

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBJ2901K
Accident Date : 23-Nov-2024
Our Ref : 024233 (AIG) / CHAN

No. : 07216

Date : 26-Nov-2024

PAGE : 1

SNG HOCK SIONG
BLK 173 ANG MO KIO AVE 4
#09-711
Singapore 560173

ESTIMATED COST OF REPAIR FOR HONDA SHUTTLE SNG9595M

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1 pc	Rear w/s glass		795.40
1 pc	Rear w/s glass moulding		67.50
1 pc	Rear wiper motor		300.90
1 pc	Rear wiper arm		43.50
1 pc	Rear wiper blade		46.80
1 pc	Tail gate		970.30
1 pc	Tail gate inner lock		178.20
1 pc	Tail gate rubber		117.70
1 pc	Tail gate inner trim		194.60
1 pc	Tail gate open pocket		16.50
1 pc	Tail gate outer garnish		372.00
2 pcs	Tail gate lamp	@ S\$367.50	735.00
1 pc	Tail gate "SHUTTLE" emblem		49.70
2 pcs	Tail gate license plate lamp	@ S\$135.00	270.00
2 pcs	Taillamp	@ S\$403.00	806.00
1 pc	Rear end panel		444.90
1 pc	End panel top garnish		90.00
1 pc	Rear bumper fascia		864.10
1 pc	Rear bumper top chrome		76.40
1 pc	Rear bumper tow cover		16.10

6,455.60

Less 20% : 1,291.12

		5,164.48
1 pc	Rear bumper reverse sensor(set)	400.00 sn
1 pc	Rear reverse camera	300.00 sn
1 pc	Rear bumper clip (set)	30.00 sn

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Page : 2

1 pc Rear no.plate with box	50.00 sn
To remove & renew rear windscreen glass and conduct water leak test.	150.00
To remove roof lining, front and rear seats, trim board and carpet	150.00
To apply undersealing	60.00
To putty and spray replaced parts	1,200.00
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts	1,000.00

Total :	S\$ 8,504.48
	=====

Singapore Dollars Eight Thousand Five Hundred and Four and Cents Forty Eight Only

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 First Submission	25/11/2024 14:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/11/2024 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (AYE) NEAR BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG9595M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG HOCK SIONG
NRIC No	SXXXX534G
Email Address	andy.sng9595@gmail.com
Mobile Phone No	(Phone) +65-94232096
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT SENSING
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	1496
Vehicle Fuel	PETROL
First Registration Date	22/01/2021
Chassis no	GK82101067
Effective Date/Time of Ownership	22/01/2021 11:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125352922-02

DRIVER

Name of Driver	SNG HOCK SIONG
NRIC No	SXXXX534G
Date Of Birth	01/11/1952
Occupation	Indoor
Driving Pass Date	22/02/1973
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	51 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94232096
Alt. Phone Number	-
Email Address	andy.sng9595@gmail.com
Address	BLK 173 ANG MO KIO AVENUE 4 09-711 SINGAPORE 560173
Address complement	-
Postcode	-
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBJ2901K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KALIAPERUMAL MANIVANNAN
Passport No/FIN	GXXXX029X
Contact Number	(Phone) +65-89251575
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	PASSENGER 1
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SNG HOCK SIONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG9595M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

Actual 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 Road
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Graddell East

Location
CTE (Towards AYE)

Towards PIE change

A = SNG 9591SM

B = GBJ 2901K

vJun2022

Describe Circumstance of the Accident

Refer to police report T/20241123/2070.

Declaration

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



Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
 Block Sin Ming Road
 #01-58/59/62 Sin Ming Ind Est
 Singapore 575822
 Tel: 6453 1133 7944
 (Claims Section)

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



**SINGAPORE
POLICE FORCE**



T/20241123/2070

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20241123/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 15:53		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: SNG HOCK SIONG			Address: 173 ANG MO KIO AVENUE 4 #09-711 SINGAPORE 560173		
ID Type / ID No.: NRIC NO / S0180534G			Contact No.: Home/Office: Mobile: 94232096		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 01/11/1952	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: INTERIOR INSTALLATION			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: 23/11/2024 09:05	Type of Location: Car Park
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		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	Conditio	No of Passenger
GBJ2901K	Lorry				Slightly Damaged	1
SNG9595M	Motor car				Seriously Damaged	0



**SINGAPORE
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T/20241123/2070

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20241123/2070

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location. I was driving along SLE heading towards PIE (Changi) and as there was a heavy vehicle in front of me, I braked and stopped my vehicle. Suddenly, the other party hit unto the rear of my vehicle. The both of us then got off our vehicles and exchanged particulars. At that point of time, I did not feel any pain. A few hours later, I then started to feel pain in my shoulder and neck area as such I went to Mount Alvernia Hospital and was given 5 days of MC by Dr Dheeraj Prem Khatani MC NO: M240000164686.

Details of other party:
Name: Kaliaperumal Manivannan
Fin: G8515029X



**SINGAPORE
POLICE FORCE**



T/20241123/2070

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20241123/2070

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 Lai Shihao

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
23/11/2024 15:53

Classification Of Case:

NP168