ASS. RECABY: STEVC CS/EGI220	007205/Eqy3
ASSI	SUMENT.
From: Date:	Veh No: SKW 6455E Yr Regn. 9/11/15.
Selimpted Costs	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD /OF WS ITP RES I OD RES I EVA / INV I MY	Truck / Traller or
To Inspect Vehicle No:	Make: 1-10179 OUT SSET c.o 2356
at Workshop m/s	Colour BY Park Purple AC: Insured Std / NI / NA
	Sp.Reading 143982 T/Radio: Insured / Std / NI / NA
of	Parklet .
Insured:	CNO: JHMRC1890FC265013
Policy No.  Cialms No.	Gen. Cond: Good   Faly / Poor / Burnt
Sum Insured: Excess:	Steering: Indrder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorces Jammed / Leaked / Burnt or
Make of Veh;	Modi: NII / S/Rim / STD A/Rim or
THE COLUMN	Tyre Size: F: 205/558/5
(Dellas Condition)	R: /)
(Policy Condition)  Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM!
repair at the time of inspection.	TOYOTYOKO or
Bail, or Market Value:	Front A. Rear
IDAC Accident Root: Consistent? : Yes or No	R/Bal, W mm , R/Bal. W mm
GIA / PR Seen: Consistent? : Yes or No	UBal. W mm UBal. W mm
Est Repairs: 7 days Res.: Yes or No	D.O.A. 977777
Lum Sum: % · 3 Val.: Yes or No	Survey held at Wah Plans
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/O	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
MY 69 k	
0, 5, 1, 1, 0, 6, 45, 7, 1	(D. I. Access 20 40W)
Steve finalised LS \$6450, 7 do	ays. (Red \$6202.60, 49%)
•	· · · · · · · · · · · · · · · · · · ·
¥	
Oste/Time, File Pass to? : Prell. Report	Days Of Repair: 7
Francis Connect	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
Ado	I Fee:: Site Insp (\$)s+RSSI
. 2)	: Interview (\$) Photos
Repart Former: MER-TP	:Tech, Invs (\$) Others
Lump Sum (1.8.1. (\$ 6450)	:Weelend (\$)
	· YOTAL
	· ·

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	190G
Vehicle No.:	SKW6455E
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jul 2022
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR
Primary Colour:	Purple
Manufacturing Year:	2015
Engine No.:	K24W71012131
Chassis No.:	JHMRC1890FC205013
Maximum Power Output:	129.0 kW (172 bhp)
Open Market Value:	\$28,685.00
Original Registration Date:	09 Nov 2015
First Registration Date:	09 Nov 2015
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$32,159.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Nov 2025
PARF Rebate Amount: Intended COE Rebate Details	\$20,903.00
COE Expiry Date:	08 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,889.00
COE Rebate Amount:	\$19,661.00
otal Rebate Amount:	\$40,564.00

The information contained herein is correct as at 27 Jul 2022



### Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Our Ref : UC471
Vehicle No. : SKW6455E

Page No. 1

	& Model: HONDA ODYSSEY 2.4 EXV-S CVT SR					evenio.
YTC	DESCRIPTION	CONDITION		MATE(S\$)		EYOR'S STMENT
	PARTS (LIST ITEMS)					
1	Boot lid / //			1298.00		
1	Boot lid lock			204.00		
1	Boot lid weather strip			126.00		
3	Boot lid lamp LH/RH@2*\$412 / R			824.00		
7	Boot lid Logo badge / MS			27.00		
1	Boot lid center garnish with "Odyssey" / [W]			247.00		
1	Boot lid side inner trim board LH / MIJ			51.00		
1	Boot lid inner trim board / (VI)			243.00		
1	Boot lid center Lower chrome / DR			195.00		
1	Boot lid Lock buzzer			85.00		
1	End panel			492.00		
1	End panel top garnish ?			121.00		
2	Tail lamp LH/RH @2*\$894			1788.00		
1	Rear windscreen wiper arm assy (COVII) / (M			57.00		
1	Wiper blade / C/T			48.00		
1	Rear bumper / DD			984.00		
2	Rear bumper side retainer LH/RH @2*\$20			40.00		
۱	Real bumper side retainer Erman (g. 2 425	,				
				6830.00		
		Part Items Total:	-20%	-1366.00		
				5464.00		
	SPECIAL NETT ITEMS					
1	Rear bumper clips / //			35.00	30	
1	Rear Windscreen Sealant / MK			60.00	40	
1	Rear reverse sensor / SR			200.00	ľ	
,	End panel Sealant			60.00		
	V kool Solar Film / 196			200.00	150	
		SN Items Total:		555.00		
		Oit nome roun.			1	

# i

### Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Our Ref

: WH1283

Vehicle No.

: SKW6455E

Page No. 2

	e & Model : HONDA ODYSSEY 2.4 EXV-S CVT SR		Fagy Hy
S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1200.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1000.00	600
3	To perform anti-rust treatment on affected areas	90.00	30
4	To remove and refix wiring system at accident damaged area and check for all electrical proper function	90.00	3-
5	To remove and refit rear compartment fitting, trimmings, garnish and etc	100.00	50
6	To remove and replace Rear windscreen	120.00 /	
7	To remove and replace inner rear reverse sensor	100.00	30
8	To carried out vacuum and Interior cleaning	100.00	50
	Labour Total:		ence notify
	TOTAL (PARTS & LABOUR)	Rep 8819.00 follo	
	STEPP (LNY) WY I'V	To display a manual author Parts to	ed our resulter our dice" basis
	1-111	Cally Prove	
	5 (15	y Repairer	



## 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 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

Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

27/07/2022 15:20 (SGT)

Both

27/07/2022 11:29 (SGT)

Near 78 Redhill Ln, Block 78, Singapore 150078

TIONG BAHRU ROAD TOWARD LOWER DELTA ROAD

(REDHILL CLOSE T-JUNCTION)

NGAN THENG SOON TERRY

TERRYNGAN@GMAIL.COM

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKW6455E

SXXXX190G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

(Phone) +65-96901787

VEHICLE PARTICULARS

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Honda Odyssey

Private use

No - Claiming third party

Private car

**ECICS Limited** 

MPC21P00224700

Auto

2356

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver

NRIC No Date Of Birth NGAN THENG SOON TERRY SXXXX190G

07/12/1961

Accident report SW0E227R0001

Page 1 of 12



Occupation Indoor **Date Of Driving Pass** 08/02/1980 Driving experience 42 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-96901787 Alt. Phone Number **Email Address** TERRYNGAN@GMAIL.COM Address **BLK 296 PUNGGOL CENTRAL** Address complement #06-501 Postcode 820296 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 **RETNO LESTARININGSIH** Name Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH AND SUMMARY REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes VIDEO FILE TOO LARGE TO UPLOAD Reasons for not uploading a video of the accident **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP6394T Vehicle Manufacturer -

Accident report SW0E227R0001

Page 2 of 12



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BERNARD BIN TIMBAS
Contact Number	(Phone) +65-85872426
Address	-
Address complement	-
Postcode	
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	•
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
of assenger (mending briver)	



#### SKETCHPLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 wiful 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 flability 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
- 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 this report being made available aforesaid
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

- (iii) 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.

Policyhplae'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) TAN MEGY MEGY

Port

Sketch Plan



Describe Circumstance of the Accident

ON 27/07/2022 @ 1129 HRS, MY VEHICLE A (SKW6455E) WAS STATIONARY WAITING AT THE TRAFFIC LIGHT T-JUNCTION OF TIONG BAHRU RD TWDS LOWER DELTA RD (REDHILL CLOSE T-JUNCTION). SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A (SKW6455E). ME & MY HELPER WAS SHOCKED AND I SLOWLY ALIGHT TO CHECK AND FOUND OUT THAT VEHICLE B (YP6394T) FRONT PORTION COLLIDED ONTO MY VEHICLE A (SKW6455E) REAR PORTION AND CAUSES MY REAR WINDSCREEN SHATTERED ALL OVER.

Declaration

I/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 (Name as in NRIC/ID card) THN MOGY MOGY

2





1 of 3

Report No. T/20220728/7011

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

-	FDO	DT	or		TDA	FFIC	AC	CID	ENT
к	EPO	1 54	OF	A	IKA	FFIG	110	0.10	1511

Date/Time Report Made: 28/07/2022 10:38			Vide Report No.:	Station Diary No.	
Informa	nt's Partice	ulars			
Name of	Informant:		Address: 296 PUNGGOL CENTRAL #0	6-501 SINGAPORE 820296	
ID Type	The second secon	SERVICE CONTRACTOR	Contact No.: Home/Office:	Mobile: 96901787	
Nationali			Email: TERRYNGAN@GMAIL.COM	A Commence of the Property of the Commence of	
Sex: Male	Age:	Date of Birth: 07/12/1961	Type of Informant: Driver	PL/ OWNER 1	
Race: Chinese			Language: Institution / School		
Occupati IT DIREC		observation 1	Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2022 11:30	Type of Location: T-Junction
Location: TIONG BAHF				
Jet. one	Sea of Creat of Village of Creat of Cre	KEYE UD. DY	BECTA	( )
Weather:		Road Surface: Dry	Sene ( )	Road Speed Limit:
Clear				Traffic Volume:
Clear Traffic Flow:	A STATE OF THE STA	Traffic Control:	ALC: CALLED TO SERVICE OF	Traine volume.

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKW6455E		HONDA	ODYSSEY 2.4 EXV-S CVT SR	Purple	Seriously Damaged	
YP6394T	Lorry	THE VALUE OF				0

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







2 of 3

Report No. T/20220728/7011

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

#### CONTINUATION OF REPORT

The second secon	ehicle Insurance	The same of the	Effective	Family Date
Vehicle No.	Insurance Company	Insurance No	PHOMAG	004410000
	ECICS LIMITED	MPC21P00224700	09/11/2021	08/11/2022

<b>Details of Perso</b>					-	the commence of the second
Any Pedestrian Ir	nvolved: No		Use of Pe	destrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	C1055	ing. NA
Passenger		A STATE OF THE STA		ID No.		G6652550W
Name	RETNO LESTARININ	IGSIH		10 140.	11/1/1	
Related Vehicle	SKW6455E (Car)			Contac	t No.	NIL
Hospital/Clinic	PROHEALTH MEDIC @PUNGGOL SPECT	AL GROUP RA PTE. LT	D.	Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	27/07/2022		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	
Driver	THE RESERVE OF THE PARTY OF THE					S1459190G
Name	NGAN THENG SOON	N TERRY		ID No.		514591900
Related Vehicle	SKW6455E (Car)			Conta	ct No.	96901787
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
5-4-	27/07/2022		Date		NIL	
Date	ted Medical Leave	03	Degree	of	Sligh	t

ON 27/07/2022 @ 1129HRS, MY VEHICLE A (SKW6455E) WAS STATIONARY WAITING AT THE TRAFFIC LIGHT T-JUNCTION OF TIONG BAHRU RD TWDS LOWER DELTA RD (REDHILL CLOSE T-JUNCTION). SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A (SKW6455E). ME & MY HELPER WAS SHOCKED AND I SLOWLY ALIGHT TO CHECK AND FOUND OUT THAT VEHICLE B (YP6394T) FRONT PORTION COLLIDED ONTO MY VEHICLE A (SKW6455E) REAR PORTION AND CAUSES MY REAR WINDSCREEN SHATTERED ALL OVER.







3 of 3

Report No. T/20220728/7011

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

#### CONTINUATION OF REPORT

-			-	
S	KP	tch	P	an

NP168

Informant is not able to provide sketch

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: 28/07/2022 10:38		
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:		