

ASS. REC. BY:

REF:

A/G

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.

Sum Insured:

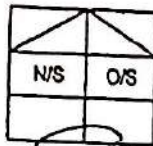
Excess:

(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:

7-10 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

09/29

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMG 80917 Yr Regn: 08, 09

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

Truck / Trailer or

Make:

Toy Wish c.c. 1797

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

180381

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

76820 0011057

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/45R17

R:

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

TOYO / YOKO or

Fire 88

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

19/9/20

D.O.I.

23/9/2020

Survey held at

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

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

Date / Time

Action / Instruction

1 Got BI

LUMP SUM \$7000, 7 DAYS (RED: 13,961.35, 66%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

7

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S: AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16

Singapore 079120

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 19/09/2020

TP Veh Reg No: SMU4399J

Estimate No: ES2000086

Date: 22 Sep 2020

Policy No:

Veh Reg No: SMG8091T

Make/Model: TOYOTA WISH 1.8X A

Chassis No: ZGE200011057

Engine No: 2ZR0432989

Reg. Date: 14/08/2009

Estimate Repair Cost to Vehicle No :SMG8091T

Description	U/Price	Quantity	List Price	Amount
			SS	SS
Net Price				
1 REAR WINDSCREEN SEALANT	60.00	1 PC	60.00	405.00
2 REVERSE SENSORS	300.00	1 SET	300.00	200.00
3 REVERSE CAMERA	350.00	1 PC	350.00	?
4 REAR NUMBER PLATE	60.00	1 PC	60.00	455.00
			770.00	770.00
Spare Parts				
5 REAR BUMPER	950.50	1 PC	950.50	✓
6 REAR BUMPER BRACKET - LH	105.20	1 PC	105.20	?
7 REAR BUMPER BRACKET - RH	105.20	1 PC	105.20	?
8 REAR BUMPER SIDE RETAINER - LH	77.80	1 PC	77.80	X
9 REAR BUMPER SIDE RETAINER - RH	77.80	1 PC	77.80	✓
10 REAR BUMPER REFLECTOR - LH	67.10	1 PC	67.10	X
11 REAR BUMPER REFLECTOR - RH	67.10	1 PC	67.10	✓
12 REAR BUMPER CLIPS	40.00	1 SET	40.00	✓
13 REAR END PANEL	560.94	1 PC	560.94	✓
14 REAR END PANEL TOP GARNISH	288.90	1 PC	288.90	✓
15 REAR END PANEL LOWER GARNISH	288.90	1 PC	288.90	?
16 TAIL LAMP LH	526.20	1 PC	526.20	✓
17 TAIL LAMP RH	526.20	1 PC	526.20	✓
18 REAR NUMBER PLATE LAMP - LH	102.40	1 PC	102.40	X
19 REAR NUMBER PLATE LAMP - RH	102.40	1 PC	102.40	X
20 REAR WINDSCREEN MOULDING	134.41	1 PC	134.41	✓
21 REAR TAILGATE	1,506.10	1 PC	1,506.10	✓
22 REAR TAILGATE WEATHERSTRIP	175.90	1 PC	175.90	50.00
23 REAR TAIL GATE WIPER MOTOR	485.50	1 PC	485.50	?
24 REAR TAILGATE LOCK	255.90	1 PC	255.90	✓
25 REAR TAILGATE LOCK COVER	29.30	1 PC	29.30	X
26 REAR TAILGATE OUTER GARNISH	320.20	1 PC	320.20	✓
27 REAR TAILGATE INNER TRIMBOARD	420.10	1 PC	420.10	?
28 REAR TAILGATE INNER HOLDER	62.10	1 PC	62.10	X
29 REAR TAILGATE 'LOGO' EMBLEM	55.60	1 PC	55.60	✓
30 REAR TAILGATE EMBLEM 'VALVEMATIC'	55.90	1 PC	55.90	✓
31 REAR TAILGATE OUTER OPENING SWITCH	185.10	1 PC	185.10	?
32 REAR TAILGATE REFLECTOR - LH	458.20	1 PC	458.20	✓
33 REAR TAILGATE REFLECTOR - RH	458.20	1 PC	458.20	✓
34 REAR BUZZER SENSOR	189.00	1 PC	189.00	?
35 REAR ELECTRONICS ANTENNA SENSOR	198.00	1 PC	198.00	?



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16
Singapore 079120

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 19/09/2020

TP Veh Reg No: SMU4399J

Estimate No: ES2000086

Date: 22 Sep 2020

Policy No:

Veh Reg No: SMG8091T

Make/Model: TOYOTA WISH 1.8X A

Chassis No: ZGE200011057

Engine No: 2ZR0432989

Reg. Date: 14/08/2009

Estimate Repair Cost to Vehicle No :SMG8091T

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
36 REAR FENDER INNER TRIMBOARD - LH	658.50	1 PC	658.50	?
37 REAR FENDER INNER TRIMBOARD - RH	658.50	1 PC	658.50	?
38 REAR WIPER BLADE	45.20	1 PC	45.20	X
39 REAR EXHAUST MUFFLER	650.00	1 PC	650.00	X
40 REAR FENDER - RH	1,150.90	1 PC	1,150.90	X
41 REAR FENDER GLASS MOUNDING - RH	95.10	1 PC	95.10	X
42 REAR END INNER PANEL	388.90	1 PC	388.90	?
43 REAR FENDER WINDSCREEN SEALANT - RH	60.00	1 PC	60.00	X
44 REAR TAILLAMP PANEL - RH	189.20	1 PC	189.20	?
45 REAR SPARE WHEEL PANEL	950.90	1 PC	950.90	?
46 REAR CHASSIS MEMBER - RH	950.80	1 PC	950.80	X
47 REAR TAILGATE ABSORBER - LH	220.50	1 PC	220.50	X
48 REAR TAILGATE ABSORBER - RH	220.50	1 PC	220.50	X
49 REAR WHEEL PANEL TOOL BOX	256.20	1 PC	256.20	?
50 REAR WHEEL PANEL TRIMBOARD	310.00	1 PC	310.00	?
51 REAR TAIL GATE STOPPER RUBBER - LH	35.00	1 PC	35.00	X
52 REAR TAIL GATE STOPPER RUBBER - RH	35.00	1 PC	35.00	X
			15,751.35	15,751.35
Labour				
53 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,800.00	1 JOB	1,800.00	800
54 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,800.00	1 JOB	1,800.00	1100
55 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00	60
56 TO REMOVE/REFIT REAR WINDSCREEN TO FACILITATE REPAIRS.	280.00	1 JOB	280.00	120
57 TO REMOVE/REFIT REAR PASSENGER SEAT, FENDER GARNISHES TO FACILITATE REPAIRS.	250.00	1 JOB	250.00	120
58 TO REMOVE/TRANSFER TAILGATE COMPONENTS.	150.00	1 JOB	150.00	60
59 TO CHECK WIRING FUNCTIONS.	80.00	1 JOB	80.00	20
60 COMPUTER DIAGNOSTIC RESET	250.00	1 JOB	250.00	?
61 WHEEL ALIGNMENT	120.00	1 T	120.00	X
62 TO REMOVE REAR FENDER GLASS & LABOUR	280.00	1 JOB	280.00	X
			5,210.00	5,210.00

258

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	21/09/2020 14:04
Date Of Accident	19/09/2020 16:55
Exact Location Of Accident	ANG MO KIO AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8091T
Insured/Policyholder	
Name Of Registered Owner	KHANG LAI SOON
NRIC No	SXXXX852J
Email Address	SOONLY71@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91875200
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00002010
Cover Note Number	25/04/2020 TO 24/04/2021

Driver

Name of Driver	KHANG LAI SOON
NRIC No	SXXXX852J
Date Of Birth	19/12/1971
Occupation	INDOOR
Date Of Driving Pass	12/05/1994
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91875200
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	SOONLY71@HOTMAIL.COM

Address BLK 590B ANG MO KIO STREET 51
#29-27
Postcode 562590
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) 4
Passenger 1
NAME: : NG WEI MIN ADEELA
GENDER: : FEMALE
Passenger 2
NAME: : NG LE XUAN CHLOE
GENDER: : FEMALE
Passenger 3
NAME: : KHANG YUN EN CAROL
GENDER: : FEMALE

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

REFER TO SKETCH PLAN AND POLICE REPORT.

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 SMU4399J
Vehicle Make/Model/Colour

ASS. RF

Kennel Properties

Category

of Driver

IC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DETAILS OF INJURED PERSON 1

Name	NG WEI MIN ADEELA
Approximate Age	
Injuries Sustain	HEAD PAIN, NECK PAIN AND INJURY ON THE LIPS
Injured person in which vehicle?	SMG8091T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG LE XUAN CHLOE
Approximate Age	
Injuries Sustain	PAIN IN THE RIGHT HAND ELBOW AND CHEST PAIN
Injured person in which vehicle?	SMG8091T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	KHANG YUN EN CAROL
Approximate Age	
Injuries Sustain	PAIN IN THE RIGHT KNEE AND CHEST PAIN
Injured person in which vehicle?	SMG8091T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

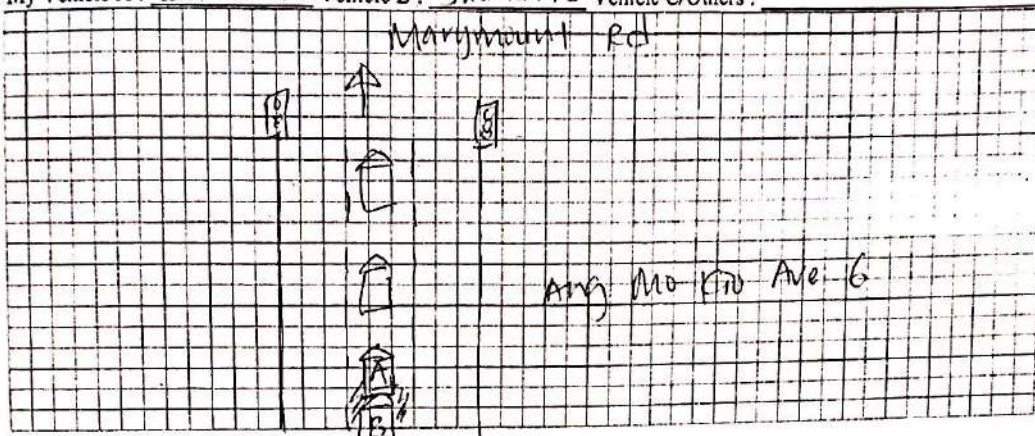
DETAILS OF INJURED PERSON 4

Name	KHANG LAI SOON
Approximate Age	
Injuries Sustain	PAIN IN THE CHEST AND NECK PAIN.
Injured person in which vehicle?	SMG8091T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 19/9/2020 Time: 16:55 Location: Ang Mo Kio Avenue 6
 My Vehicle A: SM68091T Vehicle B: SMU4399J Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

No: T/20200919/2111

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop : Yee Auto Pte Ltd
 email address : yeeautopteltd@gmail.com
 & myself :
 email address : soonly71@hotmail.com
 Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer 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:
 NRIC/FIN No.:

21/09/2020

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200919/2111

1 of 4

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

Report No. T/20200919/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2020 22:14	Vide Report No.:	Station Diary No.: 72
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KHANG LAI SOON	Address: APT BLK 590B ANG MO KIO STREET 51 #29-27 SINGAPORE 562590		
ID Type / ID No.: NRIC NO / S7145852J	Contact No.: Home/Office: Mobile: 91875200		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 19/12/1971	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Company director	Driving Licence Information: Class: 2B, 2A, 3		Date of Expiry:

General Information of the Accident

General Information		Injury Others		Drink Drive: No	Date/Time of Accident: 19/09/2020 16:55	Type of Location: Straight Road
Type of Accident:						
Location: ANG MO KIO AVENUE 6						
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 Rear					Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG8091T	Car	TOYOTA	WISH 1.8X A	Silver	Seriously Damaged	3
SMU4399J	Car	MAZDA		Maroon		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG8091T	FWD Singapore Pte. Ltd	PNPV2020-00002010	25/04/2020	24/04/2021



**SINGAPORE
POLICE FORCE**



T/20200919/2111

2 of 4

Report No. T/20200919/2111

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	
Passenger			
Name	KHANG YUN EN CAROL	ID No.	T1241494Z
Related Vehicle	SMG8091T (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020	Date Discharge	19/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	NG LE XUAN	ID No.	T1027147E
Related Vehicle	SMG8091T (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020	Date Discharge	19/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KHANG LAI SOON	ID No.	S7145852J
Related Vehicle	SMG8091T (Car)	Contact No.	91875200
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/09/2020	Date Discharge	19/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Kenn

POLICE REPORT Pg. 3



**SINGAPORE
POLICE FORCE**

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



T/20200919/2111

3 of 4

Report No. T/20200919/2111

CONTINUATION OF REPORT

Passenger			
Name	NG WEI MIN ADEELA		ID No. S8742101E
Related Vehicle	SMG8091T (Car)		Contact No. 91540503
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020	Date Discharge	19/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHAN CHWEE PENG		ID No. S1482015I
Related Vehicle	SMU4399J (Car)		Contact No. 96556458
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

Brief Details.

On 19/09/2020 at 1655hrs, I was driving my car SMG8091T along Ang Mo Kio Avenue 6 towards Marymount Rd. It was a 3 lanes road and I was driving on the middle lane. There was a new traffic light along that road (near to Blk 307 Ang Mo Kio) and I had stopped at the traffic light. I was the 3rd car in line and while waiting for the light to turn green, suddenly a strong impact from the rear. I made a checked and discovered vehicle SMU4399J had collided with the rear of my car.

The rear of my car was seriously damaged. I exchanged details with the female driver after which we left.

I wish to that my wife was my front passenger beside me and my 2 daughters seated at the rear passenger seat. All of us felt unwell and went to Mount Alvernia Hospital and was given outpatient medical treatment with 5 days medical leave.