

ASS. REC. BY:

REF: FC2 /Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tropicalof 925K

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ 12552 Yr Regn: 01.19

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

Truck / Trailer or

Make: Ty Dyno c.c. 2982Colour: Pink A/C: Insured / Std / NI / NASp. Reading: 79.326 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT 35YX OK 212332Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/R orTyre Size: F: mic 195R15 X8R: Yoko 155R12 X8 (D)

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

TOYO / YOKO or

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 26/8/20

Survey held at

Rear

R/Bal. 3 3 mmL/Bal. 3 3 mmD.O.I. 7/10/2020

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

01/19

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

Date / Time Action / Instruction

350h

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ - R/S \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$ _____)

Tropical Tech Automobile Services

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **First Capital Insurance Ltd**
36, Robinson Road, #16-01
City House, Singapore 068877

Attn : **Motor Claims Department**
Tel : 65073848
Fax : 65073849

Not Authorized

Estimate bill : TT 35 / 20 / TP / WT

Repair After Paint

Registration No : GBJ1255Z

2 days

Make / model : Toyota Dyna 150

Mileage :

Date :

08 / 09 / 2020

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SH7149S AND GBJ1255Z ALONG CAIRNHILL ROAD ON 26 AUGUST 2020 AT 1335 HRS.

lpc	RH door	\$	12	1,649.00	X
	Sub total :	\$		1,649.00	
	Less 10% discount:	\$		164.90	
	A total :	\$		1,484.10	
	Remove & refit RH door.	\$		400.00	150/
	Heat / weld / beating / pull / straighten / align front chassis frame by Chassis Alignment Jack.	\$			
	Tuff kote front damaged portion.	\$	22	150.00	X
	Putty / primer application, spray painting RH door.	\$		400.00	200/
	Grand final amount:	\$		2,434.10	

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:

Tropical Tech Automobile Services

(Authorised Signature)
William Tan



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 28/08/2020 15:29
Date Of Accident 26/08/2020 13:35
Exact Location Of Accident CAIRNHILL RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1255Z
Insured/Policyholder
Name Of Registered Owner YI FENG SEAFOOD PTE LTD
Co Reg No 2XXXXX925K
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64814750
Vehicle Particulars
Manufacturer TOYOTA
Model DYNA 150-3.0 D (M)
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company ERGO INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMCG20000796
Cover Note Number 09/01/2020 - 08/01/2021
Driver
Name of Driver CHAI CHONG FOO JABEZ
NRIC No SXXXXX089D
Date Of Birth 21/08/1978
Occupation OUTDOOR
Date Of Driving Pass 03/08/2012
Driving Experience 8 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84481314
Fax Number
Contact Number
Email Address JABEZCHAI@GMAIL.COM

Address BLK 898A TAMPINES ST 81 #09-776
 Postcode 521898
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

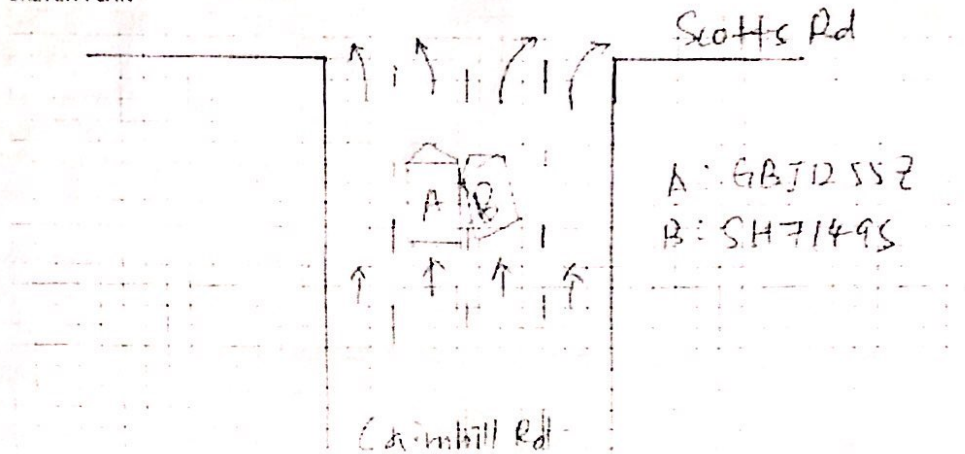
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH OWN WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7149S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer Attached Police Report

Vehicle No: GBJ1255Z (EQU)

Date & Time: 20/11/2018 1335 (Monday)

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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
NR/IN No.

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



2020082702

1 of 1

Report No: T 00827 089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 27/08/2020 16 35	Vide Report No.	Station Div. No 75
---	-----------------	-----------------------

Informant's Particulars

Name of Informant CHAI CHONG FOO JABEZ			Address APT BLK 898A TAMPINES STREET 81 #09-776 SINGAPORE 521898		
ID Type / ID No. NRIC NO / S7812089D			Contact No Home/Office Mobile 84481314		
Nationality SINGAPORE CITIZEN			E-mail		
Sex Male	Age 42	Date of Birth 21/08/1978	Type of Informant Driver		
Race Chinese			Language		Institution / School Name
Occupation SEAFOOD DELIVER 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 26/08/2020 13 35	Type Straight	Location Road
Location CAIRNHILL ROAD					
Weather Clear		Road Surface Dry		Road Speed Limit	
Traffic Flow One Way		Traffic Control Traffic Light - Working		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
GBJ1255Z	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SH7149S	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	1



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No 1800-5871999



7/20200827/2089

2 of 3

Report No 7/20200827/2089

CONTINUATION OF REPORT

Brief Details.

On 26/08/2020 at 1 33pm, I was driving along lane 2 of Cairnhill Road, wanting to make a left turn into Scotts road when I met into an accident with a taxi registration number SH7149S. There was 4 lane, 2 lane going to the left and another 2 lane going to the right, the taxi was cutting into the lane I am driving on from lane 3 (turning right). While turning, the taxi left mirror hit onto my vehicle driver's side door. I then did an emergency brake. He did not stop his vehicle upon the incident and continued to turn left on the lane that was supposed to turn right. I proceeded to chase the driver for about 1min in which he eventually stopped along Draycott drive. I did not ask for the taxi driver particulars as he claim he was rushing for time. I have a in car camera and it recorded the incident.

On 27/08/2020, upon waking up I suffered some minor back and neck pain therefore I took MC from Our Family Physician Clinic & Surgery located at Blk 829 Tampines st 81 #01-292. The MC number is OD-TP0000034592. The doctor gave me 3 days of MC from 27/08/2020 to 29/08/2020.