ASSIGNMENT  From:    Date:   Sm04512 M   Yr Regn:   O3   1/6	ASS. REC. BY: REF: 1=02/	20012784/Kg
Date	AS	
Type: MCsr/ McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  In inspect Vehicle No:  at Workshop m/s  of of the McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Cc / / Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Cc / / Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Cc / / Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Truck / Trailer or  Make: / / / Box/ Coop / McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Make: McCycle / Bus i Van / Lorry / Taxl / Prima Mover / Make: McCycle / Box / McCycle / Bus i Van / Lorry / Box / Insured / Sid / Insu	Prom; Date:	
Truck   Trailler or   Super   Vehicle No: at Workshop m/s   Vehicle   Vehicl	Estimated Cost:	
To lisped Vehicle No:  at Workshop m/s  of  the Workshop m/s  of  the Workshop m/s  of  linsured:  Policy No.  Claims No.  D20004739MFSH  Sum Insured:  (Clear's Record)  Make : J.	OD TP/WS/TP RES/OD RES/EVA/INV/MV	
at Workshop m/s of Insured: Policy No. Claims No. D20004739MFSH Sum Insured:  [Client's Record) Make of Veh:  [Peley Condition) Pumark: The veh had commenced its repair at the time of Inspection.  Bai. or Market Value:  [DAC Accident Roort: Can's Son's	To Inspect Vehicle No:	1 100
Sp.Reading 3/9503 Triadic: Insured   Sp.Reading 3/9503 Triadic: Insured   Std   Ni   I   Insured:   Sp.Reading 3/9503 Triadic: Insured   Std   Ni   I   Insured:   Std   Insured:   St	at Workshop m/s	- 1705
Insured: Policy No. Claims No. D20004739MFSH  Sum Insured: Excess: Simins Record) Make of Veh:  (Clant's Record) Make of Veh:  (Pokey Condition) Permark: The veh had commenced its repair at the time of Inspection.  Bail or Market Value: D3 days Res: Yes or No Est. Repairs: CA / REV / REP. / 24 HRS Um Sum: Person Contacted:  CA / REV / REP. / 24 HRS Date: Person Contacted:  Person Contacted:  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction  Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)  MV:\$35K(est); LTA:\$15346 (est); NV:\$19654  EngMo: CNo: EVW 30 5 / 03370  Sleering: Ingrifer / Jammed / Leaked / Burnt or Mod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: Nod: Nod: NII / SRIP / Jammed / Leaked / Burnt or Nod: Nod: Nod: Nod: Nod: Nod: Nod: Nod:	of	- 31/10
Policy No.  Claims No. D20004739MFSH  Sum insured: Excess: Excess: Seeding: Ingredient Jammed / Leaked / Burnt or Modi: NII / Sirilim / Sip / Sirilin / Poer / Burnt Sleeding: Ingredient Jammed / Leaked / Burnt or Modi: NII / Sirilim / Sip / Sirilin or Tyre Size: Ceremax / 05 / 5 / 15 / 15 / 15 / 15 / 15 / 15	Insured:	
Claims No. D20004739MFSH  Sum Insured: Excess:   Sleering: Inprofe? Jammed / Leaked / Burnt or	Policy No.	
Sum Insured: Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Permark: The veh had commenced its repair at the time of inspection.  Bail: or Market Value: 635/C  IDAC Accident Rport Consistent?: Yea or No  Est. Repairs: 03 days Res.: Yea or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The Uic / Chassis frame / Body Structure affected due to collision  Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)  MV:\$35K(est); LTA:\$15346 (est); NV:\$19654  Add Fee: Site Insp. (5 ) \$-8.8.51  Interview (5	Claims No. D20004739MESH (	
Client's Record    Make of Veh:   Brake: Inprefer   Jammed   Lesked   Burnt or	Com la	-1
Modi: NII I SIRIM   SIDARRIM or Tyre Size: GACMAX   05   05   17   18   18   18   18   18   18   18		-1 0
Tyre Size:   Cormax   03   5 R   5	Make of Veh:	
R: DW  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:		
Toyo / Yoko or  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  O3 days Res.: Yes or No  Lum Sum:  Date:  Person Contacted:  Date / Time  Action / Instruction  Car / BT  Wehicle: IN / Out  The U/C / Chassis frame / Body Structure affected due to collision  Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)  MV:\$35K(est); LTA:\$15346 (est); NV:\$19654  Add Fee:  Survey No. of Trip:  Survey Fee:  Transporator.  Add Fee:  Site Insp (\$ )  Survey Fee:  Transporator.  Add Fee:  Site Insp (\$ )  Survey Fee:  Transporator.  Survey Fee:  Transporator.  Add Fee:  Site Insp (\$ )  Survey Fee:  Transporator.  Survey Fee:  Transporator.  Transporator.  Survey Fee:  Transporator.  Survey Fee:  Transporator.  Survey Fee:  Transporator.  Survey Fee:  Transporator.  The U/C / Survey Fee:  Transporator.  Survey Fee:  Transporator.  Survey Fee:  Transporator.  Transporator.  Survey Fee:  Transporator.  Transporator.  Survey Fee:  Transporator.  Transporator.  Transporator.  Survey Fee:  Transporator.  Transporator.  Transporator.  Survey Fee:  Transporator.  Transporator.  Survey Fee:  Transporator.	(Policy Condition)	R: Om
TOYO/YOKO or  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  Date:  Date:  Date:  Date:  Consistent Action / Instruction  Consistent Consist		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Soen: Consistent?: Yes or No Est. Repairs: 03 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision    For BI		
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 03 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Des. of Damages: Frt / Rear) O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision    Weight	Bal, or Market Value: 8 35/c	Fron! Rear
Est. Repairs: 03 days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  July / Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Action / Instruction  Action / Instruction  Action / Instruction  Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)  MV:\$35K(est); LTA:\$15346 (est); NV:\$19654  Action Time, File Pass to? Prelii. Report Press to Prelii. Resurvey No. of Trip: Survey Fee: Instruction Resurvey No. of Trip: Survey Fee: Instruction Structure of Time Pass to Press		DB4 9
Lum Sum:    20 % 3 Val.: Yes or No   Survey held at		L/Bal. 9 mm L/Bal. 3 mm
CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to collision   MV:\$35K(est); LTA:\$15346 (est); NV:\$19654    MV:\$35K(est); LTA:\$15346 (est); NV:\$19654    Days Of Repair: 3   Survey Fee:   Survey Fee:   Survey Fee:   Instruction   Survey Fee:		D.O.A. 17/11/20 D.O.I. 23/11/2020
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision    Date / Time	Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time   Action / Instruction	7/15	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Kenneth confirm LS \$1200, 3 days (Red \$1965.80, 62%)  MV:\$35K(est); LTA:\$15346 (est); NV:\$19654  Confirm File Pass to?  In 15/01 Typist : Final Report Resurvey No. of Trip:  Add Fee: : Site Insp (\$	Paris.	The UIO Let
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MV:\$35K(est); LTA:\$15346 (est); NV:\$19654    Days Of Repair: 3	11/20@5.46pm revised to Vic by email.	
MV:\$35K(est); LTA:\$15346 (est); NV:\$19654    Days Of Repair: 3	Konneth confirm LC \$1200 2 days	7Dod (1005 00 6994)
Data/Time, File Pass to?    Prell. Report   Days Of Repair: 3     15/01 Typist   : Final Report   Resurvey No. of Trip:   Survey Fee:       Data/Time, File Return to?   Site Insp (5   ) _ 5 - RS _ SI     Interview (5   )   Site Insp (5   )   Site Insp (5   )		
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Days Of Repair: 3    15/01 Typist   : Final Report   Resurvey No. of Trip:   Survey Fee:		
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# **V8 MOTOR WERKZ PRIVATE LIMITED**

7 #01-92 SIN MING INDUSTRIAL ESTATE SINGAPORE 575642

TEL NO: 91442977

EMAIL: V8MOTORWERKZ@GMAIL.COM

ROC NO.: 201622378N

Not Surhains
11 Ly &
Penny Afra Pains
3day

DATE: 23/11/2020

MAKE / MODEL: TOYOTA PRIUS 1.5 HYBRID

VEHICLE PLATE NUM: SMD4512M

**ESTIMATE:** 

No.	Description	QTY	Amount
1	REAR END PANEL LOCK STRIKER	Det 1	\$85.70
2	REAR END PANEL	n 1	\$696.30
3	REAR BUMPER	Bu 1	\$531.10
4	REAR BUMPER SIDE RETAINER	DIY 1	\$100.40 ८
5	REAR END PANEL WEAHTERSHIP	Pm 1	\$372.30
6	REVERSE SENSOR	hay 1	\$200.00 4
7	FOR REPLACE REVERSE SENSOR	1	\$60.00
8	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	\$600.00
9	TO PUTTY AND SPRAY PAINT INNER / OUTER ON REAR END PANEL , REAR BUMPER	1	\$400.00
10	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	1 12	\$120.00

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:

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/11/2020 10:10

#### 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 witholding 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 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.
- living of this report at the centre and to copies of the report being made available

<b>是是一个意义的主义的主义。</b>	ACCIDENT STATEMENT
Date Of Report	19/11/2020 10:01
Date Of Accident	17/11/2020 19:55
Exact Location Of Accident	ALONG CANTONMENT LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD4512M
Insured/Policyholder	
Name Of Registered Owner	PINNACLE RENTAL PTE. LTD.
Co Reg No	2XXXXX825C
Email Address	PINNACLE_RENTAL.PTE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87691918
Vehicle Particulars	
Manufacturer	TOYOTA

Model 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?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

**PRIUS** 

THIRD PARTY Type Of Coverage

NO Fleet Policy

5114514612 Policy Number

Cover Note Number

Driver

SNG WEI WEN, SEAN (SUN WEIWEN) Name of Driver

SXXXX719B NRIC No Date Of Birth 07/12/1982 Occupation OUTDOOR Date Of Driving Pass 19/07/2011

**Driving Experience** 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87691918

Fax Number Contact Number

**EMail Address** SEANSUNZ@GMAIL.COM

Page 1 of 17

Address

Postcode

**APT BLK 186 BOON LAY AVE #09-112** 

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 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? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT, REF NO: T/20201118/7024

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

SH6389Y

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

### **Accident Sketch Plan**

SKETCH PLAN		
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DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
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the you passe		turn
The your passe	1 - propose to signe turning trans. First	
haltway I	teld felt an impact at the back of my car. An	1600
had knorked		
had knocked	into my Kar.	
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CLARATION		
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100	#01-58/90 May Mag Ind I	E31
untralded's franchists	Driver's Senature (If driver is not the solicyholder)  Reporting Centre (Senature (If driver is not the solicyholder)  Name:	644
cyholder's Signature e & Time:	Driver's Signature Reporting Centile #67 Sthiffert 5 Section    (If driver is not the policyholder) Name:	
N. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Date & Time NRIC/FIN No.	