

**RELIABLE.SG PTE LTD**

8 Kaki Bukit Avenue 4 #05-50 Premier @ Kaki Bukit Singapore 415875

Contact No.: +65 8166 9797

Fax No.: +65 6385 1751

Remarks: Please send finalised to reliablecarzpl@gmail.com

Vehicle No.: SNQ7754G Model: HONDA STEPWAGON SPADA  
DOA: 06 Dec 2024

REF: RSG9090

**QTY DESCRIPTION****AMOUNT (S\$)****List Items:**

1	Rear tailgate / 00	1603.20 /	
2	Rear tailgate dampers X nn	510.00	
1	Rear tailgate lock ? / BT/Jammed	452.00	
1	Rear tailgate rubber X nn	357.00	
1	Rear tailgate HONDA emblem / m	85.00 /	
1	Rear tailgate SPADA emblem / m	85.00 /	
1	Rear tailgate EHEV emblem / m	85.00 /	
1	Taillamp RH X nn	1588.00	
1	Rear end panel X R	715.00	
1	Rear end panel inner garnish X nn	147.00	
1	Rear bumper / 00	1002.40 /	
1	Rear bumper chrome / m	450.20 /	
1	Rear bumper reflectors X nn	180.00	
2	Rear bumper side retainers ? x nn	150.00	
1	Rear bumper sensors RH ? / Shorted	394.40 /	
		7804.20	
	Less 20 %	(1560.84)	3705.20
	Subtotal	6243.36	-20%
			2964.16

**Special Nett Items:**

1	Rear windscreen seal / m	200.00	30
1	Rear windscreen sealant / m	200.00	40
	Subtotal	400.00	70

**Labour Charges:**

To check wiring	50.00	30
To remove and refit inner garnishes	160.00	50
To remove and refit reverse sensor	120.00	30
To remove and refit windscreen glass	220.00	120
Panel beating	980.00	400
Spray painting	980.00	550
To underseal	110.00	30
Subtotal	2620.00	1210

Step (CLKK)

10/12/24, 3.30pm

ESTIMATE PARTS AND LABOUR GRAND TOTAL S\$ 9,263.36

m l

---P/P--- L/S

w/ Refire spray, 4 chgs

4244.16 + 447.12 (Supp) = 4691.28

L/S - 3753.02  
= 3750

Auto Consultants hence notify  
Repairer of the following:  
Resurvey before/after spray painting  
display damaged part(s) during resurvey  
its prices are subject to confirmation  
third party survey is on a "Without Prejudice" basis  
Illegal modification(s) is allowed  
Complementary item(s) must be resurveyed and  
subject to final approval from Insurance Company

acknowledged by Repairer  
Signature:

1 of 1

## 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	09/12/2024 18:32 (SGT)
Reported by	Actual Driver
Date of Accident	06/12/2024 12:00 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	JUST BEFORE HENDERSON ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ7754G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RELIABLE.SG PTE. LTD.
Company Reg No	2XXXX5784
Email Address	gia@reliable.sg
Mobile Phone No	(Phone) +65-81669797
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stepwagon
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1993
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD24V19362/VPZ/R01

### DRIVER

Name of Driver	YEO CHEH SIONG
NRIC No	SXXXX523G
Date Of Birth	15/06/1978
Occupation	Outdoor
Driving Pass Date	23/08/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88249504
Alt. Phone Number	-
Email Address	gia@reliable.sg
Address	BLK 531 CHOA CHU KANG STREET 51 #11-317
Address complement	-
Postcode	680531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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

PLEASE REFER TO POLICE REPORT T/20241209/7013

#### 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	SHB5952P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	THIA TOH HIN
NRIC No	SXXXX767C
Contact Number	(Phone) +65-96992993
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	YEO CHEH SIONG
Gender	Male
Phone No	(Phone) +65-88249504
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SNQ7754G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





SKETCH PLAN

## 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' 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.
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



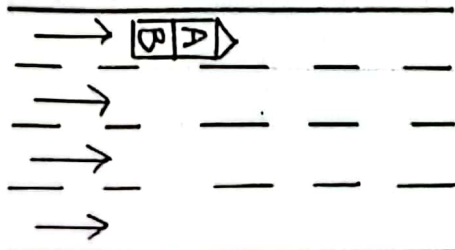
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JALAN BUKIT MERAH JUST BEFORE HENDERSON ROAD JUNCTION



A ⇒ SNQ7754G

B ⇒ SHB5952P







# SINGAPORE POLICE FORCE

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



T/20241209/7013

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Report No. T/20241209/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 10:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: yeo cheh song		Address: 531 choa chu kang st 51 #11-317 SINGAPORE 680531			
ID Type / ID No.: NRIC NO / S7875523G		Contact No.:		Mobile: 88249504	
Nationality: SINGAPORE CITIZEN		Email: jeffreyyeo1978@gmail.com			
Sex: Male	Age:	Date of Birth: 15/06/1978	Type of Informant: Driver		
Race: Chinese		Language: English			
Occupation: Private-hire car driver		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2024 12:00	Type of Location: Straight Road	
Location:  JALAN MEMBINA					
Weather: Clear		Road Surface: Dry			
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5952P	Motor car					0
SNQ7754G	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

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



T/20241209/7013

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Report No. T/20241209/7013

## CONTINUATION OF REPORT

Driver			
Name	YEO CHEH SIONG	ID No.	S7875523G
Related Vehicle	SNQ7754G (Motor car)	Contact No.	88249504
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2024	Date Discharge	06/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

I was travelling along Jalan Bukit Merah just before Henderson Road junction. I was waiting at the junction as was red light, as I was about to move off, a Taxi (SHB5952P) hit me from my rear. I took down his particular.

Thereafter the accident, I felt pain and consulted a doctor, I was given 3 days MC. I am reporting this accident for claim purpose.





**SINGAPORE  
POLICE FORCE**

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



T/20241209/7013

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Report No. T/20241209/7013

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
CHUA SOON KEONG  
Contact No.: 65476030

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

Date/Time:  
09/12/2024 10:23

Classification Of Case:

NP168