SS1Q211P0003 / SU Brothers Motor Workshop ENTRY DATE & TIME: 25/01/2021 14:47 (SGT) SUBMITTED BY: Ong Soon Eng VERSION: 1 (25/01/2021 14:47 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/01/2021 14:47 (SGT) 23/01/2021 15:15 (SGT) Clementi Rd, Singapore towards bukit timah road Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP7601G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

Yes FOCUS TOH 5XXXX159E manidatoh@gmail.com (Phone) +65-82288585 (Office) +65-82288585

VEHICLE PARTICULARS

Manufacturer Model Variant

Honda Shuttle

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?

Vehicle Category

Private hire

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Comprehensive No 5113349639-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH SU BENG SXXXX805C 19/11/1978 Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was driving my car SMP 7601 G along Clementi Road and stop due to traffic light before the turn to Sunset way. I am a PHV with a passenger on board. The traffic light turn green, I am still waiting for the car ahead of me to move off and another car from behind SKE 203 A rear end my car. I check with my passenger and she was not injured.

25/03/2000

BLK 697

Employee

Clear

Dry

No

Yes

No

Yes

2

No

NOT KNOWN

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

Female

Yes

No

2

20 YEARS AND 10 MONTHS

HOUGANG STREET 61, #11-24

(Phone) +65-822885858

manidatoh@gmail.com

Collision - Head to Rear

both of us the drivers exchanged information and left the scene. I went to SKH A&E due to back and neck pain and was given 3 days MC.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Page 2 of 18

Vehicle Registration Number SKE 203 A Vehicle Manufacturer Kia Vehicle Model Cerato Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver CHANDA AKSHAY KUMAR VEERSAIN NRIC No SXXXX996I Contact Number (Phone) +65-96470317 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

TOH SU BENG

42

BACK & NECK PAIN

SMP7601G

Yes

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN	Clement, R	
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design realization of the state		7 3
	•	
DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	
	Reter to Police	Report
77		
	•	
1		other workshop Reporting Only
Remarks: Please forwa My workshop: May	and a copy of my effle accident report to	
Email address : & myself :	.)	
Email address :		
Note: Please take note	that your insurer have 14 days timefram theck with your own insurer for more in	ne for you to submit own damage claim under
DECLARATION 1505		normation.
	rticulars are true in every respect.	
e-mail MANIDATOH@ GMAIL.com	Full.	
Policyholder's Signature Dale & Time: .	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personners Signature Name:





Moderate

ambulance:

No

Anyone conveyed by

1 of 3

Report No. T/20210124/7007

Police Station Of Origin:

Traffic Police

Traffic Flow:

Dual Carriage Way

Between Moving Vehicles - Head To Rear

Type of Collision:

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 24/01/2021			ide:	Vide F	Report No.:				Station Diary No.:
Informant'	s Part	icul	ars				A Section 1		
Name of Informant: TOH SU BENG				Address: 697 HOUGANG STREET 61 #11-24 SINGAPORE 530697					PORE 530697
ID Type / ID No.: NRIC NO / S7832805C			5C	Contact No.:			Mobile:	8228	38585
Nationality: SINGAPORE CITIZEN			N	Email: manid	atoh@gmai	l.com			
Sex: Male	Age: 42		Date of Birth: 19/11/1978	Type of Driver	of Informant				
Race: Chinese				Langu Englis			Institutio	n / S	School Name:
Occupation	Occupation:			Driving Licence Information: Class: Date			Date of	of Expiry:	
General Info	ormati	on o	of the Accident			Jaka da da Pat			
Type of Accident:		Inji Otl	ury ners		Drink Drive: No	Date/Tim Accident: 23/01/202			Type of Location: Straight Road
Location:									
Clementi ro	oad								
Weather: Clear				Road Surface: Dry				Road Speed Limit: 60 Km/h	
Traffic Flow	v:			Traffic	: Control:			Traff	ic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKE203A	Car	KIA				0
SMP7601G	Car	HONDA	Shuttle Hybrid	Black	Slightly Damaged	1

Traffic Control:

Traffic Light - Working

Details of Vehicle Insurance							
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date				





2 of 3

Report No. T/20210124/7007

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Carolina Carolina (Carolina Carolina Carolina Carolina Carolina Carolina Carolina Carolina Carolina Carolina C		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP7601G	NTUC Income Insurance Co-Operative			
	Limited			

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	s Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver				i in Eu		
Name	TOH SU BENG			ID No		S7832805C
Related Vehicle	SMP7601G (Car)			Contact No.		82288585
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	23/01/2021		Date		23/01	/2021
No. of Days gran	ted Medical Leave	03	Degree of		Slight	t
Driver		e figure a con-			EAL SE	
Name	CHANDA AKSHAYK	UMAR VEEF	RSAIN	ID No.		S9690996I
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I was driving my car SMP7601G along clementi Road and stop due to traffic light before the turn to Sunset way. I'm a PHV with a passenger on board. The traffic light turn green, I'm still waiting for the car ahead of me to move off and another car from behind SKE203A rear end my car.

I check with my passenger and she was not injured.

Both of us the drivers exchanged information and left the scene. I went to SKH A&E due to back and neck pain and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210124/7007

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Authentication Stamp

NP168

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: 24/01/2021 13:39
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541 H/P 91082728

Not Nother Will

11 Sup & 7309h

Phenry After Paint

Fax: 64816131

9day

Focus Toh Blk 697 Hougang St 61 #11-24 Singapore 530697

Vehicle No : SMP 7601 G Make/Model: Honda Shuttle LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/ first spray painting
 To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resur-

Year	: 2019		 Supplementary item(s) must be is subject to final approval from 			
Qty	Description		Acknowledged by Repairer Signature:	Ur	nit Price	Amount
Estima	ate Cost Of Repair		Uate:			
1 pc	Rear tail-gate Rear tail-lam Rear boot rub Rear end par Rear end par Rear end par Rear bumper	glass moulding emblem "Shuttle emblem "Hybrid" emblem "H" outer chrome garni inner lock inner trim board pocket reflector polel 946.76 nel inner garnish nel lower cover tow cover side retainer reflector garnish reflector sponge a nner trim board	sh 207. fo 05.10 W/SCur	ad/mycm ers su	\$38.20 Su \$155.20 Su \$106.70 Su \$485.20 Su \$485.20 Su \$485.20 Su \$485.20 Su	\$40.10 \$385.70 \$305.10 \$287.40 \$45.10 \$840.20 \$975.80 \$195.70 \$588.60 \$185.90 \$87.10 \$965.70 \$48.20 \$76.40 \$310.40 \$213.40 \$1,072.50 \$205.60 \$297.10 \$855.10 \$10,749.40 \$2,149.88
					balance c/f	\$8,599.52

balance b/f \$8,599.52

\$80.00 X \$13,299.52

Total

S	N	0	t
V	1.4	~	L

			nd/sh	
1 pc	Rear reverse	sensor	, , , , , , , , , , , , , , , , , , , ,	\$200.00
1 pc	Rear reverse			\$300.00 X
1 pc	Rear tail-gate	glass sealant /		Mr. \$55.00 4am
20 pcs	Rear bumper	clip /	\$2.00	mec \$40.00
1 pc	Rear no plate			In \$40.00 X
				\$635.00

Labour Charges

Remove/refit rear o/s fender glass to facilitate repair

<u>Edibour Orlanges</u>		
Remove/renew the above parts including knocking, welding & cutting.	\$1,600.00	12000
To putty and spray paint	\$1,600.00	9006
Check & reconnect wiring.	\$45.00	201
To respray anti-rust proofing treatment	\$120.00	901
Remove/refit rear windscreen to facilitate repair	\$100.00	
Remove/refit rear tail-gate mechanism to new door.	\$150.00	601
Remove/refit rear boot upholstery to facilitate repair.	\$100.00	
Remove/renew rear exhaust silencer	\$120.00	601
Remove/refit fuel tank to facilitate repair	\$150.00	601