

OD RES

06

Exo

Yes  
Yes  
es o  
or

ehic

ASS. REC. BY:

REF:

FEA/

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

Cavan

of

1368

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

877k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKV 29 Y

Yr Regn:

121 17

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Haria

C.C.

1998

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

151431

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STEKB 36H10 J000986

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

235/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

16/9/24

Rear

R/Bal.

6

mm

L/Bal.

6

mm

D.O.I.

24/9/2024

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

\$ - RS. SI

Fixing

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

ump Sum / I.B.I: (\$

源摩哆廠

# GUAN MOTOR WORKS

Business Regn. No: 08102600F

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

## REPAIR ESTIMATE SKV29Y

Not Authorized

L/Ring B

Recovery After Pain

No.	Qty	List Items	
1	1	Rear bumper top	\$ Bu 924.10 ✓
2	1	Rear bumper bottom (Black)	\$ Del/G 479.60 ✓
3	2	Rear bumper side reflector	\$ Bu 183.60 X
4	1-2	Rear bumper reverse sensor	\$ Bu 1,298.40 ✓
5	2	Rear bumper side retainer	\$ Bu 105.40 X
6	1 set	Rear bumper clips	\$ Bu 60.00 ✓
7	1	Rear bumper inner foam	\$ 154.70 7
8	1	Rear tailgate	\$ Bu 2,827.60 ✓
9	1	Rear tailgate LH "HARRIER" emblem	\$ Bu 84.90 ✓
10	1	Rear end panel	\$ 1,260.70 7
11	1	Rear RH lower exhaust silencer	\$ Bu 2,381.80 X
			\$ 9,760.80
			Less 25% \$ 2,440.20
			Total : \$ 7,320.60

### Special Nett Items

12	1 set	Rear end panel sealant	\$ 60.00 7
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### Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$ 800.00 7
2	To putty and spray Spray Paintings charges.	\$ 800.00 600
3	To check wirings and lightings.	\$ 40.00 201
4	To remove, refit & reset reverses sensors.	\$ 80.00 601
5	To remove, refit rear upholstery & attachments.	\$ 120.00 7
6	To remove, refit rear RH lower exhaust silencer.	\$ Bu 80.00 X
7	To supply and apply anti rust treatment	\$ 80.00 7
Total :		\$ 2,000.00

Total Parts and Labour : \$ 9,380.60

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:

Date:

## 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 First Submission	17/09/2024 14:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/09/2024 21:35 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV29Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WEI JUN
NRIC No	SXXXX136Z
Email Address	weijun_0829@hotmail.com
Mobile Phone No	(Phone) +65-91385435
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144750733

#### DRIVER



## 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 Authorized 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

17/04/24

Policyholder's Signature / Date & Time

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

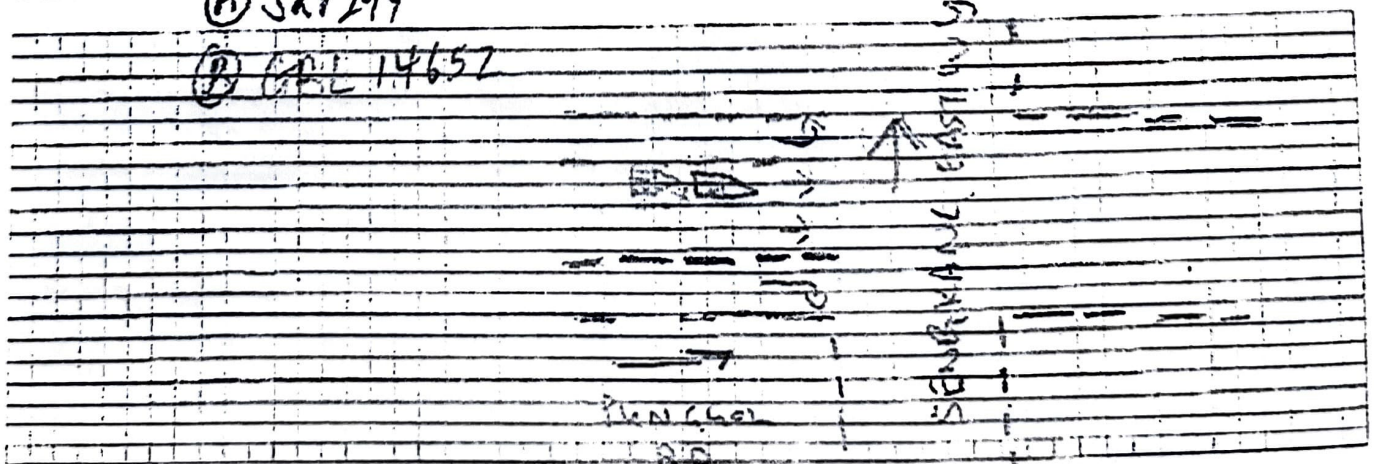


Witnessed by Reporting Centre Personnel

Sketch Plan

① SKY294

② GRL 14652





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20240917/2038

2 of 3

Report No. T/20240917/2038

**CONTINUATION OF REPORT**

Driver			
Name	SASI KUMAR S/O PONNUSAMI	ID No.	S8203102B
Related Vehicle	GBL1465Z (Motor van)	Contact No.	87843562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NG WEI JUN	ID No.	S8871136Z
Related Vehicle	SKV29Y (Motor car)	Contact No.	91385435
Hospital/Clinic	ISLAND ORTHOPAEDIC CONSULTANTS PTE LTD	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	17/09/2024	Date Discharge	17/09/2024
No. of Days granted Medical Leave	14	Degree of	NIL

**Brief Details.**

On 16th September 2024 at 9.34pm, I was driving my vehicle registration number: SKV29Y and travelling Punggol Road towards New Punggol Road. I was driving alone at the 3 lanes (where the arrow indicated straight) with total of 4 lanes. The 4th lane turned left only.

At the junction of Punggol Road and Sengkang East Way, the traffic showed red and I was in the stationary position. Then, there was a huge impact came from my rear. Due to the impact, I was in pain and alighted slowly from my vehicle. I realized that there was another vehicle registration: GBL1465Z (V2) had collided to my vehicle rear portion. I managed to exchange particulars with V2 and claiming that he was not focusing while driving. I do have footages that captured the occurrences.

Today, I went to seek medical as I was still pain. I was given 14 days MC. I am lodging this report for insurance claimed.