

HWA SENG SPRAY PAINTING PTE. LTD.

160 Sin Ming Drive
#05-11 Sin Ming Autocity 575722
Singapore
Tel No. : 64533100 Fax No. : 62669932
Buss. Reg. No. : 202017045G

TAN SHI EE
79B JALAN SENANG
418421

Attention : Motor Claim Department
Contact : 94319461

Final Repair Bill : H000184

Date : 09/12/2024
Vehicle Num. : SJS 9528 S
Make/Model : TOYOTA ALTIS
Chassis/Eng# :
Accident Date : 19/11/2024
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		On lump sum basis repair inclusive of spare parts, panel knocking, spray paint and misc. charges		2,150.00
		Labour Total S\$:		2,150.00

E. & O.E.

Total S\$: 2,150.00
=====



for HWA SENG SPRAY PAINTING PTE. LTD.

LETTER OF AUTHORIZATION

To Whom It May Concern

Accident on 19/11/2024 involving SSS 9528S and PC8967C
along Jalan Senang

I/~~We~~ Tan Shi Ee NRIC No. S7940474H
of 79B Jalan Senang Singapore 418421

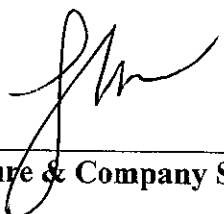
Owner of Motor Vehicle Registration No. SSS 9528S insured by _____
of Income Insurance Limited under Policy No. 5086709332-08

do hereby authorize M/s Hwa Seng Spray Painting Pte Ltd
as my/~~our~~ representative with full authority to write, negotiate and settle claim

for damages on my/our behalf against the owner and/or driver of

Motor Vehicle No. PC 8967C in regard to the abovementioned accident.

I/~~We~~ also consent to the agreed settlement sum be made in favour of my/~~our~~
representative, M/s Hwa Seng Spray Painting Pte Ltd and
the said payment be forwarded to them to be construed as full and final discharge of
my/our claim.

x 

Owner Signature & Company Stamp

Date : 09/12/2024

Date: 09/12/2024

Tan Shi Fe
160 Sin Ming Drive
05-11 Sin Ming Apartment
Singapore 575722

Attn : Motor Claim Department

Your Ref :

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
16-00 Springleaf Tower
Singapore 070905

Dear Sirs/Madam,

DIRECT SETTLEMENT

Accident on 19/11/2024 involving Vehicle No. SJS9528S & PC8967C
At Jalan Senang.

I/We refer to my/our letter date

Arising out of the above accident, as a assessment on the damaged to my/our Vehicle No. SJS9528S was being conducted by your appointed panel surveyor.

Due to the negligence/fault of your insured/driver of Vehicle No. PC8967C. I/We am/are now claiming against you for the repair and other consequential suffered by me/us.

For the purpose of a amicable settlement. I/We quantified my/our claim as follows:-

a) Cost of repair at		S\$ 2,150.00
b) Loss of use for <u>5</u> days at rate of <u>(\$100 per day inclusive of + Sunday)</u>		S\$ 500.00
c) Police/ROV Fee		S\$
d) Others <u>LTA Search Fee</u>		S\$ 27.25

Total Cost

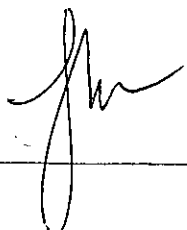
S\$ 2,677.25

I/We enclose herewith copies of all relevant documents for your perusal.

Kindly also direct all correspondence or liase with my Repairer's Messrs Hita Sena Spray Painting Pte Ltd relating to the said accident without any further reference to me/us.

Thanking you and awaiting your favourable response.

Yours Faithfully


x

> Back to OneMotoring



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

Print Date/Time : 21 Nov 2024 / 09:23:29
Receipt Date/Time : 21 Nov 2024 / 09:23:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241121-000641

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - PC8967C				
As at 19 Nov 2024/08:15:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - PC8967C Enquiry Fee 20241121092224673016	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
	400682XXXXXX5775	eNETS Credit Card		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
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.

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	19/11/2024 13:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN SENANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9528S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SHI EE
NRIC No	S7940474H
Email Address	CYNTAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94319461
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5086709332-08

Name of Driver	TAN SHI EE
NRIC No	S7940474H
Date Of Birth	20/12/1979
Occupation	Indoor
Driving Pass Date	19/05/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94319461
Alt. Phone Number	-
Email Address	CYNTAN@HOTMAIL.COM
Address	79B JALAN SENANG
Address complement	-
Postcode	418421
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. G/20241119/7021. I WOULD LIKE TO FURTHER STATE THAT THE VEHICLE PC8967C MAKE & MODEL IS A TOYOTA HIACE VAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Were there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8967C
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
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)	-

WITNESS DETAILS

WITNESS 1

Name	LUQMAN
Phone	(Phone) +65-90010695
Email	-

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

19/11/24@1305HRS

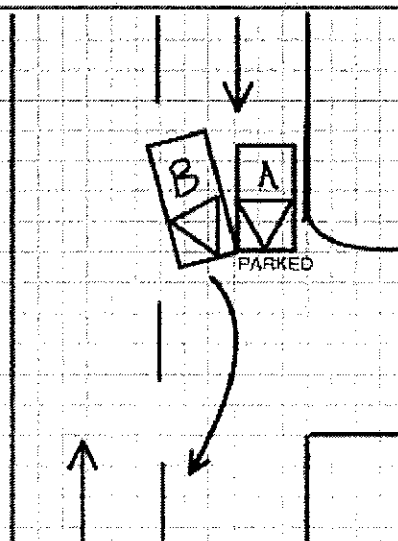
Sketch Plan

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

MUHAMMAD FADLY SUKIMAN

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

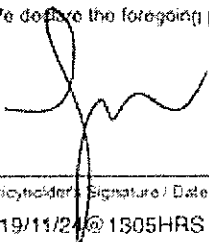
	<p>A: SJS9528S</p> <p>B: PC8967C</p>
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Describe Circumstance of the Accident

REFER TO POLICE REPORT
NO. G/20241119/7021

Declaration

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



Policyholder's Signature / Date & Time

19/11/24 @ 1305HRS

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

MUHAMMAD FADLY SUKIMAN

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



**SINGAPORE
POLICE FORCE**



G/20241119/7021

1 of 2

POLICE REPORT (NP299)

Report No. G/20241119/7021

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 19/11/2024 08:55	Vide Report No.	Station Diary No.
Name Of Informant TAN SHI EE	Address 79B JALAN SENANG SINGAPORE 418421	
ID Type / ID No. NRIC NO / S7940474H	Contact No. Home/Office:	Mobile: 94319461
Nationality SINGAPORE CITIZEN	Email Address cyntan@hotmail.com	
Occupation Policy manager	Sex Female	Age 44
	Date of Birth 20/12/1979	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 19/11/2024 08:15 - 19/11/2024 08:15	Location Of Incident 79B JALAN SENANG YONG SENG ESTATE SINGAPORE 418421	

Brief details:

My car SJS9528S was parked stationary outside my house. I was doing some light exercises near my front gate when I heard a loud crash outside and ran out and saw a van had hit my car right side. I thought the driver will stop. But even though I ran barefoot to chase after him, the driver drove on and did not stop after hitting my car. I managed to get his van number PC8967C. My neighbour Luqman and his family members who stay opposite me at 81A Jalan Senang witnessed this as they were at their front gate area when this hit and run incident happen.

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: 19/11/2024 08:55
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



G/20241119/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241119/7021

Subjects Involved			
Victim			
Person Name	TAN SHI EE		
ID Type	NRIC NO	ID No	S7940474H
Sex	Female	Age	44
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Policy manager
Address	79B JALAN SENANG SINGAPORE 418421		Mobile No
			94319461
Email Address	cyntan@hotmail.com	Is Informant A Victim?	Yes
Person Name	TAN SHI EE (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

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

Date/Time:
19/11/2024 08:55

Classification Of Case: