

ASS. REC. BY:

REF: C721Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/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.Bal. or Market Value: 843K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 6-8 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1CRUT BZ

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

S - RS. SI

P. P. S.

Others

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL

Veh No: SNI-11117Yr Regn: 08.16

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

Truck / Trailer or WagonMake: Toy VoxyC.C. 1988Colour: M.O. Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 112532

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ERR80. 0179418

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/12/24D.O.I. 23/12/2024

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.

SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 EMAIL: admin@supreme.sg

Not with it

C/Pres S

Presing After Pains

ESTIMATE

LOW CHEE SENG

9 Sin Ming Walk #03-08 The Gardens

Singapore 575578

Date: 20/12/2024

[illegible]

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 modifications are allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1 set 1 pc	Balance carried forward.		9,192.53	
	Reverse sensor	s.nett	CM 220.00	200JN
	Rear windscreen sealant	s.nett	M 80.00	40JN
	To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.			2,500.00 7
	To check wiring system.			80.00 201
	To apply waterproof sealant on affected areas.			150.00 601
	To apply putty & spray painting on affected areas.			1,350.00 10001
	To remove carpet. Trimming and seat to enable repair.			150.00 1001
	To repait rear windscreen glass.			160 1200
	To install reverse sensors.			80.00 301
To carry out exhaust work.			nn 80.00 X	
Total			14,022.53	

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	10/12/2024 14:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/12/2024 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE BEFORE EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1111J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW CHEE SENG
NRIC No	SXXXX209J
Email Address	77steven777@gmail.com
Mobile Phone No	(Phone) +65-92293223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VOXY 2.0ZS CVT ABS D/AIRBAG 2WD 5DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986
Vehicle Fuel	Petrol
First Registration Date	19/08/2016
Chassis no	ZRR800179416
Effective Date/Time of Ownership	22/05/2024 02:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145871419

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 Authorised 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' 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

Sketch Plan

Sketch Plan showing vehicle positions and identifiers:

- Vehicle A: SN F 1111 J
- Vehicle B: SN B 9590 C
- Vehicle C: SL A 1253 H



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

Report No. T/20241209/7090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNF1111J	NTUC INCOME	s145871419	21/05/2024	20/05/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW CHEE SENG	ID No.	S7518209J
Related Vehicle	SNF1111J (Motor car)	Contact No.	92293223
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

Driver			
Name	CHEE SENG	ID No.	S7518209J
Related Vehicle	SNF1111J (Motor car)	Contact No.	NIL
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

Driver			
Name	LOW CHEE SENG	ID No.	S7518209J
Related Vehicle	NIL	Contact No.	92293223
Hospital/Clinic	DAILY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2024	Date Discharge	07/12/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20241209/7090

3 of 4

Report No. T/20241209/7090

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

CONTINUATION OF REPORT

Brief Details.

On 6/12/24 at about 1545hrs, I was driving (SNF1111J) on the 1st lane on PIE(Tuas) ,Before Kallang Exit , the car in front of me brake , and I reacted and brake as well, then the car behind of me (2nd vehicle SNB9590C) brake as well, however the 3rd vehicle (SLA1253H) behind did not brake at all, and collided into the 2nd vehicle and this 2nd vehicle that managed to stop then collided into my vehicle, the rear of my car was badly damaged, I then exchanged particulars with the other 2 drivers. I then went to see doctor and got 4 days of MC.