

ASS. REQ. BY:

Steve

REF

CS/CTI 21/08/14/ETC

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMS 13330

Yr Regn:

14/6/18

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

Truck / Trailer or

Make:

Honda Shuttle

c.c.

1496

Colour:

white

A/C:

Insured / Std / NI / N

Sp. Reading

042768

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

GP71211 977

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

11/8/21

D.O.A.

31/8/21

Survey held at

Accord Auto

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

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

Date / Time

Action / Instruction

NAK - 70K

Time/Time, File, Poss to?



: Prel. Report



: Final Report

Time/Time, File Return to?

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

\$ + RS \$1

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Workshop (\$

Total (A) :	\$	5,479.01
Less 25%	\$	1,369.75
Total :	\$	4,109.26

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL:62715133/62717433 FAX:62745715

Pg2

ESTIMATE REPAIR

China Taiping Insurance (Singapore) Pte Ltd

Date: 2.8.2021

Owner's Name : Tan Guo Quan

Vehicle No : SMS1333D

Vehicle Make & Model : Honda Shuttle Hybrid 1.5 A

Registration Date : 14 Jun 2018 (YOM 2018) COE Expiry Date 13 Jun 2028

Claim Type: Third Party Claim

Chassis No: GP71211221

DOA: 1.8.2021

No	Description	Unit	List (\$)
Special Nett			
1	TAILGATE SEALANT / <i>NEC</i>	1	\$ 49 80.00
2	REAR BUMPER CLIPS / <i>NEC</i>	SET	\$ 30 40.00
3	REAR END PANEL GARNISH CLIPS ?	6	\$ 30.00
4	REAR FENDER SHIELD CLIPS X	2 SET	\$ 70.00
5	REVERSE SENSOR / <i>SHOULD</i>	SET	\$ 299 280.00
Labour			
1	Spray Painting to All Affected Areas	1	\$ 400 800.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ 400 1,000.00
3	Check Wiring System & Light	1	\$ 30 100.00
4	Anti Rust Treatment	1	\$ 30 120.00
5	To Remove/Replace/Refix Tailgate Windscreen To New Tail Gate	1	\$ 120.00
6	To Remove / Refix Rear Inner Compartment To Facilitate Repair	1	\$ 30 150.00
7	To Remove / Refix Rear Top Tailgate Spoiler	1	\$ 30 100.00
8	To Remove / Replace/ Refix Rear Reverse Camera & Reverse Sensor	1	\$ 30 180.00
9	To Remove / Refix Rear Tail Gate Attachment	1	\$ X 120.00
10	Computer Diagnostic	1	\$ X 350.00
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 </div>			
Total (B) :			\$ 3,540.00
Grand Total:			\$ 7,649.26

Acknowledged by Repairer

Signature:

Date:

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	02/08/2021 15:30 (SGT)
Date of Accident	01/08/2021 16:47 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD TURN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1333D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN GUO QUAN
NRIC No	SXXXX811C
Email Address	TANGUOQUAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98469876
Alternative Phone No	+65-98469876

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00002014
Cover Note Number	-

DRIVER

Name of Driver	TAN GUO QUAN
NRIC No	SXXXX811C

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

02/04/1986
 Indoor
 22/02/2007
 14 YEARS AND 6 MONTHS
 Male
 (Phone) +65-98469876
 +65-98469876
 TANGUOQUAN@HOTMAIL.COM
 BLK 261C PUNGGOL WAY #13-325 SINGAPORE

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 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 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 SIA PEI ER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Hougang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004890999
 Alt. Police Station Phone No (Fax) +65-63128989
 Police Station Address 60 Hougang Ave 9 Singapore 538775
 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? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBJ9146C
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN GUO GUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS1333D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time: 21/3/2021
1:10pm

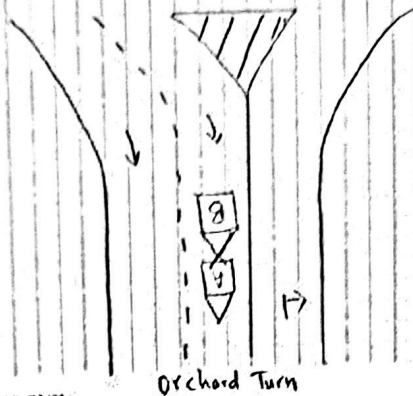
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Veh A: SMS 1333 D

Veh B: GBJ 9146C



Orchard Turn

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To Police Report No. T/20210801/2059

DECLARATION

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

Policyholder's Signature

Date & Time: 2/8/2021

1. 10 2nd

《中国大百科全书·音乐舞蹈卷》, 北京: 中国大百科全书出版社, 1989。第 100 页。

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210801/2059

1 of 3

Report No. T/20210801/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/08/2021 22:50

Vide Report No.:

Station Diary No.:
106

Informant's Particulars

Name of Informant:
TAN GUO QUAN

Address:
APT BLK 261C PUNGGOL WAY #13-325 SINGAPORE
823261

ID Type / ID No.:
NRIC NO / S8609811C

Contact No.:
Home/Office: Mobile: 98469876

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 35 02/04/1986

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
SELF-EMPLOYED

Driving Licence Information:
Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2021 15:45	Type of Location:
Location: ORCHARD TURN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9146C	Van					0
SMS1333D	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White	Slightly Damaged	1

Details of Vehicle Insurance

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



T/20210801/2059

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210801/2059

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS1333D	FWD Singapore Pte. Ltd	PNPV2021-00002014	24/04/2021	23/04/2022

Brief Details.

On 01/08/2021 at 1649hrs, I was driving along Orchard Turn in my vehicle, SMS 1333D and everything was normal. I wish to state that I was with my wife at the point of time. As the traffic was congested, my vehicle had to stop and soon after, it was stationary. All of a sudden, I felt an impact coming from the rear. I then got down of my vehicle and realized that I was involved in a traffic accident with another vehicle, GBJ 9146C.

Soon after both drivers left as there was no injuries sustained at first. However, it was later when I felt pains from my neck and back area from the accident and I went Mount Elizabeth Hospital for my injuries. I was given four days outpatient leave from the doctor. My vehicle suffered dents on the rear bumper and also the rear passenger door. I also wish to state that my wife was not injured from the accident. I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210801/2059

3 of 3

Report No. T/20210801/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 ONG YU HAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

01/08/2021 22:50

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force