cs/A6/20006595/Tluf3. (OE: 2024 March ASSIGNMENT SMH 3809 Tyr Regn: 2009, 4 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Insured: Eng/No: Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Inorder// Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / \$/Rim / STD A/Rim of Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI / repair at the time of inspection. TOYO / YOKO or Ball or Market Value: \$24 K. Front Rear IDAC Accident Rport: Consistent?: Yes or No R/Bal. GIA / PR Seen: Consistent?: Yes or No L/Bal. Res.: Yes or No D.O.A. Est. Repairs: D.O.I. 24 3 Val.: Yes or No Lum Sum: Survey held at Teamwall Gay Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Danen The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction

Repor but 314K. Date/Time, File Pass tu? : Preli. Report

Add Fee:

Date/Time, File Return to? 2) 6/8/20-Typist

Per Former: TP Lung Sum / L.P. J. C. LS \$13.000

: Final Report

Days Of Repair: 9

Resurvey No. of Trip:

Survey Fee: Transportation:

: Site Insp (\$ S+RS. SI Interview (\$

Tech. Invs 15 Others



## **AUTO & GENERAL INSURANCE**

190 Clemenceau Ave, #03-01 Singapore Shopping Centre Singapore 239924

# TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

ROC number: 201015366H 3RD PARTY CLAIM ESTIMATION

SMH3809T Vehicle number

Make / Model

TOYOTA/COROLLA ALTIS

Chassis number

MR053ZEE106142605

Accident date

20 June 2020

Reference

2006-22

Qty	Particulars
	1 0

Unit Price - SGD \$

Qty	Particulars	Office - 300 \$
	PARTS REPLACEMENT - LIST ITEMS	
1	FRONT BUMPER	583.95de
1	FRONT BUMPER TOP RUBBER	55.00 and
1	FRONT BUMPR TOP INNER BRACKET	46.00?
1	FRONT BUMPER SIDE RETAINER	66.80de_
1	FRONT BUMPER REINFORCEMENT	380.50 ₹
1	FRONT BUMPER LOWER GRILLE	115.50 ≻
1	FRONT BUMPER GARNISH COVER LH	153.50×
1	FRONT BUMPER GANRISH COVER RH	153.50 cut
1	FRONT FOG LAMP COVER LH	84.05 ×
1	FRONT FOG LAMP COVER RH	84.05
1	FRONT FOG LAMP LH	285.84 ×
1	FRONT FOG LAMP RH	285.84 00
1	FRONT GRILLE ASSY	361.82 ×
1	FRONT GRILLE LOGO	71.6114
1	FRONT LH HEADLAMP	625.17 ×
1	FRONT RH HEADLAMP	625.17 04/
1	FRONT RH FENDER	530.29 ht -
1	FRONT RH FENDER EMBLEM LOGO-VVTI	48.30 14
1	FRONT RH FENDER INNER SHIELD	172.84 /4 /
1	BONNET	780.71 ht
1	BONNET LOCK	91.00 ×
1	BONNET INSULATOR	224.04 ×
1	BONNET HINGE LH	52.40 %
1	BONNET HINGE RH	52.40 ?
1	AIRCON CONDENSER	1531.80 ⊀
1	RADIATOR ASSY	1751.70 ×
1	RADIATOR EXPANSON TANK	155.82 de/
1	RADIATOR COWLING	306.50 ×
1	RADIAPTOR FAN ASSY WITH MOTOR	410.60 ⊀
1	FRONT SUPPORT PANEL	708.14 HV

	FRONT RH INNER WHEELHOUSE PANEL		548.07 Kp
1	FRONT WINDSCREEN GLASS		1303.00 as
1	FRONT WINDSCREEN GLASS MOULDING		121.00 10
1	FRONT WIPER GARNISH RH		377.50 ×
1	FRONT RH SHOCK ABSORBER		598.73 ht-
1	FRONT RH KNUCKLE ARM		525.98 4
1	FRONT RH KNUCKLE BEARING		235.52 47
1	FRONT RH LOWER ARM		536.56 /1-
1	FRONT RH STEERING TIE ROD END		170.50 ?
1	FRONT RH DRIVE SHAFT		1314.60 ?
1	STEERING RH AND PINION		1735.60 ?
1	FRONT ENGINE MOUNTING		223.50 ×
1	SIDE ENGINE MOUNTING		281.31⊀
1	REAR GEARBIX MOUNTING		295.20≺
1	FRONT RH DOOR PANEL		925.75 66
1	FRONT RH DOOR OUTER MOULDING		91.00
1	FRONT RH DOOR LOCK		431.25 K
1	FRONT RH DOOR WEATHERSTRIP	1	118.31 201
1	FRONT RH DOOR INNER TRIM		778.55 ×
1	FRONT RH DOOR GLASS REGULATOR MOTOR		471.45?
1	FRONT RH DOOR HANDLE		118.40 ×
1	FRONT RH DOOR PROTECROR		91.30 at
2	FRONT RH DOOR HINGE		132.10 Ky
1	FRONT RH DOOR CHECKER		185.25 Cy
1	REAR RH DOOR WING MIRROR		581.45×
1	REAR RH DOOR PANEL	1	925.75 <i>R</i> ∞
1	REAR RH DOOR OUTER MOULDING		91.00 ×
1	REAR RH DOOR LOCK		431.25 <sup>⊀</sup>
1	REAR RH DOOR WEATHERSTRIP		118.31 <sup>×</sup>
1	REAR RH DOOR INNER TRIM		778.55 ⊀
1	REAR RH DOOR GLASS REGULATOR MOTOR		471.45 ⊀
1	REAR RH DOOR PROTECTOR		91.30 ⊀
1	DASSYBOARD ASSY		2604.75 de
1	STEERING AIRBAG		2762.30 act
1	STEERING AIRBAG SENSOR		571.55 mt
1	PASSENGER AIRBAG		3240.40 mt
1	AIRBAG CONTROL UNIT		923.50 act
2	CRASH SENSOR		301.59 ect
1	RH DOOR PILLAR		981.30 Kp
			37279.72
		Less 25 % Subtotal	9319.93
		Subtotal	27959.79
	1	Balance C/F	27959.79

1 SET FRONT FENDER INNNER SHIELD CLIP 20.	00/014		
1 SET FRONT FENDER INNNER SHIELD CLIP 20.	.00/000		
FRONT RH DOOR INNER TRIM CLIP 20.00 AM -			
REAR RH DOOR INNER TRIM CLIP 20.00 ¥			
JOINT SELANT 120.00 ×			
1 WINDSCREEN SEALANT 120.	.00 6 cmar		
T COOLANT 60.00 ×			
1BOT BRAKE FUILD 60.	00 ×		
1 RIM 600.	.00 Cg 450		
Subtotal 1050	0.00		
Balance C/F 29009	9.79		
LABOUR AND MISCELLANEOUS CHARGES	Appli Atentini		
Balance B/F 29009	9.79		
1 CHECK FRONT WIRING AND LIGHTNING SYSTEM 60.0	00 30.		
	.00 /00		
	.00 60		
THE TE THE RELEASE THE THE THE TENEDON THE	.00 V		
	.00 /00		
	.00 200		
7 COMPUTERISED AND CHECK FRONT WHEEL ALIGNMENT 120.	.00 80.		
8 REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS 300.	.00 150? pur		
	.00 60		
	.00 ×		
	0.00 400 1400		
PERSONAL PROGRAMMENT OF THE PROGRAMMENT AND ADDRESS OF THE PERSONAL PROGRAMMENT AND AD	0.00 (200 1400		
	.00 40		
Subtotal 5620	).00		
Grand total 34629	9.79		

Tanfin 97495749 24/6/20e 250pm lumpson Resury after repair 9 bidays tauplik e likante com

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:

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 witholding 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.

20 1			 - 1 - 1
MACC	A	W-11	- 1

Date Of Report

22/06/2020 16:33

Date Of Accident

20/06/2020 19:40

Exact Location Of Accident

JUNC SCOTTS RD & ORCHARD RD

Country/State of Loss SINGAPORE

### INDETAILS OF OWN VEHICLES

Vehicle Registration Number

SMH3809T

Insured/Policyholder

Name Of Registered Owner

NEO BOON SENG

NRIC No

SXXXX596E

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-97213817

Alternative Phone No

OFFICE-97213817

Vehicle Particulars

Manufacturer

TOYOTA

Model

**COROLLA ALTIS 1.6 AUTO** 

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5107625637-01

Cover Note Number

Driver

Name of Driver

NEO BOON SENG

NRIC No

SXXXX596E

Date Of Birth

05/06/1962

Occupation

OUTDOOR

Date Of Driving Pass

29/08/1983

Driving Experience

36 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

Fax Number

(LOCAL) +65-97213817

Contact Number

E11-1 4 1 .

OFFICE-97213817

**EMail Address** 

NOEMAIL

Address

BLK 316B PUNGGOL WAY

#02-717

Postcode

822316

Was driver an employee of the Insured's Company N

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 - CROSS JUNCTION** 

Weather Conditions

RAINING

Road Surface

WET

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

ş \_

-----

.

: MALE

Passenger 2

NAME:

GENDER:

. .

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

**Police Station Contact** 

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

**SINGAPORE** 

Was notice of intended Prosecution given?

TEL NO: 65470000 - FAX NO:

If Yes, against whom?

ir res,against whom?

NO

Circumstances of Accident

**REFER TO POLICE REPORT - T/20200621/7010.** 

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

MIDETALS OF OTHER VEHICLE PROPERTY: \$18

Vehicle Registration Number

SKV8397G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## IDETAILS OF INJURED PERSONHIE

Name

**NEO BOON SENG** 

Approximate Age

Injuries Sustain

**NECK & SHOULDER** 

Injured person in which vehicle?

SMH3809T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### Accident Sketch Plan

## SKETCH PLAN

#### IMPORTANT NOTICE

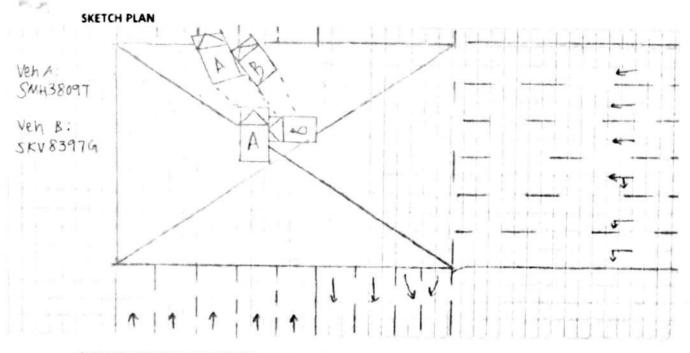
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

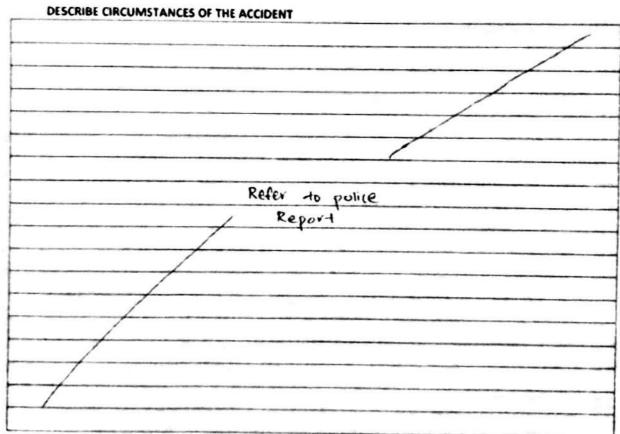
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disciose and/or process my personal data/personal information set out in the [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 shall be collectively referred to as the "Insurers"), the insurers lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (If driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:





DECLARATION

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

Neo

Policy holder's signature Date & time: Driver's signature (H driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

Page 6

## Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 1 of 3 Report No. T/20200621/7010

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 21/06/2020 16:34		lade:	Vide Report No.: E/20200620/0151	Station Diary No.	
Informa	nt's Particu	ilars			
Name of Informant. NEO BOON SENG			Address: APT BLK 316B PUNGGOL WAY #02-717 SINGAPORE 822316		
ID Type / ID No : NRIC NO / S1548596E			Contact No : Home/Office:	Mobile: 97213817	
Nationality: SINGAPORE CITIZEN		EN	Email: derrickboonseng@gmail.com		
Sex Male	Age: 58	Date of Birth; 05/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Attended by Police	Drink Drive: No.	Date/Time of Accident: 20/06/2020 19:40	Type of Location X-Junction
Location: PATERSON	ROAD			
Weather		Road Surface:		Road Speed Limit.
		Wet		ricad Speed Lint.
Drizzling Traffic Flow.		Wet Traffic Control. Traffic Light - Wo	rking	Traffic Volume: Moderate

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKV8397G	Car			Silver	Seriously Damaged	
SMH3809T	Car	TOYOTA	COROLLA ALTIS 1.6	Black	Senously Damaged	2

Vehicle No	Insurance Company	Insurance No	Effective	Exp.ry Date
	NTUC Income Insurance Co-Operative		07/04/2020	The second second second second

## Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 P of 9 Report No. 17/12/04/02/17/010

#### CONTINUATION OF REPORT

Details of Perso	on Involved			A page of the control of the page of the control of
Any Pedestrian I	rivolved No			
No of Pedestrial	ns Injured NIL	Use of Per	testrian Cros	sing NA
Driver				
Name	NEO BOON SENG		ID No.	61648596E
Related Vehicle	SMH3809T (Car)		Contact No.	97213817
Hospital/Clinic	NR	1	Class of Driving Licence & Expiry Date	Chiss 3 Date of Expiry NIL
Date Treatment		Date Disch	arge TNIL	
No of Days gran	led Medical Leave 05	Degree of		

# Bhef Details

On 20 June 2020 at about 1940hrs I was driving my vehicle SMH3809T along Scotts road towards Kirn Seng road. Upon approaching the junction of Scotts road and orchard road, the traffic light was in my tayour (green light). I proceed to travel straight. Suddenly I felt an impact coming from the side of my vehicle. I got down my vehicle and realised that a vehicle SKV8397G have collided onto my vehicle.

I sustained injuries from the above mentioned accident and was given 5 days of MC.

### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000

3 of 3 Report No. T/20200621/7010

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP158

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2020 16:34
Officer In Charge Of Case. TP / TPIB / THABAGESH JEYATHESH Contact No., 65476232	Classification Of Case:
Authentication Stamp	] [