

ASS. REC. BY:

REF:

A/G / 2100 7301kr

C

Kenneth

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

Yr Regn: _____

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. _____

L/Bal. _____

D.O.A. _____

Survey held at _____

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

015171

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

Rear

R/Bal. _____

L/Bal. _____

D.O.I. _____

Date / Time

Action / Instruction

7/9 21h 480d. Car frame

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
 GST:201001158E RCB NO:201001158E

M/S : AIG ASIA PAFIFIC INSURANCE PTE LTD

ATTN: Motor Claim Department

WS Ref: TP/AIG
 Claim Type: Third Party
 Accident Date: 03/07/2021
 TP Veh Reg No: SMT1381J

Estimate No: ES2190632 32/YISHUN
 Date: 06 Jul 2021
 Policy No: 5112827241-01
 Veh Reg No: SMP1261T
 Make/Model: TOYOTA TOYOTA
 LEXUS ES250 LUXURY
 A/T S/R
 Chassis No: JTHBJ1GGX02093045
 Engine No: 2ARF221181
 Reg. Date: 15/07/2016

Estimate Repair Cost to Vehicle No :SMP1261T

PAGE:1/1

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 FRONT RH DOOR	1,413.60	1 PC	BENT 1,413.60	✓
2 FRONT RH DOOR GLASS	1,110.90	1 PC	SHATTERED 1,110.90	✓
3 FRONT RH DOOR GLASS OUTER MOULDING	172.70	1 PC	DENTED 172.70	✓
4 FRONT RH DOOR GLASS REGULATOR	218.50	1 PC	✓	✓
5 FRONT RH DOOR GLASS CHANNEL	170.80	1 PC	✓	✓
6 FRONT RH DOOR INNER RUBBER	282.60	1 PC	✓	✓
7 FRONT RH DOOR TOP HINGE	97.50	1 PC	✓	✓
8 FRONT RH DOOR FRAME STICKER	128.60	1 SET	✓	✓
9 FRONT RH SIDE MIRROR	2,788.20	1 PC	✓	✓
			6,383.40	MTG DISTORTED
		Less 25%	1,595.85	4,787.55
Labour				
10 REMOVE & REFIX FRT RH DOR,TRANSFER LOCK ASSY,INNER BOARD,RUBBER,SIDE MIRROR,KNOCK & REPAIR FRT RH FENDER,FRT RH W/SCREEN PILLAR & REALIGN THE SAME	600.00	1 LA	600.00	500.✓
11 PUTTY & RESPRAY ON FRT RH W/SCREEN PILLAR,FRT RH FENDER,FRT RH DOOR,SIDE MIRROR & ALL AFFECTED AREAS (PEARL WHITE)	900.00	1 LA	900.00	700.✓
12 REMOVE & REFIX FRT RH DOOR GLASS	60.00	1 LA	60.00	✓
13 TO RESET LOCK SYSTEM AND SIDE MIRROR	50.00	1 LA	50.00	✓
14 RUSTPROOFING	30.00	1 LA	30.00	✓
			1,640.00	1,640.00
			Total	S\$ 6,427.55
			Add GST @ 7%	449.93
			Total Amount Payable	S\$ 6,877.48

LIK 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:
 Date:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
 Owner ID: 961A

Vehicle Details

Vehicle No.: SMP1261T
 Vehicle to be Exported: Yes
 Intended Deregistration Date: 05 Jul 2021
 Vehicle Make: TOYOTA
 Vehicle Model: LEXUS ES250 LUXURY A/T S/R
 Primary Colour: White
 Manufacturing Year: 2016
 Engine No.: 2ARF221181
 Chassis No.: JTHBJ1GGX02093045
 Maximum Power Output: 135.0 kW (181 bhp)
 Open Market Value: \$40,884.00
 Original Registration Date: 15 Jul 2016
 First Registration Date: 15 Jul 2016
 Transfer Count: 1
 Actual ARF Paid: \$49,238.00

Intended PARF Rebate Details

PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 14 Jul 2026
 PARF Rebate Amount: \$36,928.00

Intended COE Rebate Details

COE Expiry Date: 14 Jul 2026
 COE Category: B - Car above 1600cc or 97kW (130bhp)
 COE Period(Years): 10
 QP Paid: \$56,089.00
 COE Rebate Amount: \$28,180.00
Total Rebate Amount: \$65,108.00

The information contained herein is correct as at 05 Jul 2021

OK

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 03 Jul 2021 / 23:50:00)

Vehicle Insurance Details

Vehicle No.:

SMT1381J

Make Description/Model:

MAXUS / G10 2.0(A) FLAGSHIP

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20210705131609085369

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

Print

OK →

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 05/07/2021 13:12 (SGT)
Date of Accident 03/07/2021 23:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Lentor Ave
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP1261T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH YEOK BENG
NRIC No S6922961A
Email Address DOG_MARTINS@YAHOO.COM.SG
Mobile Phone No (Phone) +65-91788787
Alternative Phone No +65-91788787

VEHICLE PARTICULARS

Manufacturer Lexus
Model Es250
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112827241-01
Cover Note Number -

DRIVER

Name of Driver KOH YEOK BENG
NRIC No S6922961A

Date Of Birth	28/07/1969
Occupation	Indoor
Date Of Driving Pass	18/07/1992
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-91788787
Alt. Phone Number	+65-91788787
Email Address	DOG_MARTINS@YAHOO.COM.SG
Address	50 CANBERRA DRIVE #11-18
Address complement	-
Postcode	768438
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CLARA WEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer to police report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV TO SEND TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1461K
Vehicle Manufacturer	-

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

Taxi

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SMT1381J

Private car

INJURED PERSONS DETAILS

INJURED 1

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

NA

FOREHEAD INJURY

SMT1381J

Yes

Yes

INJURED 2

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

NA

UNABLE TO BREATH PROPERLY

SHC1461K

Yes

Yes

INJURED 3

Name of injured person
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?

NA

HEAD BLEEDING AND SPINE INJURED

SHC1461K

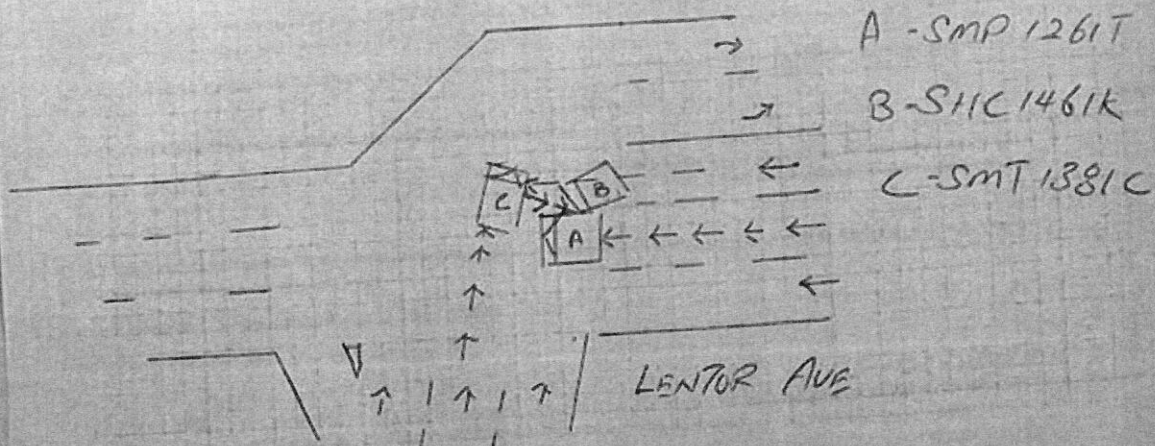
Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

Yes

1. Please report correctly the details of the accident to speed up the claims process.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

05/07/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: LOO HAN PLO

NRIC/FIN No.:

S7140077H

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 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:

05/07/2021

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



Reporting Centre Personnel's Signature
Name: LOO HAN JIO
NRIC/FIN No.:

S7140074H



SINGAPORE POLICE FORCE



T/20210704/2039

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20210704/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 14:22	Vide Report No.: F/20210703/0318	Station Diary No.: 30
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Informant's Particulars

Name of Informant: KOH YEOK BENG			Address: 50 CANBERRA DRIVE #11-18 SINGAPORE 768438	
ID Type / ID No.: NRIC NO / S6922961A			Contact No.: Home/Office:	Mobile: 91788787
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 28/07/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BUSINESS DIRECTOR			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/07/2021 23:50	Type of Location: Flyover
Location: LENTOR AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control:	Traffic Volume: Light		
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
SMP1261T	Car	TOYOTA	LEXUS ES250 LUXURY A/T S/R	White	Seriously Damaged	1
SMT1381J	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210704/2039

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20210704/2039

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:
L /
Sgt 3 TOH QIAN YU, RACHEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No: 65476252

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
04/07/2021 14:22

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210704/2039

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

SHC1461K

Report No. T/20210704/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP1261T	NTUC Income Insurance Co-Operative Limited	5112827241-01	22/09/2020	14/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH YEOK BENG		ID No.	S6922961A
Related Vehicle	NIL		Contact No.	91788787
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 03/07/2021 at about 2350hrs, I was driving along Lentor Avenue in the middle lane towards Yishun Avenue Two. While I was near the flyover where vehicle exiting from the expressway towards Lentor Avenue, I saw a vehicle, SMT1381J, beating red light while turning from junction towards where I was driving to cross over towards Ang Mo Kio side. I immediately honked and stopped the car. However, the taxi that was on the outer right lane did not see the car approaching thus collided with the vehicle. The impact was too huge and the taxi hit the right sides of my vehicle. I have a in car camera stored in my vehicle and the Investigation Officer had took the SD card from me. As both drivers were injured, I could not exchange particulars with them as they were conveyed to hospital. I wishes to lodge this report for insurance claims.