

(08/11/17)

Surround

REF:

CS/TP18016795/Rlgbr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SLD 8302Mat Workshop m/s FORTUNA MOTORof 40, UPPER CANT CORRY RD

Insured: _____

Policy No. _____

Claims No. _____

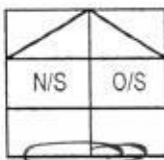
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

NICK 96269640

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: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLD 8302M Yr Regn: 2010 / Feb 05Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERCEDES Benz S350 c.c. 3498Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 14272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 221 562A 314 395Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModl: Nil / SR / STD A/Rim orTyre Size: F: 255/45R19R: inBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 31/08/18 D.O.I. 13/09/18Survey held at FORTUNA MOTORDes. 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
	Final fig to 3945.74, 3 days (red to 860.64, 18%) no lump sum.
	RECEIVED 25 OCT 2018
	25/10/2018

Date/Time, File Pass to?

☐ : Preli. Report

11/05/10 typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS. \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 3945.74)

135
50
50
42
80
357

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 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 ability.
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 Report	01/09/2018 14:24
Date Of Accident	31/08/2018 21:25
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8302M
Insured/Policyholder	
Name Of Registered Owner	KHOO KOON HOE(QIU KUNHE)
NRIC No	S7110462A
Email Address	GARYKHOO13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96343870
Alternative Phone No	OTHERS-96343870

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350L

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1810611800
Cover Note Number	

Driver

Name of Driver	KHOO KOON HOE(QIU KUNHE)
NRIC No	S7110462A
Date Of Birth	29/03/1971
Occupation	INDOOR
Date Of Driving Pass	17/05/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343870
Fax Number	
Contact Number	OTHERS-96343870
Email Address	GARYKHOO13@GMAIL.COM

Address	BLOCK 307D ANCHORVALE ROAD #11-82
Postcode	544307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : IKUKOFUROI
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG CTE. VEHICLE B(SLK7604T) HIT REAR PORTION OF MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7604T
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 1/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Cassandra

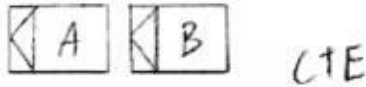
NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN

DA: 31-8-2018
A: SLD 8302M
B: SLK 7604T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING S/RAMBAI ALONG D/E.

VEHICLE B HIT REAR PORTION OF MY VEHICLE.

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:

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.:



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7110462A**




Name
KHOO KOON HOE
(QIU KUNHE)
邱坤和

Race
CHINESE

Date of Birth **29-03-1971** Sex **M**

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7110462A**
Name

KHOO KOON HOE
(QIU KUNHE)

Birth Date **29 Mar 1971**
Issue Date **19 May 2014**



002305283G



Driving Licence

1028106



NRIC No: **S7110462A**

Blood Group: **A+** Date of issue: **14-06-1993**

Address:
**APT BLK 307D ANCHORVALE ROAD #11-82
SINGAPORE 544307**

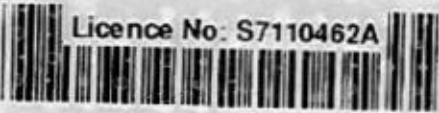
NRIC No: **S7110462A** Date: **01-05-2001** No: **3816883**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	17 May 1991

NP 428A

Licence No: **S7110462A**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #13-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
USN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSAS18113474 Vehicle Registration No: SLD8302M
Name (as shown in NRIC) : Khoo Koon Hoe (Qin Kun He) NRIC/FIN/Passport No : S71104624
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Block 307D Anchorvale Road #11-82 Singapore (544307)
Contact (Tel) : _____ Mobile No. : 96343870
Email Address : garykhoo13@gmail.com
Date of Accident : 31-8-2018 Time of Accident : 2125hrs
Place of Accident : CTE
Insurance Company : China Taiping Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third party vehicle plate number should be SKL7604T.

F. G.
Policyholder / Driver's Signature
Date: 3-9-2018

Rei
Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: _____
Date: 3-9-2018



ESTIMATE :

PRICES

SLD 8302M

- | | | | |
|---------------------------------------|------------------|---|---------|
| 1) REAR BUMPER - DE ✓ | \$1802.38 | } | 3706.38 |
| 2) REAR BUMPER CLIPS @ 6.00 ea ✓ | \$60.00 (10 pcs) | | 10% |
| 3) REAR BUMPER REINFORCEMENT - IT ✓ | \$875.00 | | 3335.74 |
| 4) REAR BUMPER CHROME MOLDING @ 123 ✓ | \$246.00 (2 pcs) | | |
| 5) REAR RH TAILLAMP - CRA | \$723.00 | | |

- | | | |
|---|---|-----|
| 1) Repair with accident damage parts, knock/jack & straighten affected areas ^{\$500} — 300 | } | 610 |
| 2) Spray painting on the affected area ^{\$500} — 250 | | |
| 3) To remove & refit reverse sensors ^{\$100} — 60 | | |

3335.74

610.00

3945.74

Final
HP 90010068
3 days
P/P

13/09/18 @ 1100hrs
Resurvey by paint

480638

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:

3 days

19/10/2018



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
FORTUNA MOTOR *		Ref : CS/TP18016795/R1qbs2		
40 UPPER EAST COAST ROADSINGAPORE 455212		Date : 26-10-2018		
ON BEHALF OF KHOO KOON HOE (QIU KUNHE)		Code : TP167		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SLD 8302M	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		13/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ S350L	c.c	3498	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	WDD2211562A314395	Colour	BLACK	
Odometer	142772	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	255/45R19	GOODYEAR	6 mm	
L/H Front Tyre	255/45R19	GOODYEAR	6 mm	
R/H Rear Tyre	255/45R19	GOODYEAR	6 mm	
L/H Rear Tyre	255/45R19	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	31/08/2018	Inspection Date	13/09/2018	
Survey held at	FORTUNA MOTOR 40 UPPER EAST COAST ROAD SINGAPORE 455212			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 8302M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,802.38	1,802.38
10	REAR BUMPER CLIPS @ \$6.00	NECESSARY	60.00	60.00
1	REAR BUMPER REINFORCEMENT	BENT	875.00	875.00
2	REAR BUMPER CHROME MOULDING @ \$123.00	NECESSARY	246.00	246.00
1	REAR RH TAILLAMP	CRACKED	723.00	723.00
	LESS 10% DISCOUNT		-	-370.64
			3,706.38	3,335.74
<u>LABOUR</u>				
	REPLACING ACCIDENT DAMAGE PARTS, KNOCK / JACK & STRAIGHTEN AFFECTED AREAS.		500.00	300.00
	SPRAY PAINTING ON THE AFFECTED AREA.		500.00	250.00
	TO REMOVE & REFIT REVERSE SENSORS.		100.00	60.00
			1,100.00	610.00
GRAND TOTAL			4,806.38	3,945.74
RECOMMENDED COST OF REPAIRS				3,945.74

Report Ref No. CS/TP18016795/R1qbs2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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