

ASS. REC. BY: Taufik

REF:

CS/SCN 24110290/Tg p3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
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.

N/S	O/S
	X

Bal. or Market Value: 936K
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKC 2018R Yr Regn: 2017, 05
Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota CHR Hybrid c.c. 1797
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 103297 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZYX1020058.45
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: Nif / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R17
R: 215/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 15/11/24
Survey held at KFS

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

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

Date / Time	Action / Instruction
	Taufik finalised final fig \$5144.21, 4 days (Red \$404.15, 7%) (No Lump Sum)

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Pop. Format: TP
Lump Sum / L.B.I. / 5144.21

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:
Transportation: _____
S + RS _____
Photos _____
Others _____



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

ATTORNEY GENERAL CHAMBERS
1 COLEMAN STREET #10-00 S(0617)

DATE : 12-11-2024

VEHICLE NO. : SKC2018R
ACCIDENT DATE : 10-11-2024 13:00
THIRD PARTY REF. : QX2198Y

ATTN: ATTORNEY GENERAL CHAMBERS

ESTIMATE COST OF REPAIR TO VEHICLE SKC2018R TOYOTA C-HR

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	TAIL-GATE	1450.30 <i>bt</i>
2	1	TAIL-GATE GARNISH	1225.60 <i>over</i>
3	1	REAR BUMPER TOP	703.60 <i>de</i>
4	1	REAR BUMPER LOWER	687.45 <i>de</i>
5	1	REAR BUMPER REINFORCEMENT	422.30 <i>?</i>
6	2	REAR BUMPER SIDE RETAINER @\$152.20	304.40 <i>x</i>
7	10	REAR BUMPER CLIP @\$5.50	55.00 <i>over</i>
8	1	REAR WINDSCREEN MOULDING	256.50 <i>over</i>
9	1	TAIL-GATE EMBLEM	127.50 <i>over</i>
10	1	TAIL-GATE CHR EMBLEM	98.50 <i>over</i>
			5,331.15
			LESS 25 %
			1,332.79
			TOTAL (A)
			3,998.36

SPECIAL NETT ITEMS

1	1	REAR BUMPER REVERSE SENSOR	200 <i>?</i>
2	1	REAR WINDSCREEN GUM	300.00
			80.00 <i>over</i> - 60
			380.00
			TOTAL (C)

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00 <i>30</i>
2	1	REMOVE ALL NECESSARY AFFECTED PARTS FOR REPAIRS, WELD/CUT, PANEL BE-ATING	450.00 <i>400</i>



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

VEHICLE NO. : SKC2018R
ACCIDENT DATE : 10-11-2024 13:00
THIRD PARTY REF. : QX2198Y

#	QTY	PARTS DESCRIPTION
3	1	SPRAY PAINTING

AMOUNT (SG\$)

550.00 450

TOTAL (D)

1,050.00

ESTIMATE TOTAL

5,428.36

Taufik 97495749 / 62563561
'wp' 15/11/24 e11an
taufik @ khant.com
3-4 days.

p/p Resurvey before paint.

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 resurveyed 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	12/11/2024 10:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/11/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMPASSVALE BOW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC2018R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE HENG ANN
NRIC No	SXXXX604H
Email Address	HENGANN82@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96685197
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-HR HYBRID 1.8S CVT
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	Private car
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	17/05/2017
Chassis no	ZYX102005845
Effective Date/Time of Ownership	17/05/2017 11:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5024963

DRIVER

Name of Driver	TEE HENG ANN
NRIC No	SXXXX604H
Date Of Birth	07/09/1982
Occupation	Indoor
Driving Pass Date	15/06/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96685197
Alt. Phone Number	-
Email Address	HENGANN82@YAHOO.COM.SG
Address	BLK 18 UPPER SERANGOON CRESCENT 08-46 SINGAPORE 534027
Address complement	-
Postcode	-
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 - Head to Rear
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)	3
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	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
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 ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	QX2198Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

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

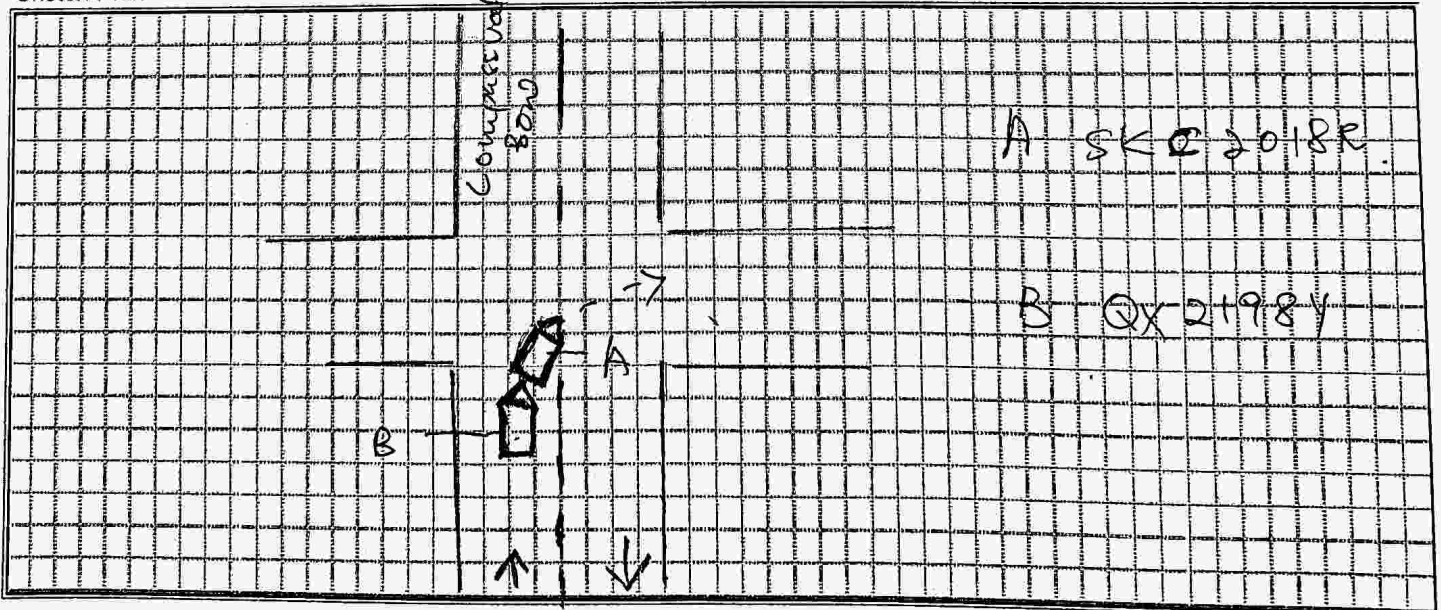
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





SINGAPORE POLICE FORCE



T/20241110/7055

1 of 3

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

Report No. T/20241110/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2024 18:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Tee Heng Ann			Address: 18 Upper serangoon crescent #18-08-46 Riversails SINGAPORE 534027		
ID Type / ID No.: NRIC NO / S8274604H			Contact No.: Home/Office:		Mobile: 96685197
Nationality: MALAYSIAN			Email: hengann82@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 07/09/1982	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Procurement/Purchasing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/11/2024 13:10	Type of Location: X-Junction
Location: SENGKANG CENTRAL				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
QX2198Y	Ambulance					0
SKC2018R	Motor car	TOYOTA	C-HR HYBRID 1.8S CVT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKC2018R	GREAT EASTERN GENERAL INSURANCE LIMITED	V5024963	17/05/2024	16/05/2025



**SINGAPORE
POLICE FORCE**



T/20241110/7055

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Report No. T/20241110/7055

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	Tee Heng Ann	ID No.	S8274604H
Related Vehicle	SKC2018R (Motor car)	Contact No.	96685197
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

My car SKC2018R was moving slowly to the front while waiting for right turn at Compassvale Bow cross junction into Sengkang Central road and suddenly there was a bang into the rear of my car from an ambulance car plate number QX2198Y. I will attach a few photo regarding the accident.



**SINGAPORE
POLICE FORCE**

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



T/20241110/7055

3 of 3

Report No. T/20241110/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

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

Date/Time:
10/11/2024 18:11

Classification Of Case:

NP168