## MBM WHEELPOWER PTE LTD

Your Ref: SMF3017Y
Our Ref: SMA9144A

MSIG

To:

CC

Fax

Date:

6/12/2022

From:

Danny

Fax:

64525333

Contact:

93288668

Make / Model:

TOYOTA VOXY HYBRID 1.8

natura wheelpower

Chassis No.:

ZWR800307046

Engine No.:

2ZR0B11325

Year of Make:

2018

Accident Date:

3 December 2022

**ESTIMATE FOR VEHICLE NO.:** 

**LABOUR** 

SMA9144A

DESCRIPTION	QTY		List Price
FRONT LH DOOR	1	\$	1,420.00
FRONT LH DOOR WEATHERSTRIP	1	\$	185,00
FRONT LH DOOR TAPE	1	\$	120.00
REAR LH DOOR	1	\$	1,540.00
REAR LH DOOR WEATHERSTRIP	1	\$	185.00
REAR LH DOOR TAPE	1	\$	120.00
DOOR RIVETS	15	\$	75.00
	Total:	\$	3,645.00
	LESS 25%		(911.25)
	Parts Total:	\$	2,733.75

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT,WELD & STRAIGHTEN ON THE AFFECTED PARTS.	\$	1,200.00
TO APPLY ANTI RUST COATING	\$	150.00
TO REMOVE, AND TRASNFER DOOR FITTINGS TO NEW DOOR	\$	350.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$	80.00
TO SPRAY PAINT ON THE AFFECTED AREAS	\$	1,500.00
Ţ	otal: \$	6,013,75

7% GST: \$ 420.96

Grand Total: \$ 6,434.71

Mbm wheelpower pte itd 160 SIN MING DRIVE #06-02 SIN MING AUTOCITY t 62628888 f 64525333

Company Registration Number: 200204110W

SS2E22C5000K / S & H Motor Pte Ltd ENTRY DATE & TIME: 05/12/2022 18:48 (SGT) SUBMITTED BY: Cynthia Myint Myint Than VERSION: 1 (05/12/2022 18:48 (SGT))



# 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 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 05/12/2022 18:48 (SGT) Reported by Both Date of Accident 03/12/2022 13:15 (SGT) Exact Location of Accident
Additional Location Information 331A Tampines Street 32, Singapore 521331

Country/State of Loss	- Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SMA9144A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No GOH Chee Keong S7615730H skygoh@ymail.com (Phone) +65-94500625
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC INSURANCE COMPANY	Toyota Voxy - Private use No - Claiming third party Private car Auto 1800
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00005562102
C( () V C) 1	

GOH Chee Keong

S7615730H

02/06/1976

Outdoor

Date Of Birth ......

Occupation .....

Name of Driver

NRIC No

Date Of Driving Pass 20/10/1995 Driving experience 27 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-94500625 Alt. Phone Number Email Address skygoh@ymail.com Address Blk 552 Hougang Street 51 #02-288 Address complement Postcode 530552 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 Collision - Major/Minor Rd 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? 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 Chong Siew Ling Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given? Police Station Name Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer attached police report no: T/20221204/7013 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 SMF3017Y Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Hoo Ji Fang Juleen NRIC No S8431215J Contact Number (Phone) +65-81815984 Address Address complement Postcode Insurance Company Name MSIG Insurance (Singapore) Pte. Ltd. Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Goh Chee Keong Gender Male Phone No (Phone) +65-94500625 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SMA9144A Were seat belts worn? Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person Chong Siew Ling Female Phone No Address Address Complement ...... Post Code Approximate Age Years Old
Injuries Sustained Injured person in which vehicle?
Were seat belts worn? SMA9144A 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 Possyhelder and/or the Actual Oriver.
- 3 Information provided treat to us truthful and accuse as possible. Any willed reterence retailed or witholding of majorial bets may above Insurance companies to textidiate policy habitay.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the between concenter,
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This repert will be forwarded by the insurers to the GIA flecords Management Centra retablished by the Central Faurance Association of Singapore (GIA) for archiving and that copies of this repert will for a lee be made available upon application by intercated parties.
- 7. By the fodgement of this report to the insurerd, you hereby consent to the ercháng of this report at the centre and to copies of the import heling made evallettle eteroseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Condenstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore (1814') may/are permitted to cellect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by the or possessed by my insurer (collectively the 'Personal Information') and disclose and transfer such Personal Information to as insurer(s) who have insured vehicle(s) involved in this excident (all insurer(s) who have insured vehicle(s) involved in this, excident shad be collectively referred to as the "Insurers"), the Insurers' lawyers faw times, the Modelary Authority of Singapora and any relevant government agoncy/authority (such as the police), for the purpose(s) of.
- (i) processing, handing and/or dealing with my dalms including the collingment of the claims and any necessary investigations relating to the claims;
- (ii) lovestigating the accident another my claims;
- (ii) carrying out audior dealing with my instructions or responding to any ecquiries by me;
- (iv) administrating my dains, (including the metring of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about the to bring about delivery of the same as web as on the external cover of envelopes that packages); and/cr
- (v) complying with applicable buy in administering, processing, handling and/or desiling with ray claims.

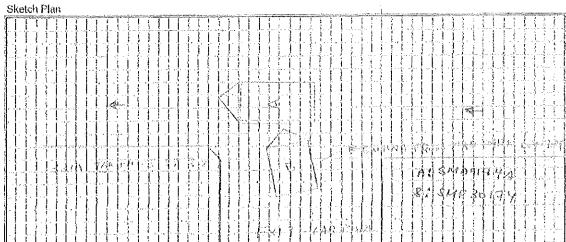
(collectively the "Purposes")

- (b) all inquier(s) who have insured validac(s) involved in this accident and the insurers' lawyers have insured pentitived to collect. use, disclose and/or process my Personal Information for one or more of the above Propeses; and
- (a) my Personal Information may/non be disclosed by any of the Insulars and/or GPA to their livid-party service providers or agents (including their havyersdaw tome), which may be sited outside of Singapera, for one or representing ecove Puspesse.

Policyholder's Signature / Date & Then

Critor's Signature (trister is not the softyholder) / Date

Witnessed by Reporting Control Personnel



Accident report SS2E22C5000K

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lectaration We destare the foregoing panisulars are two in every respect.	
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companded as Signature / Data 8. Time Driver's Signature (1 driver is not the possymology)	Date Witnessed by Reporting Centre Personnel (Name 23 in NRICHO cold)





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221204/7013

REPORT OF A TRAFFIC ACCIDE	ニトバコ	EN!	)FI
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04/12/2022 12:59		Made:	Vide Report No.:	Station Diary No.:		
Informant	's Partic	ulars				
Name of Ir GOH CHE			Address:	#02-288 SINGAPORE 530552		
ID Type / I NRIC NO /	S76157	30H	Contact No.: Home/Office:	Mobile: 94500625		
Nationality: SINGAPORE CITIZEN		EN	Email: SKYGOH@YMAIL.COM			
Sex: Male	Age: 46	Date of Birth: 02/06/1976	Type of Informant: Driver			
Race: Chinese Occupation:			Language: English	Institution / School Name:		
			Driving Licence Information: Class: 3,4,5	Date of Expiry:		

General Inform	mation of the Acc	cident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2022 13:15	Type of Location: Car Park
Location:			1 001 1212022 10.10	
TAMPINES S	TREET 32			
Weather: Clear		Road Surface: Dry	Ro	ad Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Tra Lig	affic Volume: ht
Type of Collisi Between Movi	on: ng Vehicles - Head	d To Side	Any	yone conveyed by bulance:

Vehicle No.	Type	Make	Model	Color	Conditio	Ni-
SMA9144A	Car	ТОУОТА	VOXY HYBRID 1.8V CVT	Brown	Colluito	No of 0
SMF3017Y	Car	MERCEDES BENZ	C180	Blue	Slightly Damaged	3





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

2 of 3 Report No. T/20221204/7013

## CONTINUATION OF REPORT

	ehicle Insurance			
Vehicle No.		Insurance No	Effective	Expiry Date
	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000085 42203		21/06/2023
SMF3017Y	MSIG INSURANCE (SINGAPORE) PTE, LTD.	42203		

Details of Perso	on Involved					
Any Pedestrian I	nvolved: No			4524 - 2554	11 4, 5 to 4 4, 5	
No. of Pedestria	ns Injured: NIL	,	Use of Pe	destria	n Cross	eina: NA
Driver					1 0/03	ang. MA
Name	GOH CHEE KEONG			ID No	).	S7615730H
Related Vehicle	SMA9144A (Car)			Contact No.		94500625
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3,4,5 Date of Expiry: NIL
Date	04/12/2022 Date				,	2/2022
No of Dave were to the training		Degree of	-	Slight		
Driver					_ Oligin	
Name	HOO JI FANG			ID No		S8431215J
Related Vehicle	SMF3017Y (Car)			Conta	ct No.	81815984
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL.	
Vo. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

## Brief Details.

I WAS DRIVING TOWARDS TAMPINES STREET 32, PASSING BY MSCP TMTM10. SMF3017Y WAS AT THE MSCP AT THE CARPARK EXIT. I HONKED AND THE VEHICLE STILL PROCEEDED TO EXIT AND COLLIED ONTO MY LEFT PASSENGER DOOR





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3 of 3

Report No. T/20221204/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan	
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: 04/12/2022 12:59
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 05 Dec 2022

Singapore NRIC

730H

SMA9144A

No

05 Dec 2022 TOYOTA

VOXY HYBRID 1,8V CVT

Brown

2018

2ZR0B11325 ZWR800307046 100.0 kW (134 bhp)

\$33,113.00 22 Jun 2018 22 Jun 2018

0

\$28,359,00

Yes

21 Jun 2028 \$21,269.00

21 Jun 2028

E - Open - all except motorcycle

10

\$38,600.00 \$21,346.00

\$42,615.00