

ASS. REC. BY:

REF:

TP /

CS/TP19010303/Kvd3 n2

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:

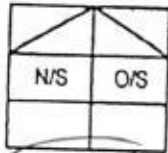
Excess:

(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:

1.31%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLK 4748A

Yr Regn:

01, 17

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

Truck / Traller or

Make:

Honda City

c.c

1497

Colour:

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

73173

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NRHGM 6660 14P000188

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R16

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/5/19

D.O.I.

24/5/19

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.

Date / Time

Action / Instruction

1

File pass to

SLK 4748A - X

13/6/19

Final fig \$ 5091.20 (Red 1697.80, 25%)

RECEIVED 13 JUN 2019

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

13/6 - typst

Days Of Repair:

6

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

TP

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

5091.20

145

50

50+50

26

80

401

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	24/05/2019 16:05
Date Of Accident	23/05/2019 16:55
Exact Location Of Accident	TUAS ROAD TOWARDS PIE LAMP POST 18
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4748A
Insured/Policyholder	
Name Of Registered Owner	TRANZPLUS ENGINEERING (S) PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67645855

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS000805
Cover Note Number	

Driver

Name of Driver	ONG BEE ZHUAN MICHEAL
NRIC No	S7728907J
Date Of Birth	04/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98785115
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 808A CHOA CHU KANG AVE 1 #11-554
Postcode	681808
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
Foreign Vehicle Registration Number	JJS6698 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	JJS6698
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OSMAN BIN A RAHIM
NRIC/Passport Number	A36533427
Contact Number	01125883031
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including 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 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.

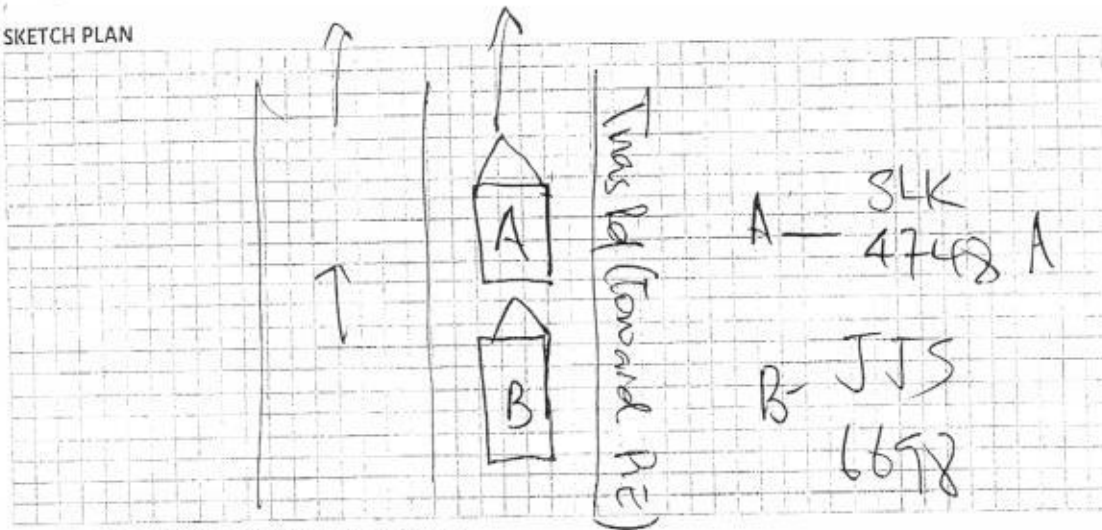


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report.

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:
NRIC/FIN No.:

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190523/2133

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20190523/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 18:21	Vide Report No.:	Station Diary No.: 32
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ONG BEE ZHUAN MICHEAL	Address: APT BLK 808A CHOA CHU KANG AVENUE 1 #11-554 SINGAPORE 681808		
ID Type / ID No.: NRIC NO / S7728907J	Contact No.: Home/Office: Mobile: 98785115		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 41	Date of Birth: 04/10/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: delivery driver	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/05/2019 16:55	Type of Location:
Location: Along Road 1 TUAS ROAD				
Along Tuas Road towards PIE, lamp post number 18, after gul circle MRT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
J86698	Lorry				No Damage	0
SLK4748A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190523/2133

2 of 3

Report No. T/20190523/2133

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver			
Name	OSMAN BIN A RAHIM		ID No. A36533427
Related Vehicle	J66698 (Lorry) JTS6698		Contact No. 01125883031
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
Driver			
Name	ONG BEE ZHUAN MICHEAL		ID No. S7728907J
Related Vehicle	SLK4748A (Car)		Contact No. 98785115
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/05/2019 at about 1655hrs, I was driving my company vehicle V1) SLK4748A along the above mentioned location. I was on the right side of the 2 lane road. There was a heavy jam and V1 was stationary. Subsequently, a driver of a lorry of plate number V2) J66698 directly behind me had collided onto the rear of V1.

No one was injured. There is an in vehicle camera in V1 and I believe that it was recording during the incident. Myself and the driver of V2 agreed to exchange particulars and to settle the matter through insurance via our company. The rear bonnet off V1 is damaged. The left rear headlight of V1 is damaged too.

There is no damage to V2. The company of the lorry V2 is namely 'CHENCOM ENTERPRISE(M) SDN BHD, 37A, JLN, INDAH 22/2, TAMAN BUKIT INDAH 2, BANDAR NUSAJAYA, 81200 JOHOR BAHRU. V1 belongs to company namely Tranzplus PTE LTD.



**SINGAPORE
POLICE FORCE**



T/20190523/2133

3 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20190523/2133

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: J / Sgt 3 ARVIN PILLAI S/O MANI RAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2019 18:21
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	

ESTIMATE

RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel : 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

SLK 4748 A

Not Notarised

Date :

4/6/2019

Returning B4 paint

6 days

Quantity	Description/Particular	Unit Price	Amount
1 PC	REAR BOOTLID		\$ <i>Bt</i> 930.00 ✓
1 PC	REAR BOOTLID LOCK		\$ <i>RM</i> 240.00 ✓
1 PC	REAR BOOTLID CHROME		\$ <i>warp</i> 210.00 ✓
4 PCS	REAR BOOTLID CHROME CLIP@5		\$ <i>RM</i> 20.00 ✓
1 PC	REAR BOOTLID REFLECTOR		\$ <i>CM</i> 380.00 ✓
1 PC	REAR LAMP(L/H)		\$ <i>CM</i> 430.00 ✓
1 PC	REAR BUMPER		\$ <i>Bt</i> 670.00 ✓
2 PCS	REAR BUMPER BRACKET@45	<i>NIS DIT</i>	\$ <i>45</i> 90.00 ✓
1 PC	REAR PANEL		\$ <i>RM</i> 568.00 ✓
1 PC	REAR BOOTLID RUBBER	<i>DIT/AD</i>	\$ <i>r</i> 190.00 ✓
1 PC	REAR BOOTLID GANISH		\$ <i>Bt</i> 290.00 ✓
1 PC	REAR REVERSE CAMERA	<i>shot</i>	\$ <i>2800</i> 590.00 ✓
1PC	V TECH EMBLEM		\$ <i>RM</i> 30.00 ✓
1 PC	HONDA EMBLEM		\$ <i>RM</i> 45.00 ✓
1 PC	CITY EMBLEM		\$ <i>RM</i> 66.00 ✓

Received the above goods in good order and condition

for RC AUTO

Received by

E.&O.E.

Authorised Signature

ESTIMATE

RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel: 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

Date : 4/6/2019

SLK 4748 A

[illegible]

Received the above goods in good order and condition

for RC AUTO



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				
R C AUTO		Ref : CS/TP19010303/Kvd3n2		
BLK 18 SIN MING INDUSTRIAL ESTATE SECTOR A #01-43SINGAPORE 575676		Date : 19-06-2019		
ON BEHALF OF TRANZPLUS ENGINEERING (S) PTE LTD		Code : TP393		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SLK 4748A	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		24/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CITY (A)	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	MRHGM6660HP000188	Colour	METALLIC BLACK	
Odometer	73173	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/55 R16	DUNLOP	6 mm	
L/H Front Tyre	185/55 R16	DUNLOP	6 mm	
R/H Rear Tyre	185/55 R16	DUNLOP	6 mm	
L/H Rear Tyre	185/55 R16	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/05/2019	Inspection Date	24/05/2019	
Survey held at	R C AUTO BLK 160 SIN MING DRIVE #06-20 SIN MING AUTOCITY SINGAPORE 575722			
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:		6 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLK 4748A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOTLID	BENT	930.00	930.00
1	REAR BOOTLID LOCK	DENTED	240.00	240.00
1	REAR BOOTLID CHROME	WARPED	210.00	210.00
4	REAR BOOTLID CHROME CLIP @\$5.00	NECESSARY	20.00	20.00
1	REAR BOOTLID REFLECTOR	CRACKED	380.00	380.00
1	REAR LAMP (L/H)	CRACKED	430.00	430.00
1	REAR BUMPER	BUCKLED	670.00	670.00
2	REAR BUMPER BRACKET @\$45.00	N/S DISTORTED	90.00	45.00
1	REAR PANEL	BENT	568.00	568.00
1	REAR BOOTLID RUBBER	DISTORTED / DENTED	190.00	190.00
1	REAR BOOTLID GARNISH	BUCKLED	290.00	290.00
1	V TECH EMBLEM	NECESSARY	30.00	30.00
1	HONDA EMBLEM	NECESSARY	45.00	45.00
1	CITY EMBLEM	NECESSARY	66.00	66.00
	LESS 20% DISCOUNT		-	-822.80
			4,159.00	3,291.20
<u>SPECIAL NETT ITEMS</u>				
1	REAR REVERSE CAMERA (SN)	SHORTED	590.00	280.00
1	REVERSE SENSORS (SN)	SERVICEABLE	280.00	-
			870.00	280.00
<u>LABOUR</u>				
	TOWING FEES.		60.00	50.00
	SPRAY PAINTING.		800.00	720.00
	LABOUR TO REPLACE ABOVE PARTS.		700.00	650.00
	TO ANTI RUST.		50.00	50.00
	TO INSTALL CAMERA LENS.		100.00	50.00
	-		-	-
	-		-	-
	-		-	-
			1,710.00	1,520.00
GRAND TOTAL			6,739.00	5,091.20

Report Ref No. CS/TP19010303/Kvd3n2



RECOMMENDED COST OF REPAIRS			5,091.20
-----------------------------	--	--	----------

Report Ref No. CS/TP19010303/Kvd3n2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.