

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 : SXXX8190H
GUNASILAN RACHAEL VANITHA
NO

SINGAPORE
TEL : FAX :
PH : 91082084
ATTN :

ESTIMATE BILL

Number : EB00005320
Date : 01/11/2019
Case No : AD00010764
Vehicle No : SLU9218C
Chassis: RN61062520
Year of Mfr 2008
Policy No
Model : HONDA STREAM

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	TAILGATE	1.0	903.20	20	722.56
2	TAILGATE EMBLEM	1.0	35.00	20	28.00
3	TAILGATE LOGO - STREAM	1.0	24.70	20	19.76
4	TAILGATE INNER LOCK	1.0	181.50	20	145.20
5	TAILGATE DAMPER LH	1.0	118.60	20	94.88
6	TAILGATE DAMPER RH	1.0	118.60	20	94.88
7	REAR FENDER LAMP RH	1.0	352.80	20	282.24
8	END PANEL	1.0	306.70	20	245.36
9	REAR BUMPER	1.0	588.60	20	470.88
10	REAR BUMPER RETAINER RH	1.0	19.40	20	15.52
11	REAR BUMPER RETAINER LH	1.0	19.40	20	15.52
12	TAIL LAMP PANEL RH	1.0	145.90	20	116.72
13	REAR EXHAUST PIPE	1.0	514.20	20	411.36
14	REAR BUMPER BRACKET RH	1.0	20.90	20	16.72
15	REAR BUMPER BRACKET LH	1.0	20.90	20	16.72
16	TAILGATE WINDSCREEN MOULDING	1.0	65.00	20	52.00
List Price - Parts Sub Total					2,748.32
17	WINDSCREEN SEALANT	2.0	24.00	0	48.00
18	REVERSE SENSOR	1.0	280.00	0	280.00
19	REVERSE CAMERA	1.0	580.00	0	580.00
20	REAR FENDER RH - REPAIR	1.0			
21	REAR FLOOR PANEL - REPAIR	1.0			
Special Nett Price - Parts Sub Total					908.00
Parts Total					3,656.32
22	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	1,000.00	0	1,000.00
23	SPRAY PAINT ON THE AFFECTED AREAS	1.0	900.00	0	900.00
24	ANTI-RUST COATING	1.0	300.00	0	300.00
25	TO REMOVE & REFIT WINDSCREEN	1.0	180.00	0	180.00
26	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
Labour 1 Sub Total					2,530.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

HOCK WAH MOTOR WORKSHOP PTE LTD

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Chassis: RN61062520
Year of Mfr 2008
Policy No
Model : HONDA STREAM

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
SINGAPORE DOLLARS : SIX THOUSAND SIX HUNDRED NINETEEN AND CENTS THIRTY-SIX ONLY			Less Excess		0.00
			SUBTOTAL		6,186.32
			GST 7.00%		433.04
			TOTAL		6,619.36

Date of accident : 30/10/2019 01:35 PM. Place : BRADDELL ROAD

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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 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	01/11/2019 09:24
Date Of Accident	30/10/2019 13:35
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9218C
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Insured/Policyholder

Name Of Registered Owner	GUNASILAN RACHAEL VANITHA
NRIC No	S8228190H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91082083
Alternative Phone No	OTHERS-91082083

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A

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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106591114
Cover Note Number	31/12/2018-17/01/2020

Driver

Name of Driver	CHRISTOPHER LYNN VAN WINKLE
NRIC No	S8385573H
Date Of Birth	12/03/1983
Occupation	INDOOR
Date Of Driving Pass	21/02/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91082083
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 180 BEDOK NORTH ROAD #03-14
Postcode	460180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 30/10/2019 AT AROUND 1335HRS, I WAS DRIVING ALONG BRADDELL ROAD AND TURNING LEFT TO ENTER THE BUILDING 970 TOA PAYOH NORTH WHEN ONE CAR (SJV4819U) IN FRONT OF ME SUDDENLY STOPPED HIS CAR. AS SUCH, I JAMMED MY BRAKES AND AVOIDED AN COLLISION HOWEVER I FELT AN IMPACT FROM MY REAR AND MY LEGS WENT TOWARDS THE DASHBOARD. I THEN ALIGHTED FROM MY VEHICLE AND SAW THAT ONE CAR (SLR1640J) HAD COLLIDED WITH ME. WE EXCHANGED PARTICULARS AND WENT ON OUR WAY HOWEVER I SUDDENLY FELT MY LEGS FELT POPPING FEELINGS. MY BACK AND SHOULDERS ALSO SUFFERED WHIPLASH AS A RESULT FROM THE IMPACT. THUS I WENT TO CHANGI GENERAL HOSPITAL AND GOT AN 3 DAYS MC. MY CAR'S REAR BUMPER WAS DENTED IN AND I AM UNABLE TO OPEN MY CAR BOOT. THE CAR BEHIND ME HAD DENTS ON HIS FRONT LEFT AREA AS WELL AS HIS FRONT BONNET. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

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	SLR1640J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOOR AIDY BIN ABDUL RAHMAN

NRIC/Passport Number	S8038866G
Contact Number	97426952
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHRISTOPHER LYNN VAN WINKLE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU9218C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

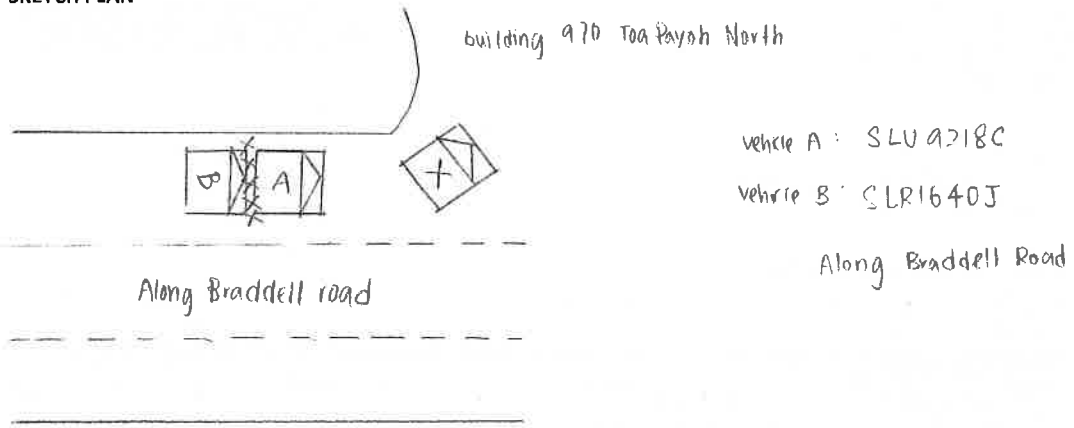
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No T/ 20191030/2169

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD/TP at other workshop

DECLARATION

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

Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191030/2169

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20191030/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 18:58	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars

Name of Informant: CHRISTOPHER LYNN VAN WINKLE			Address: APT BLK 180 BEDOK NORTH ROAD #03-14 SINGAPORE 460180	
ID Type / ID No.: NRIC NO / S8385573H			Contact No.: Home/Office: Mobile: 91082083	
Nationality: AMERICAN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/03/1983	Type of Informant: Driver	
Race: Caucasian			Language:	Institution / School Name:
Occupation: PROGRAM MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2019 13:35	Type of Location: Bend
Location: Along Road 1 BRADDELL ROAD				
ABOUT TO TURN LEFT TO ALC TECHNOLOGIES PTE AT THE JUNCTION				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJV4819U	Car	TOYOTA	VIOS E AUTO	Blue	No Damage	1
SLR1640J	Car	TOYOTA	SIENTA 1.5G HYBRID AT ABS D/AIRBAG	Silver	Slightly Damaged	1
SLU9218C	Car	HONDA	STREAM 1.8X A	Brown	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191030/2169

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20191030/2169

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOOR AIDY BIN ABDUL RAHMAN	ID No.	S8038866G
Related Vehicle	SLR1640J (Car)	Contact No.	97426952
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHRISTOPHER LYNN VAN WINKLE	ID No.	S8385573H
Related Vehicle	SLU9218C (Car)	Contact No.	91082083
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/10/2019	Date Discharge	30/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/10/2019 at around 1335hrs, I was driving along Braddell road and turning left to enter the building 970 Toa Payoh North when one car (SJV4819U) in front of me suddenly stopped his car. As such, I jammed my brakes and avoided an collision however I felt an impact from my rear and my legs went towards the dashboard. I then alighted from my vehicle and saw that one car (SLR1640J) had collided with me. We exchanged particulars and went on our way however I suddenly felt that my legs felt popping feelings. My back and shoulders also suffered whiplash as a result from the impact. Thus I went to Changi General Hospital and got an 3 days MC. My car's rear bumper was dented in and I am unable to open my car boot. The car behind me has dents on his front left area as well as his front bonnet. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20191030/2169

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20191030/2169

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:

G /

Sgt 2 LIEW CHONG XIANG, VINCENT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2019 18:58

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

