

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 : SXXX8800D
ONG HONG GAY
NO 20 METROPOLE DRIVE

SINGAPORE 456697
TEL : FAX :
PH : 91373865
ATTN :

ESTIMATE BILL

Number : EB00006085
Date : 07/09/2022
Case No : AD00013065
Vehicle No : SMA3200K
Chassis : JF1GT7KL5JG031710
Year of Mfr : 2018
Policy No : 5122345050
Model : SUBARU XV 2.0I-S
EYESIGHT AWD

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT FENDER LH	1.0	280.00	20	224.00
2	FRONT FENDER PROTECTOR LH	1.0	140.90	20	112.72
3	FRONT BUMPER	1.0	468.50	20	374.80
4	FRONT BUMPER REINFORCEMENT	1.0	372.80	20	298.24
5	FRONT BUMPER RETAINER LH	1.0	15.70	20	12.56
6	HEADLAMP LH	1.0	2,521.00	20	2,016.80
7	HEADLAMP LOWER BRACKET LH	1.0	51.00	20	40.80
List Price - Parts Sub Total					3,079.92
Parts Total					3,079.92
8	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	400.00	0	400.00
9	SPRAY PAINT ON THE AFFECTED AREAS	1.0	500.00	0	500.00
10	ANTI-RUST COATING	1.0	80.00	0	80.00
11	WIRING	1.0	40.00	0	40.00
Labour 1 Sub Total					1,020.00
SINGAPORE DOLLARS : FOUR THOUSAND THREE HUNDRED EIGHTY-SIX AND CENTS NINETY-ONE ONLY					
Less Excess					0.00
SUBTOTAL					4,099.92
GST 7.00%					286.99
TOTAL					4,386.91

Date of accident : 03/09/2022 03:50 PM. Place : EAST COAST ROAD TOWARDS UPPER EAST COAST

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

* N = Item not subjected to GST

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 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 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	05/09/2022 11:05 (SGT)
Reported by	Both
Date of Accident	03/09/2022 15:50 (SGT)
Exact Location of Accident	Near 891 E Coast Rd, Singapore 459094
Additional Location Information	ALONG EAST COAST ROAD TOWARDS UPPER EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3200K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG HONG GAY
NRIC No	SXXXX800D
Email Address	eddyohg@gmail.com
Mobile Phone No	(Phone) +65-91373865
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	XV 2.0I-S EYESIGHT AWD CVT
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	1995

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122345050-01

DRIVER

Name of Driver	ONG HONG GAY
NRIC No	SXXXX800D
Date Of Birth	23/05/1972

Occupation	Indoor
Date Of Driving Pass	05/02/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373865
Alt. Phone Number	-
Email Address	eddyohg@gmail.com
Address	BLK 48 LENGKONG TUJOH #B1-30
Address complement	-
Postcode	417397
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/09/2022 AT ABOUT 1550HRS, I WAS DRIVING MY VEHICLE SMA3200K ALONG EAST COAST ROAD TOWARDS UPPER EAST COAST ROAD WHEN I MET UP WITH AN ACCIDENT INVOLVING ANOTHER LORRY GBG8947E ALONG THE TRAFFIC JUNCTION OF EAST COAST ROAD AND SIGLAP ROAD. I WAS TRAVELLING ON THE RIGHT LANE AND THE OTHER PARTY WAS INITIALLY ON THE LEFT LANE BESIDE ME. WE BOTH STOPPED AT THE TRAFFIC JUNCTION ALONG EAST COAST ROAD AND SIGLAP ROAD AS IT WAS RED LIGHT. WHEN THE LIGHT TURN GREEN, I STARTED TO DRIVE MY VEHICLE STRAIGHT WHEN THE SAID LORRY CAME CUTTING INTO MY LANE CAUSING A SIDE COLLISION FROM ITS RIGHT REAR TO THE LEFT FRONT OF MY CAR. AFTER THE COLLISION, THE LORRY DROVE OFF IN FAST SPEED WITHOUT STOPPING. I HAVE IN-CAR CAMERA INSIDE MY VEHICLE AND MANAGED TO CAPTURE THE WHOLE INCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8947E
Vehicle Manufacturer	-
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)	1

SKETCH PLAN

IMPORTANT NOTICE

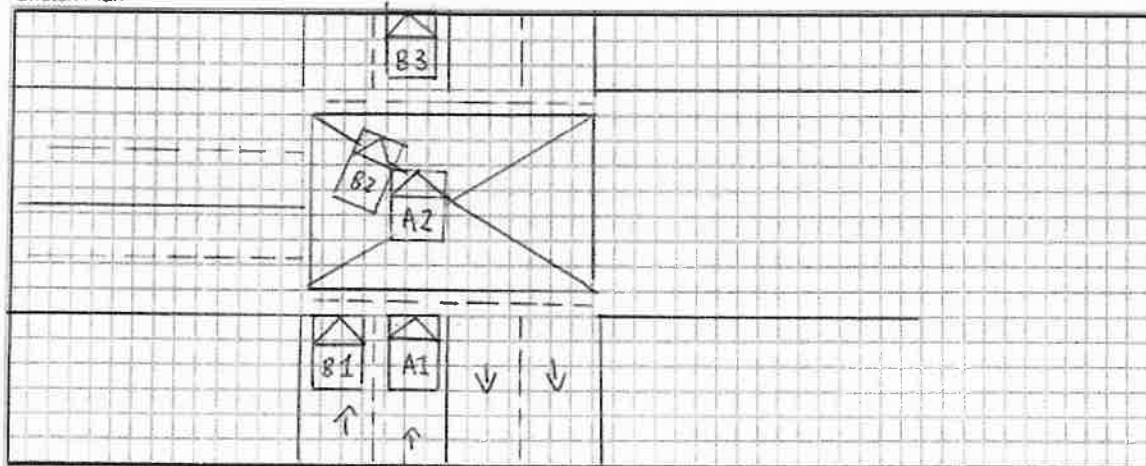
- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Actual Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan





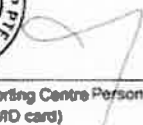
Jun 2022

Vehicle A: 9MA3200K Along East Coast Road
Vehicle B: 8BG 8947E towards Upper East Coast Road

Describe Circumstance of the Accident									
Refer to GIA Report									
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Reporting Only</td> </tr> <tr> <td style="width: 20px;"></td> <td style="padding: 2px;">Claim OD</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">✓</td> <td style="padding: 2px;">Claim TP</td> </tr> <tr> <td></td> <td style="padding: 2px;">Claim OD/TP at other workshop</td> </tr> </table>	Reporting Only			Claim OD	✓	Claim TP		Claim OD/TP at other workshop
Reporting Only									
	Claim OD								
✓	Claim TP								
	Claim OD/TP at other workshop								

Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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**SINGAPORE
POLICE FORCE**


T/20220903/2092

1 of 3

Report No. T/20220903/2092

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 17:29	Video Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ONG HONG GAY			Address: BLK 48 LENGKONG TUJUH #B1-30 SINGAPORE 417397	
ID Type / ID No.: NRIC NO / S7218800D			Contact No.: Home/Office: Mobile: 91373865	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 23/05/1972	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: SINGTEL TECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/09/2022 15:50	Type of Location: Straight Road
Location: EAST COAST ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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 Passenger
GBG8947E	Lorry					0
SMA3200K	Car	SUBARU	XV 2.0i-S EYESIGHT AWD CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA3200K	NTUC Income Insurance Co-Operative Limited	5122345050-01	02/06/2022	01/06/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20220903/2092

2 of 3

Report No. T/20220903/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG HONG GAY	ID No.	S7218800D
Related Vehicle	SMA3200K (Car)	Contact No.	91373865
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.

On 03/08/2022 at about 1550hrs, I was driving my vehicle, SMA3200K along East Coast Road towards Upper East Coast Road when I met up with an accident involving another lorry, GBG8947E along the traffic junction of East Coast Road and Siglap Road. I was traveling on the right lane and the other party was initially on the left lane beside me. We both stopped at the traffic junction along East Coast Road and Siglap Road as it was red light. When the light turns green, I started to drive my vehicle straight when the said lorry came cutting into my lane causing a side collision from its right rear to the left front of my car. After the collision, the lorry drove off in a fast speed without stopping. I have in-car camera inside my vehicle and managed to capture the whole incident.

**SINGAPORE
POLICE FORCE**

T/20220903/2092

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 1

Report No. T/20220903/2092

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 /

SI SAW KIAN HOCK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/09/2022 17:29

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65478148

Classification Of Case:

NP168