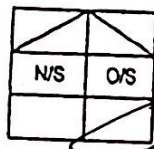


ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s HC
of _____
Insured: _____
Policy No. _____
Claims No. CMTD2003099
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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 ~~6~~ days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/20 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGB 51826 Yr Regn: 12, 05
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toy Altis C.C. 1598
Colour: M. Silver A/C: Insured / Std / Nil / NA
Sp. Reading: 208355 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: MRO537EC107108030
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brakes: Inorder / Jammed / Leaked / Burnt or _____
Modl: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 205/50R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Fixa BP
Front _____ Rear _____
R/Bal. 5 mm R/Bal. 3 mm
L/Bal. 5 mm L/Bal. 3 mm
D.O.A. 22/10/20 D.O.I. 26/10/2020
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>28/10/20@11.01am</u>	<u>revised to Ruth Chua by email.</u>
	<u>Kenneth confirmed LS \$1600, 5 days (Red \$11198, 73, 87%)</u>

Date/Time, File Pass to? ☐ : Prell. Report
13/11 Typist ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 5
Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S - RS. \$ _____
Fuel: _____
Others: _____

Report Format: TP
Lump Sum 1600

TOTAL

H C AUTO PTE LTD

100 Sin Ming Drive #01-01 Sin Ming Auto City Singapore 571223

Tel : 6457 0078 Fax : 6457 8207

Company Reg No. 200801631X

22/10/2020

ESTIMATE COSTS OF REPAIR

Mr Koh Min Gek, Owner

C/o 100 Sin Ming Drive

#01-01 Sin Ming Auto City

Singapore 571223

Dear Mr. Kohmin,

Vehicle no. : SGP 5182 G - Toyota Altis 1.6

Accident date : 22/10/2020

Not Attended
1 Day &
Passing After Paint
6 days

Quantity	Descriptions	Amount (S\$)
1	rear windscreen glass molding	S 80.00 ✓
1	door lid	S 595.58 ✓
1	door lid "Toyota" logo	S 52.50 ✓
1	door lid "COROLLA" emblem	S 42.35 ✓
1	door lid "1.6" emblem	S 44.17 ✓
1	door lid "1.8" emblem	S 32.81 ✓
1	door lid "A.T.I." emblem	S 32.81 ✓
1	rear weather strip	S 175.35 ✓
1	o.s tail lamp	S 360.98 ✓
1	o.s tail lamp (lower panel)	S 76.86 ✓
1	rear bumper	S 459.75 ✓
2	rear bumper side trimmer 1 @ 66.75	S 133.52 ✓
2	rear bumper bracket 1 @ 62.51	S 125.02 ✓
2	rear bumper stopper 1 @ 24.61	S 49.22 ✓
1	rear bumper clip 1 @ 3.50	S 3.50 ✓
1	rear bumper lower lip	S 985.50 ✓
1	rear end panel	S 552.30 ✓
1	rear end panel inner garnish	S 185.29 ✓
1	rear exhaust box	S 787.12 ✓
1	o.s rear shock absorber	S 114.88 ✓
1	o.s rear top bearing	S 462.00 ✓
1	rear side beam	S 1,488.71 ✓
1	o.s rear fender	S 1,125.80 ✓
1	o.s rear fender inner garnish	S 168.20 ✓
1	o.s rear fender outer garnish	S 57.61 ✓
1	o.s rear door	S 1,052.10 ✓
1	o.s rear door protector	S 85.90 ✓
	Balance C/D	S 9,413.41

H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

		Balance B/FD (SGB 5182 G)	\$ 9,415.41
28	1 pc	rear floor panel	\$ R 702.90 X
		Less 25 %	\$ 10,118.31
			\$ 2,529.58
			\$ 7,588.73
29	1 pc	rear windscreen glass inner seal	\$ M 60.00 sn 301N-
30	1 pc	rear windscreen glass inner gum	\$ M 60.00 sn 405N
31	1 set	rear bumper reverse sensor	\$ M 350.00 sn 2001N
32	1 pc	rear panel seal	\$ M 250.00 sn 305N
33	1 pc	rear no plate	\$ M 100.00 sn X
			\$ 8,408.73
		Labour charges	\$ 1,800.00 1100/
		To putty and spray painting	\$ 1,500.00 800/
		To check wiring	\$ 120.00 20/
		To re-seal anti rust	\$ 180.00 60/
		Remove and refix rear reverse sensor	\$ 100.00 50/
		Remove and refix rear exhaust box	\$ 120.00 60/
		Remove and refix rear windscreen glass	\$ 220.00 120/
		Remove and refix rear cushion seat,carpet,garnish & etc.	\$ 350.00 120/
		Plus 7% GST	\$ 12,798.73
		Sub_Total	\$ 895.91
			\$ 13,694.64

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	23/10/2020 17:14
Date Of Accident	22/10/2020 18:30
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB5182G
Insured/Policyholder	
Name Of Registered Owner	KOH MUI GEK SUSAN
NRIC No	SXXXX074D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92713881
Alternative Phone No	OFFICE-92713881

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105639062-01 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	KOH WEE WAH SUNNY
NRIC No	SXXXX947Z
Date Of Birth	10/03/1970
Occupation	INDOOR
Date Of Driving Pass	23/09/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97466845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 420 FAJAR ROAD #04-469
 Postcode 670420
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SIBLING
 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 4
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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 BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201022/2124

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 FBK1832C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

Accident Sketch Plan

SKETCH PLAN

(D) SGB 5182 G
(E) FBK 1832 C

Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached T130201032/2124.

Signature

DECLARATION

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

Policyholder's Signature
Date & Time: 23/10/2020

GIARMC-SwiftLNForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC SIN MING VICOM LTD
Reporting Centre Personnel's Signature
385 SIN MING DRIVE S575718
NRIC/TIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201022/2124

1 of 3

Report No. T/20201022/2124

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2020 22:27		Vide Report No.:		Station Diary No.: 132
Informant's Particulars				
Name of Informant: KOH WEE WAH SUNNY		Address: APT BLK 420 FAJAR ROAD #04-469 SINGAPORE 670420		
ID Type / ID No.: NRIC NO / S7007947Z		Contact No.: Home/Office:		Mobile: 97466845
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 10/03/1970	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Outdoor Technician		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 18.30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Lamp Post Number: 141				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBK1832C	Motorcycle					0
SGB5182G	Car				Seriously Damaged	0
SLH8122U	Car					0
SMJ5049X	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201022/2124

2 of 3

Report No. T/20201022/2124

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 22/10/2020 at about 1830hrs : I was driving my car, SGB5182G along BKE towards Woodlands. At the 3KM mark of BKE near LP 141 before the exit to Bukit Panjang, a motorcycle, FBK1832C collided into the rear of my car. The motorcycle also came into contact with two other cars, SLH5122U and SMJ5049X. When I exited my car, realised that my car was badly damaged as my rear bumper has fallen out and my right rear brake light and right signal cracked. The motorcyclist was injured and conveyed to hospital from scene. Traffic Police gave me a case card with incident no. J/20201022/0109, asking me to lodge a police report.