



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147

Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

UNITED OVERSEAS INSURANCE LTD

3 ANSON ROAD

#28-01 SPRING LEAF TOWER

SINGAPORE 079909

DATE : 13-08-2021

VEHICLE NO. : SLP7507H

ACCIDENT DATE : 30-07-2021 12:45

THIRD PARTY REF. : UNKNOWN

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SLP7507H MAZDA 3 SEDAN 1.5 AT EU 6

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BUMPER	350.00
2	1	REAR BUMPER REINFORCEMENT	180.00
3	1	REAR BUMPER TOW COVER LH	12.00
4	10	REAR BUMPER CLIP@\$2.00	20.00
			<hr/>
			562.00
			<hr/>
			ADD 10 %
			56.20
			<hr/>
			TOTAL (A)
			618.20
			<hr/>
SPECIAL NETT ITEMS			
1	1	REAR REVERSE SENSOR	300.00
			<hr/>
			TOTAL (C)
			300.00
			<hr/>
LABOUR CHARGES			
1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE ALL NECESSARY AFFETCED PARTS WELD CUT PANEL BEAT AND FI-TTING NEW PARTS	300.00
3	1	SPRAYPAINTING CHARGES	300.00
			<hr/>
			TOTAL (D)
			630.00
			<hr/>
			ESTIMATE TOTAL
			1,548.20
			<hr/>

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 Submission	12/08/2021 10:27 (SGT)
Date of Accident	30/07/2021 12:45 (SGT)
Exact Location of Accident	Lor 8 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7507H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG KIM CHOON(SUN JINCHUN)
NRIC No	S0087612G
Email Address	sngkimchoon@gmail.com
Mobile Phone No	(Phone) +65-96260650
Alternative Phone No	+65-96260650

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120034701801
Cover Note Number	-

DRIVER

Name of Driver	SNG KIM CHOON(SUN JINCHUN)
NRIC No	S0087612G

Date Of Birth	16/09/1953
Occupation	Indoor
Date Of Driving Pass	13/08/1971
Driving experience	49 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96260650
Alt. Phone Number	+65-96260650
Email Address	sngkimchoon@gmail.com
Address	122 ONAN ROAD
Address complement	-
Postcode	424534
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Joo Chiat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003459999
Alt. Police Station Phone No	(Fax) +65-64474181
Police Station Address	267 Onan Road Singapore 424773
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	OVERWRITE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

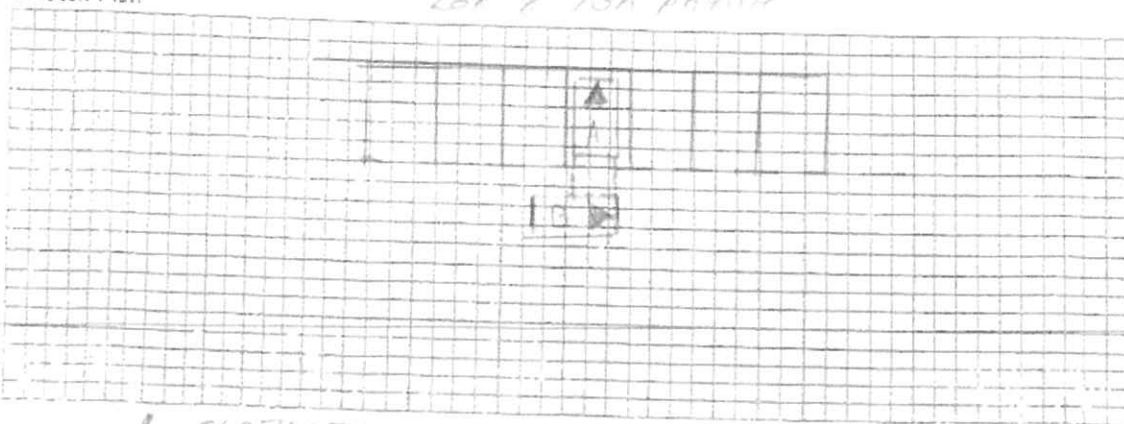
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies 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 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.
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 Insurers 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLA 75074
B - UNKNOWN

Describe Circumstances of the Accident

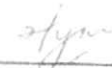
Pls refer to the attached statement

Declaration

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

 11/8
Policyholder's Signature / Date &
Time

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

 11/08/20
Witnessed by Reporting Centre
Personnel



Kim Choon Sng <sngkimchoon@gmail.com>

Complain against Driver of SMRT Taxi No: SHB668T

2 messages

Kim Choon Sng <sngkimchoon@gmail.com>
To: taxisfeedback@smrt.com.sg

Tue, Aug 10, 2021 at 9:15 PM

Dear Sirs,

I am the driver and owner of the vehicle with licence plate number SLP7507H which was involved in an accident at the car park of Toa Payoh Lorong 8 Market/Food Centre on 30 July 2021.

I wish to submit my disappointment and displeasure on the conduct and action of the driver. The taxi had scraped the bumper of my car as I was slowly and carefully reversing out of the parking lot. Before reversing, I had looked back to ensure the road was clear. However, when I was barely half a metre out of the parking lot (and before I could turn my steering wheel), the taxi had suddenly appeared and scraped the bumper of my car.

When I got out of my car to investigate, the driver of the taxi had sped out of the car park. So I was unable to note the licence plate of the taxi to take any follow up action until I was notified of SMRT claims through my motor insurance company this afternoon (UOI).

Typically in any accident, we would expect both drivers to exchange contact details and see whether an amicable settlement could be reached. Your driver failed to do so but instead fled the scene.

This caused me to have unease over the following:-

- a) the driver may not be the authorised driver of the taxi as he had fled in order not to be identified; and
- b) as the driver had not stopped at the accident scene, there was no means for me to ascertain and take photos of the damages. This is to ensure that the claimed damages are indeed the result of contact with my vehicle.

The irresponsible action of the driver in speeding off has given me a poor impression of his character and integrity.

I shall appreciate it if you could investigate and clear this matter.

Yours sincerely,

Sng Kim Choon
Handphone Number 96260650

Kim Choon Sng <sngkimchoon@gmail.com>
To: josephinewong@uoi.com.sg

Tue, Aug 10, 2021 at 9:22 PM

My e-mail to SMRT (below) and attached police report are fyi.

I will make a report to Idac tomorrow as advised.

Thanks,

Sng Kim Choon
Handphone No: 96260650

(Quoted text hidden)

➔ **PoliceReport.7Aug2021.pdf**
1947K



**SINGAPORE
POLICE FORCE**



T/20210807/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No: T/20210807/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2021 16:36	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: SNG KIM CHOON	Address: 122 ONAN ROAD SINGAPORE 424534		
ID Type / ID No.: NRIC NO / S0087612G	Contact No.: Home/Office: Mobile: 96260650		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 16/09/1953	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Retiree	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2021 12:45	Type of Location: Car Park
Location: LORONG 8 TOA PAYOH			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Light	
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
SLP7507H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7507H	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200347018 01	16/06/2020	15/06/2022



**SINGAPORE
POLICE FORCE**



T/20210807/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20210807/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SNG KIM CHOON	ID No.	S0087612G
Related Vehicle	NIL	Contact No.	96260650
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	NIL

Brief Details.

Vide TP/JP/36743/2021

On the stated date and time, I parked my vehicle perpendicular inside the parking lot located at the Hawker Centre of the stated location. I could not remember the parking lot number.

At 12:51pm or probably few minutes after, I wanted to reverse out my vehicle. While I was slowly reversing straight out, not even half a meter out of the lot, and have not even steered my steering wheel to any direction. I heard a loud bump at the rear. I went out of the car and made a check and noticed scratches on my rear bumper. There was a maroon SMRT taxi which had passed by and bumped into it. However the driver did not stop to share contact details and seek amicable settlement. I could not see the vehicle number as he had left the location.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20210807/2062

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Report No: T/20210807/2062

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 HAMMAAD SHAFIQ BIN MOHAMAD ABU
BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant: 

Date/Time:
07/08/2021 16:36

Classification Of Case: