

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 : 96177205
KWAN LENG KWAI
BLK 24 SIMEI RISE
08-62
SINGAPORE 528811
TEL : FAX :
PH : 96177205
ATTN :

ESTIMATE BILL

Number : EB00006033
Date : 15/07/2022
Case No : AD00012876
Vehicle No : SLC6302G
Chassis : ZSU600077059
Year of Mfr : 2016
Policy No :
Model : TOYOTA HARRIER
2.0 PREMIUM AT

Term:

Sn	DESCRIPTION	QTY	U PRICE	AIRBAG DISC	2WD SDR AMOUNT
1	WING MIRROR ASSEMBLY RH	1.0	1,626.20	0	1,626.20
2	WING MIRROR COVER RH	1.0	103.10	0	103.10
List Price - Parts Sub Total					1,729.30
Parts Total					1,729.30
3	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	200.00	0	200.00
4	SPRAY PAINT ON THE AFFECTED AREAS	1.0	150.00	0	150.00
Labour 1 Sub Total					350.00
SINGAPORE DOLLARS : TWO THOUSAND TWO HUNDRED TWENTY-FOUR AND CENTS EIGHTY-FIVE ONLY			Less Excess	0.00	
			SUBTOTAL	2,079.30	
			GST 7.00%	145.55	
			TOTAL	2,224.85	

Date of accident : 14/07/2022 01:30 PM. Place : UPPER CHANGI RD EAST TOWARDS TPE

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 Submission	15/07/2022 10:29 (SGT)
Reported by	Both
Date of Accident	14/07/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI RD EAST TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6302G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWAN LENG KWAI
NRIC No	S1578450D
Email Address	KWAN_LENG_KWAI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96177205
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5080480883-06

DRIVER

Name of Driver	KWAN LENG KWAI
NRIC No	S1578450D
Date Of Birth	01/07/1963
Occupation	Indoor

Date Of Driving Pass	28/11/1989
Driving experience	32 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96177205
Alt. Phone Number	-
Email Address	KWAN_LENG_KWAI@HOTMAIL.COM
Address	24 SIMEI RISE #08-62
Address complement	-
Postcode	528811
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	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHILD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	VIDEO WILL BE SEND TO INSURANCE COMPANY

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6626Z
Vehicle Manufacturer	Fiat
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time 15/07/2022 / 10:07

Report No. MT/

D.O.A. 14/07/2022

Vehicle No. SLC6302G

Reporting Type TP

Time 13:30 hrs

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Signature]

15/07/22 / 10:07

15/07/22 / 10:07

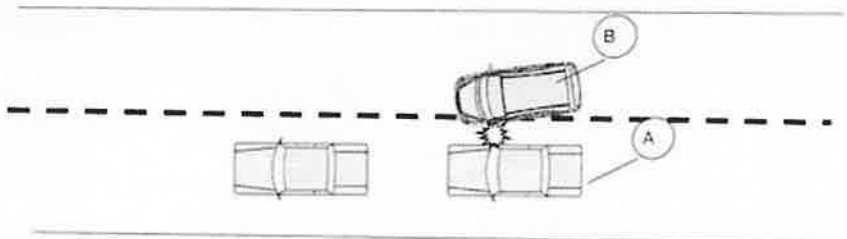
Chen JunLiang

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Vehicle A: SLC6302G


Vehicle B: GBK6626Z

Describe Circumstances of the Accident
REFER TO POLICE REPORT

Declaration

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

15/07/22 / 10:07
Policyholder's Signature / Date & Time


15/07/22 / 10:07
Driver's Signature (if driver is not the policyholder) / Date & Time

Chen JunLiang
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T20220715/7006

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

1 of 3

Report No: T20220715/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2022 10:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KWAN LENG KWAI			Address: 24 SIMEI RISE #08-62 SINGAPORE 528811		
ID Type / ID No.: NRIC NO / S15784500			Contact No.: Home/Office: Mobile: 96177205		
Nationality: SINGAPORE CITIZEN			Email: KWAN_LENG_KWAI@HOTMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 01/07/1963	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/07/2022 13:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBK6626Z	Van	FIAT				0
SLC6302G	Car	TOYOTA	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR	White		0



**SINGAPORE
POLICE FORCE**



T/20220715/7006

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

2 of 3

Report No. T/20220715/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLC8302G	NTUC Income Insurance Co-Operative Limited	5080480883-06	20/05/2022	19/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWAN LENG KWAI	ID No.	S1578450D
Related Vehicle	SLC6302G (Car)	Contact No.	98177205
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

MY VEHICLE WAS STATIONARY ON THE LEFT LANE OF UPPER CHANGI ROAD EAST TOWARDS TPE. THE RIGHT LANE AHEAD WAS CLOSED DUE TO CONSTRUCTION. VEHICLE B FROM MY VEHICLE REAR DROVE NEAR MY VEHICLE AND HIT MY RIGHT SIDE MIRROR. VEHICLE B DID NOT STOP AND DROVE OFF. I HAVE IN-CAR CAMERA (BOTH FRONT AND REAR VIEW) WHICH RECORDED THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20220715/7008

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

3 of 3

Report No. T/20220715/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/07/2022 10:26

Classification Of Case: