

ASS. REC. BY:

REF:

TP / CS/TP 20003471/kvf3N2

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD/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:

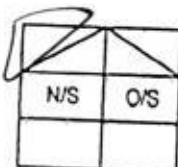
Excess:

(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:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Smm 54187

Yr Regn:

06, 12

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

Truck / Trailer or

Make:

Honda Civic 1.6 c.c. 1598

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

16.319,

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMFBI630CS201170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F. Ling Long 205/55R16

R: Yokohama

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

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

17/2/20

D.O.I.

18/2/2020

Survey held at

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

N/S

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

Date / Time

Action / Instruction

Smm 54187 - X

4/3/20

LS \$3900

(Red 1762.40, 319)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 4/3 - typist

Days Of Repair:

5

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S + RS SI

F. &amp; S.

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

140

50

50

20

80

340

Report Format:

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

TP

3900/-

## 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	18/02/2020 11:07
Date Of Accident	17/02/2020 20:50
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5418Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	2XXXXX813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90690032
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111123477
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN AH SOCK
NRIC No	SXXXX919F
Date Of Birth	26/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1974
Driving Experience	46 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81263921
Fax Number	
Contact Number	OFFICE-81263921
Email Address	NOEMAIL

Address	APT BLK 102 TECK WHYE LANE #07-414 SINGAPORE
Postcode	680102
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTV9940 (COMMERCIAL VEHICLE)
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?	YES
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: : JOHNSON S/O ANTHONSAM Y GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	JTV9940
Vehicle Make/Model/Colour	HYUNDAI / STAREX / WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD AMIRUL B. MOHAMMAD ASRI
NRIC/Passport Number	

Contact Number +6017-5161402  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JOHNSON S/O ANTHONSAM Y
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SMM5418Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	NA
	NA
Postcode	NA

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 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

STINBET DR

CORPORATION DR

A: SMM 5418Z

B: JTV9940 LORRY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:



**SINGAPORE  
POLICE FORCE**



T/20200217/2167

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20200217/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 23:26		Vide Report No.: J/20200217/0141		Station Diary No.: 237	
<b>Informant's Particulars</b>					
Name of Informant: TAN AH SOCK			Address: APT BLK 102 TECK WHYE LANE #07-414 SINGAPORE 680102		
ID Type / ID No.: NRIC NO / S0211919F			Contact No.: Home/Office:		Mobile: 81263921
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 26/08/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/02/2020 20:50	Type of Location: Straight Road
Location: Along Road 1 CORPORATION DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTV9940	Lorry				Slightly Damaged	5
SMM5418Z	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200217/2167

2 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20200217/2167

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMAD AMIRUL BIN MOHAMAD ASRI		ID No. NIL
Related Vehicle	JTV9940 (Lorry)		Contact No. 0175161402
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	Slight
<b>Driver</b>			
Name	TAN AH SOCK		ID No. S0211919F
Related Vehicle	SMM5418Z (Car)		Contact No. 81263921
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	JOHNSON S/O ANTHONYSAMY		ID No. S8221288D
Related Vehicle	SMM5418Z (Car)		Contact No. 87487469
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	Slight

**Brief Details.**

On 17/02/2020 at 2050hrs, I was driving a rental vehicle (SMM5418Z) along Corporation Road at Lane 1 heading towards Jurong Port with one passenger sitting at the back seat. While I was driving, one white van (JTV9940) was driving opposite my vehicle suddenly turned right without giving any signals. I did an immediate jam brake but I did not manage to stop on time thus, my vehicle hit the left side of the vehicle. My passenger suffered a sharp pain on his left wrist. I was not injured. My vehicle front bumper came off. My passenger was conveyed by ambulance and Traffic Police attended the incident.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20200217/2167

3 of 3

Report No. T/20200217/2167

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 2 MOHAMMAD ISKANDAR ZULHAQQIM  
BIN ZULKENAINSignature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3-INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476256Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/02/2020 23:26

Classification Of Case:

# 威利摩多 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 Authorized  
1/1/2020

5 days

21,FEB 2020

KH Leasing Pte Ltd  
261A Upp Thomson Road

Accident involving vehicle no: SMM5418Z/JTV9940

DOA:17/02/2020

Dear sie,

Re: estimate cost of repair for vehicle no: SMM5418Z

To supply--

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before 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:

Description	Qty	Amount
Bonnet	1	511.40 ✓
Grille	1	273.90 ✓
Grille chrome	1	193.40 ✓
Front bumper	1	628.90 ✓
Bumper enforcement	1	310.50 ✓
Bumper retainer @25.70	2	51.40 ✓
Bumper lower cover	1	191.00 ✓
Bumper foglamp cover @94.50	2	189.00 ✓
Front fender,Lh	1	477.00 ✓
Fender cowling	1	101.30 ✓
Cowling clip		39.00 ✓
Condensor	1	487.40 ✓
Engine lower cover	1	94.50 ✓
Headlamp,Lh	1	799.40 ✓
Headlamp lower bracket	1	35.00 ✓
Resonator	1	194.90 ✓
Parts		4,578.00
Parts less 20% ✓		915.60
		3,662.40

To remove damaged parts and attachments  
Cut n weld damaged panel  
Straighten front chassis frames where necessary  
Repair/reshape dented areas  
Replace/align all parts into position.  
To spray paint

1,200.00 5506  
800.00 7006  
-----  
5,662.40




# 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				
WEI LEE MOTOR WORKS		Ref : CS/TP20003471/Kvf3n2		
BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644		Date : 04-03-2020		
ON BEHALF OF KH LEASING PTE LTD		Code : TP389		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		SMM 5418Z	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		18/02/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA CIVIC 1.6 (A)	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	JHMF1630CS201170	Colour	WHITE	
Odometer	163191	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	LING LONG	3 mm	
L/H Front Tyre	205/55 R16	LING LONG	3 mm	
R/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/02/2020	Inspection Date	18/02/2020	
Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 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. SMM 5418Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BONNET	BENT	511.40	511.40
1	GRILLE	DENTED	273.90	273.90
1	GRILLE CHROME	SCRATCHED	193.40	193.40
1	FRONT BUMPER	MISSING	628.90	628.90
1	BUMPER ENFORCEMENT	BENT	310.50	310.50
2	BUMPER RETAINER @\$25.70	DISTORTED	51.40	51.40
1	BUMPER LOWER COVER	MISSING	191.00	191.00
2	BUMPER FOGLAMP COVER @\$94.50	MISSING	189.00	189.00
1	FRONT FENDER,LH	BUCKLED	477.00	477.00
1	FENDER COWLING	TORN	101.30	101.30
1	COWLING CLIP	NECESSARY	39.00	39.00
1	CONDENSOR	PUNCTURE	487.40	487.40
1	ENGINE KOWER COVER	MISSING	94.50	94.50
1	HEADLAMP,LH	CRACKED	799.40	799.40
1	HEADLAMP LOWER BRACKET	BENT	35.00	35.00
1	RESONATOR	BROKEN	194.90	194.90
	LESS 20% DISCOUNT		-915.60	-915.60
			3,662.40	3,662.40
	<b>LABOUR</b>			
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS.CUT N WELD DAMAGED PANEL.STRAIGHTEN FRONT CHASSIS FRAME WHERE NECESSARY.REPAIR/RESHAPE DENTED AREAS.REPLACE/ALIGN ALL PARTS INTO POSITION. TO SPRAY PAINT.		1,200.00	550.00
			800.00	700.00
			2,000.00	1,250.00
	<b>GRAND TOTAL</b>		<b>5,662.40</b>	<b>4,912.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>3,900.00</b>

Report Ref No. CS/TP20003471/Kvf3n2

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.