

ASS. REC. BY:

REF:

TP 1

C

## 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:

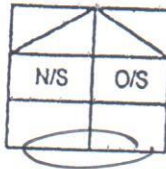
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

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:

PTV 2598A

Yr Regn:

01. 19

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

Truck / Trailer or

Make:

Honda Civic

C.C.

1597

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

111232

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR1HFC5650J7002348

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

215/55R16

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

21/7/24

D.O.I.

1/8/2024

Survey held at

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

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

Date / Time

Action / Instruction

1618 21/7/24 @ 4150d Cabin

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

## 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	26/07/2024 13:48 (SGT)
Reported by	Actual Driver
Date of Accident	21/07/2024 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2598U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO HUI SHAN JOANNA
NRIC No	S8401358G
Email Address	JACKCHENQINYAO@GMAIL.COM
Mobile Phone No	(Phone) +65-81254154
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG24001158

### DRIVER

Name of Driver	CHEN QINYAO
NRIC No	S8306539G
Date Of Birth	25/02/1983
Occupation	Indoor



Driving Pass Date	27/10/2005
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81254154
Alt. Phone Number	-
Email Address	JACKCHENQINYAO@GMAIL.COM
Address	520C TAMPINES CENTRAL 8 #14-59
Address complement	-
Postcode	523520
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	TAN ZHI-EN JONAS
Gender	Male

#### PASSENGER 2

Name	TAN HUEI-EN ZOHEY
Gender	Female

#### PASSENGER 3

Name	TAN YI PING JACINTA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

## ATTACHMENT(S)

Are accident photos available for attachment?  
 Was there any video captured by Car Camera?

Yes  
 No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3358T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAN ZHI EN JONAS
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	6 DAYS MC
Were seat belts worn?	SJV2598U
Was this injured conveyed to hospital by ambulance?	-

## INJURED 2

Name of injured person	TAN HUEI EN ZOEY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	1 DAY MC
Were seat belts worn?	SJV2598U
Was this injured conveyed to hospital by ambulance?	-

## INJURED 3

Name of injured person	CHEN QINYAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SJV2598U
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	TAN YI PING JACINTA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SJV2598U
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

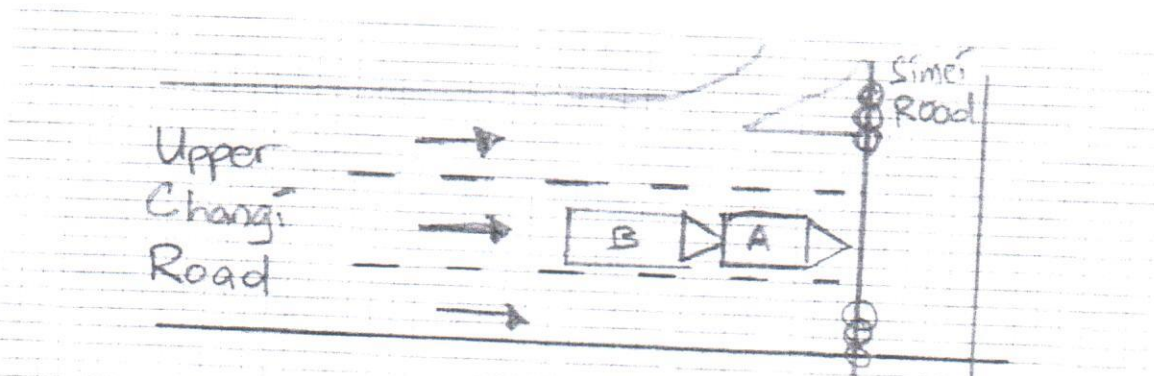
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 purposes 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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 based 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**



A-SJV2598U

B-YP3358T



Describe Circumstances of the Accident

REPORT T/2024-0726/2032

As I am travelling out from Singapore for work hence the report was filed at a later date

- ☐ Claim OD    ☐ Claim Third Party    ☒ Claim OD/TP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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



# SINGAPORE POLICE FORCE



T/20240726/2032

1 of 4

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

Report No. T/20240726/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2024 11:22		Vide Report No.:		Station Diary No.: 37	
<b>Informant's Particulars</b>					
Name of Informant: CHEN QINYAO			Address: 520C TAMPINES CENTRAL 8 #14-59 SINGAPORE 523520		
ID Type / ID No.: NRIC NO / S8306539G			Contact No.: Home/Office: Mobile: 81254154		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 25/02/1983	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sourcing Manager			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2024 20:55	Type of Location: X-Junction
Location:  UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SJV2598U	Motor car				Slightly Damaged	3
YP3358T	Lorry				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240726/2032

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

2 of 4

Report No. T/20240726/2032

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEN QINYAO	ID No.	S8306539G
Related Vehicle	SJV2598U (Motor car)	Contact No.	81254154
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	22/07/2024	Date Discharge	22/07/2024
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Passenger</b>			
Name	TAN ZHI EN JONAS	ID No.	T0826051B
Related Vehicle	SJV2598U (Motor car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2024	Date Discharge	25/07/2024
No. of Days granted Medical Leave	06	Degree of	Slight
<b>Passenger</b>			
Name	TAN YI PING JACINTA	ID No.	S7622270C
Related Vehicle	SJV2598U (Motor car)	Contact No.	93898456
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	22/07/2024	Date Discharge	22/07/2024
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Passenger</b>			
Name	TAN HUEI-EN ZOEY	ID No.	T0709499F
Related Vehicle	SJV2598U (Motor car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	22/07/2024	Date Discharge	22/07/2024
No. of Days granted Medical Leave	01	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20240726/2032

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

3 of 4

Report No. T/20240726/2032

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHELLAIAH PANDIMUTHU	ID No.	G8704611M
Related Vehicle	YP3358T (Lorry)	Contact No.	83980765
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

**Brief Details.**

On 21/7/2027 at about 2054hrs, I was travelling on the second lane (from the right) along Upper Changi Road. As I was approaching the junction of Upper Changi Road and Simei Road, I gradually stopped my vehicle as it was red light. Suddenly I felt an impact coming from the rear of my vehicle. I alighted from my vehicle and noted that a lorry YP3358T had collided into the rear of my vehicle. I suspected that he did not see the red light and thus failed to hit the brake on time. No traffic police and no ambulance was at scene. I have 3 passengers in my vehicle and they all suffered from slight injury. I had went to the doctor the next day and the doctor had sent me for an X-Ray. However, I am unable to get any Medical Cert as I am flying off for work purposes.



**SINGAPORE  
POLICE FORCE**



T/20240726/2032

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

4 of 4

Report No. T/20240726/2032

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
E /  
SGT 3 LIYANA BINTE MOHD  
RAZALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:  
26/07/2024 11:22

Classification Of Case:



源摩哆廠

# GUAN MOTOR WORKS

Business Regn. No. 08102600E

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

## REPAIR ESTIMATE SJV2598U

No.	Qty	Nett Items		
1	1	Rear bumper	\$ Bu	617.20 ✓
2	1	Rear bumper lower black spoiler	\$ Diy	112.60 ✓
3	2	Rear bumper reverse sensor	\$ Cu	519.00 ✓
4	2	Rear bumper side retainer	\$ Sn	39.00 X
5	1	Rear bumper inner reinforcement	\$ By	295.50 ✓
6	1 set	Rear bumper clips	\$ Nu	40.00 ✓
7	2	Taillamp	N/L W \$	633.00 L+ ✓
8	1	Rear boot lid	\$ By	760.00 ✓
9	2	Rear boot side lamp	\$ o/s Cu	337.00 L+
10	1	Rear boot outer cover/garnish	\$ m/p o/s	121.80 ✓
11	1	Rear boot centre 'H' logo	\$ Nu	19.80 ✓
12	1	Rear boot LH 'CIVIC' emblem	\$ Nu	24.50 ✓
13	1	Rear boot RH 'I-VTEC' emblem	\$ Nu	30.80 ✓
14	1	Rear boot reverse camera	Cu \$	385.00 X
15	1	Rear boot top lock	\$ Ncl	145.00 ✓
16	1 set	Rear boot inner trim clips	\$ Nu	50.00 ✓
17	1	Rear end panel	\$ By	395.00 ✓
			208 Total :	\$ 4,525.20

### Special Nett Items

18	1 set	Rear end panel sealant	\$ Nu	60.00 301n
19	1	Rear number plate	\$ Sn	50.00 X
			Total :	\$ 110.00

### Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	800.00	800l
2	To putty and spray Spray Paintings charges.	\$	1,000.00	700l
3	To remove, refit rear boot lid fittings.	\$	80.00	50l
4	To remove, refit reverses sensors & reverse camera.	\$	120.00	80l
5	To remove, refit rear upholstery & attachments.	\$	120.00	50l
6	To supply and apply anti rust treatment	\$	80.00	60l
Total :		\$	2,200.00	

Total Parts and Labour : \$ 6,835.20

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 LKK Auto Consultants

Acknowledged

Not Authorized  
 11 Pm @ 4150h  
 Penny After Pm  
 5 days



源 摩 哆 廠

# GUAN MOTOR WORKS

Business Regn. No: 08102600E

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

05.08.2024

## SUPPLEMENTARY REPAIR ESTIMATE FOR

Honda Civic - SJV 2598 U

	<u>List Items</u>
1 pc.	Antenna sensor
1 pc.	Rear end panel top garnish

CM	\$	164.70	✓
M.P.I.S	\$	58.50	✓
<b>TOTAL</b>	<b>\$</b>	<b>223.20</b>	