

ASSIGNMENT

CS/CTI 20013896/DH3

SLU 9362 T Yr Regn: Dec 2017

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: _____

Veh No: _____
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or
 Make: Toyota Sienta c.c. 1496
 Colour: Yellow A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
 Sp. Reading: 178806 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
 Eng/No: 1H28359969
 C/No: NHP1707107333
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
 Tyre Size: F: 195/60R15
 R: — " —

N/S	O/S
—	—

(Policy Condition)

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone

Bal. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 12/12/2020 D.O.A. 18/12/2020
 Survey held at CS Ong AMK

CA / REV / REP. / 24 HRS

Des. of Damages: ☐ Fri / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
O/S Front

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>China Teping SMP2232X</u>
<u>18/01/2020</u>	<u>Insure 4/5 3050/- with 5 days of rep</u>
	<u>red: 7678.28;71%</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL _____

Report Format: _____

Lump Sum / L.B.I: (\$ _____)

C. S. ONG AUTO PTE. LTD.

Business.Reg.No.: 201408916W
GST Reg.No.: 201408916W
10, Ang Mo Kio Ind. Park 2A, #02-16 AMK Autopoint,
Tel: 6484 1933 Fax: 6484 1922
E-Mail: csongauto@yahoo.com.sg

LKK Auto Consultants hence notify the Repairer of the following:
• To resurvey before and 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
Date: 17-12-2020
Acknowledged by Repairer
Signature:

To: Motor Claims Department,
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Accident Involving Vehicles SLU9362T & SMP2232X [Your Insured] on 12/12/2020 @
1340Hrs Along MEYER ROAD

Estimated Repair Costs For SLU9362T [Toyota Sienta]

1Pc Front Bumper	RM	\$	593.60	X
1Set Front Bumper Clips	RM	\$	35.00	X
1Pc Front Bumper Lower Garnish	RM	\$	867.90	X
1Pc Front RH Door	Denture	\$	1,831.80	✓ 1288.10
1Pc Front RH Door Inner Weatherstrip Rubber	3VL	\$	381.80	X
1Pc Front RH Fender	Denture	\$	790.50	✓
1Pc Front RH Fender Shield	RM	\$	209.50	X
1Set Front RH Fender Shield Clips	RM	\$	35.00	X
1Pc Front RH Absorber	2 distorsi	\$	561.00	✓ 417.00
1Pc Front RH Knuckle	2 distorsi	\$	642.00	✓ 498.00
1Set Front RH Wheel Bearing & Hub	2 Dm	\$	396.45	✓ 165.70
1Pc Front RH Foglamp	RM	\$	286.20	X
1Pc Front RH Foglamp Cover	RM	\$	208.30	X
1Pc Front RH Headlamp	RM	\$	1,395.00	X
1Pc Front RH Side Mirror Assembly	RM	\$	863.80	X
1PC FRONT LOWER ARM RH	460.00 ✓	\$	9,097.85	
	distorsi	\$	1,819.57	
	3639.30	\$	7,278.28	
	2729.47	\$		
	150.00 =	\$		
	CUT	\$		
	Special Nett. Items Total:	\$	850.00	

Special Nett. Items

1Pc Front RH Tyre	RM	\$	350.00	X
1Pc Front RH Sport Rim	wheel cap	\$	500.00	150/-
	CUT	\$		
	Special Nett. Items Total:	\$	850.00	

Labour & MISC Charges

* To remove all interior upholstery items on all front affected areas to facilitate repair and to replace all back once repair is done.	\$	200.00	60/-
* To panel beat all affected areas, replace new parts and realign all above.	\$	1,000.00	400/-
* To putty and re-spray new paintwork on all front affected areas.	\$	1,000.00	400/-
* To conduct wheel alignment	\$	100.00	60/-
* To check all wiring systems on all affected areas.	\$	150.00	RM
* To apply anti-rust agent & coating on all affected areas.	\$	150.00	40/-
Labour & MISC Charges:	\$	2,600.00	

18/12/2020 C 1730hr

Not Antura

1/Sum 5 dgs.

1/Jan

2/1k Andu

Parts Total:	\$	7,278.28
Special Nett Items Total:	\$	850.00
Labour & MISC Charges Total:	\$	2,600.00
Grand Total:	\$	10,728.28

{Exclusive of 7% GST Charges}

3839.47

4/5 3050/-

Check PA prices.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SLU 9362 T

Technician:

Mileage:

Time Printed 19.12.20 9:12 AM

TOYOTA SIENTA

Front : Left

Actual	BEFORE	Specified Range
-0°45'		-1°22' 0°08'
4°15'		0°55' 2°25'
-0°01'		-0°06' 0°06'
16°33'		
15°48'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-2°43'		-1°22' 0°08'
4°14'		0°55' 2°25'
0°03'		-0°06' 0°06'
13°58'		
11°16'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
1°57'		-0°45' 0°45'
0°01'		-0°45' 0°45'
2°35'		
0°02'		-0°12' 0°12'

Rear : Left

Actual	BEFORE	Specified Range
-1°50'		-1°21' -0°31'
0°00'		0°02' 0°17'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
-2°05'		-1°21' -0°31'
0°01'		0°02' 0°17'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
0°16'		
0°02'		0°04' 0°34'
0°00'		-0°02' 0°02'

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 Submission	15/12/2020 15:47 (SGT)
Date of Accident	12/12/2020 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MEYER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9362T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MYCAR PTE LTD
Company Reg No	2XXXXX872D
Email Address	wy@mycar.com.sg
Mobile Phone No	(Phone) +65-96196637
Alternative Phone No	(Office) +65-65700007

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109537578-01-000014
Cover Note Number	24/05/2020 - 23/05/2021

DRIVER

Name of Driver	TERENCE NEO SHUN WEI (LIANG SHUNWEI)
NRIC No	SXXXX263D
Date Of Birth	07/05/1992
Occupation	Outdoor

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TERENCE NEO SHUN WEI
Address	BLK 427 SERANGOON CENTRAL #09-308
Address Complement	-
Post Code	550427
Approximate Age Years Old	-
Injuries Sustained	PAINS ON LEFT SIDE OF RIB CAGE,BOTH SHOULDER BLADES,NECK & BACKBONE. GIVEN 5 DAYS MC
Injured person in which vehicle?	SLU9362T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

VEHICLE NO.: SL193621
INSURER : NTAC
DATE & TIME: 12/12/2020 2:34 PM

IMPORTANT NOTICE

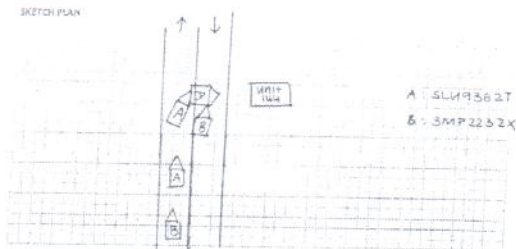
3. Please report **promptly** to the **centre** of the accident or to the **claims** projects.
4. This form must be completed by the **Policyholder** and/or the **Insured Party**.
5. Information provided must be **truthful and accurate as possible**. Any **willful misrepresentation** or **withholding of material facts** may allow insurance companies to **revoke policy liability**.
6. The **issue and acceptance of this form by insurance companies is not an admission of policy liability** on the part of the insurance companies.
7. **Any false reports may be referred to the Police for investigation.**
8. The 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.
9. By the submission of this report, you hereby consent to the **forwarding of this report** at the centre and to copies of the report being made available **statistically**.
10. **Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my work/office and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data ("personal information") set out in this (first) and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to the insurer(s) who have insured my vehicle involved in this accident (all insurer(s) who have insured my vehicle) involved in this accident shall be collectively referred to as the "Insurer(s)". The Insurer(s) own/s the data, the Vehicular Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out analysis dealing with my exposures or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, interviews, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelope/mail packaging) and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purpose(s)").
 - (b) All Insurer(s) who have insured my vehicle(s) involved in this accident and the Insurer(s) lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 - (c) My Personal Information may be disclosed by any of the Insurer(s) and/or to their third party service providers or agents/solicitors (their lawyers/law firms), which may have the use of my data of Singapore, for one or more of the above Purpose(s).
 - (d) My Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies as reasonable required for the purposes stated; and
 - (ii) for complying with requirements under any regulations, laws or court orders.

Polynorder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/12/2022

Reporting Centre Personnel's Signature
Name: John James 15/12/2001
NRIC/PPR No: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO. T/AG201212/2080

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:

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

Reporting Officer/Assessor's Signature
Name:
Designation No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim ODP at other workshop () S. N. N. S. A. I. D. O. P. L. M.



**SINGAPORE
POLICE FORCE**



T:0201213/2050

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
559129
Tel No: 1800-4880999

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Report No: T:0201213/2050

CONTINUATION OF REPORT

Driver			
Name	TERENCE NEO SHUN WEI	ID No.	S9215263D
Related Vehicle	SLU9362T (Car)	Contact No.	97871224
Hospital/Clinic	MOUNT ALVERNA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/12/2020	Date Discharge	13/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details:

On 12/12/2020 at about 1340hrs, I was driving my vehicle bearing registration number SLU9362T along Mayer Road towards Tanjong Rhu Road. I was on the way to fetch a GrabCar passenger at 144 Mayer Road. When I found the unit for my pick up, I put on my right signal light and navigated the turn into 144 Mayer Road as the oncoming traffic was clear. Out of a sudden, a vehicle bearing registration number SMP2232X had attempted to overtake me from the right side and went against the flow of traffic. As such, the said vehicle had collided onto the right side of my vehicle. Both of our vehicles had slight damages to our cars. We both shifted our vehicles due to the small road, exchanged particulars on the spot as our damages were minor and we drove off after. On the same day, I felt pains on the left side of my rib cage, both shoulder blades, my neck and my backbone. As such, I went for a medical check up at Mount Alvernia Hospital and I received a 5 days MC for my injuries. I have the in car camera footage of the incident. That is all.