

# 輝 陽 汽 車 有 限 公 司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721  
Tel: 64515752 (2 Lines) . Fax: 64514658  
Reg No. 201629438M

12/06/2018

Owner: AUTOLEASING @JDM

## ESTIMATE TO REPAIR TOYOTA PRIUS - SLU1279C

1pc	rear bumper	\$	880.90
1pc	rear bumper sponge	\$	195.80
1pc	rear bumper reinforcement	\$	361.80
1pc	rear end panel	\$	606.20
		\$	2,044.70
	less 25%	\$	511.18
		\$	1,533.52
1set	rear parking sensor	s.nett \$	280.00
	wiring	\$	60.00
	tuffkote	\$	80.00
	spray painting	\$	400.00
	labour charges	\$	400.00
	Total	\$	2,753.52



## 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 Authorised 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 ability.
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 Report	14/06/2018 16:27
Date Of Accident	12/06/2018 19:40
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1279C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOLEASING @JDM
Co Reg No	53321773C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64633920

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095009283
Cover Note Number	

### Driver

Name of Driver	PEI WEIHAN
NRIC No	S8613996J
Date Of Birth	23/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83839666
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 538 WOODLANDS DRIVE 16 #03-139
Postcode	730538
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNABLE TO PROVIDE NAME & GENDER OF THIS PASSENGER.
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT AND SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH8293J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	PEI WEIHAN
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJU1279C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 538 WOODLANDS DRIVE 16 #03-139
Postcode	730538

**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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



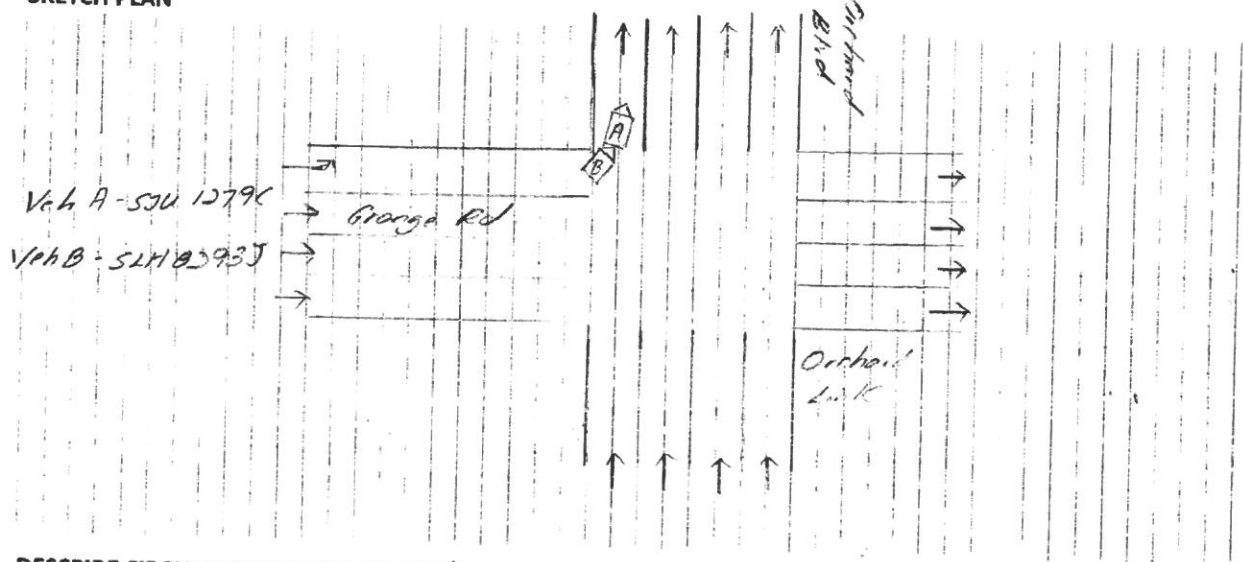
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **MARCUS 2074**  
NRIC/FIN No.: **S78 3380210**

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

## DECLARATION

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



Policyholder's Signature

*[Signature]*

Driver's Signature



Reporting Centre Personnel's Signature

*[Signature]*



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999



T/20180613/2143

1 of 3

Report No T/20180613/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2018 20:11		Vide Report No.:	Station Diary No 29
<b>Informant's Particulars</b>			
Name of Informant: PEI WEIHAN		Address: APT BLK 538 WOODLANDS DRIVE 16 #03-139 SINGAPORE 730538	
ID Type / ID No.: NRIC NO / S8613996J		Contact No.:	Mobile: 83839666
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 23/05/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2018 19:40	Type of Location:
Location: Junction of Road 1 and Road 2 GRANGE ROAD ORCHARD BOULEVARD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
SJU1279C	Car				Slightly Damaged	2
SLH8293J	Car				Slightly Damaged	2

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999



T/20180613/2143

2 of

Report No. T/20180613/214

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PEI WEIHAN	ID No.	S8613996J
Related Vehicle	SJU1279C (Car)	Contact No	83839666
Hospital/Clinic	CHOICE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	13/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	SIM KOK POH	ID No.	S1577364B
Related Vehicle	SLH8293J (Car)	Contact No.	91757737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/6/2018 at about 1940hrs, my car was stationary at the most left lane of the traffic junction of Grange Road. I wanted to turn into Orchard Boulevard. So as the traffic light turns green, I inch a little bit and stopped my vehicle, as there were a few pedestrians crossing the road. Suddenly, the car SLH8293J, hit onto my rear bumper. I was shocked thus I went out of the vehicle. I discovered that my rear bumper is already dented and the bumper alignment was not fitting. I managed to exchange particulars with the said driver. I wish to state that I sustained a slight back pain and went to Choice Clinic earlier today and was given 3 days MC. There was a CCTV at the junction where the collision happens.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999



T/20180613/2143

3 of 3

Report No. T/20180613/2143

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 3 ZAKIAH BINTE MOHAMMED RASHIDIN

Signature :

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

13/06/2018 20:11

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168