# HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK INDUSTRIAL PARK E BEDOK NORTH AVE 4.

#01-2008/10/12 SINGAPORE 489977

TEL: 6441 5655 FAX: 6441 5355/6243 8121

R.O.C No : 200104141D GST Reg. No. 20-0104141-D

**TO**: SXXX5277Z

TAN WEE SENG

NO

**SINGAPORE** 

TEL: FAX: PH: 91907303

ATTN:

**ESTIMATE BILL** 

Number:

EB00005240

Date:

13/08/2019

Case No:

AD00010593

Vehicle No: SLN5306U

Chassis:

KMHE341CMHA36472

Year of Mfr 2017

**Policy No** 

Model:

**HYUNDAI SONATA** 

Terr	n:			2.0	ai SONAIA
Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR WHEEL RIM RH	1.0	880.00	0	880.00
2	REAR DOOR RH - REPAIR	1.0			
3	REAR FENDER RH - REPAIR	1.0			
4	REAR BUMPER - REPAIR	1.0	1	i i	
	Special Nett Price - Parts Sub Total				880.00
	Parts Total				880.00
5	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	300.00	0	300.00
6	SPRAY PAINT ON THE AFFECTED AREAS	1.0	700.00	0	700.00
7	ANTI-RUST COATING	1.0	80.00	0	80.00
8	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
9	FOUR WHEEL ALIGNMENT	1.0	150.00	0	150.00
	Labour 1 Sub Total				1,380.00
	SINGAPORE DOLLARS : TWO THOUSAND FOUR HUNDRED EIGHTEEN Less Excess				
AND	CENTS TWENTY ONLY		SUBTOTAL		2,260.00
			GST 7.00%		158.20
			TOTAL		2,418.20
Data	of accident · 11/09/2010 09:15 DM Diage · DEFODE ID CLISTOMS	7 A 7 A 3		D 47 43 6	

Date of accident: 11/08/2019 08:15 PM. Place: BEFORE JB CUSTOMS JALAN LINGKARAN DALAM ROAD MYS

Page 1 of 1

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

**CUSTOMER SIGNATURE** 

**AUTHORISED SIGNATURE** 

\* N = Item not subjected to GST

Issued by: Anysia

### 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 copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 12:57
Date Of Accident	11/08/2019 20:15
Exact Location Of Accident	BEFORE JB CUSTOMS JALAN LINGKARAN DALAM ROAD MYS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN5306U
Insured/Policyholder	
Name Of Registered Owner	TAN WEE SENG
NRIC No	S1445277Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91907303
Alternative Phone No	OTHERS-96950855
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA(NEW)
Exact Purpose for which vehicle was being used at ime of accident	LEISURE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	5100030890-01
Cover Note Number	DRIVO CLASSIC
Priver Control of the	
lame of Driver	NEO BENG TAN
IRIC No	S1173594J
ate Of Birth	12/02/1956
ccupation	INDOOR
ate Of Driving Pass	09/03/1976
riving Experience	43 YEARS AND 5 MONTHS
ender	MALE
obile Number	(LOCAL) +65-96950855
ax Number	
ontact Number	
Mail Address	NOEMAIL

BLK 548 #12-47 Address PASIR RIS STREET 51 510548

Postcode Was driver an employee of the Insured's Company NO

SPOUSE

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

2

NO

NO

YES

NO

5

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

NEO LI MIN

GENDER: FEMALE

Passenger 2 # TAN WEE SENG NAME:

> GENDER: FEMALE

Passenger 3 NEO LI HUI NAME:

> GENDER: FEMALE

> > ; MALE

Passenger 4 **PASSENGER** NAME:

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

GENDER:

BEDOK POLICE DIVISIONAL HQ (G DIVISION) Police Station Name

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2440000 - FAX NO: 64443009 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

Was there any audio recorded?

Refer to police report

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Page 2 of 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SML4203M

PRIVATE CAR

UNKNOWN

UNKNOWN

#### Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	13/08/2019 / 12:50
Report No: MT	D.O.A; 11/08/2019 Time 20:15 hrs	Vehicle NotSLN53061	Reporting Type:

### 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.
- 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)

l 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.

13/08/19 / 12:50

Policyholder's Signature / Date & Time

13/08/19 / 12:50
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

# Sketch Plan Pg. 2

Before JB Customs at Jalan Lingkaran Dalam Road, Malaysia

Vehicle A: SLNS306U

Vehicle B: SML4203M

Refer to police report

## Declaration

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

13/08/19 / 12:50

Policyholder's Signature / Date & Time

13/08/19 / 12:50

Alan Tang (S098825) Customer Care Executive Motor Service Centre

KY

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

Wilnessed by Reporting Centre Personnel

## Police Report Pg. 1





1 of 3

# **POLICE REPORT (NP299)**

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20190812/7041

Date/Time Report Made	Vide Report No.			Station Diary No.	
12/08/2019 21:49					
Name Of Informant	Address				
NEO LI MIN	APT BLK 606D TAMPINES STREET 61 #15-368 SINGAPORE 524606				
ID Type / ID No. NRIC NO / S9233781B	Contact No. Home/Office.		Mobile: 90903310	Sanato-a Tomas	
Nationality SINGAPORE CITIZEN	Email Address stace.neo@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Human resource consultant (excluding executive search consultant)	Female	26	19/09/1992	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 11/08/2019 20:15 - 11/08/2019 20:25	Location Of Incident Happened before reaching the Johor Bahru customs - at				
	Jalan Lingkaran Dalam Rd				

## Brief details.

This incident happened when traffic was slow as it was during a jam. Our car (SLN5306U) stayed within a lane, while an Audi car cut into our lane in front. My dad (the driver) gave way to the Audi, but there was another car behind the Audi (SML 4203M) that followed the cut. There was evidently no space to cut in, but the driver of SML 4203M insisted his way and hit the side of our car. Visible scratches were seen, car driver steered back. Photos of the scratch and driver's car were taken.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this	
Not applicable	report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 21:49	
Officer In-Charge Of Case;	Classification Of Case:	

Authentication Stamp

# Police Report Pg. 2





**POLICE REPORT (NP299)** 

**CONTINUATION OF REPORT** 

Report No. G/20190812/7041

Witness: My dad (driver), mum, sister and myself

Subjects Involved		Terror Sura		
Victim				
Person Name	Neo Beng Tan			
D Type	NRIC NO	ID No	S1173594J	
Gender	Male	Age	63	
Race	Chinese	Language	e English	
Occupation	Other heavy truck and lorry drivers	Address	Blk 548 Street 51 #12-47 Pasi Ris SINGAPORE 510548	
Mobile No	90903310	Relation Informant	To Father	
Person Name	Tan Wee Seng			
D Type	NRIC NO	ID No	S1445277Z	
Gender	Female	Age	59	
Race	Chinese	Language		
Occupation	Nutritionist	Address	548 Pasir Ris, St 51 #12-47 SINGAPORE 510548	
Home/Office No	90903310	Mobile No		
Relation To	Mother			
nformant				
Person Name	NEO LI MIN			
О Туре	NRIC NO	ID No	\$9233781B	
Signature Of Offic lot applicable	er Recording The Report:	T re	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
ignature Of Inter lot applicable	oreter:		Date/Time: 12/08/2019 21:49	
fficer In-Charge	Of Case;	c	Classification Of Case:	

Authentication Stamp

# Police Report Pg. 3





POLICE REPORT (NP299)

# **CONTINUATION OF REPORT**

Report No. G/20190812/7041

Gender	Female	Age	26
Race	Chinese	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address Type	
Address	APT BLK 606D TAMPINES STREET 61 #15-368 SINGAPORE 524606	Mobile No	90903310
ls Informant A Victim?	Yes		
Person Name	Neo Li Hui		
ID Type	NRIC NO	ID No	S9805164C
Gender	Female	Age	21
	Chinese	Language	English
Race			
Race Occupation	Student	Address	548 Pasir Ris, St 51 #12-47 SINGAPORE 510548

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: 12/08/2019 21:49		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			