

ASS. REC. BY:

REF:

AIG/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

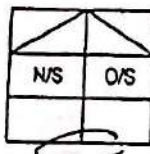
(Client's Record)

Make of Veh:

11qm

(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:

04

days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 64992

Yr Regn:

11, 19

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

Truck / Trailer or

Make:

Hyundai Avante c.c. 1591

Colour:

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

48283

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

HM110841CM24 938323

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

4 mm

R/Bal.

4 mm

L/Bal.

4 mm

L/Bal.

4 mm

D.O.A.

21/11/20

D.O.I.

24/11/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

F.M. 25

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

Date: 23.11.2020
Vehicle No: SMQ6499L
Model: HYUNDAI AVANTE 1.6 GLS
Chassis: KMHD841CMLU938325-2019
Reg.Year: 2019

Third Party Insurer: AIG
Third Party Veh No: SBH9893P
Date of Accident: 21.11.2020

NOT Notified
Repairing B4 paint 4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BOOTLID	1	Per	\$1,056.30
2	REAR BOOTLID "AVANTE" EMBLEM	1	Per	\$46.50
3	REAR BOOTLID LOGO EMBLEM	1	Per	\$180.30
4	REAR BUMPER	1	Per/cm	\$650.80
5	REAR BUMPER SIDE BRACKET LH	1		\$39.60
6	REAR BUMPER LOWER GARNISH COVER	1	CM	\$453.20
7	REAR BUMPER REFLECTOR COVER LH	1	Per	\$198.80
8	REAR END PANEL	1		REPAIR
9	REAR FENDER LH	1		REPAIR
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 				
SUB TOTAL				\$2,625.50
LESS 20%				-\$525.10
PARTS TOTAL				\$2,100.40

NO.	SPECIAL NET	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		Per \$40.00
2	REAR BUMPER REVERSE SENSOR	1		\$300.00
3	REAR NUMBER PLATE WITH HOLDER	1		Per \$50.00
S/N TOTAL				\$390.00

LABOUR CHARGES:

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

\$800.00 *400*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOTLID, REAR BUMPER, REAR FENDER LH, REAR END PANEL & ETC.

\$1,000.00 *400*

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

\$100.00 *50*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 *15*

LABOUR TOTAL \$1,980.00

TingAn

TOTAL \$4,470.40

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | 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



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 23/11/2020 11:02
Date Of Accident 21/11/2020 12:45
Exact Location Of Accident PIE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ6499L
Insured/Policyholder
Name Of Registered Owner KINETIC REGENCY PTE LTD
Co Reg No 2XXXXX177M
Email Address SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No
Alternative Phone No OFFICE-97849075

Vehicle Particulars

Manufacturer HYUNDAI
Model AVANTE-1.6 (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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMHCSNA00003512000
Cover Note Number 08/06/2020 - 07/06/2021

Driver

Name of Driver SUHAIMI BIN AMIN
NRIC No SXXXX807B
Date Of Birth 21/04/1959
Occupation OUTDOOR
Date Of Driving Pass 31/07/1980
Driving Experience 40 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91073504
Fax Number
Contact Number
EEmail Address NOEMAIL

Address BLK 305 JURONG EAST ST 32 #06-142
 Postcode 600305
 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? 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) 2
 Passenger 1
 NAME: : CHE' SELIMAH BINTE WAHAB
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

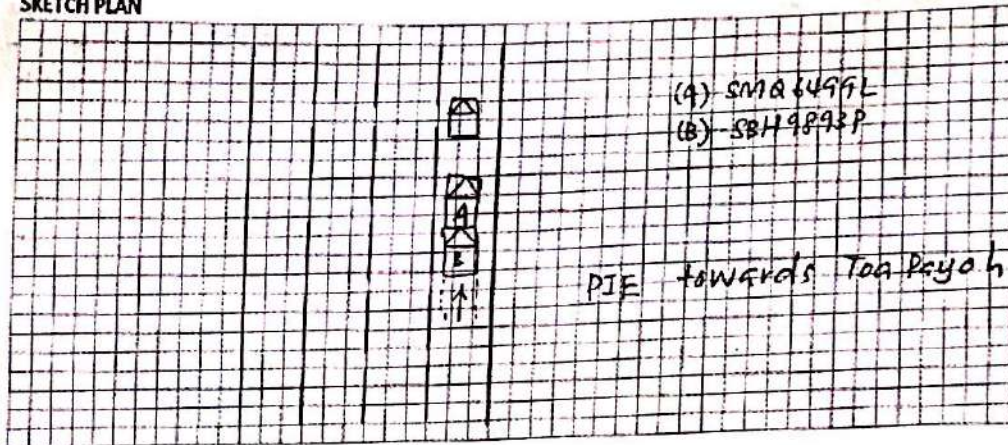
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBH9893P
 Vehicle Make/Model/Colour WHITE MERCEDES
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LEONG
 NRIC/Passport Number
 Contact Number 96658867
 Address

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report No. T/20201121/2108

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 the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 23/11/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/11/2020

Reporting Centre Personnel's Signature
Name: (Amk)
NRIC/FIN No.:

GIARNC SketchPlanForm_v3 () Claim Own Policy (X) Claim Third Party () Reporting Only
(X) Claim OD/P at other workshop (Optima Works Re Ltd)



**SINGAPORE
POLICE FORCE**



T/20201121/2108

1 of 4

Report No. T/20201121/2108

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 21:37	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: SUHAIMI BIN AMIN			Address: APT BLK 305 JURONG EAST STREET 32 #06-142 SINGAPORE 600305		
ID Type / ID No.: NRIC NO / S2174807B			Contact No.: Home/Office: Mobile: 91073504		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 21/04/1959	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: NEA OFFICER			Driving Licence Information: Class: 2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2020 12:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
SBH9893P	Car	MERCEDES BENZ		White		0
SMQ6499L	Car	HYUNDAI	AVANTE	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6499L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000351 2000	08/06/2020	07/06/2021



**SINGAPORE
POLICE FORCE**



T/20201121/2108

2 of 4

Report No. T/20201121/2108

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	LEONG	ID No.	NIL
Related Vehicle	SBH9893P (Car)	Contact No.	96658867
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
Driver			
Name	SUHAIMI BIN AMIN	ID No.	S2174807B
Related Vehicle	SMQ6499L (Car)	Contact No.	91073504
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHE' SELIMAH BINTE WAHAB	ID No.	S1542622E
Related Vehicle	SMQ6499L (Car)	Contact No.	88753630
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/11/2020	Date Discharge	21/11/2020
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On the 21 November 2020 at about 1245hrs, I was driving my vehicle, one grey colour Hyundai Avante bearing registration plate number SMQ6649L along Pan Island Expressway (PIE) towards Changi direction on the first lane. Subsequently, a vehicle in front of me applied emergency brake, and I followed suit, where I managed to stop in time. However, a vehicle behind of me could not stop in time and hit onto my vehicle's rear, causing dent and my registration plate to drop. The vehicle that hit onto my rear was SBH9893P, one white colour Mercedes car.

Hence, we stopped and exchange particulars. My wife was the passenger with me in the car and I am



**SINGAPORE
POLICE FORCE**



T/20201121/2108

3 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20201121/2108

CONTINUATION OF REPORT

unsure if the other vehicle have any passenger with him.

Initially, we are fine with private settlement, where I only took down his name, handphone number and car plate number for insurance claim purpose. However, in the evening about 1843hrs, my wife complaint of neck and shoulder pain and hence, I brought her to Ng Teng Fong general hospital, where she was given only 1 day of MC dated 23 November 2020. She was discharged from the hospital on the same day. Her MC number 1113132718.

I wish to inform that my wife was actually given 3 days MC inclusive today till 23 November 2020, however she told the doctor to only give her MC on 23 November 2020 because she is on leave and 21 and 22 November is also her off days.

I wish to state that I am not injured, and I have also told the Mercedes driver that I will be lodging a Police report and he acknowledged. I am unsure of the repair cost, but should be about SGD\$3000 to SGD\$5000.