

# 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 : 198104597K

LEEWAY TRANS-ACT PTE LTD  
NO 4 CHANGI SOUTH LANE  
01-03 NAN WAH BUILDING  
SINGAPORE 486127  
TEL : FAX :  
PH :  
ATTN :

## ESTIMATE BILL

Number : EB00006088  
Date : 09/09/2022  
Case No : AD00013075  
Vehicle No : YQ41X  
Chassis : JAANPR85HJ7100317  
Year of Mfr : 2018  
Policy No :  
Model : ISUZU NPR85UH5A  
3.0 MT

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRONT PANEL	1.0	621.00	0	621.00
2	FRONT PANEL LOGO - ISUZU	1.0	118.10	0	118.10
3	FRONT PANEL LOGO - REWARDS NP	1.0	24.00	0	24.00
4	FRONT CORNER PANEL LH	1.0	201.00	0	201.00
5	HEADLAMP LH	1.0	280.00	0	280.00
6	FRONT BUMPER	1.0	462.00	0	462.00
7	AIRCON BLOWER HOUSING	1.0	446.00	0	446.00
8	AIRCON COIL HOUSING	1.0	1,580.00	0	1,580.00
9	FRONT GRILLE	1.0	377.00	0	377.00
List Price - Parts Sub Total					4,109.10
10	REAR HYDRAULIC TAILGATE LIFT	1.0			
11	REAR HYDRAULIC PUMP SHAFT ASSEMBLY	4.0			
12	REAR HYDRAULIC TAILGATE CROSSMEMBER	1.0			
13	REAR HYDRAULIC ROLLER LH	2.0			
14	REAR HYDRAULIC ROLLER RH	2.0			
15	REAR HYDRAULIC GATE REFLECTOR LH	1.0			
16	REAR HYDRAULIC GATE REFLECTOR RH	1.0			
17	REAR HYDRAULIC GATE REFLECTOR CENTER	1.0			
18	REAR HYDRAULIC MOTOR	1.0			
19	REAR BUMPER BAR PANEL REFLECTOR STICKER	3.0			
20	TAILGATE STICKER - 60KM/H	1.0	30.00	0	30.00
21	TAILGATE - COMPANY STICKER	1.0	350.00	0	350.00
22	REAR NUMBER PLATE	1.0	30.00	0	30.00
23	FRONT NUMBER PLATE	1.0	30.00	0	30.00
Special Nett Price - Parts Sub Total					440.00
Parts Total					4,549.10
24	SPRAY PAINT ON THE AFFECTED AREAS (REAR)	1.0	400.00	0	400.00
Labour 1 Sub Total					400.00
25	LABOUR TO REMOVE & REFIT NECESSARY PARTS (FRONT)	1.0	900.00	0	900.00
26	SPRAY PAINT ON THE AFFECTED AREAS (FRONT)	1.0	800.00	0	800.00
27	ANTI-RUST COATING (FRONT)	1.0	80.00	0	80.00
28	WIRING (FRONT)	1.0	40.00	0	40.00

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

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**Case No :** AD00013075  
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**Chassis:** JAANPR85HJ7100317  
**Year of Mfr** 2018  
**Policy No**  
**Model :** ISUZU NPR85UH5A  
3.0 MT

**Term:**

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
	<b>Labour 2 Sub Total</b>				<b>1,820.00</b>
SINGAPORE DOLLARS : SEVEN THOUSAND TWO HUNDRED FORTY-TWO AND CENTS NINETY-FOUR ONLY			<b>Less Excess</b>		0.00
			<b>SUBTOTAL</b>		6,769.10
			GST 7.00%		473.84
			<b>TOTAL</b>		<b>7,242.94</b>

Date of accident : 07/09/2022 08:55 AM. Place : ECP > MCE TUNNEL EXIT 14 B

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 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	08/09/2022 09:25 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 08:55 (SGT)
Exact Location of Accident	Near ECP, Singapore
Additional Location Information	ECP > MCE TUNNEL EXIT 14 B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ41X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEEWAY TRANS-ACT PTE LTD
Company Reg No	1XXXXX597K
Email Address	hazel@leeway.sg
Mobile Phone No	(Phone) +65-62433200
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR006543-R01

#### DRIVER

Name of Driver	MOHAMED RAFLEE BIN ALIAS
NRIC No	SXXXX200F
Date Of Birth	08/09/1984
Occupation	Outdoor

Date Of Driving Pass	25/02/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87428371
Alt. Phone Number	-
Email Address	boyqisan0823@gmail.com
Address	BLK759 WOODLANDS AVENUE 6
Address complement	#03-32
Postcode	730759
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	AZHAR BIN ALIAS
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE TOGETHER WITH MY COLLEAGUE AZHAR BIN ALIAS. WE WERE ALONG ECP (KPE) EXITING 14B. WE WERE HEADING INTO MCE (AYE). WE WERE ON THE 3RD LANE TAKING THE LEFT EXIT INTO EXIT 14B. I AM DRIVING BEHIND VEHICLE C (S9949CD) AND IN FRONT OF VEHICLE B (GBD1515E). I WAS EXITING ECP, I NOTICED THAT THERE WAS A BUILD UP OF TRAFFIC IN FRONT OF VEHICLE B, HENCE I SLOWED DOWN. SUDDENLY, VEHICLE B PRESSED HIS BRAKED ABRUPTLY SINCE HE HAD REACHED THE SLOW TRAFFIC. I THEN APPLIED MY BRAKED INTERMITTENTLY. I MANAGED TO STOP MY VEHICLE WITHOUT COLLIDING ONTO VEHICLE C. SUDDENLY, I FLET AN IMPACT COMING FROM MY REAR. THE IMPACT THEN PUSHED ME FORWARD AND MADE MY VEHICLE CRASH ONTO THE REAR OF VEHICLE C. I EXITED MY VEHICLE AND NOTICED THAT VEHICLE C HAD COLLIDED ONTO THE REAR OF MY VEHICLE. WE DRIVERS EXCHANGE PARTICULARS AND INFORMED OUR RESPECTIVE INSURANCE. AZHAR WENT TO SEEK MEDICAL TREATMENT AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE WHEREAS I WAS GIVEN 2 DAYS OF MEDICAL LEAVE. I INFORMED MY INSURANCE REGARDING THE ACCIDENT AND WAS ADVISED TO LODGE A POLICE REPORT AINCE THE VEHICLE IS BLIEVED TO BE A DIPLOMAT VEHICLE.

## ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD1515E  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver POH HOW CHONG  
 NRIC No SXXXX226A  
 Contact Number (Phone) +65-96397460  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) 4

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number S9949CD  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Government  
 Name of Driver -  
 Passport No/FIN FXXXX190L  
 Contact Number (Phone) +65-98271126  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) 1

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person MOHAMED RAFLEE BIN ALIAS  
 Gender -  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? YQ41X  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

## INJURED 2

Name of injured person AZHAR BIN ALIAS  
 Gender -  
 Phone No -  
 Address -

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ41X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 reputate 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

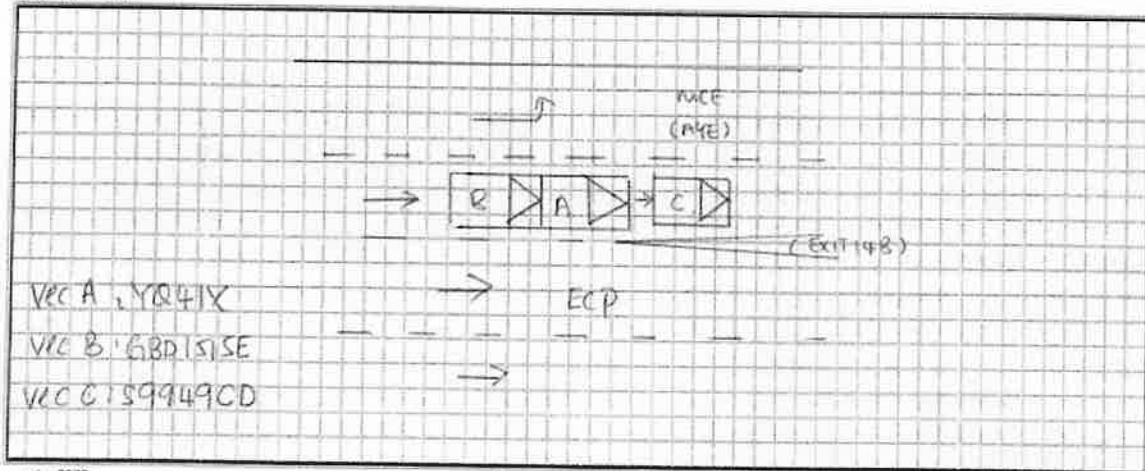


Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

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.

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

*[Signature]*

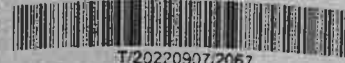
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

*[Signature]*




**SINGAPORE  
POLICE FORCE**


T/20220907/2067

Lot 4

Report No. T/20220907/2067

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2022 17:31		Vide Report No.:		Station Diary No.: 98	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED RAFLEE BIN ALIAS			Address: APT BLK 759 WOODLANDS AVENUE 6 #03-32 SINGAPORE 730759		
ID Type / ID No.: NRIC NO / S8428200F			Contact No.: Home/Office: 87428371      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 08/09/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: LOGISTICS DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 07/09/2022 08:55	Type of Location: Straight Road	
Location:  EAST COAST PARKWAY					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
GBD1515E	Van	NISSAN	NV350	Black	Seriously Damaged	4
S9949CD	Car	TOYOTA	WISH 1.8X A	Grey	Slightly Damaged	0
YQ41X	Lorry	ISUZU	NPR85UH5A 3.0 MT	White	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220907/2067

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Report No. T/20220907/2067

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			ID No.
Name	POH HOW CHONG		S6917226A
Related Vehicle	GBD1515E (Van)		Contact No. 96397460
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
Driver			ID No.
Name	AHMAD BAYHAQI		F2225190L
Related Vehicle	S9949CD (Car)		Contact No. 98271126
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
Name	AZHAR BIN ALIAS		ID No.
Related Vehicle	YQ41X (Lorry)		S9331156F
Hospital/Clinic	MY DOCTOR @ ADMIRALTY		Contact No. 89522726
		Class of Driving Licence & Expiry Date	
		Class: NIL Date of Expiry: NIL	
Date Treatment	07/09/2022	Date Discharge	07/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220907/2067

3 of 4

Report No. T/20220907/2067

CONTINUATION OF REPORT

Driver Name	MOHAMED RAFLEE BIN ALIAS	ID No.	S8428200F
Related Vehicle	YQ41X (Lorry)	Contact No.	87428371
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/09/2022	Date Discharge	07/09/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the 07/09/2022, at about 0855hrs, I was driving my vehicle (V1:YQ41X) together with my colleague, Azhar Bin Alias. We were along ECP(KPE) exiting at exit 14B. We were heading into MCE(AYE).

We were on the 3rd lane taking the left exit into exit 14B. I am driving behind a grey car (V2:S9949CD) and in front of a black van (V3:GBD1515E). I was exiting ECP. I noticed that there was a build up of traffic in front of V2, hence I slowed down. Suddenly, V2 pressed his brake abruptly since he had reached the slow traffic. I then applied my brakes intermittently. I managed to stop my vehicle without colliding onto V2.

Suddenly, I felt an impact coming from my rear. The impact then pushed me forward and made my vehicle crash onto the rear of V2. I exited my vehicle and notice that V3 had collided onto the rear of V1.

We drivers exchange particulars and informed our respective insurance.

Azhar went to seek medical treatment and was given 3 days of medical leave whereas I was given 2 days of medical leave. I informed my insurance regarding the accident and was advised to lodge a police report since the vehicle is believed to be a diplomat vehicle.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220907/2057

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Report No: T/20220907/2057

**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:

L /  
SGT 2 MUHAMMAD AIMAN BIN  
OTHMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/09/2022 17:31

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168

9/7/22, 1:35 PM

**MyDoctor @ Admiralty Pte Ltd**

Blk 693 Woodlands Ave 6 #01-03 Singapore 730693

Tel: 6909 8365

UEN: 201841627R



**Patient: AZHAR BIN ALIAS**

IC: S9331156F

ID: Q8809

Date of Visit: 07 September 2022

Date Created: 07 Sep 2022

MC: #51480

### Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 07 September 2022 to 09 September 2022 for 3 days.

**MY DOCTOR @ADMIRALTY**  
Blk 693 Woodlands Ave 6  
#01-03 Singapore 730693  
Tel: 6909 8365 Fax: 6909 8367

Dr Prem Kumar S/O Jayabalan  
MCR No. M13927J  
MBBS (Singapore)  
GDOM (Singapore)

**Note:**

This medical certificate is valid only when affixed with the clinic stamp above. No signature is required.

This medical certificate is not valid for absence from court.