

ASS. REC. BY:

REF: ICS/21005318/Kqy3

Kenneth

ASSIGNMENT

C

From: _____ Date: _____

Estimated Cost: _____

OD (TP/WS/TP RES/OD RES/EVA/INV/MV)

To Inspect Vehicle No: _____

at Workshop m/s City Auto

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: @55k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 18 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBH 5741K Yr Regn: 07 18

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

Truck / Trailer or

Make: NIS NV200 c.c. 1461

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 27886 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM 20 123114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 165/80R14 R: _____

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

YOYO / YOKO or

Front R/Bal. 8 mm Rear R/Bal. 6 mm

L/Bal. 8 mm L/Bal. 6 mm

D.O.A. 20/4/21 D.O.I. 30/4/2021

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 Return @ 19,467

17/10 L/Ry @ 10,300 Cash Cred @ 8196.90, 44%

Date/Time, File Pass to?

: Prell. Report

1) 18/10 trained

: Final Report

Date/Time, File Return to?

Days Of Repair: 18

Resurvey No. of Trip: 1

Survey Fee:

Transportation: S + RS. \$

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: TP

Lump Sum / L.B.I. (\$ 10300)



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202104-000971(00)

Date : 29/04/2021

Vehicle No. : GBH5741X

Make/Model : NISSAN NV200 DX-2 1.6 AUTO

Mileage (km) : 0

Chassis No. : VM20123114

Accident Date : 20/04/2021 00:00:00

Claim No. : SLF3820G

Reference : JO202104-1198

Policy No. : 5114098177-01

ECICS LIMITED

NO. 10

EUNOS RD 8 #09-04A

SINGAPORE POST CENTRE

SINGAPORE 408600

Contact : -

*NOT Attached
1/1 Sup &
Assembly After P.M.
18 days*

Fax No. : 63389267

S/No	Particular	Quantity	Unit Price	Amount S\$
NET ITEMS :				
1	Bonnet	1.0	580.00	580.00 ✓
2	Bonnet hinge	2.0	85.00	170.00 ✓
3	Bonnet lock	1.0	98.00	98.00 ✓
4	Front headlamp	2.0	320.00	640.00 ✓
5	Front headlamp lower garnish	2.0	185.00	370.00 ✓
6	Front grille	1.0	325.00	325.00 ✓
7	Front grille logo	1.0	48.00	48.00 ✓
8	Front grille moulding	1.0	85.00	85.00 ✓
9	Front bumper	1.0	385.00	385.00 ✓
10	Front bumper side retainer	2.0	42.00	84.00 ✓
11	Front bumper reinforcement	1.0	425.00	425.00 ✓
12	Front bumper lower guard	1.0	145.00	145.00 ✓
13	Front bumper tow cover	1.0	35.00	35.00 ✓
14	Front fender inner shield LH	1.0	115.00	115.00 ✓
15	Front headlamp panel	2.0	58.00	116.00 ✓
16	Support panel	1.0	450.00	450.00 ✓
17	Air con condenser	1.0	585.00	585.00 ✓
18	Radiator assy	1.0	550.00	550.00 ✓
19	Fan cowling	1.0	185.00	185.00 ✗
20	Fan motor	1.0	280.00	280.00 ✗
21	Fan blade	1.0	90.00	90.00 ✗
22	Front wheel cover LH	1.0	115.00	115.00 ✓
23	Front shock absorber LH	1.0	225.00	225.00 ✓
24	Front knuckle arm LH	1.0	285.00	285.00 ✓
25	Front lower arm LH	1.0	265.00	265.00 ✓
26	Front wheel bearing - LH	1.0	115.00	115.00 ✓
27	Front linkage LH	1.0	85.00	85.00 ✗
28	Tie rod end - LH	1.0	90.00	90.00 ✗
29	Steering rack end - LH	1.0	155.00	155.00 ✗
30	Engine under cover - LH	1.0	180.00	180.00 ✓
31	Engine under cover - RH	1.0	180.00	180.00 ✗
32	Fuse box cover - top	1.0	155.00	155.00 ✓
33	Fuse box cover - bottom	1.0	195.00	195.00 ✓
34	Auto gear box	1.0	1,850.00	1,850.00 ✓

h/r 1.0 hours cost 1,850.00

500.00

CONTINUE NEXT PAGE



CITY AUTO PTE LTD

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24hrs Towing Services Tel 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202104-000971(00)

ECICS LIMITED

NO. 10

EUNOS RD 8 #09-04A

SINGAPORE POST CENTRE

SINGAPORE 408600

Contact : -

Fax No. : 63389267

Date : 29/04/2021

Vehicle No. : GBH5741X

Make/Model : NISSAN NV200 DX-2 1.6 AUTO

Mileage (km) : 0

Chassis No. : VM20123114

Accident Date : 20/04/2021 00:00:00

Claim No. : SLF3820G

Reference : JO202104-1198

Policy No. : 5114098177-01

S/No	Particular	Quantity	Unit Price	Amount S\$
35	Drive shaft - LH	1.0	685.00	685.00
36	Front cross member	1.0	650.00	650.00
37	Steering air bag	1.0	850.00	850.00
38	Passenger air bag	1.0	950.00	950.00
39	Front seat belt	2.0	385.00	770.00
40	SRS control module	1.0	600.00	600.00
41	Front brake pipe - LH	1.0	195.00	195.00
42	Engine mounting set	1.0	CM 485.00	485.00
List Total :				14,841.00
10% Discount S\$				1,484.10
				13,356.90

SPECIAL NET :

1	Front rim LH	1.0	250.00	250.00
SPECIAL NET Total S\$:				250.00

LABOUR :

- To remove and install front suspension	1.0	250.00	250.00	200
- To conduct wheel alignment	1.0	60.00	60.00	✓
- To remove and install engine and gear box to carry out repair on front portion	1.0	300.00	300.00	250
- To remove and install air bags, seat belt and SRS control module	1.0	250.00	250.00	200
- To recharge air con gas	1.0	120.00	120.00	100
- To check and repair wire harness	1.0	150.00	150.00	✓
- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	2,500.00	2,500.00	2000
- Spray painting on affected & replace parts	1.0	1,200.00	1,200.00	1100
* Towing charge	1.0	60.00	60.00	✓
				4,890.00

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

CONTINUE NEXT PAGE

Page 2 of 3

Date:



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ECICS LIMITED
NO. 10
EUNOS RD 8 #09-04A
SINGAPORE POST CENTRE
SINGAPORE 408600

Contact : -

Fax No. : 63389267

Estimate : QUOT202104-000971(00)

Date : 29/04/2021

Vehicle No. : GBH5741X

Make/Model : NISSAN NV200 DX-2 1.6 AUTO

Mileage (km) : 0

Chassis No. : VM20123114

Accident Date : 20/04/2021 00:00:00

Claim No. : SLF3820G

Reference : JO202104-1198

Policy No. : 5114098177-01

S/No	Particular	Quantity	Unit Price	Amount S\$
------	------------	----------	------------	------------

E. & O.E.

Total S\$: 18,496.90

GST 7% S\$: 1,294.78

Amount Due S\$: 19,791.68

for CITY AUTO PTE LTD

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	22/04/2021 17:08 (SGT)
Date of Accident	20/04/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BOON LAY WAY AND JURONG GATEWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5741X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHAN'S & SONS ENTERPRISE
Company Reg No	XXXXXX00M 51936900M
Email Address	joyce@chans.com.sg
Mobile Phone No	(Phone) +65-96853795
Alternative Phone No	+65-96853795

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114098177-01
Cover Note Number	-

DRIVER

Name of Driver	CHUA CHEW ONG (CAI QIUWANG)
NRIC No	SXXXX616A

Date Of Birth	06/02/1984
Occupation	Outdoor
Date Of Driving Pass	16/11/2004
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96853795
Alt. Phone Number	-
Email Address	ah_wang26@yahoo.com.sg
Address	APT BLK 478 JURONG WEST STREET 41 #05-284
Address complement	-
Postcode	640478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	SUNNY
Road Surface	Dry

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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: T/20210421/7004

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3820G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN KIM ENG
NRIC No	SXXXX919E
Contact Number	(Phone) +65-85880489
Address	-
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	CHUA CHEW ONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH5741X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TANG KIM ENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF3820G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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 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.
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.



[Handwritten Signature]

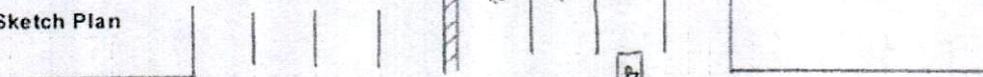
CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1724 Fax: 6453 7944
 (Claims Section)

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

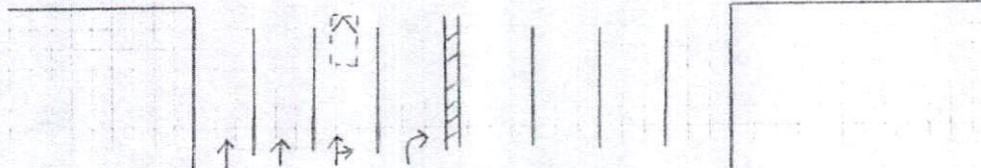


Jurong gateway Road



A - GBH5741x

B - SLF 38206



Boon Lay Way



**SINGAPORE
POLICE FORCE**



T/20210421/7004

1 of 3

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

Report No. T/20210421/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2021 09:39		Vide Report No.: D/20210420/0061		Station Diary No.:	
Informants Particulars					
Name of Informant: CHUA CHEW ONG			Address: 478 JURONG WEST STREET 41 #05-284 SINGAPORE 640478		
ID Type / ID No.: NRIC NO / S8403616A			Contact No.:		Mobile: 96853795
Nationality: SINGAPORE CITIZEN			Email: ah_wang26@yahoo.com.sg		
Sex: Male	Age: 37	Date of Birth: 06/02/1984	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other electronics engineers			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2021 10:30	Type of Location: X-Junction
Location: BOON LAY WAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH5741X	Van	NISSAN	NV 200	White		0
SLF3820G	Car	TOYOTA	Wish	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210421/7004

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

2 of 3
Report No. T/20210421/7004

CONTINUATION OF REPORT

Driver			
Name	CHUA CHEW ONG	ID No.	S8403616A
Related Vehicle	GBH5741X (Van)	Contact No.	96853795
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/04/2021	Date	20/04/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	TANG KIM ENG	ID No.	S7855919E
Related Vehicle	NIL	Contact No.	85880489
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I am driving along Boon Lay Way before I approached the cross junction of Boon Lay Way and Jurong Gateway Road and a right turn into Jurong Gateway (near Big Box, JEM and Ng Teng Feng Hospital). When I reached the cross junction, the traffic light was in green. I stopped and checked for oncoming vehicle and any pedestrian crossing at the turn right pouch. I proceed to make a right turn after I had checked that there was no other oncoming vehicle and pedestrian crossing near or approaching the junction. Out of a sudden, a vehicle, Silver Toyota Wish SLF3820G, appeared and hit my company van, White Nissan NV200 GBH5741X. left front portion of the vehicle while I am making my right turn. The hit impact had shifted my company vehicle a few metres to the right and two of my van air bag were activated. With that, I had suffered a slight pain at left chest and was brought to the nearby hospital, Ng Teng Feng Hospital, for checkup. Based on doctor assessment after the necessary checkup, there was no serious injury and I am fine. Based on my company workshop assessment of the vehicle, the impact was too great that my company van was beyond economic repair and it was total loss for the my company van.

I had taken some photo after the incident happened.



**SINGAPORE
POLICE FORCE**

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



T/20210421/7004

3 of 3

Report No. T/20210421/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NOOR HIDAYAH BINTE ABDULLAH
Contact No.: 65476251

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/04/2021 09:39

Classification Of Case: