOURS ALONG LORONG 3 GEYLANG TOWARDS UPOER BOON KENG ROAD, I WA STRAVELLING STRAIGHT ON MY LANE AT THE ABOVE MENTIONED LOCATION WHEN SUDDENLY VEHICLE B FROM THE LEFT LANE MAKE A RIGHT TURN INTO THE BLK 19 UPPER BOON KENG ROAD, HENCE COLLIDED ONTO FRONT PORTION OF MY VEHICLE A.

I WISH TO STATE THAT THE DRIVER OF VEHICLE B DRIVING ON THE LEFT LANE IS STRICTLY FOR GOING STRAIGHT AND TURNING LEFT ONLY.

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	SMT5249H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

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.

6. 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

胡志琴
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan

Describe Circumstance of the Accident

Refer to Attached

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature : Date & Time
胡志琴

Driver's Signature (if driver is not the policyholder) / Date
胡志琴

Witnesses by Reporting Centre Personnel
(Name as in NR-CID card)



**SINGAPORE
POLICE FORCE**



T/20230507/7045

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

1 of 3

Report No. T/20230507/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2023 19:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HOO HONG			Address: 15 UPPER BOON KENG ROAD #14-1055 SINGAPORE 380015		
ID Type / ID No.: NRIC NO / S0383183C			Contact No.: Home/Office: Mobile: 96308223		
Nationality: SINGAPORE CITIZEN			Email: RWSSERVS@GMAIL.COM		
Sex: Male	Age: 78	Date of Birth: 12/08/1944	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2023 10:10	Type of Location:
Location: LORONG 3 GEYLANG				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLP8844C	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230507/7045

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

2 of 3

Report No. T/20230507/7045

CONTINUATION OF REPORT

Driver			
Name	LIM HOO HONG	ID No.	S0383183C
Related Vehicle	SLP8844C (Car)	Contact No.	96308223
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLP8844C along Lorong 3 Geylang towards Upper Boon Keng Road direction.

I was travelling straight along the right of 2 lanes of the 1 way road.

The 2 lanes were separated by barricades due to road works.

As I was approaching the entrance towards block 19, SMT5249H, which was travelling along the lane on the left, abruptly appeared from behind the barricade, into my vehicle's path.

I had never expected SMT5249H to make a right turn like that as I travel this road everyday and vehicles on the left could only turn left or go straight whilst travelling along the left of 2 lanes.

Nonetheless, I immediately jammed on my brakes but was unable to avoid the collision.

As such, the front portion of my vehicle collided into the right portion of SMT5249H.

Later the same day, my arm, chest, back and neck areas started aching.

The pain got progressively worse and I decided to seek treatment at Neo Medical Centre near my place on 7/5/23.

I was given 5 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230507/7045

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

3 of 3

Report No. T/20230507/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
07/05/2023 19:41

Classification Of Case:

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7462990C



Name
HU ZHIQIN

Race
CHINESE

Date of birth
02-02-1974

Sex
F

Country of birth
CHINA



S7462990C

SLP8844C

Owner

8768755



NRIC No. S7462990C



Nationality
CHINESE

Date of issue
10-04-2006

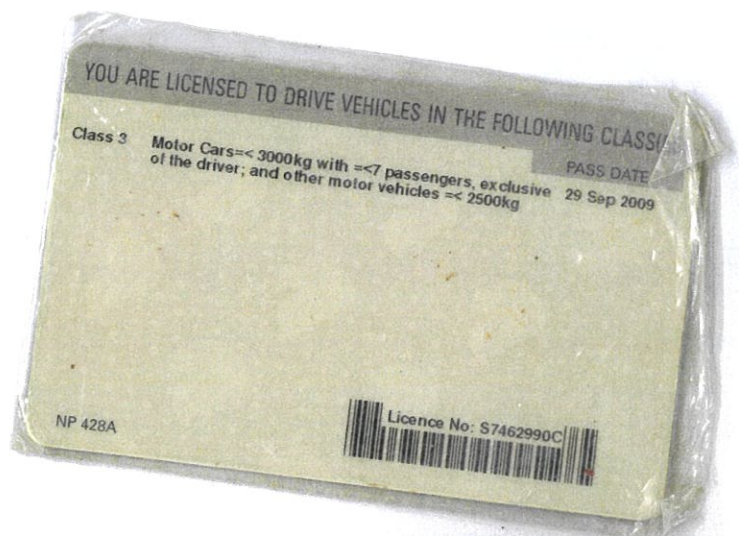
APT BLK 15 UPPER BOON KENG ROAD #14-1055
SINGAPORE 380015

NRIC No: S7462990C Date: 26-06-2006 No: 5466847




SLP8844C

Owner



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0383183C



Name
LIM HOO HONG

林 富 凤

Race
CHINESE

Date of birth
12-08-1944

Sex
M


Country/Place of birth
SINGAPORE

S0383183C


SLP8844C

Driver

5171228



NRIC No. S0383183C

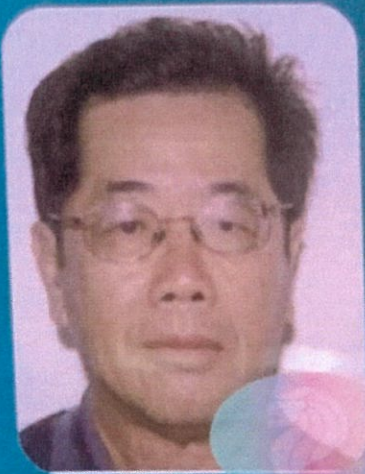


Date of issue
15-05-2013


Address
APT BLK 15 UPPER BOON KENG ROAD
#14-1055
SINGAPORE 380015

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S0383183C 

CLASS AND ISSUE DATE

2B • 03 DEC 1963

2A • 03 DEC 1963

2 • 03 DEC 1963

3 • 30 JAN 1962

CERTIFICATE OF MERIT

NOT ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

000012908J

 **Hide details**





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)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 21-MU006714-P02 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SLP8844C Chassis No.: JHMRU1810GX202285
2. Name of Policyholder MS HU ZHIQIN
3. Effective date of the Commencement of Insurance for the purposes of the Act 21/06/2021
4. Date of Expiry of Insurance 20/06/2023
5. Persons or Class of Persons entitled to drive*
- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

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

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600	
	Windscreen Excess	SGD 100	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature