

Our reference: 21-7079

Date: 15/12/2020

c/o Assure Auto Assist Pte Ltd
23 Tuas Avenue 18
Singapore 638902

Dear Sirs

RE: Road Traffic Accident on 19/11/2020
Toh Qing Huang

In accordance with your instructions received in this office on 1/12/2020, we made arrangements to examine the vehicle on 1/12/2020 at above-mentioned address. The following data was recorded:

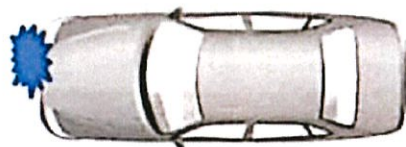
Vehicle details

Make	Toyota	Registration	SMU1881C
Model	Lexus IS300	Chassis	JTHBA1D2005101953
Colour	Black	Gearbox	Auto
Odometer	14287km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	225/45R17	85% Turanza
Front right	225/45R17	85% Turanza
Rear left	225/45R17	80% Bridgestone
Rear right	225/45R17	80% Bridgestone

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$4,600.00 and 4 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
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Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items:				
Bonnet	1	dented	2452.30	2452.30
Bonnet inner rubber strip	1	abraded	185.10	185.10
Front radiator grille assy	1	cracked	799.60	799.60
Front radiator grille chrome strip	1	damaged	158.00	158.00
Front radiator grille assy logo	1	necessary	102.00	102.00
Front support panel top garnish	1	cracked	320.70	320.70
Sub- Total costs			4017.70	4017.70
Percentage discount : 10%			401.77	401.77
Sub-Total costs for parts			3615.93	3615.93
Special Nett Items:				
Front radiator grille clips	set	necessary	20.00	20.00
Coating	1	necessary	700.00	700.00
Sub-Total costs for parts			720.00	720.00
Parts Repair				
	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			4335.93	4335.93

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Section B: Labour Cost Calculation

	Hourly rate	19	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	13	\$ 585.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 550.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 20.00
Wiring and bulb checking	\$ 45.00	0.5	\$ 22.50
Total labour cost			\$ 1,177.50

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

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Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$4,335.93	
Further discount		\$867.19	
	20%		
Recommended cost of parts replacement		\$3,468.74	(1)
Labour Cost Calculation (See section B)		\$1,177.50	(2)
Total Repair Cost (Round off to hundred)		\$4,600.00	(1) + (2)

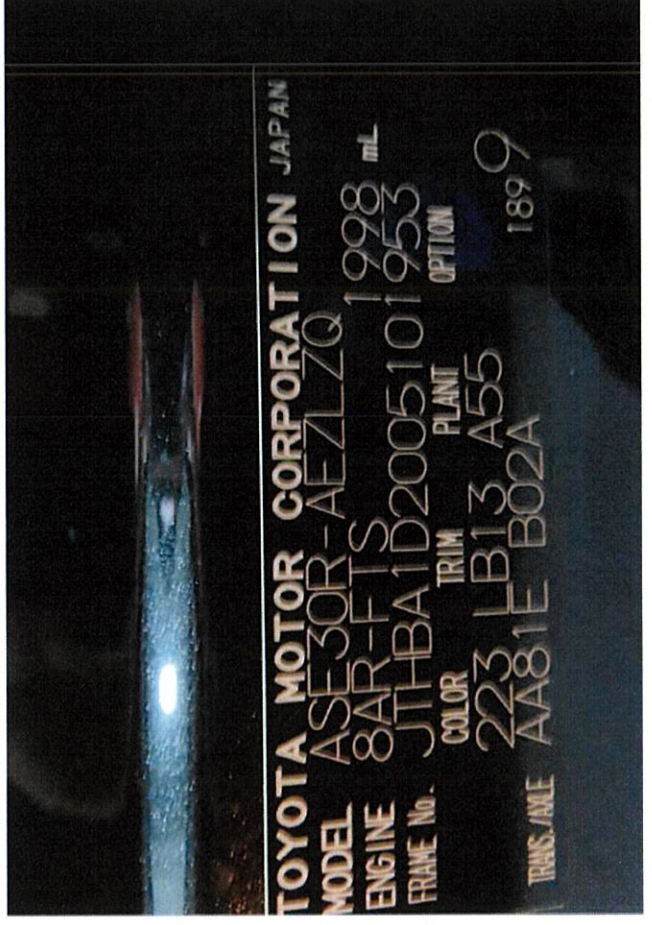
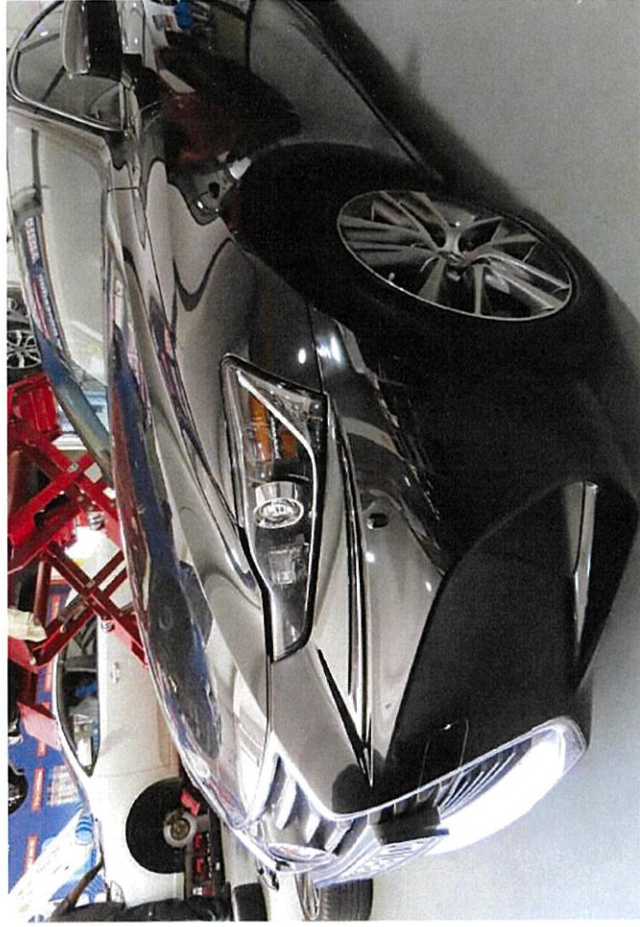
We would recommend a sum of \$4,600.00 and 4 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

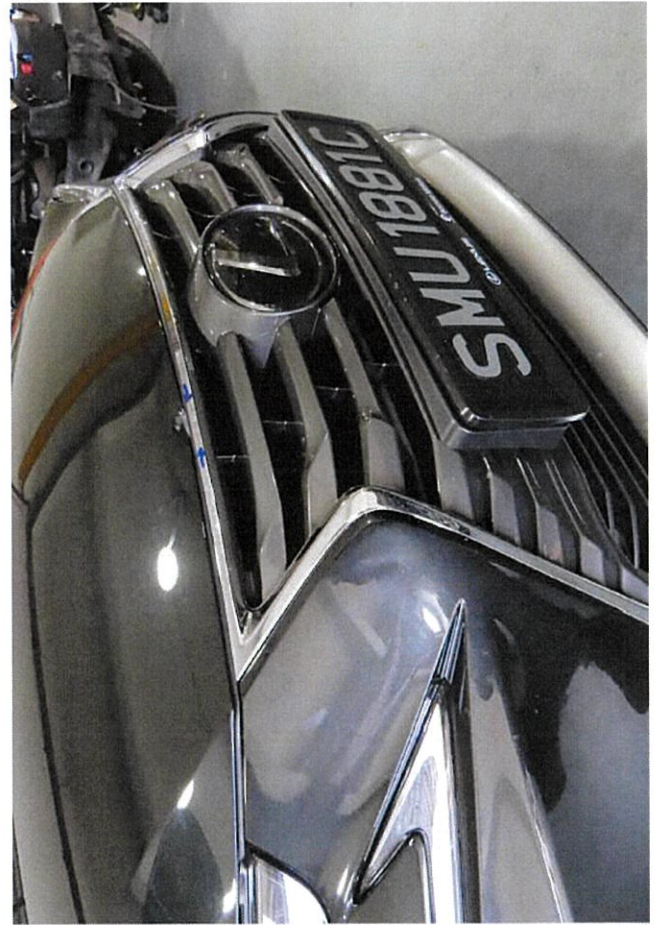
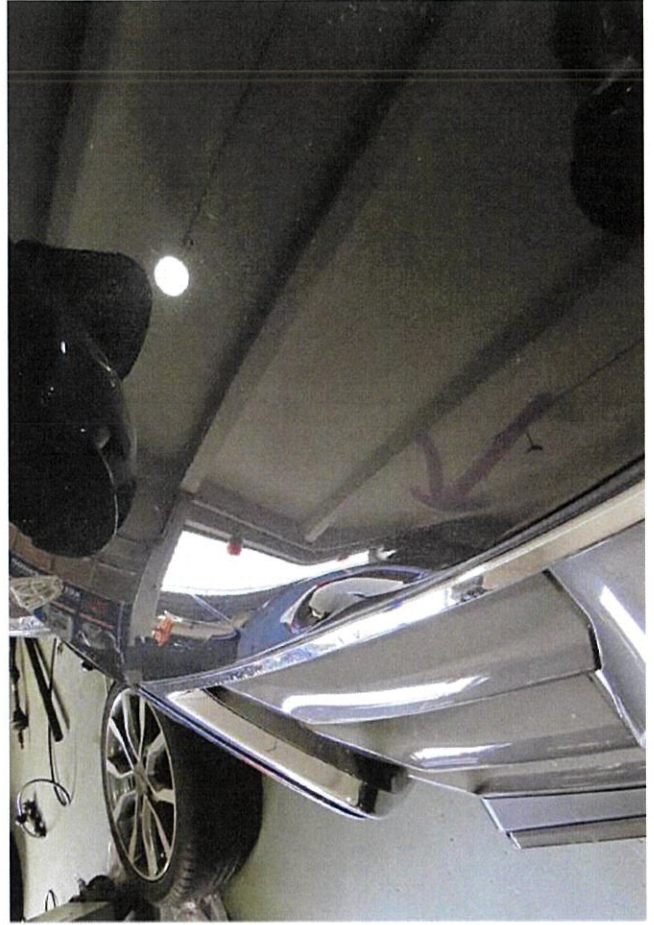
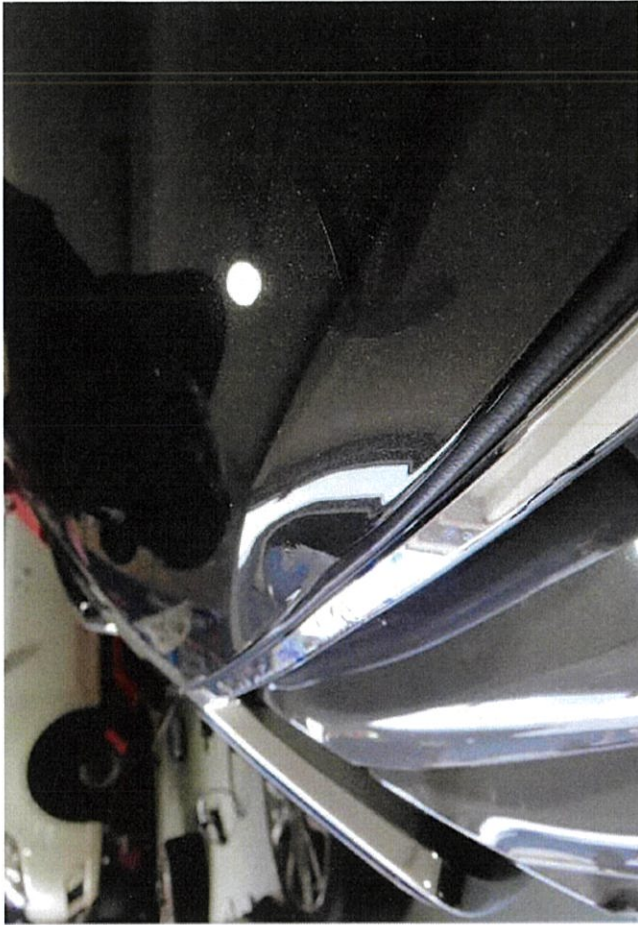

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma. Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA certified Trainer, Singapore

Enterprise Singapore - Recognised Certification for Management Consultants

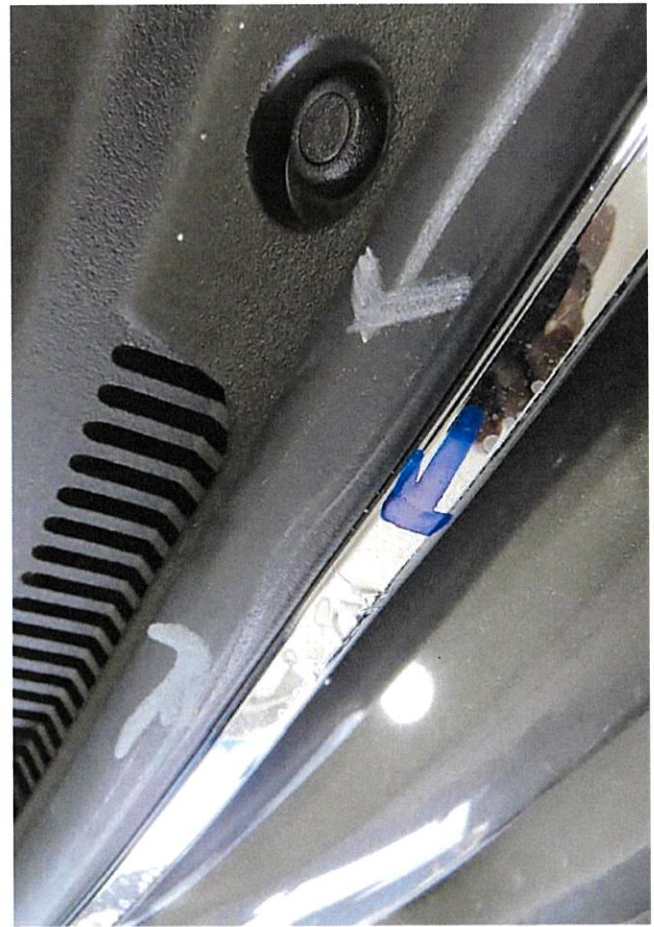
IMI Professional Certificate In Vehicle Accident Damage Assessment (IHK)
Subsidiaries of Impact Analysis Consultant:

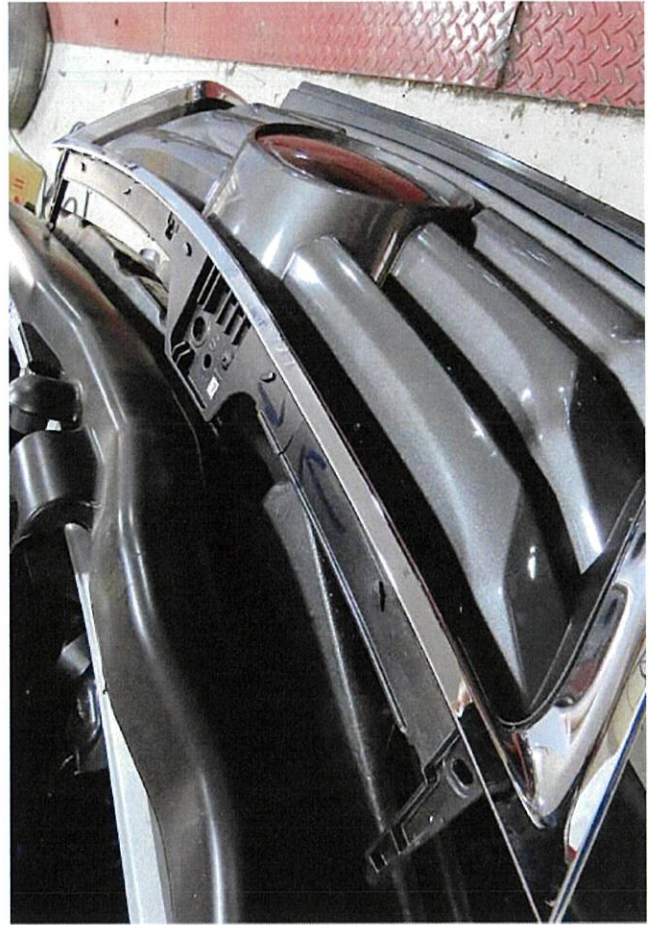
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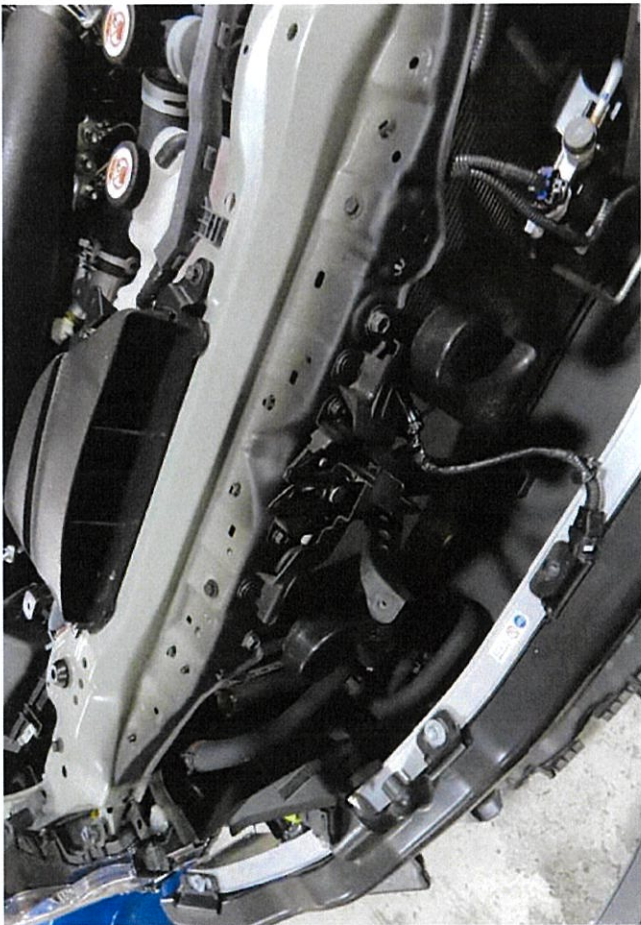












SINGAPORE ACCIDENT STATEMENT

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 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 13:15
Date Of Accident	19/11/2020 12:25
Exact Location Of Accident	26 SUNGEI KADUT WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1881C
Insured/Policyholder	
Name Of Registered Owner	TOH QING HUANG
NRIC No	SXXXX874I
Email Address	TOHQINGHUANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93251881
Alternative Phone No	OFFICE-93251881

Vehicle Particulars

Manufacturer	LEXUS
Model	IS300-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118543404
Cover Note Number	

Driver

Name of Driver	TOH QING HUANG
NRIC No	SXXXX874I
Date Of Birth	16/01/1995
Occupation	INDOOR
Date Of Driving Pass	05/11/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93251881
Fax Number	
Contact Number	OFFICE-93251881
Email Address	TOHQINGHUANG@HOTMAIL.COM

Address	BLK 418 WOODLAND STREET 41 #06-131
Postcode	730418
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

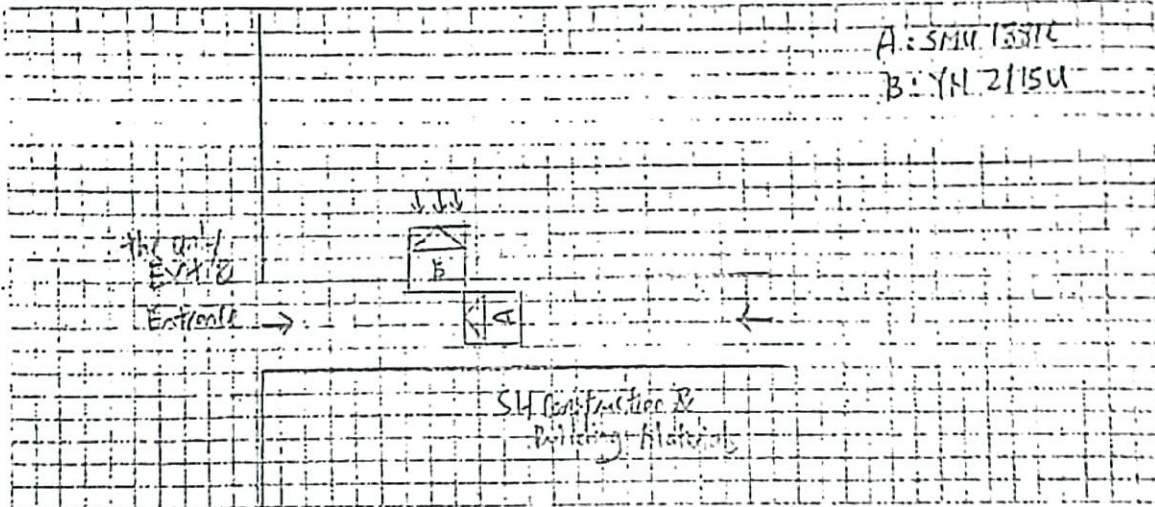
Attachment(s)

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	YN2115U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, I was about to drive from SH Construction & Building Materials, suddenly a Lorry (car B) reversing without keep a proper lookout and collided into my car front portion, that's all.

DECLARATION

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

Policyholder's Signature

Driver's Signature

(If different from the policyholder)



Reporting Centre Personnel's Signature

Usma:

SKETCH PLAN

IMPORTANT NOTICE

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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. 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.
7. By the lodgment 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) 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 and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, 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 on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (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) the 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, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


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.:

ASSURE AUTO ASSIST PTE LTD

23 Tuas Avenue 18 Singapore 638902

Tel: 6385 1171

BUS. REG. NO. 201919143Z GST.REG.NO.201919143Z

INVOICE

To: Toh Qing Huang

Invoice No. : AA20066
Date : 30/12/2020
Vehicle No. : SMU1881C

No.	Description	Qty	Unit Price	Amount
1	REPAIR COST		\$ 4,600.00	\$ 4,600.00
Sub-Total				\$ 4,600.00
GST 7%				\$ 322.00
Total				\$ 4,922.00

Payment by cheque should be crossed and made payable to 'Assure Auto Assist Pte Ltd'

Issued By:

.....
Authorised Signature