

ASS. REC. BY:

REF:

F01 / 20012872/KK

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. _____

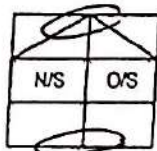
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 856K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SIP 6695D Yr Regn: 06, 17Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Toy Aqua c.c. 1498Colour: White A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 194528 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: N14P10 6599599Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ S/Rim / ☐ STD A/Rim orTyre Size: F: 195/55R15

R: _____

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

TOYO / YOKO or

Punwide

Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 19/11/20

Survey held at

Rear

R/Bal. 3 mmL/Bal. 3 mmD.O.I. 23/11/2020Des. of Damages: ☒ Fnt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fixes

Others

TOTAL

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

Report Format :

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

Date: 20.11.2020
Vehicle No: SLP6695D
Model: TOYOTA AQUA HYBRID
Chassis: NHP106599599-2017
Reg.Year: 2017

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SH8738K
Date of Accident: 19.11.2020

Not Authorised
61 Day &
Pruney After Paint *Sdms*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1		<i>Re</i> \$936.50
2	FRONT BUMPER SIDE BRACKET LH	1		<i>Re</i> \$57.60
3	FRONT BUMPER SIDE BRACKET RH	1		<i>Re</i> \$57.60
4	FRONT BUMPER TOWING COVER	1		<i>Re</i> \$35.80
5	FRONT BUMPER ABSORBER FOAM	1		\$105.30
6	FRONT BUMPER REINFORCEMENT	1		\$795.20
7	FRONT BUMPER GRILLE GARNISH COVER	1		\$243.50
8	FRONT BUMPER EMBLEM	1		<i>Re</i> \$56.80
9	REAR TAILGATE	1		<i>Re</i> \$1,131.90
10	REAR TAILGATE "AQUA" EMBLEM	1		<i>Re</i> \$78.20
11	REAR TAILGATE "HYBRID" EMBLEM	1		<i>Re</i> \$76.50
12	REAR TAILGATE LOGO EMBLEM	1		<i>Re</i> \$68.80
13	REAR TAILGATE INNER LOCK	1		<i>Re</i> \$467.10
14	REAR BUMPER	1		<i>Re</i> \$848.70
15	REAR BUMPER SIDE BRACKET LH	1		<i>Re</i> \$64.40
16	REAR BUMPER SIDE BRACKET RH	1		<i>Re</i> \$64.40
17	REAR BUMPER UNDER COVER	1		<i>Re</i> \$189.60
18	REAR BUMPER REINFORCEMENT	1		\$590.60
19	REAR END PANEL UPPER COVERING	1		\$284.50
20	REAR END PANEL	1		REPAIR
21	FRONT BONNET	1		REPAIR
SUB TOTAL				\$6,153.00
LESS 25%				-\$1,538.25
PARTS TOTAL				\$4,614.75

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	8		<i>Re</i> \$40.00
2	FRONT NUMBER PLATE WITH HOLDER	1		<i>Re</i> \$40.00
3	REAR WINDSCREEN SEALANT	1		<i>Re</i> \$60.00
4	REAR BUMPER CLIPS	8		<i>Re</i> \$40.00
5	REAR BUMPER REVERSE SENSOR	1		<i>Re</i> \$300.00
6	REAR END PANEL JOINT SEALANT	1		<i>Re</i> \$30.00
7	REAR BUMPER DECAL STICKER	1		<i>Re</i> \$30.00
S/N TOTAL				\$540.00

Head office

6 Kung Chong Road Singapore 156143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554600
Tel: (+65) 6484 9010 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 20.11.2020
Vehicle No: SLP6695D
Model: TOYOTA AQUA HYBRID
Chassis: NHP106599599-2017
Reg.Year: 2017

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SH8738K
Date of Accident: 19.11.2020

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT & REAR
ACCIDENT AREAS & ETC.

600
\$1,000.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT
FRONT BUMPER, FRONT BONNET, REAR TAILGATE, REAR BUMPER, REAR END PANEL &
ETC.

800
\$1,200.00

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN
SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE.

1200
\$150.00

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC
TO EFFECT REPLACE OF REAR TAILGATE.

600
\$120.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.
TO EFFECT REPLACE OF REAR BUMPER.

500
\$100.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

300
\$80.00**LABOUR TOTAL** \$2,650.00**TOTAL** \$7,804.75

TingAn

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:

Head office

6 Kung Chong Road Singapore 160143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 0010 | Fax: (+65) 6481 1003

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011



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 20/11/2020 14:26
 Date Of Accident 19/11/2020 18:45
 Exact Location Of Accident PIE TWDS JURONG NEAR TOA PAYOH EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP6695D
Insured/Policyholder
 Name Of Registered Owner OPTIMA WERKZ PTE LTD
 Co Reg No 2XXXXX455W
 Email Address KAITLYN.CHIO@OW.SG
 Mobile Phone No
 Alternative Phone No OFFICE-64811522

Vehicle Particulars

Manufacturer TOYOTA
 Model AQUA HYBRID-1.5 E S CVT (A)
 Exact Purpose for which vehicle was being used at time of accident PTE 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 PRIVATE HIRE

Insurance Company

Name of Insurance Company ALLIANZ INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number COI-SPBR0000044-SLP6695D
 Cover Note Number 05/08/2020 - 04/08/2021

Driver

Name of Driver SITI HAFIZAH BINTE AMAT HUSSAIN
 NRIC No SXXXX120F
 Date Of Birth 14/02/1991
 Occupation OUTDOOR
 Date Of Driving Pass 08/04/2015
 Driving Experience 5 YEARS AND 7 MONTHS
 Gender FEMALE
 Mobile Number +65-85965900
 Fax Number
 Contact Number
 EMail Address FIZASH891@GMAIL.COM

Address BLK 217A BOON LAY AVENUE #07-239
 Postcode 641217
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 3

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) 3

Passenger 1 NAME: : MAHANI BINTE MOHAMED

GENDER: : FEMALE

Passenger 2

NAME: : JUMANIAH BINTE MOHAMAD

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

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? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8738K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver BOON TIANG CHIANG
 NRIC/Passport Number SXXXX068I
 Contact Number 91159419
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKH2328U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHAN YAN WING NATALIE
NRIC/Passport Number SXXXX671Z
Contact Number 81989023
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SITI HAFIZAH BINTE AMAT HUSSAIN
Approximate Age
Injuries Sustain 3 DAYS MC
Injured person in which vehicle? SLP6695D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

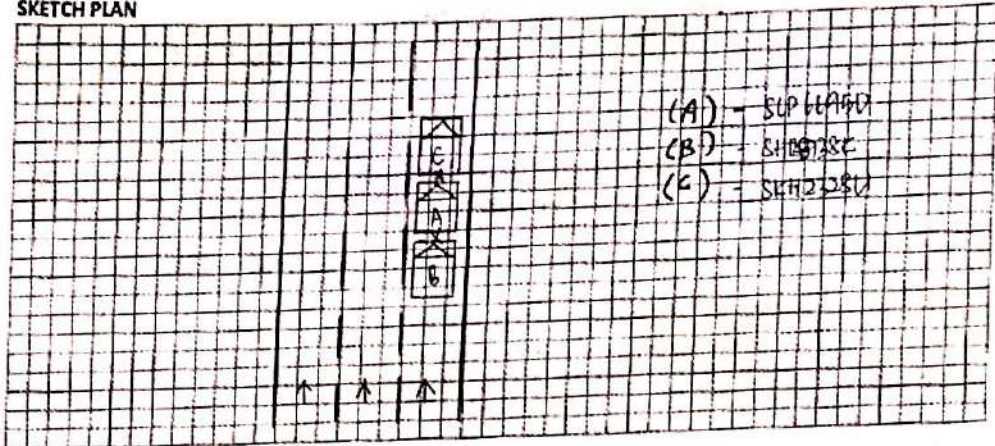
Name MAHANI BINTE MOHAMED
Approximate Age
Injuries Sustain 3 DAYS MC
Injured person in which vehicle? SLP6695D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JUMANIAH BINTE MOHAMAD
Approximate Age
Injuries Sustain 3 DAYS MC
Injured person in which vehicle? SLP6695D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20201120/7012.

Note : Please note that your insurer may have 14days 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 that 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.:

GIARMC SketchPlanForm_V3

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop (OPTIMA WORKS PTE LTD)

EMAIL A COPY TO: KATHLYN.CHIO@DW-SA

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20201120/7012

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201120/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 13:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI HAFIZAH BINTE AMAT HUSSAIN			Address: 217A BOON LAY AVENUE #07-239 SINGAPORE 641217		
ID Type / ID No.: NRIC NO / S9105120F			Contact No.: Home/Office:		Mobile: 85965900
Nationality: SINGAPORE CITIZEN			Email: fizash891@gmail.com		
Sex: Female	Age: 29	Date of Birth: 14/02/1991	Type of Informant: Car renter		Institution / School Name:
Race: Javanese			Language: English		
Occupation: Customs/Immigration officer			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2020 18:45	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SH8738K	Taxi	HYUNDAI	I40	Blue	Slightly Damaged	0
SKH2328U	Car	AUDI	A3	Red	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20201120/7012

2 of 4

Report No. T/20201120/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S0075068I
Name	BOON TIANG CHIANG		Contact No. 91159419
Related Vehicle	SH8738K (Taxi)		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner		ID No.	S9338671Z
Name	CHAN YAN WING, NATALIE		Contact No. 81989023
Related Vehicle	SKH2328U (Car)		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Car renter		ID No.	S9105120F
Name	SITI HAFIZAH BINTE AMAT HUSSAIN		Contact No. 85965900
Related Vehicle	NIL		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 19 Nov 2020 at about 1845hrs, I was travelling along PIE towards Jurong near Toa Payoh exit. It was raining at that point of time.

The vehicle SKH2328U travelling in front of me slowed down and stopped and I followed suit. Suddenly I felt an impact from behind, vehicle SH8738K had hit into the rear of my vehicle SLP6695D and as a result, I skid forward & hit onto vehicle SKH2328U.

There were a total of 3 cars involved. We all exchanged particulars. My passengers and I