

ASS. REC. BY:

REF:

U02/

Kennaeth

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.

N/S	O/S

Bal. or Market Value: 8110K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKE 1231L Yr Regn: 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mc CLA 180 c.c. 1595Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1173422N 846259Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / A/Rim or

Tyre Size: F: _____

R: 225/40R18

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

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 21/11/2019

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 16/12/2020

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

FR O/S & FR W/SCREEN CRACKED

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

Date / Time	Action / Instruction
<u>1</u>	<u>Battery flat</u>
	<u>Veh lay-off, unable to check rear from LTA.</u>

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S - RS \$ _____

Fees

Others

TOTAL

Report Format:

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

Date: 12.12.2020
 Vehicle No: SKE1231L
 Model: MERCEDES BENZ CLA180
 Chassis: WDD1173422N646259-2018
 Reg.Year: 2018

Own Damage insurer: UOI
 Third Party Veh No: NA
 Date of Accident: 21.11.2019

18 d/s
Not Authorized
Recovery B4 print
Ex B7506

ESTIMATE

7 days

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Broken</i>	\$1,045.00 ✓
2	FRONT BUMPER SIDE BRACKET RH	1		<i>DI</i> \$82.50 ✓
3	FRONT GRILLE ASSY FULL SET	1		<i>CM</i> \$550.00 ✓
4	FRONT BUMPER LOWER GRILLE	1		<i>in</i> \$209.00 X
5	FRONT TOW COVER	1		<i>mi</i> \$50.60 ✓
6	BONNET <i>(Aluminium)</i>	1		<i>Red</i> \$880.00 ✓
7	FRONT LOCK ASSY	1		<i>R</i> \$192.50 X
8	FRONT REINFORCEMENT BEAM	1		\$220.00 ?
9	FRONT SPONGE ABSORBER	1		\$110.00 ?
10	FRONT BUMPER FOG LAMP COVER RH	1		\$82.50 ?
11	FRONT BUMPER LICENSE PLATE BASE	1		<i>Red</i> \$110.00 ✓
12	HEADLAMP RH	1		<i>CM</i> \$1,595.00 ✓
13	HEADLAMP BRACKET RH	1		\$77.00 ?
14	FRONT WINDSCREEN WITH MOULDING	1		<i>CM</i> \$495.00 ✓
15	FRONT FENDER RH	1		<i>R</i> \$385.00 X
16	FRONT AIR GUIDE	1		\$396.00 ?
17	CONDENSER	1		<i>in</i> \$643.50 X
18	RADIATOR	1		<i>in</i> \$495.00 X
19	A-PILLAR RH OUTER	1		<i>R</i> \$275.00 X
20	A-PILLAR RH INNER	1		<i>R</i> \$220.00 ✓
		1		
SUB TOTAL				\$8,113.60
PLUS 15%				\$1,217.04
PARTS TOTAL				\$9,330.64

	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT SENSORS	4	\$150.00	\$600.00 ?
2	FRONT BUMPER GROMMETS	1		<i>in</i> \$120.00 ✓
3	FRONT GRILLE CLIPS	1		<i>in</i> \$70.00 ✓
4	FRONT LICENSE PLATE WITH HOLDER	1		<i>Red</i> \$55.00 ✓
S/N TOTAL				\$590.00

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 1993

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: 12.12.2020
Vehicle No: SKE1231L
Model: MERCEDES BENZ CLA180
Chassis: WDD1173422N646259-2018
Reg.Year: 2018

Own Damage insurer: UOI
Third Party Veh No: NA
Date of Accident: 21.11.2019

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIT FRONT ACCIDENT AREA.	\$1,000.00	700
LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS FRONT ACCIDENT AREA.	\$1,400.00	1000
LABOUR CHARGES TO REMOVE & REFIX FRONT BUMPER SENSOR.	\$120.00	60
LABOUR CHARGES TO REMOVE AND RE-INSTALL REAR WINDSCREEN.	\$180.00	120
TO DIAGNOSE FAULT CODE, RESET MEMORY & HEADLAMP SETTING.	\$250.00	7
TO APPLY ANTI-RUST.	\$150.00	NZ X
LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$150.00	20

LABOUR TOTAL **\$3,250.00**

Vic	TOTAL	\$13,170.64
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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 willful 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	16/12/2019 09:46
Date Of Accident	21/11/2019 08:10
Exact Location Of Accident	TAMPINES AVE 3 TWDS AVE 4 NEAR BLK 831 AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF1231L
Insured/Policyholder	
Name Of Registered Owner	JOHNSON YAP
NRIC No	S7209534J
Email Address	JONSSON_YAP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81266072
Alternative Phone No	OTHERS-81266072
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120037321800
Cover Note Number	
Driver	
Name of Driver	JOHNSON YAP
NRIC No	S7209534J
Date Of Birth	16/03/1972
Occupation	INDOOR
Date Of Driving Pass	01/01/1998
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81266072
Fax Number	
Contact Number	OTHERS-81266072
Email Address	JONSSON_YAP@YAHOO.COM

Address 3 TAMPINES AVE T8
#14-03 ARC AT TAMPINES
Postcode 529595
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO BICYCLIST
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? 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

Police Station Address

Police Station Contact

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191121/2142

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

Was there any audio recorded? NO

Details of Witness 1

Name

Phone Number

Email Address

MR GOH

818098889

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

CYCLIST

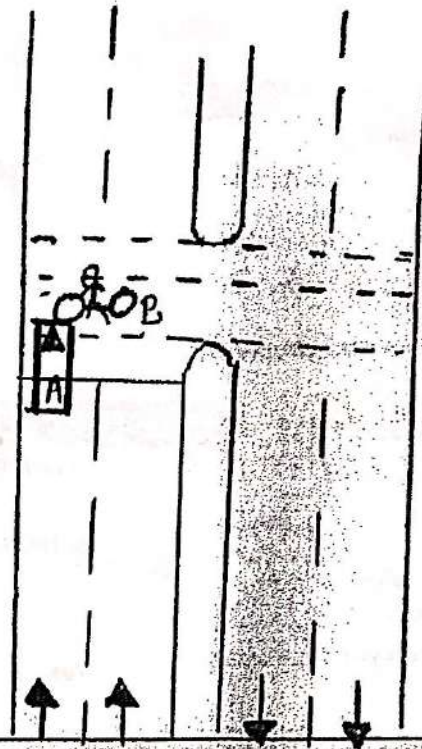
NA/UNKNOWN

SKETCH PLAN

A - SKE/231L

B - CYCLIST

TAMPINES AV
NEAR BLK 8



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191121/2142

DECLARATION

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

Policyholder's Signature
Date & Time: 16/12/19

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

Report of Centre Personnel's Signature
Name: Syun
NRIC/FIN No: 16/12/19



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
1011A Avenue 1 SINGAPORE 408855
Tel No: 35470000

Form No. 20-42

Revision 1.0, 2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2019 16:27
File Report No.:
Station Day:

Informant's Particulars

Name of Informant: JOHNSON WAF
Address: 4FT BLK 3 TAMPIES AVENUE #4-401/402 AT TAMPIES SINGAPORE 628855
ID Type / ID No.: NRIC NO: S12345678
Contact No.:
Home Office: Mobile: 91234567
Nationality: SINGAPORE CITIZEN
Email:
Sex: Male Age: 47 Date of Birth: 1803/1972 Type of Informant: Driver
Race: Chinese Language: English Institution / School Name:
Occupation: PROGRAM MANAGER Driving License Information: Date of Expiry:

General Information of the Accident

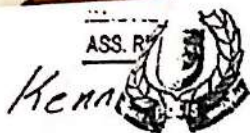
Type of Accident:	Fall	Driver:	Date/Time of Accident:	21/11/2019 16:10
Location:	Along Road 1 TAMPINES AVENUE 3	Driver:		
TAMPINES AVE 3 TANDS TAMPINES AVE 4 NEAR EST TAMPINES AVE 3				
Weather:	Clear	Road Surface:	Dry	
Traffic Flow:		Traffic Control:		
Type of Collision:	Moving Vehicle Against - Cyclist			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Year	Registration
SKE1231L	Car	MERCEDES	GLK130	Black	2014	11-11-13
	Bicycle		XING LINE	Black	2014	11-11-13

Details of Vehicle Insurance

Vehicle No. Insurance Company:



**SINGAPORE
POLICE FORCE**



T/20191121/2142

2 of 4

Report No. T/20191121/2142

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE1231L	UNITED OVERSEAS INSURANCE LIMITED	DHOM120037321800	19/10/2018	18/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JOHNSON YAP		ID No.	S7209534J
Related Vehicle	SKE1231L (Car)		Contact No.	81266072
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
Cyclist				
Name	Unknown Cyclist		ID No.	NIL
Related Vehicle	(Bicycle)		Contact No.	NIL
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

Brief Details.

I was driving along Tampines Ave 3 towards Tampines Ave 4 on the left of 2 lanes at stated date and time. As I was approaching the pedestrian crossing near Block 831 of the above road, a cyclist was at the center divider of the crossing and was moving across the road. The traffic light was green in my favour at the time. As I neared the crossing, I saw the cyclist on the 1st lane and I immediately jam braked. By this time, the bike was in my lane but I was unable to stop in time and hit onto the cyclist with the front right side of the car. The cyclist flew and landed on my windscreen and eventually landed on floor on the right side of my car. Ambulance arrived in about 5 minutes. Paramedics could detect a pulse from the cyclist and conveyed the cyclist to hospital. Later I was informed that it was a fatal case and was arrested to TP.

There was a witness at the scene by the name of Mr Goh, Hpi: 81809889 who is willing to provide an account.