

ASS. REC. BY:

REF:

~~200~~ / 20008140/Kg

Kenneth

SMO ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Ah Chiang
 of _____
 Insured: _____
 Policy No. _____
 Claims No. CMTD2002291
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 5 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: Smp 3192X Yr Regn: 09, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Toy Pro c.c. 1797
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 98553 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: EVW40 . 0032274
 Gen. Cond: Good / Fair / Poor / Burnt
 Sleering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rlm / STD / Rlm or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 9 mm Rear R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 3/8/20 D.O.I. 7/8/2020
 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

11/08/20@10.26am revised to Irene by email.
 10/10/20@10.07am confirmed with Ah Chiang final fig \$5341.16, 5 days. (Red \$4200.64, 44%)

Date/Time, File Pass to? : Prell. Report
 11/16/10 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: 5
 Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:
Transportation:
S - RS, SI
Fuel
Others
TOTAL

Report Format: TP
 Lump Sum / I.B.I: (\$) 5341.16

V8 MOTOR WERKZ PRIVATE LIMITED

7 SIN MING #01-92 INDUSTRIAL ESTATE SINGAPORE 575644
 TEL NO : 91442977
 EMAIL : V8MOTORWERKZ@GMAIL.COM
 ROC NO. : 201622378N

Not Authorized
Presumy B4 paint
5 days

DATE : 6/8/2020
 MAKE / MODEL: TOYOTA PRIUS C
 VEHICLE PLATE NUM : SMP3192X

ESTIMATED COST :

No.	Description	QTY	Amount	
	REAR BUMPER	1 <i>Re/CM</i>	\$556.40	✓
	REAR BUMPER SIDE RETAINER	1 <i>Nil</i>	\$119.70	✓
	REAR TAILGATE	1 <i>R</i>	\$1110.60	✓
	REAR TAILGATE WEATHERSHIP	1 <i>R</i>	\$335.10	X
	REAR TAILGATE HINGE	2 <i>R</i>	\$126.20	X
	REAR TAILGATE DAMPER	2 <i>R</i>	\$442.80	X
	REAR TAILGATE LOCK ASSY	1 <i>R</i>	\$412.70	✓
	REAR TAILGATE INNER LEFT AND RIGHT GARNISH	1	\$180.50	?
	REAR TAILGATE INNER TOP CENTER GARNISH	1	\$224.80	?
	REAR BOARD ASSY	1 <i>R</i>	\$339.70	X
	REAR END PANEL	1	\$780.60	?
	REAR TAIL LAMP LH	1 <i>CM</i>	\$667.70	✓
	REAR BUMPER REFLECTOR LH	1 <i>R</i>	\$79.80	X
	REAR PARKING SENSOR	1 <i>Nil/OK</i>	\$200.00	✓
	REAR TAILGATE OUTER GARNISH	1	\$480.80	?
	REAR BUMPER QUARTER DUCT ASSY LH	1 <i>R</i>	\$224.70	X
	EMBLEM (PRIUS)	1 <i>R</i>	\$90.80	✓
	EMBLEM (HYBRID)	1 <i>R</i>	\$69.70	✓

258

	FOR TRANSFER REAR WINDSCREEN FROM OLD TO NEW TAILGATE	1	\$150.00	1201
	FOR REAR WINDSCREEN SEALANT	1	\$60.00	401
	FOR REPLACE REVERSE SENSOR	1	\$60.00	501
	LABOUR CHARGE FOR DISMANTLE AND REPLACEMENT OF ACCIDENT PARTS. TO HEAT/WELD CUT-OFF TAILLAMP PANEL, INCLUDING KNOCKING, REPAIRING, STRAIGHTEN, RESHAPE AND ADJUST OF THE SAME	1	\$750.00	?
	TO PUTTY AND SPRAY PAINT INNER / OUTER ON REAR END PANEL , REAR QUARTER PANEL, REAR TAILGATE OUTER AND INNER	1	\$480.00	✓
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	1	\$80.00	301

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 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	05/08/2020 09:59
Date Of Accident	03/08/2020 21:00
Exact Location Of Accident	ALONG ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3192X
Insured/Policyholder	
Name Of Registered Owner	CHUA SIEW HWA
NRIC No	SXXXX056G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90301363
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID

Exact Purpose for which vehicle was being used at time of accident

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	5112812124
Cover Note Number	

Driver

Name of Driver	CHUA SIEW HWA
NRIC No	SXXXX056G
Date Of Birth	15/06/1962
Occupation	INDOOR
Date Of Driving Pass	08/12/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90301363
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address APT BLK 253 BANGKIT ROAD #03-222
 Postcode 670253
 Was driver an employee of the Insured's Company NO
 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 - 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200804/2076

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE4621G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LIN JUNJIANG
 NRIC/Passport Number SXXXX052G
 Contact Number 96192445
 Address
 Postcode
 Insurance Company Name

Address APT BLK 253 BANGKIT ROAD #03-222
 Postcode 670253
 Was driver an employee of the Insured's Company NO
 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 - 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200804/2076

Attachment(s)

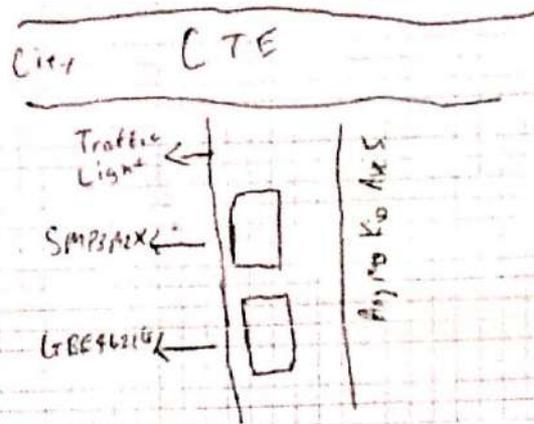
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE4621G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LIN JUNJIANG
 NRIC/Passport Number SXXXX052G
 Contact Number 96192445
 Address
 Postcode
 Insurance Company Name

Accident Sketch Plan

SKETCH PLAN

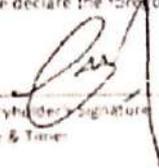


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attach

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:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

Police report



**SINGAPORE
POLICE FORCE**



T/20200804/2076

1 of 3

Report No. T/20200804/2076

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2020 17:27	Vide Report No.:	Station Diary No.: 83
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA SIEW HWA			Address: APT BLK 253 BANGKIT ROAD #03-222 SINGAPORE 670253		
ID Type / ID No : NRIC NO / S1554056G			Contact No.:		Mobile: 90301363
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 15/06/1962	Type of Informant: Driver		
Race: Chinese			Language:		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: 03/08/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 5 CENTRAL EXPRESSWAY Ang Mo Kio Avenue 5 towards CTE (City)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBE4621G	Van				Slightly Damaged	0
SMP3192X	Car	TOYOTA	PRIUS ALPHA 1.8S CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3192X	NTUC Income Insurance Co-Operative Limited	5112812124	20/09/2019	19/09/2020

Police report



**SINGAPORE
POLICE FORCE**



T/20200804/2078

2 of 3

Report No. T/20200804/2078

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN JUNJIANG	ID No.	S8213052G
Related Vehicle	GBE4621G (Van)	Contact No.	96192445
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	CHUA SIEW HWA	ID No.	S1554056G
Related Vehicle	SMP3192X (Car)	Contact No.	90301363
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2020	Date Discharge	04/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 03/08/2020 at about 9.00pm, I was driving along Ang Mo Kio Ave 5 and was heading towards CTE (City) when my vehicle, SMP3192X, got into an accident with a van, GBE4621G.

I wish to state that my vehicle had come to a complete stop as the traffic light had turned red when the van, GBE4621G, collided onto my rear. After the accident, I exchanged particulars with the van driver before headed back home.

On 04/08/2020, I felt pain on my neck area and proceeded to Ng Teng Fong General Hospital for further medical treatment. I was given 7 days of Medical Leave. There is in-car camera installed in my car. No government property were damaged from the accident.