

# 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 : SXXX1517D  
POH SOON KUAN  
BLK 653B JURONG WEST STREET 61  
03-442  
SINGAPORE 642653  
TEL : FAX :  
PH : 82883753  
ATTN :

## ESTIMATE BILL

Number : EB00005372  
Date : 30/12/2019  
Case No : AD00010884  
Vehicle No : SJB8875K  
Chassis : KNAFE227385528201  
Year of Mfr 2007  
Policy No  
Model : KIA CERATO

### Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT BUMPER	1.0	416.00	10	374.40
2	FRONT BUMPER RETAINER LH	1.0	17.00	10	15.30
3	FRONT FENDER LH	1.0	257.00	10	231.30
4	HEADLAMP LH	1.0	404.00	10	363.60
5	FRONT BUMPER FOG LAMP LH	1.0	155.00	10	139.50
List Price - Parts Sub Total					1,124.10
Parts Total					1,124.10
6	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	400.00	0	400.00
7	SPRAY PAINT ON THE AFFECTED AREAS	1.0	400.00	0	400.00
8	ANTI-RUST COATING	1.0	50.00	0	50.00
9	WIRING	1.0	40.00	0	40.00
Labour 1 Sub Total					890.00
SINGAPORE DOLLARS : TWO THOUSAND ONE HUNDRED FIFTY-FIVE AND CENTS NINE ONLY			Less Excess		0.00
			SUBTOTAL		2,014.10
			GST 7.00%		140.99
			TOTAL		2,155.09

Date of accident : 02/10/2019 01:45 AM. Place : BEDOK SOUTH AVENUE 1, BLK2A MSCP DECK 1B

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	03/10/2019 16:55
Date Of Accident	02/10/2019 01:45
Exact Location Of Accident	BEDOK SOUTH AVENUE 1, BLK 2A MSCP DECK 1B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB8875K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH SOON KUAN
NRIC No	S0461517D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82883753
Alternative Phone No	OFFICE-82883753

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6(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	5095857967-01 CLASSIC
Cover Note Number	

### Driver

Name of Driver	POH SOON KUAN
NRIC No	S0461517D
Date Of Birth	20/08/1946
Occupation	INDOOR
Date Of Driving Pass	30/10/1963
Driving Experience	55 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82883753
Fax Number	
Contact Number	OFFICE-82883753
EMail Address	NOEMAIL

Address	BLK 653B #03-442 JURONG WEST STREET 61
Postcode	642653
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : GOH SAN NGING
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1388A
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV 1.6 DCT
Details Of Properties	
Vehicle Category	TAXI
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 POH SOON KUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJB8875K

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance? NO

Address

Postcode

## 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 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:

- 3 OCT 2019

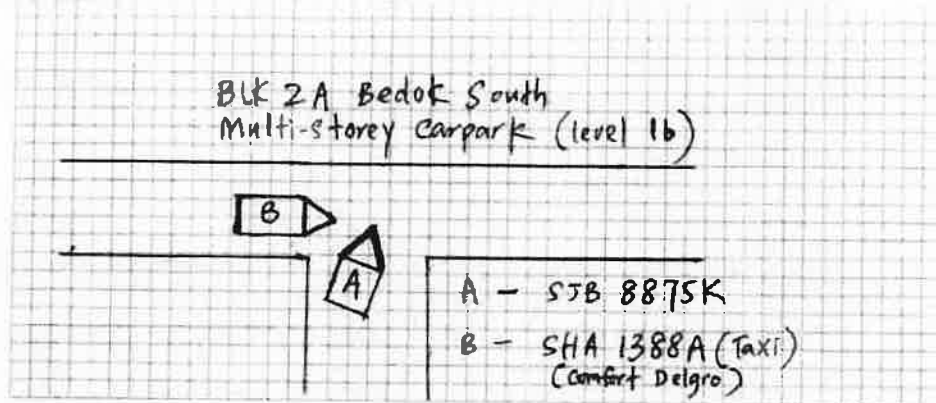
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [enquiry@idacsingapore.com.sg](mailto:enquiry@idacsingapore.com.sg)

Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to

POLICE REPORT

## DECLARATION

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

Policyholder's Signature  
Date & Time:

3 OCT 2019

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

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [yockb@singnet.com.sg](mailto:yockb@singnet.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2159

1 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20191002/2159

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2019 19:42	Vide Report No.: G/20191002/0020	Station Diary No.: 157
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**Informant's Particulars**

Name of Informant: POH SOON KUAN			Address: APT BLK 653B JURONG WEST ST 61 #03-442 SINGAPORE 642653	
ID Type / ID No.: NRIC NO / S0461517D			Contact No.: Home/Office:	Mobile: 82683753
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 73	Date of Birth: 20/08/1946	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 02/10/2019 01:45	Type of Location: Car Park
Location: Along Road 1 BEDOK SOUTH AVENUE 1 Block 2A Multi Storey Car Park Deck 1B Bedok South Ave 1	Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	Anyone conveyed by ambulance: No
Type of Collision: Between Moving Vehicles - Head To Side			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1388A	Car	HYUNDAI	IONIC	Blue	Slightly Damaged	0
SJB8875K	Car	KIA	CERATO 1.6(A)	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB8875K	NTUC Income Insurance Co-Operative Limited	5095857967-01	28/01/2019	27/01/2020

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2159

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208878  
Tel No: 1800-2949999

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Report No. T/20191002/2159

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHA1388A (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	POH SOON KUAN	ID No.	S0461517D
Related Vehicle	SJB8875K (Car)	Contact No.	82883753
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	Slight

**Brief Details.**

On 2/10/19 at about 0145hrs, I was driving my car (Light Blue Kia Cerato, SJB8875K) into the Blk 2A multi-storey carpark of Bedok South Ave 1 to park my car. As I was going towards Deck 1B of the carpark, there was a stop line. I stopped my car at the stop line and make sure that there were no oncoming cars or cars coming from the gantry on my left before turning to the right. As I was turning to the right, a comfort taxi (Blue Hyundai Ionic, SHA1388A) suddenly appeared from the gantry on the left at a very fast speed and collided into the left side of my car.

The left front bumper of my car has scratches and a hole in it. The left front headlight of my car is cracked. The right front bumper of the taxi (driver side) has a hole in it.

I was driving the car with my wife at the passenger seat. My wife informed that her back is sore after the impact with the taxi. My left shoulder and right leg is sore after the impact. I am unsure if the taxi driver is injured.

When I went to talk to the taxi driver, I realized that he smells heavily of alcohol and am not able to speak and walk properly.

The taxi driver wanted to settle this incident privately with me but as the taxi driver is drunk, he is unable to communicate properly and did not manage to settle this incident in the end.



Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2159

3 of 4

Police Station Of Origin:  
Rochor N.P.C.  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20191002/2159

**CONTINUATION OF REPORT**

As we were unable to settle this issue privately, the taxi driver wanted to drive away from the scene. He started his taxi and drove forward. However, I was standing very close to the front of the taxi and when the taxi driver moved the taxi, it knocked into my leg and he did not want to stop the taxi. The taxi driver continued to drive at a slow pace, pushing my legs. I felt a sharp pain on my legs after that.

The traffic police came soon after and gave me a case card vide G/20191002/0020 and to lodge a police report. The taxi driver was arrested by the traffic police on the spot.

There is a car camera in my vehicle and the traffic police took the SD card. The ambulance came but I did not want to be sent to the hospital as I want to be checked at the private hospital that I normally go to.

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191002/2159

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208878  
Tel No: 1800-2949899

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Report No. T/20191002/2159

**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:  
A /  
Sgt 2 FOONG JING KAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
Sgt 3 MUHAMMAD FIRDAUS BIN SULEIMAN  
Contact No.: 65476223

Signature Of Informant:

Date/Time:  
02/10/2019 19:42

Classification Of Case:

