

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: \$110k

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: 1 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

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

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 1173422N 646259Gen. 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 / LUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 21/11/2019 D.O.I. 16/12/2020

Survey held at \_\_\_\_\_

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

Rear O/S & Rm wheel cracked

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

Date / Time Action / Instruction

1/ Bottom Plot  
Veh lay-off, unable to check rear from LTA.

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 dls*  
*Not Authorized*  
*Recovery B4 print*  
*Ex & T506*  
*Today*

## ESTIMATE

| NO. | DESCRIPTION                     | QTY | UNIT S\$      | AMOUNT S\$   |
|-----|---------------------------------|-----|---------------|--------------|
| 1   | FRONT BUMPER                    | 1   | <i>Backem</i> | \$1,045.00 ✓ |
| 2   | FRONT BUMPER SIDE BRACKET RH    | 1   | <i>P11</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>Mit</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>Red</i> \$120.00 ✓ |
| 3 | FRONT GRILLE CLIPS              | 1   |           | <i>Red</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   | 1    |
| TO APPLY ANTI-RUST.                                                        | \$150.00   | 12   |
| 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                                                  | SK1231L                       |
| 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

818098689

### 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: C

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

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





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
101 Jln Aljunied SINGAPORE 400205  
Tel No: 95470000

72727452942

Report No: 72727452942

## 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 YAP Address: 4PT BLK 3 TAMPINES AVENUE 3 #401 UNIT TAMPINES SINGAPORE 520383  
ID Type / ID No.: NRIC NO / STAMPA Contact No.: Phone Office: Mobile: 97598772 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 Attended by Police: Yes Date/Time of Accident: 21/11/2019 16:10 Type of Accident: Fall Attended by Police: Yes  
Location: Along Road 1 TAMPINES AVENUE 3 TAMPINES AVE 3 TADS TAMPINES AVE 4 NEAR 831 TAMPINES AVE 3  
Weather: Clear Road Surface: Dry Traffic Control: Traffic Control  
Type of Collision: Moving Vehicle Against - Cyclist

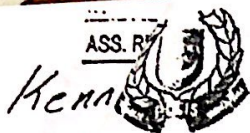
### Details of Vehicle Involved

| Vehicle No. | Type    | Make     | Model     | Year | Color | Registration No. |
|-------------|---------|----------|-----------|------|-------|------------------|
| SME1231L    | Car     | MERCEDES | GLK 300   | 2013 | Black | 11-11-13         |
|             | Bicycle |          | XING LINE | 2017 | Black | 11-11-17         |

### Details of Vehicle Insurance

Vehicle No. Insurance Company: Tel: 72727452942





# 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<br>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<br>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 81809869 who is willing to provide an account.