

ASS. REC. BY:

Tanglin

REF:

AX 17-

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.Bal. or Market Value: 960K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 9B18854 Yr Regn: 2018, Jan.

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982Colour: white A/C: Insured / Std / NI / NASp. Reading: 72643 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 2010208240

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/R15R: 225/R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm / L/Bal. 6 mmD.O.A. _____ D.O.I. 19/1/21 2420Survey held at TK Lee Auto.

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Form:

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Weekend

(\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

T K LEE AUTOMOTIVE PTE.LTD

NO 1 KAKI BUKIT AVE 6 #02-47

AUTOBAY SINGAPORE 417883

Tel : 6509 5521 / 65095524 Fax : 6509 5523

The Motor Claims Dept.

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

SHA2847K

ESTIMATE

DATE : 19.01.2021
VEHICLE NO : GBH885Y
MAKE/MODEL : TOYOTA HIACE
ACC DATE : 02.01.2021

PARTICULAR		UNIT PRICE	AMOUNT
QTY		SS	SS
LIST PRICE			
1	1 FRONT DOOR RH	1,600.21	bt- 1,600.21
2	1 FRONT DOOR RUBBER RH	319.35	X 319.35
3	1 FRONT STEP GARNISH RH	165.80	cut ✓ 165.80
4	1 DOOR CENTRE PILLAR RH	598.60	bt- 598.60
5	1 SIDE SLIDING DOOR RH	1,655.35	Rx 1,655.35
			4,339.31
LESS 25%			1,084.83
			3,254.48
SPECIAL NETTS ITEM			
1	1 FRONT DOOR LETTERING STICKER RH	20.00	net ✓ 20.00
2	1 FRONT WHEEL HUB CAP RH	120.00	cut ✓ 120.00
3	1 SIDE SLIDING DOOR GLASS SPONGE TAPE RH	20.00	X 20.00
4	1 SIDE SLIDING DOOR GLASS SEALANT RH	60.00	X 60.00
			220.00
LABOUR CHARGES :			
1	TO KNOCK OUT DENT, CUT/WELD DOOR CENTRE PILLAR AND REPLACE ACCIDENT PARTS		600. 800.00
2	TO SPRAY PAINTING ON ACCIDENT PORTION		600. 800.00
3	TO REMOVE, REFIX CUSHION AND INNER TRIM		60 120.00
4	TO REMOVE, REFIX SIDE SLIDING DOOR GLASS		X 120.00
5	4 WHEEL ALIGNMENT		✓ 80.00
6	TO TUFF KOTE		30. 90.00
			2,010.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL : \$ 5,484.48

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
Signature:

77495749 WP 19/1/21 @ 420pm
e/s Reovny after repair.
Tanfikh e lkhauto.com
05 days

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	880D

Vehicle Details

Vehicle No.:	GBH885Y
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DX AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2657959
Chassis No.:	KDH2010208240
Maximum Power Output:	-
Open Market Value:	\$36,326.00
Original Registration Date:	06 Jan 2018
First Registration Date:	06 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$1,817.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	05 Jan 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,101.00
COE Rebate Amount:	\$27,919.00
Total Rebate Amount:	\$27,919.00

The information contained herein is correct as at 19 Jan 2021.

OK

SS1Y2114000K / SME MOTOR PTE LTD
ENTRY DATE & TIME: 04/01/2021 17:12 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (04/01/2021 17:12 (SGT))



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	04/01/2021 17:12 (SGT)
Date of Accident	02/01/2021 21:05 (SGT)
Exact Location of Accident	Rivervale St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH885Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONE AIRCONDITIONING & SERVICING PTE LTD
Company Reg No	2XXXXX880D
Email Address	oneairconservice@yahoo.com
Mobile Phone No	(Phone) +65-91591166
Alternative Phone No	+65-91591166

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5097057018-02
Cover Note Number	-

DRIVER

Name of Driver	LOW KIAN KEONG
NRIC No	SXXXX307E
Date Of Birth	20/07/1969
Occupation	Outdoor

Date Of Driving Pass	06/11/1999
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91591166
Alt. Phone Number	-
Email Address	kksam69@icloud.com
Address	BLK 2B GEYLAN SERAI #10-23
Address complement	-
Postcode	404002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DANIEL
Gender	Male

PASSENGER 2

Name	DARYL
Gender	Male

PASSENGER 3

Name	MEOU
Gender	Female

PASSENGER 4

Name	ALICE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210102/2096.

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	SHA2847K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW KIAN KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH885Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop LEE BROTHER via email / fax. Automotive Pte Ltd.

One Airconditioning & Servicing Pte Ltd.

Signature: Bik 2B Geylang Serai #10-23
Singapore 404002
Tel: 9159 1166

Email: oneairconservice@yahoo.com

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. 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 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.

One Airconditioning & Servicing Pte Ltd

Bik 2B Geylang Serai #10-23

Singapore 404002

Tel: 9159 1166

Email: oneairconservice@yahoo.com

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

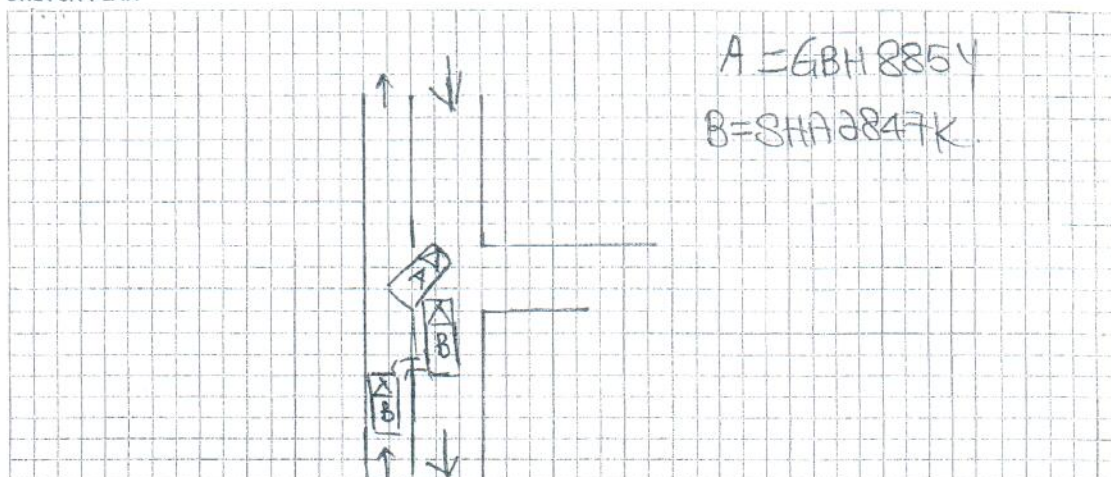
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GORENC SketchPlanForm_V3



SINGAPORE POLICE FORCE



T/20210102/2096

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210102/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 22:27	Vide Report No.:	Station Diary No.: 74
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Informant's Particulars

Name of Informant: LOW KIAN KEONG			Address: APT BLK 2B GEYLANG SERAI #10-23 SINGAPORE 404002		
ID Type / ID No.: NRIC NO / S6925307E			Contact No.: Home/Office: Mobile: 91591166		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 21/07/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2021 21:05	Type of Location: SERVICE ROAD
Location: RIVERVALE STREET				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH885Y	Van				Slightly Damaged	4
SHA2847K	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210102/2096

CONTINUATION OF REPORT

Driver			
Name	LOW KIAN KEONG	ID No.	S6925307E
Related Vehicle	NIL	Contact No.	91591166
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/01/2020 at around 2105hrs, I was driving along the service road on the left lane of 2 lanes along Rivervale Street. I was about to turn right into the carpark of 126A Rivervale Street and I had recalled signaling that I was about to turn right. While turning, a taxi (SHA2847K) which was previously following behind me suddenly collided into me. The right lane is supposed to be for oncoming vehicles travelling in the other direction.

I then alighted the vehicle and the driver of the taxi also alighted and informed he was going straight. I informed him that the other lane was for travelling into the other direction, hence he was not supposed cut into the other lane.

He then subsequently drove off without providing his particulars. I managed to take a picture of the plate number as well as the driver while he had alighted the vehicle for a moment.

No traffic police nor ambulance was called. I sustained damages on the right side of my vehicle. I do not have any in-car recording of the incident. As of the time of lodging this report, I feel pain on the region of my left shoulder, arm and hand.



SINGAPORE
POLICE FORCE



T/20210102/2096

3 of 3

Report No. T/20210102/2096

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 Foo Heng Wei John

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2021 22:27

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SN 158

Authentication Stamp

HP168

