

ASS. REC. BY:

REF:

Smo / 2000 9516 / Kg

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.

CMTD2002579/RUC

Sum Insured:

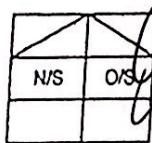
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SK/c 87364 Yr Regn: 09, 13

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

Truck / Trailer or

Make:

Kia Forte K3 c.c. 1591

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

108035

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAF 8411ME 5118884

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

225/40ZR18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

1/9/20

D.O.I.

14/9/2020

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

15/09/20@9.57am revised to Ruth Chua by email.

15/12/20@3.23pm confirmed with Isabell LS \$4300, 5 days (Red \$14677.46, 77%)

Date/Time, File Pass to?

☐

Prell. Report

15/12 Typist

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

Lump Sum / LB (\$

4300

CHUAN HO AUTO SERVICE
SIN MING AUTO CITY
160 SIN MING DRIVE #07-09
SINGAPORE 575722

Not with order
C/Lamp &
Resurvey After Painting

Vehicle & Document Information

Date: 09/09/2020

Vehicle No: SKK 8736 U

Make/Model: KIA FORTE K3 1.6A

ESTIMATE : SKK 8736 U

S/N	Description	Qty		Repairer's Est	
1	FRONT BUMPER	1	\$	830.25	?
2	RHF BUMPER BRACKET	1	\$	24.86	X
3	RHF FENDER	1	\$	355.45	X
4	RHF HEADLAMP	1	\$	2,525.10	?
5	RHF WHEEL BEARING	1	\$	248.90	?
6	RHF LOWER ARM	1	\$	500.85	X
7	RHF WHEEL HUB	1	\$	230.85	X
8	RHF ABSORBER	1	\$	405.60	X
9	RHF ABSORBER MOUNTING	1	\$	153.44	X
10	RHF SIDE MIRROR	1	\$	969.95	✓
11	RHF DOOR	1	\$	925.50	X
12	RHR DOOR	1	\$	1,772.43	X
13	RH SIDE SKIRT	1	\$	421.00	X
14	RHR FENDER	1	\$	1,527.00	X
15	RHR WHEEL HUB WITH BEARING	1	\$	498.18	?
16	RHR ABSORBER	1	\$	363.37	X
			Total :	\$	11,752.73
			-10%	\$	1,175.27
			Parts Total :	\$	10,577.46

S/N	Special Nett	Qty		Repairer's Est	
1	4X COMPUTERISED WHEEL ALIGNMENT	2	\$	300.00	800
2	OZ RIM	2	\$	1,600.00	✓
			Total :	\$	1,900.00
			Parts Total :	\$	12,477.46

S/N	Labour	Qty		Repairer's Est	
1	TO DISMANTLE AND REPLACED UNDERCARRIAGE ITEMS (FRONT/REAR)		\$	800.00	?
2	TO CHECK LIGHTING AND WIRING		\$	300.00	200
3	TO ANTI-RUST PROOF ON AFFECTED AREAS		\$	600.00	X
4	TO REMOVE , REALIGNED AND REPLACED ITEMS AS ABOVE		\$	1,800.00	500
5	TO PUTTY AND RESPRAY FRONT BUMPER, RHF FENDER, RHF DOOR, RHR DOOR, RHR FENDER AND RH SIDE SKIRT (SPECIAL COLOR CANDY RED)		\$	3,000.00	800
			Labour Total :	\$	6,500.00
			Parts Total :	\$	12,477.46
			Total :	\$	18,977.46

CHUAN HO AUTO SERVICE



h.

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	02/09/2020 15:15
Date Of Accident	01/09/2020 17:05
Exact Location Of Accident	TPE TWDS CHANGI BEFORE SELETAR LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8736U
Insured/Policyholder	
Name Of Registered Owner	HO WEI SONG
NRIC No	SXXXX993G
Email Address	SARNIEHO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82005032
Alternative Phone No	OFFICE-82005032

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A

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 CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC20P00028500
Cover Note Number	

Driver

Name of Driver	HO WEI SONG
NRIC No	SXXXX993G
Date Of Birth	12/10/1989
Occupation	INDOOR
Date Of Driving Pass	12/12/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82005032
Fax Number	
Contact Number	OFFICE-82005032
Email Address	SARNIEHO@GMAIL.COM

Address BLK 294A COMPASSVALE CRESCENT
#09-23
Postcode 541294
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident SIDE SWIPE
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) 2
Passenger 1 NAME: : KOH SHI HUI
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

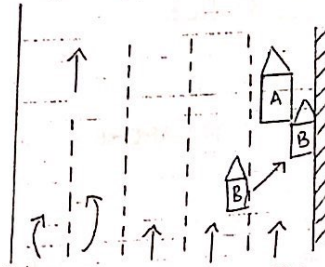
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SY800B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number

SKETCH PLAN

A : SKK 8736U
B : SY 800B




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 01/09/2020 AT 17:08HRS, I WAS TRAVELLING ALONG TPE TOWARDS CHANGI BEFORE SELETAR LINK EXIT ON RIGHT MOST OUTER LANE. SUDDENLY VEHICLE B ACCELERATED AND TRIED TO PASS ME ON MY RIGHT IN THE SAME LANE. HENCE, HITTING ON THE RIGHT SIDE OF MY VEHICLE.

DECLARATION

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


Policyholder's Signature
Date & Time: 02/09/2020 13:50


Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/09/2020 13:50


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





**SINGAPORE
POLICE FORCE**



T/20200902/2052

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20200902/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2020 14:41	Vide Report No.:	Station Diary No.: 36
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: HO WEI SONG		Address: APT BLK 294A COMPASSVALE CRESCENT #09-23 SINGAPORE 541294	
ID Type / ID No.: NRIC NO / S8935993G		Contact No.: Home/Office: Mobile: 82005032	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 12/10/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: IT CONSULTANT		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: 01/09/2020 17:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
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 - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKK8736U	Car	KIA	FORTE K3 1.6A	Red	Slightly Damaged	1
SY800B	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKK8736U	ECICS LIMITED	MPC20P00028500	10/03/2020	09/03/2021



**SINGAPORE
POLICE FORCE**



T/20200902/2052

2 of 3

Report No. T/20200902/2052

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S8935993G
Name	HO WEI SONG	Contact No.	82005032
Related Vehicle	SKK8736U (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	PINNACLE FAMILY CLINIC	Date Treatment	02/09/2020
		Date Discharge	NIL
		Degree of Injury	Slight
		No. of Days granted Medical Leave	03
Passenger		ID No.	S9048595D
Name	KOH SHI HUI	Contact No.	91597793
Related Vehicle	SKK8736U (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ PUNGGOL DAMAI PTE LTD	Date Treatment	02/09/2020
		Date Discharge	NIL
		Degree of Injury	Slight
		No. of Days granted Medical Leave	03

Brief Details.

On 01/09/2020 at around 1700hrs, I was with my friend in the vehicle bearing registration number SKK8736U changing from the second lane to the first lane along TPE towards Changi before Seletar link exit when a Mercedes bearing registration number SY800B changed into the lane behind me and squeezed through the right side of my vehicle to overtake me. We alighted and exchanged our particulars. After the accident, both my friend and I felt pain on the back, shoulder and neck, as such we went to see a doctor. We were certified with whip lash and was given a 3 days medical certificate each. There were no ambulance and police at scene and there were no government property damaged.

I am lodging this police report for insurance claims purposes.