

SINGAPORE CIVIL DEFENCE FORCE



Date: _____

To Whom It May Concern,

**CORRESPONDENCE NOTICE
ACCIDENT INVOLVING SCDF VEHICLES**

1. If you wish to make any claim against the Government, please write to:

**Accident Claims Officer,
Transport Services Branch, Logistics Department
HQ Singapore Civil Defence Force
91, Ubi Ave 4 Singapore 408827
Tel: 6848 3613
Fax: 6848 3644**

2. In order to enable SCDF to assess your claims, you should submit the following documents to the above address:

- a. Police Report;
- b. Appraiser Report with regard to the damages incurred;
- c. Detailed breakdown of the cost of repair; and
- d. Colour photographs of the damaged vehicle showing the damage.

3. Please take note that the above paragraphs are not and shall not be treated as acceptance by the Government of any liability whatsoever for any damages sustained as a result of the accident in which your vehicle and the SCDF vehicle are involved.

Thank you.

Yours faithfully,

**DIRECTOR LOGISTICS DEPARTMENT
FOR COMMISSIONER
SINGAPORE CIVIL DEFENCE FORCE**

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

RE : estimate cost for vehicle no : GBK 1936L

Bal brought forward:	\$	9,286.50
Transfer tailgate fitting.		80.00
1 pc 70km/h sticker		25.00
		<hr/> 9,391.50
	Plus 8% GST	751.32
		<hr/> 10,142.82

SD : Ten thousand one hundred forty-two & cents eighty-two only.

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

3-May-23

Our ref : TP/5270/23

Twin Cool Pte Ltd

RE : estimate cost for vehicle no : GBK 1936L

1 pc	tailgate	\$	2,150.00	
1 pc	tailgate lock		275.00	
1 pc	logo emblem		72.20	
1 pc	Toyota Hiace sticker		48.00	
1 pc	tailgate outer handle		154.20	
1 pc	tailgate rubber		395.00	
1 pc	tailgate trimboard		196.00	
15 pcs	tailgate trimboard clips		82.50	
2 pcs	rear no plate lamp		321.80	
2 pcs	taillamp		601.60	
1 pc	rear bumper		515.00	
2 pcs	apron panel		200.00	
2 pcs	rear bumper retainers		130.00	
4 pcs	rear bumper lower bracket		120.00	
6 pcs	rear bumper clips		30.00	
1 pc	end panel outer		631.70	
1 pc	end panel inner		1,155.00	
1 pc	spare tyre tray		317.00	
1 pc	spare tyre screw		27.00	
			<hr/>	
			7,422.00	
		less 25%	<hr/>	
			1,855.50	
			<hr/>	
			5,566.50	
1 pc	rear no plate		40.00	snett
1 pc	rear w/screen gum		50.00	
1 pc	rear w/screen seal		30.00	
1 pc	camera		400.00	
1 pc	wooden board		400.00	
2 pcs	reverse sensor		250.00	
	Panel beating.		1,200.00	
	Spray painting.		1,200.00	
	Wiring.		30.00	
	Remove & refit rear w/screen.		120.00	
			<hr/>	
			9,286.50	



SINGAPORE POLICE FORCE



T/20230502/2035

1 of 3

Report No. T/20230502/2035

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/05/2023 12:54

Vide Report No.:

Station Diary No.:
12

Informant's Particulars

Name of Informant:
YONG SHAW WING

Address:
26 ANCHORVALE LANE #02-12 SINGAPORE 544587

ID Type / ID No.:
NRIC NO / S7957226H

Contact No.:
Home/Office: Mobile: 91258463

Nationality:
MALAYSIAN

Email:

Sex: Age: Date of Birth:
Male 43 09/06/1979

Type of Informant:
Driver

Race:
Chinese

Language:

Occupation:
BUSINESS MANAGER

Driving Licence Information:
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Government Vehicle

Drink
Drive:
No

Date/Time of
Accident:
29/04/2023 19:30

Type of Location:

Location:

UPPER SERANGOON ROAD

Weather:
Clear

Road Surface:
Wet

Traffic Flow:

Traffic Control:

Traffic Volume:

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
GBK1936L	Van				Slightly Damaged	0
QX1255Y	SCDF vehicle				Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20230502/2035

2 of 3

Report No. T/20230502/2035

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Brief Details.

On the 29/04/2023 at about 1930hrs, i was driving the vehicle (GBK1936L) and was travelling along Upper Serangoon Road towards Hougang Avenue 3, I then stopped my vehicle to check for traffic and suddenly there was a SCDF vehicle (QX1255Y) hit onto my rear bumper of my vehicle. I then get out of my vehicle and spoke to the driver (S8617305J, Muhammad Shafa'at Bin Amran) and Shafa'at asked me if I required any medical assistance or required to be conveyed to the hospital and i told him that i do not require any medical assistance. Shafa'at then handed me 01 piece of accident claim from Singapore Civil Defense Force paper to submit a claim.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230502/2035

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20230502/2035

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 1 KWOK ZHENG YANG,
GEORGE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

02/05/2023 12:54


Classification Of Case:


NP168

Describe Circumstance of the Accident

Waiting stationary for the main road to clear,
suddenly my vehicle rear portion being collided by
veh B.

DECLARATION
THE POLICYHOLDER
 I/We declare the foregoing particulars are true in every respect.
 #08-12 E-Centre@Redhill
 Singapore 159471
 Co., Reg. No. Z00509764E

X 
 Policyholder's Signature / Date & Time
 2/5/23


 Driver's Signature (if driver is not the policyholder) / Date
 & Time 2/5/23


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

X AR PR

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/are 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.

#08-12 E-Centre @ Redhill
Singapore 150471
Reg. No. 202509764E

Policyholder's Signature / Date & Time

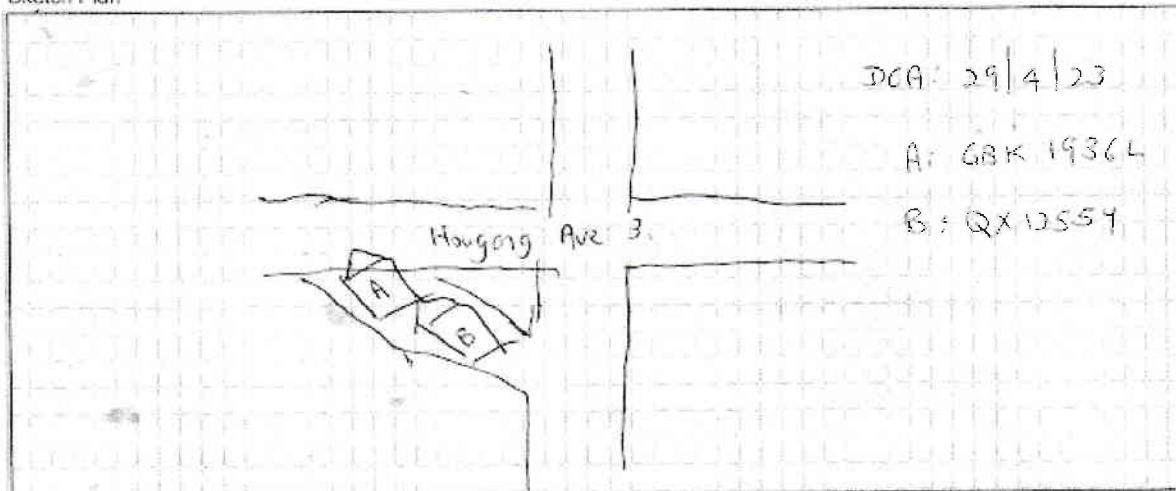
2/5/23
Sketch Plan

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

2/5/23

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

Hong Gue



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)	3

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Female

Date Of Driving Pass	10/04/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-91258463
Alt. Phone Number	-
Email Address	SHAWWINGYONG@GMAIL.COM
Address	26 ACHORVALE LANE #02-12
Address complement	-
Postcode	544587
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	QX1255Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government



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	03/05/2023 09:15 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1936L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TWIN COOL PTE. LTD.
Company Reg No	200509764E
Email Address	SHAWWINGYONG@GMAIL.COM
Mobile Phone No	(Phone) +65-91258463
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	VAN TURBO 5DR MT
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5115995442-03

DRIVER

Name of Driver	YONG SHAW WING
NRIC No	S7957226H
Date Of Birth	09/06/1979
Occupation	Outdoor

