

ASS. REC. BY:

REF:

TP / CS / TP20002408 / K9f3

Kenneth

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLZ 2506R

Yr Regn:

01 / 17

Type: M. Car

M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Camry

C.C.

2494

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading:

132900

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053 AK500 4011758

Gen. Cond:

Good / Fair / Poor / Burnt

Steering: In order

Jammed / Leaked / Burnt or

Brake: In order

Jammed / Leaked / Burnt or

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

Tyre Size:

F: Mic

215/55R17

R: Solus

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

Front

Rear

R/Bal.

7

mm

R/Bal.

5

mm

L/Bal.

7

mm

L/Bal.

5

mm

D.O.A.

1 / 12 / 20

D.O.I.

11 / 2 / 2020

Survey held at

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

O/S / Frt

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

Date / Time

Action / Instruction

SLE 2506R - X

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

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

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	03/02/2020 15:32
Date Of Accident	01/02/2020 15:50
Exact Location Of Accident	SERANGOON GARDEN RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2506R
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	2XXXXX813C
Email Address	KHLEASING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64589997
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.5
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108455200
Cover Note Number	
Driver	
Name of Driver	SIM HWEE TECK
NRIC No	SXXXX138G
Date Of Birth	12/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96729688
Fax Number	
Contact Number	
Email Address	SIMHT2009@GMAIL.COM

Address	BLK 702 TAMPINES STREET 71 #03-20
Postcode	520702
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 - MAJOR/MINOR RD
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?	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)	3
Passenger 1	NAME: : NA GENDER: : MALE
Passenger 2	NAME: : NA 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

REFER ATTACHED

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	SJX5365U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YAN KUANG
NRIC/Passport Number	SXXXX532G
Contact Number	97152753
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
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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:

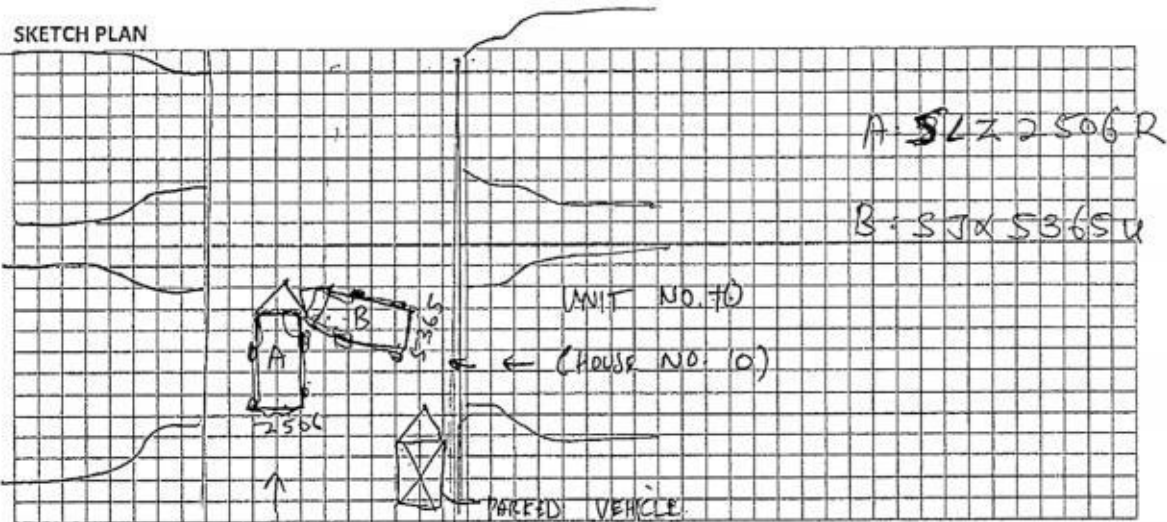
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


 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

I was driving straight along Serangan Garden Rise. Suddenly a vehicle "B" (STX 5365 U) came out from his house without stopping to check oncoming vehicles. It resulted the said vehicle "B" hit on front right side of my vehicle "A" (SLZ 2506 R).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Signature, Date & Time of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200205/2296

1 of 3

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

Report No. T/20200205/2296

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2020 16:39		Vide Report No.:		Station Diary No.: 130	
Informant's Particulars					
Name of Informant: FONG BEE HOCK			Address: APT BLK 21 HOUGANG AVENUE 3 #10-229 SINGAPORE 530021		
ID Type / ID No.: NRIC NO / S1317258G			Contact No.: Home/Office: Mobile: 94770048		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 30/04/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			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: 05/02/2020 12:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MACPHERSON ROAD LORONG BAKAR BATU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC597A	Car				Slightly Damaged	0
SMJ2967R	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200205/2296

3 of 3

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

Report No. T/20200205/2296

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: E / Sgt 3 LIYANA BINTE MOHD RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2020 16:39
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case: SN 061
Authentication Stamp NP168	



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

Report No. T/20200205/2296

CONTINUATION OF REPORT

Driver			
Name	SANJIV	ID No.	NIL
Related Vehicle	SMC597A (Car)	Contact No.	96562671
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	FONG BEE HOCK	ID No.	S1317258G
Related Vehicle	SMJ2967R (Car)	Contact No.	94770048
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2020	Date Discharge	05/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 5/2/2020 at about 1255hrs, I was at the Junction of Macpherson Rd and Lor Bakar Batu. I was travelling straight towards City area (on the second lane) when suddenly a vehicle bearing SMC597A came our Lor Bakar Batu. The said vehicle cut into my lane abruptly as such collided into the left portion of my vehicle (SMJ2967R).

After the accident, I felt pain on my body and went to see the doctor. I was given 5 days of medical leave.

I wish to state that I have an in built camera in my vehicle and I have already handed it over to the car rental workshop. I am lodging this report for insurance claim purposes.

WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32.

SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com

Business Regn No: 269436/00J

Not with a
C/Long B?

12,FEB 2020

KH Leasing

261A Upp Thomson Road

Accident involving vehicle no: SLZ2506R/SJX5365U

DOA: 01/02/2020 AT Along Road 1 ,Serangoon Garden Way

Estimate cost of repair to SLZ2506R

To supply--

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: _____

Description	Qty	Amount	
Front fender,Rh	1	713.90	✓
Front fender inner panel	1	757.00	X
Fender cowlng	1	167.90	✓
Cowling clip		46.00	✓
Fender -DUAL VVT-I emblem	1	86.00	✓
Headlamp,Rh	1	1,808.90	✓
Bonnet	1	1,211.70	X
Bonnet chrome	1	188.60	X
Front bumper	1	518.70	✓
Bumper retainer 94.70	2	189.40	✓
Bumper side cover	1	57.50	✓
Bumper sensor,Rh	1	381.60	✓
Front bumper lower grille	1	750.00	
Front bumper foglamp,Rh	1	248.20	✓
Tow cover	1	29.20	✓
Radiator grille w top chrome	1	559.00	✓
Wiper tank	1	180.00	✓
Engine lower cover,front	1	163.25	✓
Clip		46.00	✓
Front absorber,Rh	1	425.90	
Absorber mounting	1	193.80	
Lower arm,Rh	1	528.80	
Rim,Front Rh	1	2,190.60	
Parts		11,441.95	
Parts less 25%		2,860.48	
		8,581.47	

To remove damaged parts and attachments

1,200.00

Straighten chassis where necessary

Repair/reshape damaged/dented areas

Replace/align all parts into position

To repair undercarriage, replace parts

350.00

To spray paint

1,100.00

Computer wheel alignment

120.00

Tow fee

150.00

11,501.47

7
800
606
501