

## ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SW17K

at Workshop m/s

of

Insured:

Policy No.

Claims No.

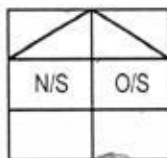
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAG Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 10 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SW17K Yr Regn: 2017

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

Truck / Trailer or car

Make: Lexus ES250A c.c. 2494

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

Sp. Reading: 28869 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTHBJ16640209466

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55-R17 R:

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 18/10/18 D.O.I. 12/11/18

Survey held at

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

Rear

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

Date / Time Action / Instruction

Arrival - A

Repair sum \$2800/- (Red: 2394, 46%)

RECEIVED 14 NOV 2018

Date/Time, File Pass to?

1) 14/11 Typist

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$ 2800/-)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee: 140

Transportation: 50

S + RS, SI 50

Photos 48

Others 80

TOTAL

368

18020479/UTB/n2		Res. Date:	3/11/18
SP:		WKSP:	by
Date Received:			
Instruction:			
2. Submit Photo?		YES / NO	
2. Submit Photo?		YES / NO	
a) No authorisation		b) Days of repair	
No, due to			
others:			
Final Re-inspection or Progress Photos		Inspected By:	

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	0921H

**Vehicle Details**

Vehicle No.:	SFW17K
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS ES250 A/T S/R
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	2ARF247382
Chassis No.:	JTHBJ1GG402094465
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$36,195.00
Original Registration Date:	22 Feb 2017
First Registration Date:	22 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$42,673.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Feb 2027
PARF Rebate Amount:	\$32,004.00

**Intended COE Rebate Details**

COE Expiry Date:	21 Feb 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,209.00
COE Rebate Amount:	\$39,887.00
<b>Total Rebate Amount:</b>	<b>\$71,891.00</b>

The information contained herein is correct as at 13 Nov 2018

OK

MY016135423 / Ryder Auto Pte Ltd - HQ  
ENTRY DATE & TIME: 18/10/2018 15:45  
SUBMITTED BY: Ginson Chen Qing Song

## 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 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 Report 18/10/2018 15:45  
Date Of Accident 18/10/2018 08:30  
Exact Location Of Accident FARRER RD TOWARDS QUEENSWAY  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW17K  
**Insured/Policyholder**  
Name Of Registered Owner BRENDA NG GEOK CHING  
NRIC No S7640921H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-83331010  
Alternative Phone No OFFICE-83331010

### Vehicle Particulars

Manufacturer TOYOTA  
Model LEXUS-2.5 ES250 AUTO (A)

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 INDIA INTERNATIONAL INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number M495754  
Cover Note Number

### Driver

Name of Driver BRENDA NG GEOK CHING  
NRIC No S7640921H  
Date Of Birth 18/12/1976  
Occupation INDOOR  
Date Of Driving Pass 27/03/1995  
Driving Experience 23 YEARS AND 6 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-83331010  
Fax Number  
Contact Number OFFICE-83331010  
Email Address NOEMAIL

Address APT BLK 106 TAMPINES STREET 11 #04-325  
 Postcode 521106  
 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? YES  
 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410  
 Was notice of Intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

KINDLY REFER TO POLICE REPORT

#### 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 SKM6120Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver BRYAN  
 NRIC/Passport Number  
 Contact Number 83289265  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

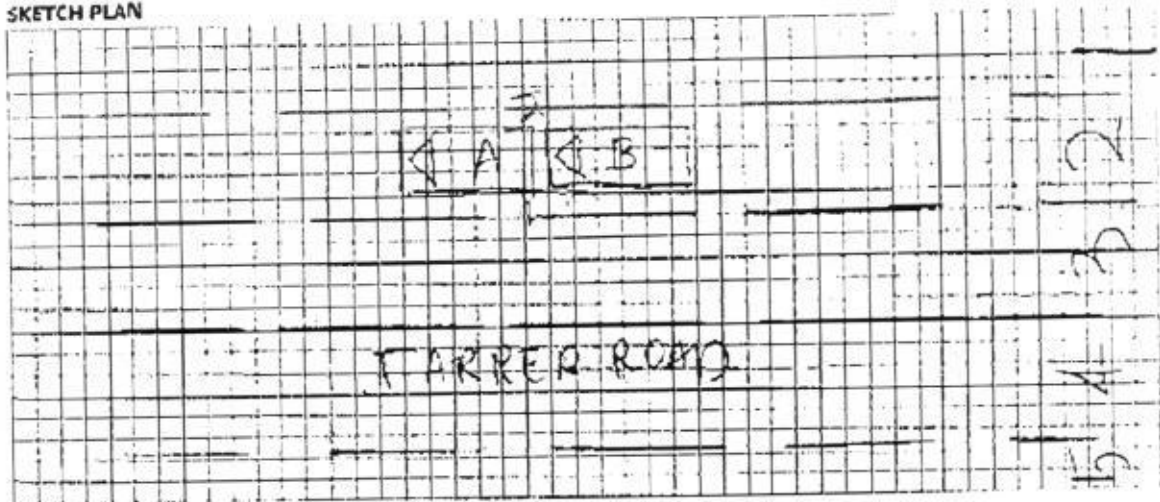
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	BRENDA NG GEOK CHING
Approximate Age	42
Injuries Sustain	
Injured person in which vehicle?	SFW17K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 106 TAMPINES STREET 11 #04-325
Postcode	521106

## Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report  
to  
Police

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time: 18/11/18, 336pm

GNARAC SketchPLAN v1.03

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/11/18, 336pm

(brenda.igiciora@gmail.com)

Reporting Centre Personnel's Signature

Name: [Signature]

NRIC/AN No: 501121145

## Sketch Plan #2

SKETCH PLANIMPORTANT 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 investigations.
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 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 (POPA)

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 (a) 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 &amp; Time: 18/11/18, 3:30pm

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time: 18/11/18, 3:30pm

Reporting Centre Personnel's Signature

Name: SCSW

BRIC/FIN No: 1234567





# SINGAPORE POLICE FORCE



T/20181018/2066

1 of 4

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20181018/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2018 14:26		Vide Report No.:		Station Diary No.: 31
<b>Informant's Particulars</b>				
Name of Informant: BRENDA NG GEOK CHING		Address: APT BLK 106 TAMPINES STREET 11 #04-325 SINGAPORE 521106		
ID Type / ID No.: NRIC NO / S7640921H		Contact No.: Home/Office: Mobile: 83331010		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 41	Date of Birth: 18/12/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SALES ENGINEER		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2018 08:30	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD QUEENSWAY Farrer Road towards Queensway				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SFW17K	Car	TOYOTA	LEXUS ES250 A/T S/R	Black	Slightly Damaged	0
SKM6120Z	Car	CITROEN		Brown		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20181018/2066

2 of 4

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20181018/2066

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SFW17K	INDIA INTERNATIONAL INSURANCE PTE LTD	M495754	22/02/2018	21/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver:				
Name	BRENDA NG GEOK CHING		ID No.	S7640921H
Related Vehicle	SFW17K (Car)		Contact No.	83331010
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/10/2018		Date Discharge	18/10/2018
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Driver:				
Name	Bryan		ID No.	NIL
Related Vehicle	SKM6120Z (Car)		Contact No.	83289265
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		NIL	Degree of Injury	NIL

**Brief Details.**

On 18/10/2018 at about 8.30am, I was driving my vehicle(SFW17L, Black Lexus) along Farrer Road towards Queensway along the 2nd lane, as there was heavy traffic volume, the traffic was slow moving. While driving my vehicle slowly, out of a sudden, I felt an impact from the rear, another vehicle (SKM6120Z, Black Citroen) had bang onto the rear of my vehicle. We then drove to the side of the road straight as we do not want to cause traffic jam. After stopping at the side, I had took down his particular and took photo of the vehicle and left. During the accident, I did not have any injury. However, after returning to my workplace, I started feeling back and neck pain as such, I had went to see a doctor at Advance Clinic & Surgery Pte Ltd. I was then discharge on the same day and given 7 days of MC as such, I came to lodge a police report regarding the matter. There is video recorder in my vehicle. The damage on my vehicle is dent and scratches on the rear bumper. It is not raining and the road is dry.



**SINGAPORE  
POLICE FORCE**



T/20181018/2066

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Police Station Of Origin:

Kampong Ubi NPP

9 Eunos Crescent #01-2687 SINGAPORE

400009

Tel No: 1800-7479999

Report No. T/20181018/2066

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

T/20181018/2066

4 of 4

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20181018/2066

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sgt 3 RICKY TAN WEI SAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/10/2018 14:26

Classification Of Case:

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



## 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

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Ref : CS/TP18020479/Utbn2

BLK 1 KAKI BUKIT AVE 6  
#01-28/51/53/55(MAIN OFFICE)SINGAPORE  
417883

Date : 16-11-2018



ON BEHALF OF BRENDA NG GEOK CHING

Code : TP149

#### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SFW 17K
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	12/11/2018

#### 2. Vehicle Particulars & Condition

Make & Model	LEXUS ES250 A (A)	c.c	2494
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTHBJ1GG402094465	Colour	BLACK
Odometer	28869	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
L/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
R/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm
L/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm

#### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

#### 5. General Information

Accident Date	18/10/2018	Inspection Date	12/11/2018
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

#### 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. SFW 17K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DENTED / DEFORMED	998.70	998.70
2	REAR BUMPER SIDE RETAINERS @\$105.50	NECESSARY	211.00	211.00
1	SET REAR BUMPER CLIPS	NECESSARY	60.00	60.00
1	REAR BUMPER SPONGE	CRACKED	215.60	215.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	622.10	-
2	REAR BUMPER PDC SENSORS @\$488.00	SHORTED	976.00	976.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	800.60	-
	LESS 10% DISCOUNT		-	-246.13
			3,884.00	2,215.17
<b>LABOUR</b>				
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REPLACING PDC SENSOR.		120.00	80.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		120.00	100.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		480.00	300.00
	TO PUTTY & SPRAY PAINTING.		550.00	400.00
			1,320.00	900.00
<b>GRAND TOTAL</b>			<b>5,204.00</b>	<b>3,115.17</b>
<b>RECOMMENDED COST OF REPAIR SUM</b>				<b>2,800.00</b>

Report Ref No. CS/TP18020479/Utn2

CHUA KANG SENG

Licensed Appraiser

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