ASS. REC. BY: Taufik | REF: CS/CT1241017/Tuh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: XE 4811P

Policy No. _____

Claims No. SNM24D206271

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $6000

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNM8608K Yr Regn: 2015, 01

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mazda 6 c.c 1998

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 132208 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6GJ107IF0147164

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/55R17

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	6/11/2024	D.O.I.	8/11/24

Survey held at Twin wheels

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair limit $600
	Inform v/s not economical to repair
18/11/24	Submit uneconomical total loss-mv: $6,200.00 (est) lta: $5251 nv: $949.00

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

TWIN WHEELS AUTO TRADING ENTERPRISE

38 Woodlands Industrial Park E1 #03-14
Singapore 757700
TEL: 6457 0410 / 6765 2616
EMAIL: twinauto@singnet.com.sg

Date : 08/11/2024

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

...nowledged by Repairer
...e:

ATTN: MOTOR CLAIM DEPARTMENT
INSURED: HAN FENG HONG , CALVIN
H/P: 9759 5449

Dear Sirs / Madam,

Accident Claim for Vehicle No. SNM 8608K, Involving Vehicle No. XE 4811 P.
Accident on 06/11/2024 at 11:50am along SIN MING DRIVE.

With reference to the above vehicle. We hereby submit a list of parts required to be changed and append below the charges for changing and repairing ;

NO	PARTS REPLACEMENT	QTY	LIST PRICE	
1	FRONT R/H MUDGUARD	1PC	$	650.00
2	FRONT R/H MUDGUARD COWLING	1PC	$	270.00
3	FRONT BUMPER	1PC	$	980.00
4	FRONT BUMPER RETAINER	1PC	$	80.00
5	FRONT BUMPER LOWER GRILLE	1PC	$	340.00
6	FRONT GRILLE	1PC	$	650.00
7	FRONT BUMPER RETAINER BRACKET	1PC	$	70.00
8	FRONT WIPER TANK	1PC	$	302.00
9	FRONT HEAD LAMP	1PC	$	1,880.00
11	FRONT TOP GARNISH	1PC	$	240.00
12	FRONT LOWER GARNISH COVER	1PC	$	300.00
	TOTAL LIST PRICE		**$**	**5,762.00**
	LESS 10%		**-**	**576.20**
	TOTAL AMOUNT		**$**	**5,185.80**

NO	PARTS REPLACEMENT	QTY	SPECIAL NETT PRICE	
10	FRONT NUMBER PLATE	1PC	$	40.00
	TOTAL SPECIAL NETT		**$**	**40.00**
	TOTAL AMOUNT		**$**	**5,225.80**

	LABOUR : Tanjiah 97595949		
1	LABOUR TO SPRAY PAINT wp 8/11/24 @ 4pm	$ 500	800.00
2	LABOUR TO PANEL BEATING 3 days	$ 400	800.00
3	FOCUS HEAD LAMP c/s Nemy after repair	$ 30	50.00
	- to check repair time/ tanjiah @ thank **TOTAL LABOUR**	**$**	**1,650.00**
	+ to check MV **TOTAL AMOUNT**	**$**	**6,875.80**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	787G

Vehicle Details

Vehicle No.:	SNM8608K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Nov 2024
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	PE20578948
Chassis No.:	JM6GJ1071F0147164
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	$17,073.00
Original Registration Date:	29 Jan 2015
First Registration Date:	29 Jan 2015
Transfer Count:	1
Actual ARF Paid:	$7,073.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2025
PARF Rebate Amount:	$3,536.00

Intended COE Rebate Details

COE Expiry Date:	28 Jan 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$76,889.00
COE Rebate Amount:	$1,715.00
Total Rebate Amount:	**$5,251.00**

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 07 Nov 2024

OK

~~卖~~ 车转领：不要 renew COE.

↳ 7/11/2024.

SC1I24B60005-01 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 07/11/2024 18:31 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 2 (08/11/2024 13:55 (SGT))

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 witholding 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 First Submission	07/11/2024 18:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/11/2024 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM8608K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN FENGHONG, CALVIN
NRIC No	S9304787G
Email Address	calvinhfh@gmail.com
Mobile Phone No	(Phone) +65-97595449
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140911490

DRIVER

Name of Driver	HAN FENGHONG, CALVIN
NRIC No	S9304787G
Date Of Birth	07/02/1993
Occupation	Indoor
Driving Pass Date	21/12/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97595449
Alt. Phone Number	-
Email Address	calvinhfh@gmail.com
Address	172 LOR 1 TOA PAYOH #05-1154
Address complement	-
Postcode	310172
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	Hit and run / Vandalism / Damaged whilst parked
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

REFER TO POLICE REPORT

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	WILL EMAIL TO INCOME

DETAILS OF OTHER VEHICLE/PROPERTY 1

Vehicle Registration Number	XE4811P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

VEH NO SNM 8608 K
INSURER Han Feng Hong calvin.
DATE OF ACC : 8/11/24.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

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

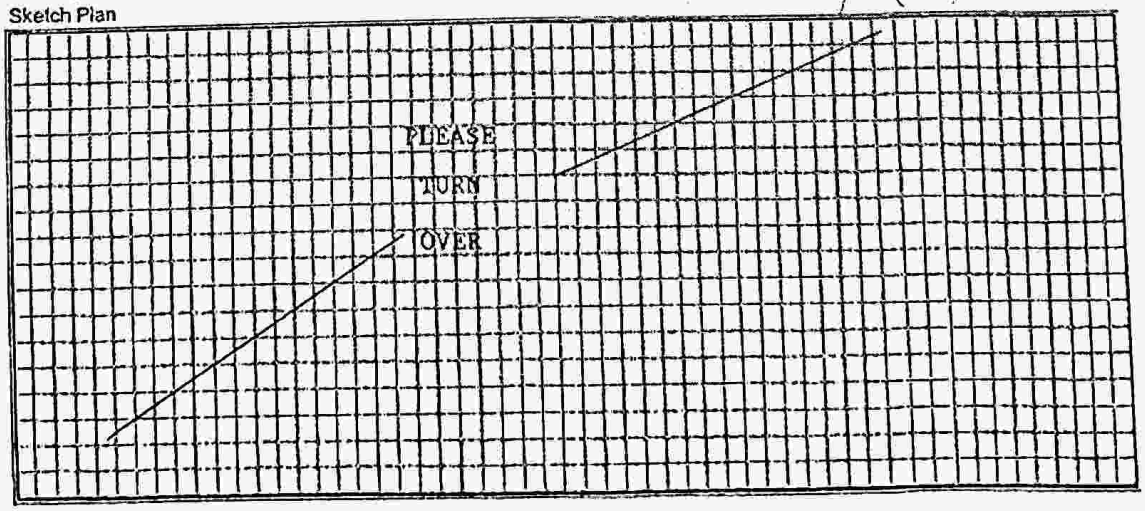
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

SKETCH PLAN #2

Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

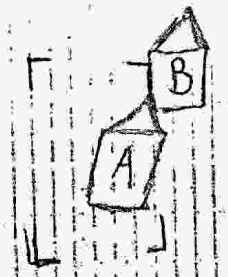
(✓) Claim OD/ TP at other workshop (__ _ _____ _ _ _

Sketch Plan

A => SNM 8608 K

B => XE Y811 P.

L> hit & Run.



refer to police report.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card) (WL)

2

SINGAPORE POLICE FORCE

T/20241106/7074

Report No. T/20241106/7074

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/11/2024 16:51	E/20241106/7016	

Informant's Particulars

Name of Informant: HAN FENGHONG, CALVIN			Address: 172 LORONG 1 TOA PAYOH #05-1154 SINGAPORE 310172
ID Type / ID No.: NRIC NO / S9304787G			Contact No.: Home/Office: Mobile: 97595449
Nationality: SINGAPORE CITIZEN			Email: CALVINHFH@GMAIL.COM
Sex: Male	Age: 31	Date of Birth: 07/02/1993	Type of Informant: Driver
Race: Chinese			Language: English
Occupation: Manufacturing engineer			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/11/2024 11:50	Type of Location: Straight Road

Location:

SIN MING DRIVE

Weather: Clear	Road Surface: Dry	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNM8608K	Motor car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP 6EAT	White		0
XE4811P	Loader	MITSUBISHI	FUSO	Multi-Colored		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM8608K	NTUC Income Insurance Co-Operative Limited	5140911490	09/11/2023	28/01/2025

SINGAPORE POLICE FORCE

T/20241106/7074

Report No. T/20241106/7074

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAN FENGHONG, CALVIN	ID No.	S9304787G
Related Vehicle	SNM8608K (Motor car)	Contact No.	97595449
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I have a made a report E/20241106/7016 and this are the following facts given.
On 6th November 2024 1150am, my vehicle SNM8608K was parked along Sin Ming Drive, Thomson opposite LTA Sin Ming Office in a parking lot.
My vehicle was stationary in a parallel parking lot awaiting for oncoming traffic to be clear before moving off.
While waiting for traffic to be cleared, a truck was driving at a high speed and hit on my front portion and did not stop after collision
I have a video recording from my front dashcam and I have then identified through the video recording of the truck plate number (XE4811P)

SINGAPORE POLICE FORCE

T/20241106/7074

Report No. T/20241106/7074

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2024 16:51
Officer In Charge Of Case: TP / HRT / NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:

NP168

ADDENDUM FORM

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SC1124660005 Vehicle Registration No: SNM8608K

Name (as shown in NRIC): Han Fenghong Calvin NRIC/FIN/Passport No: S9304876

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 172 Lor 1 Toa Payoh #05-1154 310172 Singapore ( )

Contact (Tel): Mobile No.: 97595449

Email Address: calvinhfh@gmail.com

Date of Accident: 6-11-24 Time of Accident: 1150

Place of Accident: Sin Ming Dr

Insurance Company: INCome

(B) ADDITIONAL INFORMATION /AMENDMENTS:

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

Should be third party claim instead of Property only.

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 8/11/24

v1Jun2022