

Estimate

31/05/2022

SPF ACCIDENT CLAIM SECTION

No. 1 Mount Pleasant Rd
Blk 8 Old Police Academy
Singapore 298333.

Attention :- XA066

Page # :- 1

Veh # :- SDA5551R

Veh Model :- TOYOTA CAMRY 2.0 A

Estimate# :- CK423429

Claim # :- TP/CK145409

ACC. Date :- 23/05/22

Terms :- C.O.D Days

Remarks :- MFG 16 APR 2008 (2008) - 2028

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT DOOR RH <i>lt</i>	1	PC 1,620.00	1,620.00
2.	FRONT DOOR MOULDING RH <i>scr</i>	1	PC 169.00	169.00
3.	FRONT DOOR MOULDING CHROME RH <i>scr</i>	1	PC 35.00	35.00
4.	REAR DOOR RH <i>lt</i>	1	PC 1,640.00	1,640.00
5.	REAR DOOR MOULDING RH <i>scr</i>	1	PC 169.00	169.00
6.	REAR DOOR MOULDING CHROME RH <i>scr</i>	1	PC 35.00	35.00
7.	REAR DOOR LOWER HINGE RH <i>X</i>	1	PC 89.00	89.00
8.	ROCKER GARNISH RH <i>repair</i>	1	PC 633.00	633.00
9.	REAR FENDER RH <i>lt</i>	1	PC 1,250.00	1,250.00
10.	REAR BUMPER SIDE RETAINER RH <i>X</i>	1	PC 73.00	73.00
11.	REAR BUMPER CLIPS <i>X</i>	10	PC 5.00	50.00
12.	REAR BUMPER - REPAIR	1	PC	
13.	B-PILLAR RH - REPAIR	1	PC	
LIST TOTAL S\$				5,763.00
25% DISCOUNT S\$				-1,440.75
				4,322.25
SPECIAL NET ITEMS :				
1.	REAR WHEEL RIM RH <i>scr</i>	1	PC 500.00 <i>300</i>	500.00
2.	SEALANT <i>lt</i>	1	PC 40.00	40.00
3.	REAR TYRE RH <i>X</i>	1	PC 250.00	250.00 <i>X</i>
SPECIAL NET TOTAL S\$				790.00
LABOUR :				
TO KNOCK & STRAIGHTEN ON B-PILLAR RH, TO CUT OFF REAR FENDER RH, TO REPAIR REAR BUMPER. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION				700 800.00
TO REMOVE & REFIT REAR WINDSCREEN				120.00
TO REMOVE & REFIT REAR SEAT & CUSHION				60 150.00
TO TRANSFER ITEMS INTO NEW DOOR				120 180.00
TO APPLY BODY JOINT SEALANT ON CUTTING AREAS				40 80.00
TO RUST PROOF ON REPAIRED AREAS				60 80.00
TO SPRAY PAINT ON REPAIRED AREAS				900 1,200.00
TO CHECK WHEEL ALIGNMENT				60 80.00
LABOUR TOTAL S\$				2,690.00

bizSAFE₃

Estimate

31/05/2022

SPF ACCIDENT CLAIM SECTION
No. 1 Mount Pleasant Rd
Blk 8 Old Police Academy
Singapore 298333.

Attention :- XA066

Page # :- 1 145409
Veh # :- SDA5551R
Veh Model :- TOYOTA CAMRY 2.0 A
Estimate# :- CK423429
Claim # :-
ACC. Date :- 23/05/22
Terms :- C.O.D Days
Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel : (65) 6272 3892
Fax : (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
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E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 7,802.25

GST @ 7 % 546.16

AMOUNT DUE S\$ 8,348.41

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after 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 resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ramu
Hy 20010068
7days
h/s
17/06/22 @ 1400
Revy after
repair

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	23/05/2022 18:18 (SGT)
Date of Accident	23/05/2022 12:45 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA5551R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG AH SUAN DORIS
NRIC No	SXXXX332H
Email Address	BENTASL1954@GMAIL.COM
Mobile Phone No	(Phone) +65-89499341
Alternative Phone No	+65-89499341

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY 2.0 AUTO ABS AIRBAG
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126113554
Cover Note Number	-

DRIVER

Name of Driver	TAN SOO LEONG
NRIC No	SXXXX342J

Birth Date	29/12/1954
Location	Indoor
Driving Pass	13/07/1973
Experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96319039
Phone Number	-
Email Address	BENTANSL1954@GMAIL.COM
Address	1 LEICESTER ROAD #06-11
Address complement	-
Postcode	358828
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	SUBMIT TO INSURANCE DIRECTLY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9671A
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Government
CALVIN TAY TIAN HO

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 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 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.

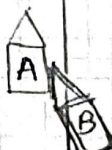
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

18



A - 3DA 5551R
B - SJ4 9671A

Describe Circumstances of the Accident

LICENSE PLATE: SDA 55SR

ACCIDENT DATE & TIME: 23/5/2022 1245 PM

CONTACT NUMBER: 96319039

E-MAIL ADDRESS: bentans1954@gmail.com

LOCATION: Thomson Road toward to Marine

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy

☒ Claim Third Party

☐ Claim OD/TP at other workshop

☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



To Whom It May Concern

ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section
Automotive Engineering & Management Division
Police Logistics Department
1 Mount Pleasant Road
Block 8 Old Police Academy
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Officer-In-Charge of accident matters (Tel No:64784840 , Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

- a) Police report
- b) Survey report (if any)
- c) Repair Bill
- d) Original Photographs of damage

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

The Attorney General
Attorney General's Chambers
1 Coleman Street, #10-00
Singapore 179803.

NP 122



SINGAPORE POLICE FORCE



T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220523/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2022 16:24		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAN SOO LEONG			Address: 1 LEICESTER ROAD #06-11 SINGAPORE 358828		
ID Type / ID No.: NRIC NO / S0240342J			Contact No.: Home/Office: Mobile: 96319039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 29/12/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 23/05/2022 12:45	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDA5551R	Car				Seriously Damaged	1
SJU9671A	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20220523/2065

CONTINUATION OF REPORT

Driver			
Name	TAN SOO LEONG		ID No. S0240342J
Related Vehicle	SDA5551R (Car)		Contact No. 96319039
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CALVIN TAY TIAN HO		ID No. S8020040D
Related Vehicle	SJU9671A (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

Brief Details.

On 23/05/2022 at about 1245hrs, I was driving my wife's vehicle SDA5551R travelling on the third lane along Thomson Road towards Mount Alvernia Hospital. I noticed that the traffic light at the front junction was in red and there were several vehicles stopped at the junction occupying the first and second lane of the road. I continue to drive towards the junction and out of a sudden, a vehicle SJU9671A came out of the second lane and collided with my vehicle. We stopped our vehicle and exchange our particulars, the person told me that he was driving a private police vehicle and shown me his police warrant card, issued a NP122 form to me and informed me to lodge a police report for the insurance claims. I wished to state that due to the collision, my vehicle suffered damages(dents and scratches) on the rear bumper, both driver, right passenger's door and right rear wheel area. While his vehicle suffered damages (dent and scratches) on the front left bumper and left wheel area. I also handed over my in car camera SD card over to him. I wished to state that the accident happened too fast, I did not managed to see if the vehicle did signal before he drove out from his lane and both of us did not suffered from any injuries.



**SINGAPORE
POLICE FORCE**



T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20220523/2065

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:

D /

Other LIU FENGZHAN, GERRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

Other MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Signature Of Informant:

Date/Time:

23/05/2022 16:24

Classification Of Case:

NP168

Toyota Camry 2.0A (COE till 12/2028)

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$59,900		
Depreciation ⓘ	\$9,240 /yr	Reg Date	11-Dec-2008 (6yrs 5mths 20days COE left)
Mileage	157,330 km (11.6k /yr)	Manufactured ⓘ	2008
Road Tax ⓘ	\$1,694 /yr	Transmission	Auto
Dereg Value ⓘ	\$20,445 as of today (change)	OMV ⓘ	\$25,518
COE ⓘ	\$31,553	ARF ⓘ	\$25,518
Engine Cap	1,998 cc	Power	108.0 kW (144 bhp)
Curb Weight	1,530 kg	No. of Owners ⓘ	3
Type of Vehicle	Luxury Sedan		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	332H
Vehicle No.:	SDA5551R
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	1AZE095434
Chassis No.:	MR053BK4107027477
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$26,830.00
Original Registration Date:	16 Apr 2008
First Registration Date:	16 Apr 2008
Transfer Count: -	2
Actual ARF Paid:	\$29,513.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	15 Apr 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$40,881.00
COE Rebate Amount:	\$23,797.00
Total Rebate Amount:	\$23,797.00

The information contained herein is correct as at 20 Jun 2022

OK