辉陽汽車有限公司 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

19/03/2019

Owner:

SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SLZ4352D

1pc	front RH headlamp	\$	1,759.40
1pc	front RH headlamp lower bracket	\$	
1pc	front RH headlamp top bracket	\$	28.85
1pc	front centre grille base	\$	
1pc	front centrte grille chrome	\$	
1pc	front centre grille outer garnish	\$	
1pc	front centre grille "HONDA" logo	\$	58.85
1pc	front bumper	\$	927.50
1pc	front bumper RH side retainer	\$	38.10
1pc	front bumper lower spoiler	\$	351.00
20pcs	front bumper clip @\$5.00	\$	100.00
1pc	front bumper reinforcement	\$	321.50
2pcs	front bumper RH fog lamp cover	\$	85.58
		\$	4,750.98
	less 20%	\$	950.20
		\$	3,800.78
			17 19 4 1 1906 1907 1 1907 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	wiring	\$	80.00
	tuffkote	\$	50.00
	spray painting	\$	600.00
	labour charges		
	Total	\$	5,130.78



Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/04/2019 14:24

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 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

aforesaid.	onsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/04/2019 14:14
Date Of Accident	19/03/2019 21:00
Exact Location Of Accident	BLK 443 PASIR RIS DRIVE 6 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ4352D
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	SANDY@SKYWAY.COM.SG
Mobile Phone No	_
Alternative Phone No	OFFICE-64168550
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used a 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	
Driver	
Name of Driver	DANIEL LEE TIONG WAH
NRIC No	S1446582J
Date Of Birth	14/10/1960
Occupation	OUTDOOR
Pate Of Driving Page	00/44/4004

Date Of Driving Pass 02/11/1981

Driving Experience 37 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94596536

Fax Number Contact Number

EMail Address NOEMAIL Address

119 PASIR RIS GROVE

Postcode

518174

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRFR

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

2

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

KEBUN BARU NPP 111 ANG MO KIO AVENUE 4 SINGAPORE 560111

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP8822R

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)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

OF THE CITY OF THE CONTRACT OF

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name: Bol NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

WAA A- SIZ43500	BIK 443 Posir Ris
VehB-SLP8800R	
	B A Parting Lots

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

5/		
Please refer	to astached Police	Report.
declare the foregoing partic	culars are true in every respect.	pre. Lig.
holder's Signature	Driver's Signature	Poporting Control Park

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: \mathcal{L}

NRIC/FIN No.:

Sketch Plan #3 Pg. 1





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE

1 of 3 Report No. T/20190320/2084

560111

Tel No: 1800-4589999

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time 20/03/201	Date/Time Report Made: 20/03/2019 13:24		Vide Report No.:	Station Diary No.:	
Informan	t's Partici	ulars	THE STATE OF THE SERVICE		
Name of Informant: DANIEL LEE TIONG WAH			Address: 119 PASIR RIS GROVE #02-58 SINGAPORE 518174		
ID Type / ID No.: NRIC NO / S1446582J		32J	Contact No.: Home/Office:	Mobile: 94596536	
Nationality: SINGAPORE CITIZEN		EN	Email:	1100110. 04000000	
Sex: Male	Age: 58	Date of Birth: 14/10/1960	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab car driver			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Accider	nt see a see		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/03/2019 21:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DR Loading/Unload Weather:	•	k 443 Pasir Ris Drive	6 open space carpark.	
Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:	Not Controlled		Traffic Volume:	
Type of Collisio Moving Vehicle	n: Against - Parked Veh	nicle	a	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No -FD
SLP8822R	Car	41-12	CALL SCHOOL CO. CALL SCHOOL CO.	COIO	Condition	No of Passenge
OLI OOZZIN	Cai					0
SLZ4352D	Car					
OLL 1002D	Cai				Slightly	0
					Damaged	

Sketch Plan #4 Pg. 1



T/20190320/2084

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

2 of 3 Report No. T/20190320/2084

Tel No: 1800-4589999

CONTINUATION OF REPORT

Brief Details.

On the 19/03/2019 at about 2100hrs, I had parked my car bearing registration plate number of SLZ4352D at the loading/unloading bay of Blk 443 Pasir Ris Drive 6 open space car park. I went down to buy dinner and when I came back to my car, a young couple approached me and told me that a red color car bearing registration plate number of SLP8822R had hit onto my car's front right bumper while it was reversing and had drove off before I came back.

I made a check on my car and there was indeed a dent at the front right bumper area of my car. I did not take down the names and contact numbers of the young couple. I have an in car camera but the camera is only on when the engine is on.

There are CCTVs in the nearby vicinity. I am lodging this report for police assistance.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

3 of 3 Report No. T/20190320/2084

CONTINUATION OF REPORT

Sketch Plan

NP168

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: F / Sgt 2 YEO JUN BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2019 13:24
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp	



Traffic Police 10 Ubl Avenue 3 Singapore 408885 Tel +65 6547 0000 Fax +85 6547 4883 www.police.gov.sg

Our Ref

: TP/IP/21849/2019

Date

: 24 May 2019

Daniel Lee Tiong Wah Blk 119 Pasir Ris Grove #02-58 Singapore 518174

Dear Sir / Madam.

TRAFFIC ACCIDENT INVOLVING SLZ4352D AND <u>SLP8822R</u> ALONG PASIR RIS DRIVE 6 ON 19/03/2019 AT ABOUT 2100 HRS

I refer to the above accident.

- 2. Please be informed that we have completed our investigations which revealed that the driver of <u>SLP8822R</u> had committed the following offences:
 - (i) Careless Driving under Rule 29 of the Road Traffic Rules;
 - (ii) Failing to stop after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
 - (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

- 3. If you have any clarification, you may contact the Investigation Officer, SI Abdul Kareem at office number: 6547 6079.
- 4. Thank you.

Yours faithfully,

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.