

ASS. REC. BY:

REF:

CS/TP19018445 / DV f302

ASSIGNMENT

COE July 2028

2018, July

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:

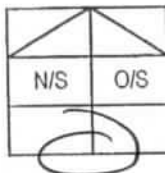
Excess:

(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: 2 days Res.: Yes or NoLum Sum: PIP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Independent.

SMD 7979E - N/A / INC 19004334 / h4

20A-09 / 03 / 2019

SKW 1190B-X

18/10/19 Final fig \$3373.43 (Red 1059.51, 2410)

RECEIVED 21 OCT 2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / B.L. / C.

☐ : Preli. Report☐ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

135

50

50+50

44

80

409

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	11/03/2019 14:20
Date Of Accident	09/03/2019 15:05
Exact Location Of Accident	JUNC OF CLARKE QUAY & RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7979E
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5SC CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102205500
Cover Note Number	-

Driver

Name of Driver	CHAN KWAI WENG NICKSON
NRIC No	S7134877F
Date Of Birth	15/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96984699
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 126A KIM TIAN RD #36-507
Postcode	161126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW1190B
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WONG WAI CHOY
NRIC/Passport Number	S1756188Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN KWAI WENG NICKSON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD7979E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.



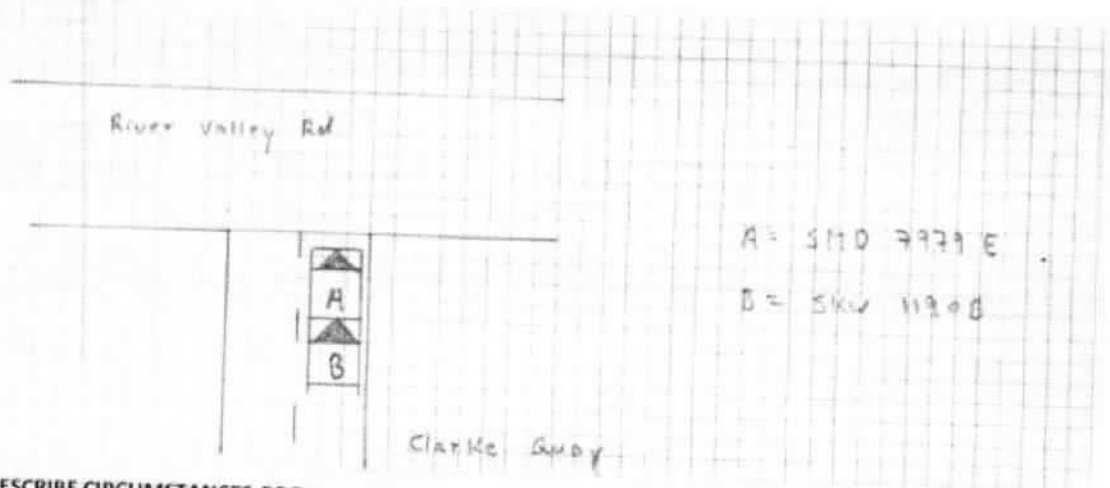
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the following 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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190309/2132

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20190309/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2019 20:02	Vide Report No.:	Station Diary No.: 46
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN KWAI WENG NICKSON	Address: APT BLK 126A KIM TIAN ROAD #36-507 SINGAPORE 161126
ID Type / ID No.: NRIC NO / S7134877F	Contact No.: Home/Office: Mobile: 96984699
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 47 Date of Birth: 15/09/1971	Type of Informant: Vehicle Owner
Race: Chinese	Language: Institution / School Name:
Occupation: Driver	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/03/2019 15:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CLARKE QUAY RIVER VALLEY ROAD <u>At the traffic light junction of Clarke Quay and River Valley Road.</u>				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SKW1190B	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Grey	No Damage	0
SMD7979E	Car	TOYOTA	Alphard	Black	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190309/2132

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20190309/2132

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD7979E	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Name	WONG WAI CHOY		ID No.	S1756188Z
Related Vehicle	SKW1190B (Car)		Contact No.	NIL
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
Vehicle Owner				
Name	CHAN KWAI WENG NICKSON		ID No.	S7134877F
Related Vehicle	SMD7979E (Car)		Contact No.	96984699
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 the 09/03/2019 at about 1505hrs, I was travelling along Clarke Quay towards River Valley Road. As I approached the junction connecting Clarke Quay and River Valley road, the light turned amber and then it turned red. I stopped before the junction. About 5 seconds later while waiting for the traffic light to turn green, I heard a bump at the rear of my car (SMD7979E). I went out of the car to check, I realized that another car (SKW1190B) had hit the rear of my car. The owner of SKW1190B exchanged particulars with me. I am lodging this report for insurance purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999



T/20190309/2132

3 of 3

Report No. T/20190309/2132

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: A / Sgt 2 AHMAD ARIFFIN BIN AHMAD AFFENDIE	<i>AG</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Authentication Stamp
NP168

AG

Signature Of Informant:	<i>[Signature]</i>
Date/Time:	09/03/2019 20:02
Classification Of Case:	

SMD 7979 B Toyota Alphard.

Rear Portion.

1.) Rear bumper X 1	₹ 1380.40	disposal	✓
2.) Rear tailgate X 1	₹ 1718.00	Disposal	✓
3.) Alphard emblem X 1	₹ 66.00	SVC	X
4.) Rear tailgate windscreen moulding X 1	₹ 172.85	Nuc	✓

3271.25

25% 2453.43 //

5.) Reverse Sensor X 1 set	₹ 500.00	SVC	X
----------------------------	----------	-----	---

6.) Remove / Re-fit Rear Windscreen	₹ 150.00	80.00
7.) Labor to remove / refit	₹ 600.00	400.00
8.) Spray Painting.	₹ 600.00	400.00
9.) Remove / Re-fit reverse Sensor	₹ 80.00	40.00

4432.94

P/P ₹ 3373.43 //

2 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

Affiliated to Federation Internationale Des Experts En Automobile				
TEAMWORK GARAGE PTE LTD			Ref : CS/TP19018445/Dvf3e2	
53 UBI AVENUE 1 #01-24 SINGAPORE 408934			Date : 24-10-2019	
ON BEHALF OF VENUEFEST SERVICE			Code : TP376	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	Veh. Inspected	SMD 7979E	
	Policy No.	Coverage (\$)	0.00	
	Claim No.	Excess (\$)	0.00	
	Assign From	Assign Date	28/03/2019	
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA ALPHARD	c.c	2493
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	AGH300181618	Colour	BLACK
	Odometer	53788	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	235/50 R18	PRIMEWELL	5 mm
	L/H Front Tyre	235/50 R18	PRIMEWELL	5 mm
	R/H Rear Tyre	235/50 R18	PRIMEWELL	5 mm
	L/H Rear Tyre	235/50 R18	PRIMEWELL	5 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	09/03/2019	Inspection Date	28/03/2019
	Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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:		2 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. SMD 7979E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DISTORTED	1,380.40	1,380.40
1	REAR TAILGATE	DENTED	1,718.00	1,718.00
1	ALPHARD EMBLEM	SERVICEABLE	66.00	-
1	REAR TAILGATE WINDSCREEN MOULDING	NECESSARY	172.85	172.85
	LESS 25% DISCOUNT		-834.31	-817.82
			2,502.94	2,453.43
	<u>SPECIAL NETT ITEMS</u>			
1	SET REVERSE SENSOR (SN)	SERVICEABLE	500.00	-
			500.00	-
	<u>LABOUR</u>			
	REMOVE / RE-FIT REAR WINDSCREEN.		150.00	80.00
	LABOUR TO REMOVE / REFIT.		600.00	400.00
	SPRAY PAINTING.		600.00	400.00
	REMOVE / RE-FIT REVERSE SENSOR.		80.00	40.00
			1,430.00	920.00
	GRAND TOTAL		4,432.94	3,373.43
	RECOMMENDED COST OF REPAIRS			3,373.43

Report Ref No. CS/TP19018445/Dvf3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

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.