

SPF Accident Claims Section
Automotive Eng & Mgmt Div
Police Registrar
1 Mont Pleasant Rd
Singapore

Date: 26/7/23

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SMN 341D & QX 1836X

On 16/7/23 at OSCP of 210 408 Bedok North Ave 2

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: QX 1836X

As the above vehicle was insured by your insurance company at the material time of the accident. I would appreciate that you could kindly arrange your surveyor to survey my vehicle soonest possible at the following address :-

Kan Fook Sing Motor Workshop
#1K 8 JTC Defu Industrial City
#04-29 Defu South St-1
Singapore 53375
Tel:- 67479560

Thank you

Yours faithfully



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

SPF ACCIDENTS CLAIMS SECTION

DATE : 26-07-2023

AUTOMOTIVE ENGG & MGNT DIV

POLICE LOGISTICS DEPARTMENT

NO:1 MOUNT PLEASANT ROAD

VEHICLE NO: SMN3141D POLICE ACCIDENT #02-12 SINGAPORE 298333

ACCIDENT DATE : 16-07-2023 15:30

THIRD PARTY REF. : QX1836X

ATTN: SPF ACCIDENTS CLAIMS SECTION

ESTIMATE COST OF REPAIR TO VEHICLE SMN3141D BMW X1

| # | QTY | PARTS DESCRIPTION | AMOUNT (SG\$) |
|---|-----|---|---------------|
| 1 | 1 | FRONT BUMPER LOWER | 450.00 |
| 2 | 1 | FRONT BUMPER FOGLAMP COVER RH | 188.00 |
| 3 | 1 | FRONT FENDER WHEEL ARCH GARNISH RH | 320.00 |
| 4 | 15 | FRONT FENDER WHEEL ARCH GARNISH RIVET@\$5.50. | 82.50 |
| | | | <hr/> |
| | | | 1,040.50 |
| | | | <hr/> |
| | | | LESS 10 % |
| | | | 104.05 |
| | | | <hr/> |
| | | | TOTAL (A) |
| | | | 936.45 |
| | | | <hr/> |

LABOUR CHARGES

| | | | |
|---|---|--|----------------|
| 1 | 1 | TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS | 500.00 |
| 2 | 1 | SPRAYPAINTING CHARGES | 550.00 |
| | | | <hr/> |
| | | | TOTAL (D) |
| | | | 1,050.00 |
| | | | <hr/> |
| | | | ESTIMATE TOTAL |
| | | | 1,986.45 |
| | | | <hr/> |

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 | 17/07/2023 20:53 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 16/07/2023 15:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | OSCP OF BLK 408 BEDOK NORTH AVENUE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMN3141D |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | BERNARD TAY ENG SIONG |
| NRIC No | S7936217D |
| Email Address | FISHTAY3@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93625040 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | X1 |
| 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 | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5111501033-03 |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | BERNARD TAY ENG SIONG |
| NRIC No | S7936217D |
| Date Of Birth | 12/11/1979 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 12/09/2000 |
| Driving experience | 22 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93625040 |
| Alt. Phone Number | - |
| Email Address | FISHTAY3@GMAIL.COM |
| Address | BLK 473B UPPER SERANGOON CRESCENT #11-329 |
| Address complement | - |
| Postcode | 532473 |
| 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? | 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

| | |
|--------|----------|
| Name | LYNN POH |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| 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? | Yes |
| Reasons for not uploading a video of the accident | SENT TO MOTORVIDEO@INCOME.COM.SG |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | QX1836X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| Name of Driver | IRFAN |
| Contact Number | (Phone) +65-92384866 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |

70: Azdhan
961911462

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

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

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

Sketch Plan


BLK 408
BEDOK NORTH
AVE 2
A - 6MH3141D
B - 2X1836X

Describe Circumstance of the Accident


PETER TO REPORT NUM T/20230716/7025

Declaration

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


Policyholder's Signature / Date & Time
17/7/23 2040

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


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

SINGAPORE
POLICE FORCE

T/20230716/7025

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

1 of 3

Report No. T/20230716/7025

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|--|
| Date/Time Report Made: 16/07/2023 16:34 | | Vide Report No.: G/20230716/0171 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: BERNARD TAY ENG SIONG | | | Address: 473B UPPER SERANGOON CRESCENT #11-329 SINGAPORE 532473 | | |
| ID Type / ID No.: NRIC NO / S7936217D | | | Contact No.: Home/Office: Mobile: 93625040 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: FISHTAY3@GMAIL.COM | | |
| Sex: Male | Age: 43 | Date of Birth: 12/11/1979 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: ICT sales and services professional | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Police Vehicle | Drink Drive: No | Date/Time of Accident: 16/07/2023 15:30 | Type of Location: Car Park |
| Location: BEDOK NORTH AVENUE 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

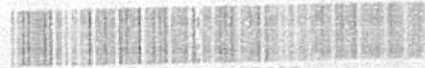
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------|------|----------------------------|-------|-----------|-------|
| SMN3141D | Car | BMW | X1 SDRIVE18i LED NAV | White | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SMN3141D | NTUC Income Insurance Co-Operative Limited | 5111501033-03 | 31/07/2022 | 30/07/2023 |



**SINGAPORE
POLICE FORCE**



T/20230716/7025

2 of 3

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

Report No. T/20230716/7025

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|-----------------------------------|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | BERNARD TAY ENG SIONG | ID No. | S7936217D |
| Related Vehicle | SMN3141D (Car) | Contact No. | 93625040 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

I was driving in a carpark, police car reverse from parking lot, i am unable to stop in time, police car left rear hit my left front.

video available



SINGAPORE
POLICE FORCE



T/20230716/7025

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

3 of 3

Report No. T/20230716/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
STEPHANIE, CHEUNG TSZ YING
Contact No.: 65476209

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/07/2023 16:34

Classification Of Case:

NP168