

ASS. REC. BY: Taught

REF:

INC

### 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

Bal. or Market Value: Q125K

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SNN 7877B Yr Regn: 2019, 10

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

Truck / Trailer or

Make: Nissan QX50 c.c. 1997

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 49651 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 3PL MAN 55520551521

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SRM / STD A/RM or

Tyre Size: F: 255/45R20

R: ~ ~

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

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 13/6/24

Survey held at JP Refurb

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

O/S Rear, u/c

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Wheel and (\$

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.L. / ( )

**JL Perfect Autowork Pte Ltd**  
Company Reg No: 202136905K

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit  
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778  
E-mail:jlperfectautowork@gmail.com



DATE : 11.06.2024


TO : **INCOME** MOTOR CLAIMS DEPTS  
VEHICLE NO : **SNN7877B**  
MODEL : **INFINITI QX 50**  
DATE OF ACCIDENT : 11.06.2024  
TIME OF ACCIDENT : 10:20 HOURS

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

**CLAIM DETAIL : PARTS**

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	ROCKER PANEL RH ( OUTER) <i>cut</i>	1	\$ -	\$ -
2	ROCKER PANEL WATER SHIELD RH <i>x</i>	1	\$ -	\$ -
3	REAR DOOR RH <i>bt</i>	1	\$ -	\$ -
4	REAR DOOR ARCH PROTECTOR RH <i>cut</i>	1	\$ -	\$ -
5	REAR DOOR OUTER LOWER MOULDING RH <i>x</i>	1	\$ -	\$ -
6	REAR DOOR OUTER STRIP MOULDING RH <i>x</i>	1	\$ -	\$ -
7	REAR DOOR INNER LOCK RH <i>x</i>	1	\$ -	\$ -
8	REAR DOOR INNER TRIM RH <i>?</i>	1	\$ -	\$ -
9	REAR DOOR HINGE RH <i>x</i>	2	\$ -	\$ -
10	REAR DOOR LOCK CATCHER RH <i>x</i>	1	\$ -	\$ -
11	REAR DOOR POWER WINDOW MOTOR RH <i>x</i>	1	\$ -	\$ -
12	REAR DOOR REGULATOR GEAR RH <i>?</i>	1	\$ -	\$ -
13	REAR DOOR FRAME STEP GARNISH RH <i>x</i>	1	\$ -	\$ -
14	REAR DOOR WEATHER STRIP RH <i>rel</i>	1	\$ -	\$ -
15	REAR DOOR FRAME WEATHERSTRIP RH <i>rel</i>	1	\$ -	\$ -
16	REAR SEAT SIDE GARNISH RH <i>x</i>	1	\$ -	\$ -
17	REAR FENDER RH <i>x</i>	1	\$ -	\$ -
18	REAR FENDER WATER SHIELD RH <i>x</i>	1	\$ -	\$ -
19	REAR FENDER ARCH GARNISH RH <i>cut</i>	1	\$ -	\$ -
20	REAR FENDER QUARTER GLASS RH <i>x</i>	1	\$ -	\$ -

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21	REAR FENDER INNER COWLING RH X	1	\$	-	\$	-
22	REAR ABS SENSOR RH X	1	\$	-	\$	-
23	REAR CROSSMEMBER ?	1	\$	-	\$	-
24	REAR SHOCK ABSORBER RH ?	1	\$	-	\$	-
25	REAR WHEEL HUP WITH BEARING RH ?	1	\$	-	\$	-
26	REAR ANTI ROLL BAR LINKAGE RH ?	1	\$	-	\$	-
27	REAR LOWER ARM RH ?	1	\$	-	\$	-
28	REAR KNUCKLE ARM RH ?	1	\$	-	\$	-
29	REAR ADJUSTABLE ARM RH ?	1	\$	-	\$	-
30	REAR CONTROL ARM RH ?	1	\$	-	\$	-
31	REAR WHEEL RIM RH dd✓	1	\$	-	\$	-
32	TAIL LAMP RH X	1	\$	-	\$	-
33	REAR BUMPER  fu✓	1	\$	-	\$	-
34	REAR BUMPER LOWER ?	1	\$	-	\$	-
35	REAR BUMPER SIDE RETAINER ?	2	\$	-	\$	-

TOTAL PRICE	\$	-
LESS 10%	\$	-
<b>SUB TOTAL PRICE</b>	<b>\$</b>	<b>-</b>

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	ROCKER PANEL RH ( OUTER) SEALANT	1	\$ 150.00	\$ 150.00
2	REAR DOOR SEALANT RH	1	\$ 150.00	\$ 150.00
3	REAR DOOR INNER TRIM CLIP RH (SET)	1	\$ 80.00	\$ 80.00
4	REAR DOOR WINDOW SIDE GARNISH CLIP (SET)	1	\$ 60.00	\$ 60.00
5	REAR SEAT SIDE GARNISH CLIP RH (SET)	1	\$ 80.00	\$ 80.00
6	REAR FENDER SEALANT RH	1	\$ 150.00	\$ 150.00
7	REAR FENDER INNER COWLING CLIP (SET)	1	\$ 60.00	\$ 60.00
8	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00
9	REAR FENDER GLASS SEALANT RH	1	\$ 80.00	\$ 80.00
10	REAR FENDER GLASS INNER SHIELD RH	1	\$ 60.00	\$ 60.00
11	REAR FENDER GLASS SOLAR FILM RH	1	\$ 150.00	\$ 150.00
12	TAIL LAMP CLIP (SET)	1	\$ 60.00	\$ 60.00
13	REAR BUMPER CLIP (SET)	1	\$ 120.00	\$ 120.00
14	REAR BUMPER DIFFUSER (CARBON FIBER)	1	\$ 2,200.00	\$ 2,200.00

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15	REAR WHEEL TYRE RH	1	\$ 650.00	\$ 650.00	dd✓
16	WHEEL CAP (SET)	1	\$ 120.00	\$ 120.00	x
17	BRAKE OIL	1	\$ 30.00	\$ 30.00	✓

**TOTAL \$ 4,280.00**

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)**

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$ 2,000.00	800
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,800.00	800
3	REMOVE & REFIX CUSHION SEAT/UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR	\$ 350.00	60
4	TUFF COAT	\$ 250.00	40
5	WIRING CHECK	\$ 250.00	40
6	FOUR WHEEL ALIGNMENT	\$ 120.00	80
7	REMOVE & REFIX AUDIO SPEAKER	\$ 120.00	?
8	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	40
9	TRANSFER REAR DOOR MECHANISM	\$ 80.00	60
10	REMOVE & REINSTALL REAR WINDOW GLASS RH	\$ 60.00	x
11	REMOVE AND REFIX REAR UNDERCARRIAGE	\$ 650.00	? 250
12	RESET ABS LIGHT	\$ 350.00	?

TO : **INCOME** MOTOR CLAIMS DEPTS  
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13	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 350.00	200
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**TOTAL \$ 6,460.00**

#### ESTIMATE REPORT

TOTAL PARTS COST : \$ 4,280.00  
TOTAL LABOUR COST : \$ 6,460.00  
TOTAL REPAIR COST : \$ 10,740.00

**NB:** THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

**PARTS PRICES ARE SUBJECT TO CHANGES.**

YOURS FAITHFULLY,

**IRENE**

SERVICE ADVISOR  
IRENE  
HP : 8297 9787

Taufik 97995749  
WP 13/6/24 @ 1130  
L/S Resurvey after repair  
taufik e/khantun  
7-8 days

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	12/06/2024 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2024 10:20 (SGT)
Exact Location of Accident	Somerset Rd, Singapore
Additional Location Information	ALONG SOMERSET ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN7877B
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HUANG QIANG
NRIC No	SXXXX739H
Email Address	huangqiang901201@gmail.com
Mobile Phone No	(Phone) +65-92709665
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	QX50
Variant	SUV
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	2000

## INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11444772

## DRIVER

Name of Driver	HUANG QIANG
NRIC No	SXXXX739H
Date Of Birth	01/12/1990
Occupation	Indoor



Accident report ST0R246C0002

Driving Pass Date	13/04/2016
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92709665
Alt. Phone Number	-
Email Address	huangqiang901201@gmail.com
Address	NA
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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 POLICE REPORT T/20240611/7112

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMH4368S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	HUANG QIANG
Gender	Male
Phone No	(Phone) +65-92709665
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	33
Injuries Sustained	BODY PAIN 5 DAYS MC
Injured person in which vehicle?	SNN7877B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**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 willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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:

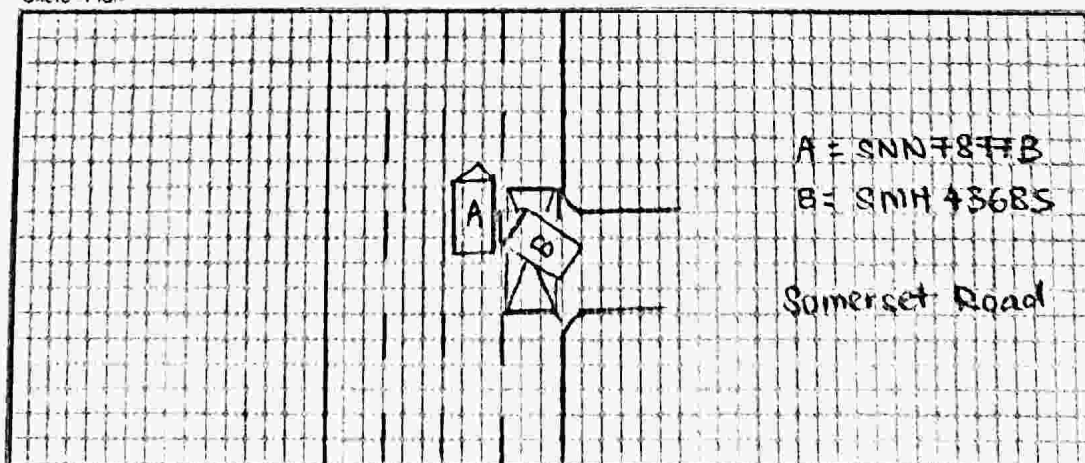
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

Refer Police Report

7/20240611/7112

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



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



Witnessed By Reporting Centre Personnel  
(Name as in NRICAD card)



**SINGAPORE  
POLICE FORCE**



T/20240611/7112

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

1 of 3

Report No. T/20240611/7112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2024 20:00			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: HUANG QIANG			Address: 783A WOODLANDS RISE #06-47 SINGAPORE 731783			
ID Type / ID No.: NRIC NO / S9074739H			Contact No.: Home/Office:		Mobile: 92709665	
Nationality: SINGAPORE CITIZEN			Email: huangqiang901201@gmail.com			
Sex: Male	Age:	Date of Birth: 01/12/1990	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident:**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2024 10:20	Type of Location:
Location:  SOMERSET ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNN7877B	Motor car	INFINITI	QX50 2.0T SENSORY PA MY19	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNN7877B	AVIVA LTD	11444772	30/08/2023	31/10/2024



**SINGAPORE  
POLICE FORCE**



T/20240611/7112

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

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Report No. T/20240611/7112

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUANG QIANG	ID No.	S9074739H
Related Vehicle	SNN7877B (Motor car)	Contact No.	92709665
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)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time I vehicle SNN7877B was travelling straight on lane 2 (from right) along Somerset Road towards Grange Road direction.

As I was passing through 313 Somerset shopping centre, vehicle SMH4366S who was coming out from the minor road on my right, dashed out without stopping at the stopline and cut across 1 Lane and hit onto my vehicle's right rear portion.

The impact was great and caused my right hand to slip and hit onto my steering, my left knee hit onto my centre console.

After a while I start to feel pain on my neck, shoulders and back areas.

I later proceeded to Norwood Medical Clinic near my office to seek treatment and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T/20240611/7112

3 of 3

Report No: T/20240611/7112

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
NORA BTE BACHOK  
Contact No.: 65476172

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

Date/Time:  
11/06/2024 20:00

Classification Of Case: