

Our reference: 21-7838

Date: 16/6/2021

c/o Garage 13 Pte Ltd  
8 Kaki Bukit Ave 4  
#03-46 Premier@KB  
Singapore 415875

Dear Sirs

**RE: Road Traffic Accident on 5/6/2021  
Koh Chee Siong Derek**

In accordance with your instructions received in this office on **8/6/2021**, we made arrangements to examine the vehicle on **8/6/2021** at above-mentioned address. The following data was recorded:

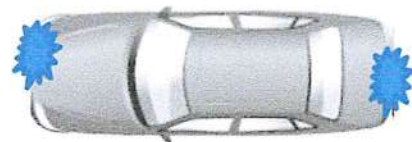
#### Vehicle details

<b>Make</b>	Hyundai	<b>Registration</b>	SJT6478S
<b>Model</b>	Elantra	<b>Chassis</b>	KMH DU41BR9U771057
<b>Colour</b>	Silver	<b>Gearbox</b>	Auto
<b>Odometer</b>	214954km	<b>Paintwork</b>	Good
<b>Steering</b>	In order	<b>Brakes</b>	In order
<b>Condition</b>	Good		

#### Tyre Depths

Front left	195/60R15	85% Firenza
Front right	195/60R15	85% Firenza
Rear left	195/60R15	85% Firenza
Rear right	195/60R15	85% Firenza

#### Impact Direction & Area of Damage:



<b>Status</b>	REPAIRABLE
<b>Magnitude</b>	Medium
<b>Legal status</b>	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 **\$5,100.00** and **6** 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
<b>List Items:</b>				
Front bumper	1	deformed	622.80	622.80
Front bumper side retainer @\$28.70	2	necessary	57.40	57.40
Front bumper reinforcement	1	bent	312.50	312.50
Front bumper sponge	1	damaegd	166.50	166.50
Front bumper lower grille	1	cracked	142.15	142.15
Radiator grille	1	holder cracked	225.60	225.60
Radiator grille logo	1	necessary	32.80	32.80
Head lamp @\$526.20	2	intact	1052.40	0.00
Boot lid	1	repair.respray	982.30	0.00
Boot lid top lock	1	bent-in	145.50	145.50
Boot lid logo	1	necessary	32.20	32.20
Boot lid emblem 'AVANTE'	1	necessary	33.60	33.60
Boot lid emblem 'S'	1	necessary	18.40	18.40
Boot lid weather strip	1	reuse	112.50	0.00
Rear bumper	1	deformed	653.70	653.70
Rear bumper side retainer @\$26.50	2	necessary	53.00	53.00
Rear bumper bracket @\$92.40	2	bent	184.80	184.80
Rear bumper sponge	1	damaegd	181.80	181.80
Rear bumper reinforcement	1	bent	302.10	302.10
Tail lamp @\$298.60	2	shifted	597.20	597.20
Rear end panel	1	dented	587.50	587.50
Rear end panel top garnish	1	reuse	152.40	0.00
<b>Sub- Total costs</b>			6649.15	4349.55
Percentage discount :      20%			1329.83	869.91
<b>Sub-Total costs for parts</b>			<b>5319.32</b>	<b>3479.64</b>

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Front bumper clip @\$5.00	10	necessary	50.00	50.00
Radiator grille clip @\$5.50	5	necessary	27.50	27.50
Rear bumper clip @\$5.50	10	necessary	55.00	55.00
Rear end panel sealant	1	necessary	40.00	40.00
Reverse sensor	set	malfunction	250.00	250.00
<b>Sub-Total costs for parts</b>			<b>422.50</b>	<b>422.50</b>

#### Parts Repair

*	*	0.00	0.00
<b>Sub- Total costs</b>		<b>0.00</b>	<b>0.00</b>
<b>Total costs for parts</b>		<b>5741.82</b>	<b>3902.14</b>

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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	20	\$ 900.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 950.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 50.00
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 45.00	1.7	\$ 76.50
Wiring and bulb checking	\$ 45.00	1	\$ 45.00
<b>Total labour cost</b>			<b>\$ 2,021.50</b>

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	
<b>Damaged Parts Assessment (See section A)</b>		<b>\$3,902.14</b>	
Further discount	<b>20%</b>	\$780.43	
Recommended cost of parts replacement		<b>\$3,121.71</b>	(1)
<b>Labour Cost Calculation (See section B)</b>		<b>\$2,021.50</b>	(2)
<b>Total Repair Cost (Round off to hundred)</b>		<b>\$5,100.00</b>	(1) + (2)

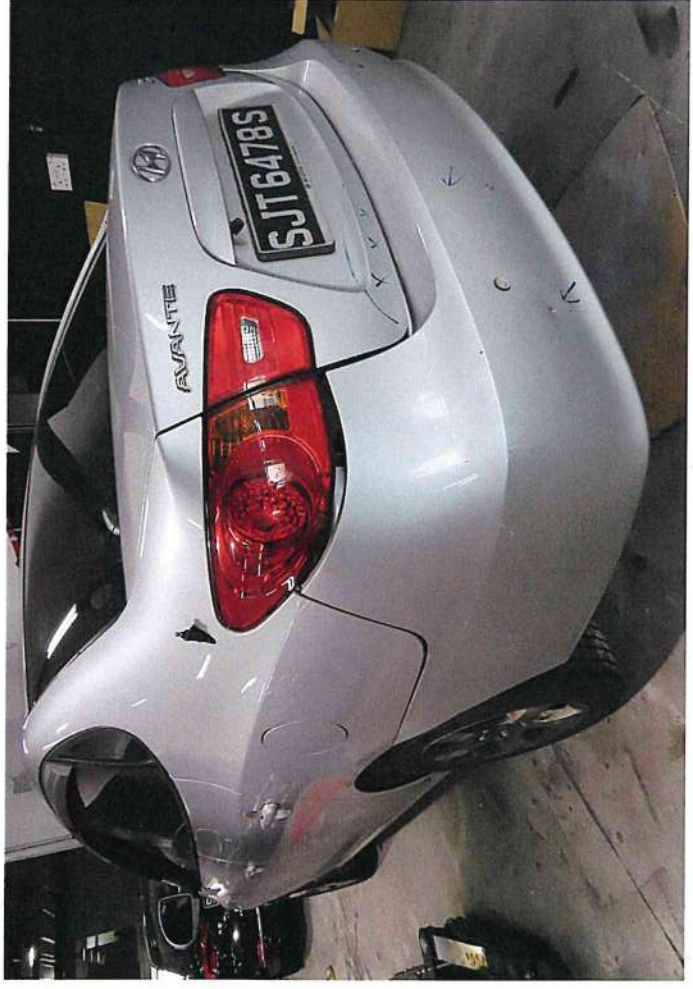
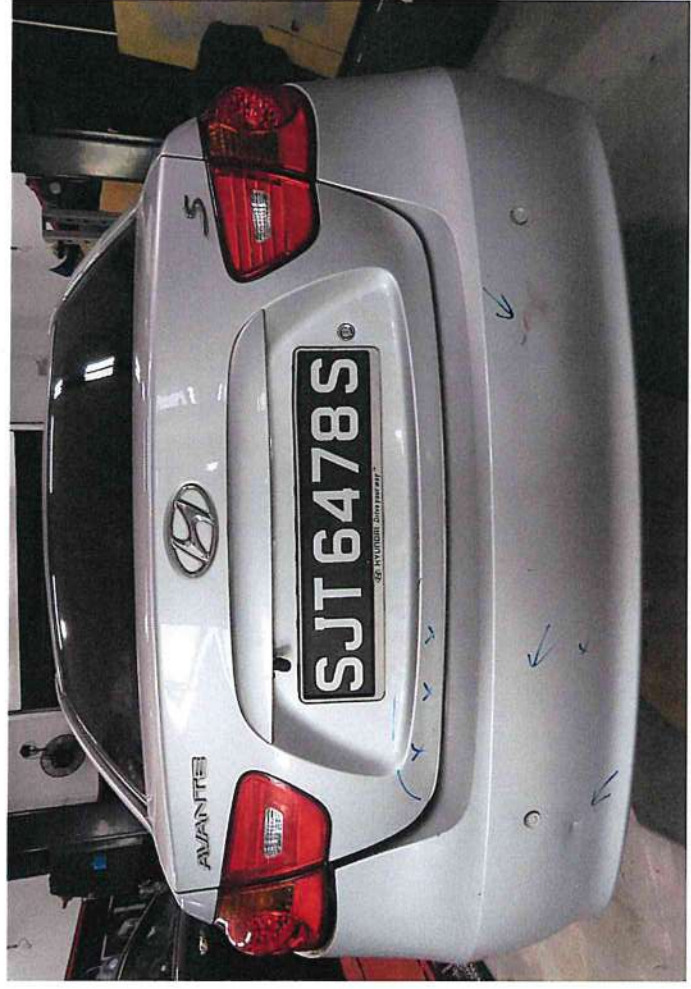
We would recommend a sum of **\$5,100.00** and **6** working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

  
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 (UK)

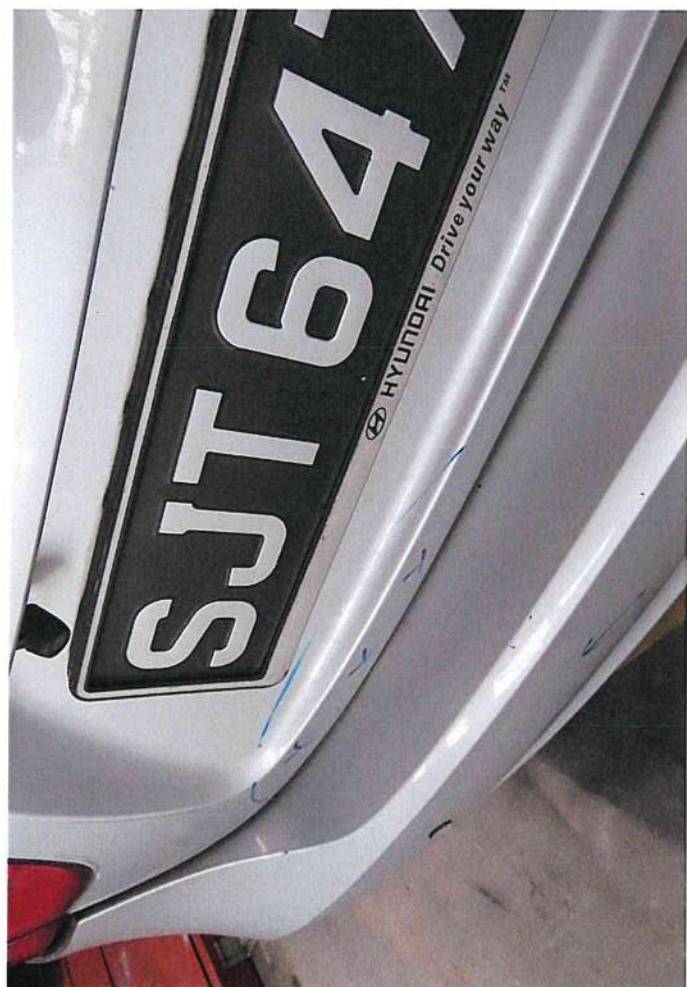
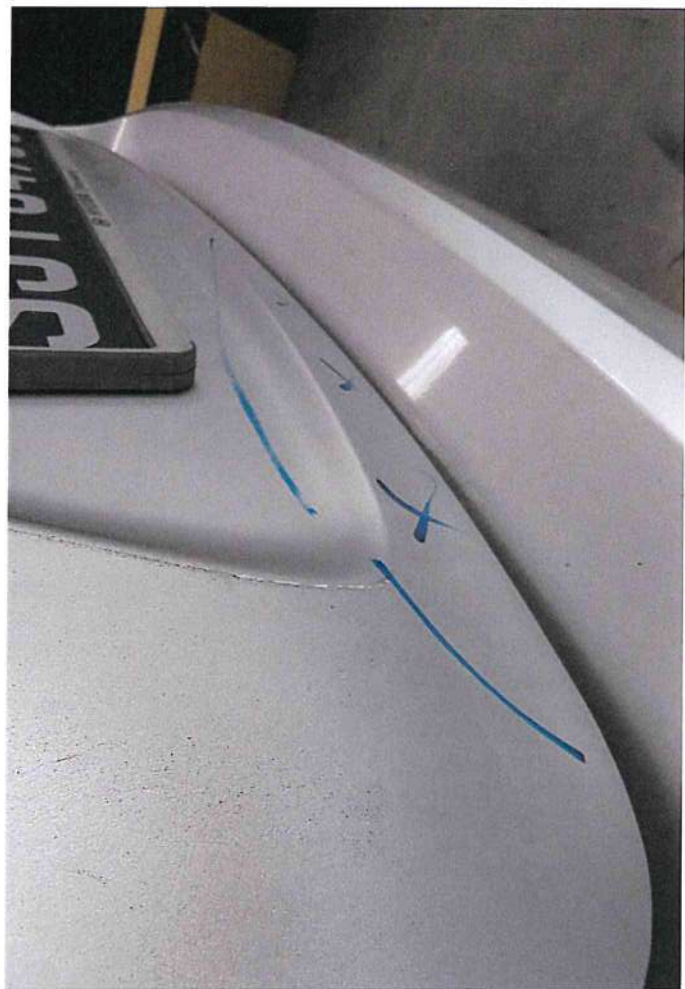
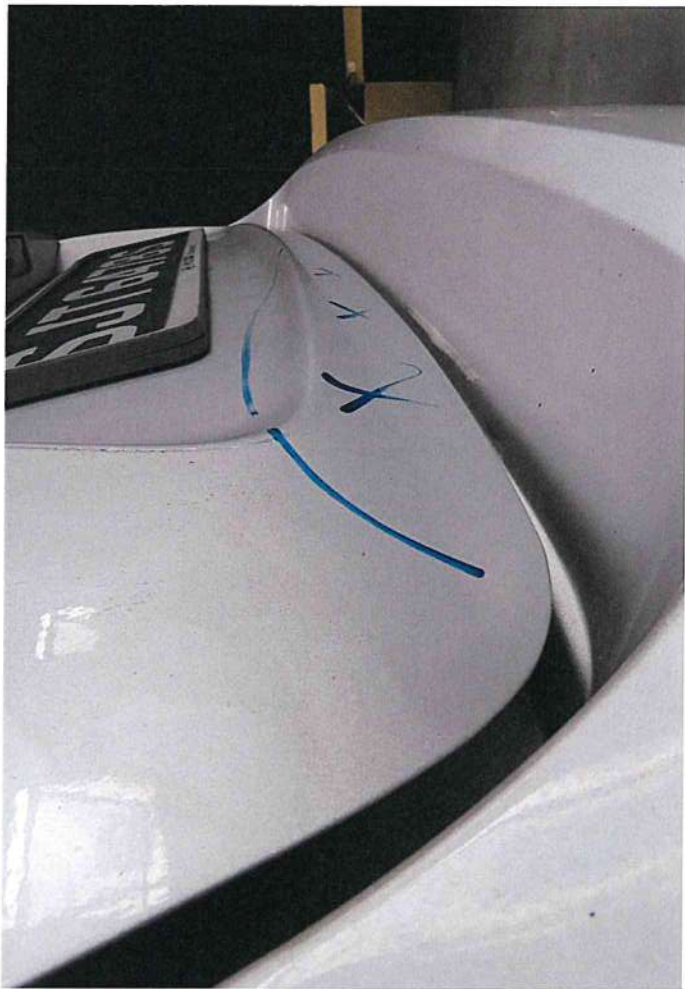
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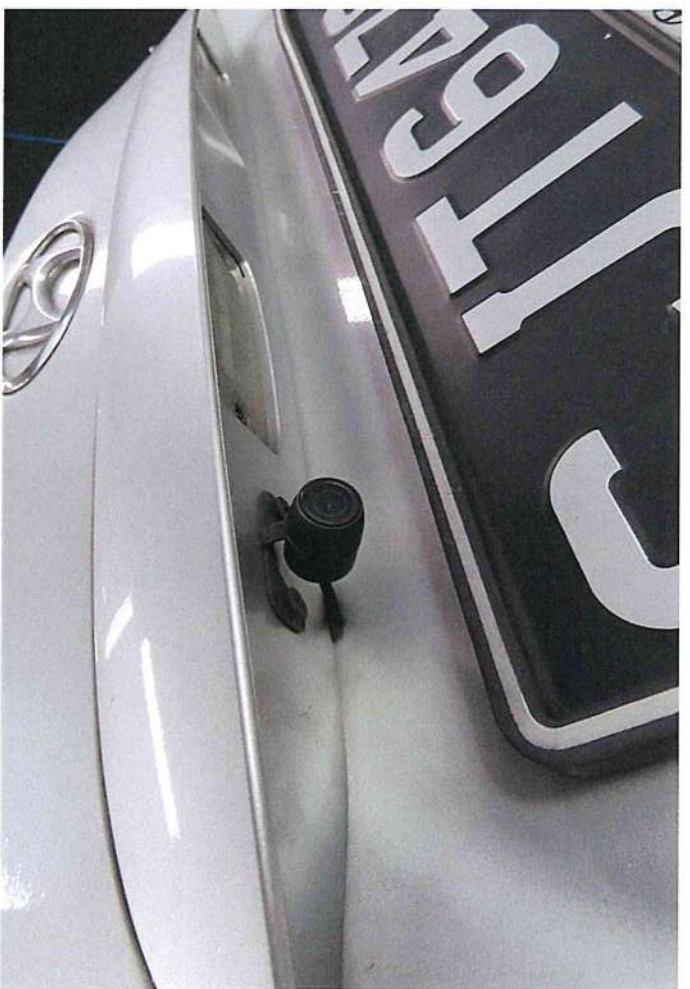




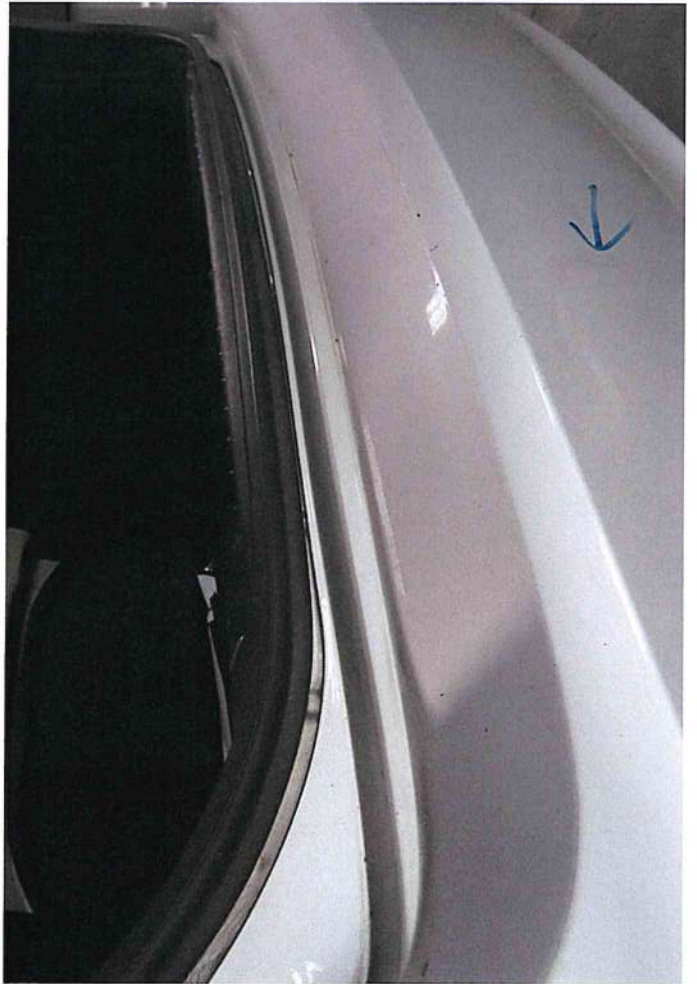




















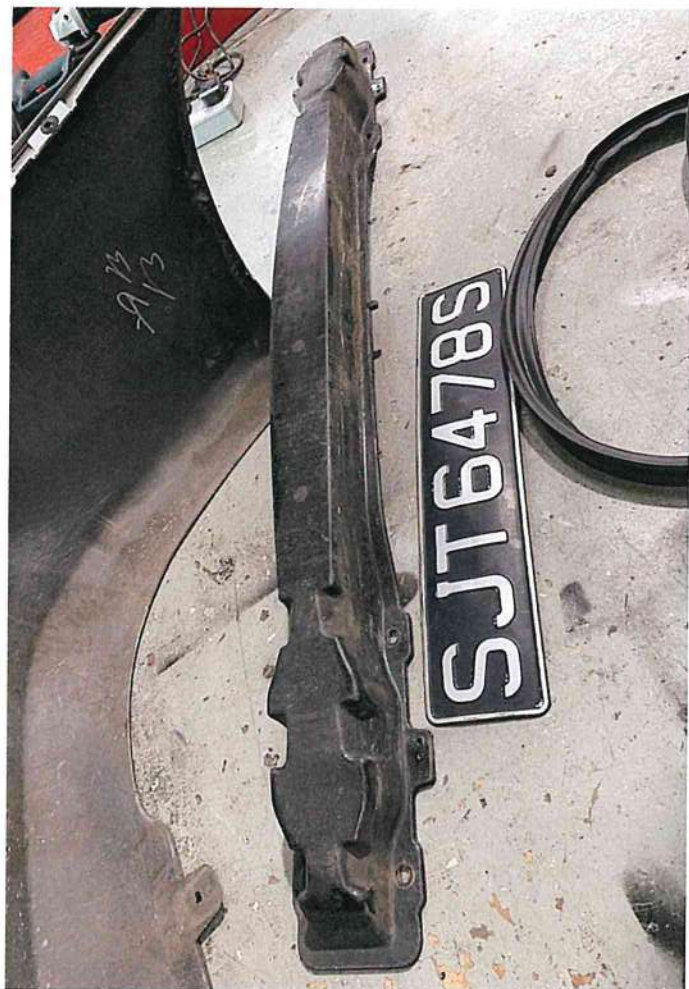












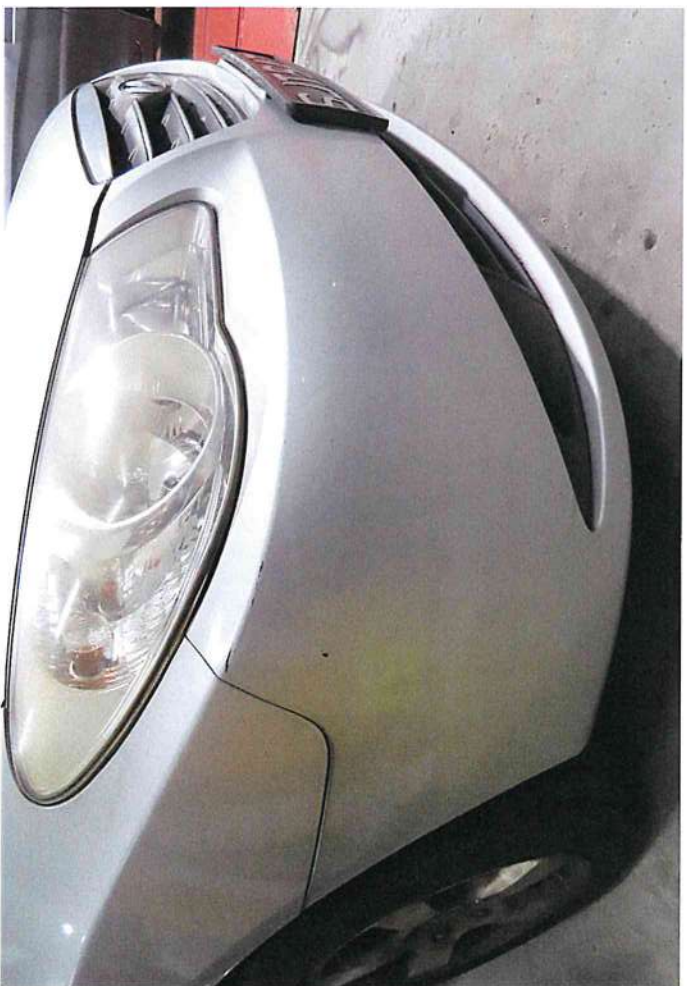
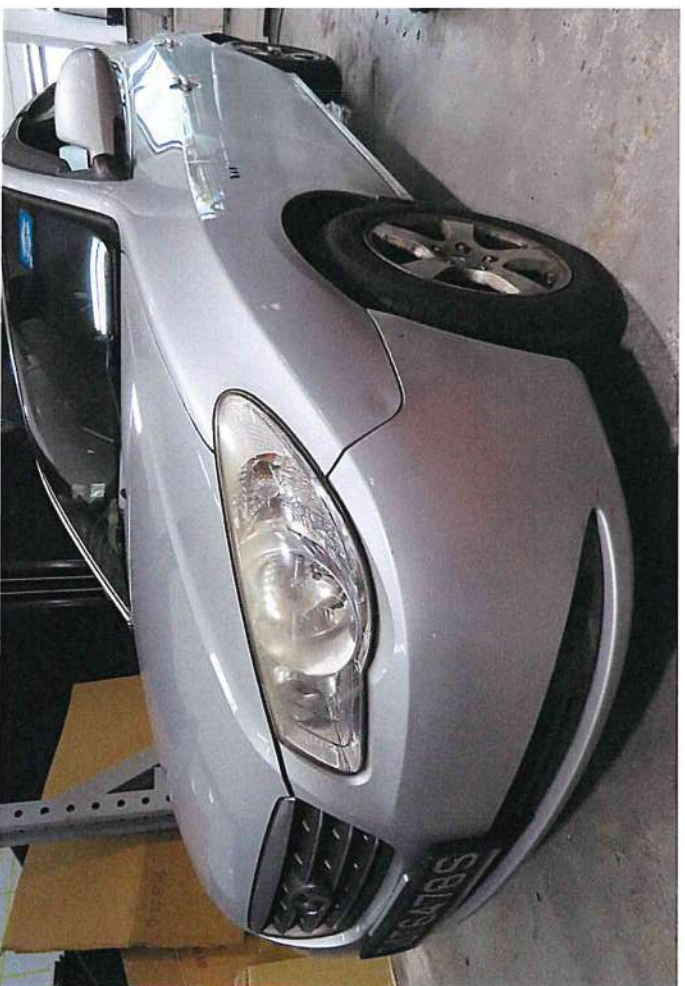








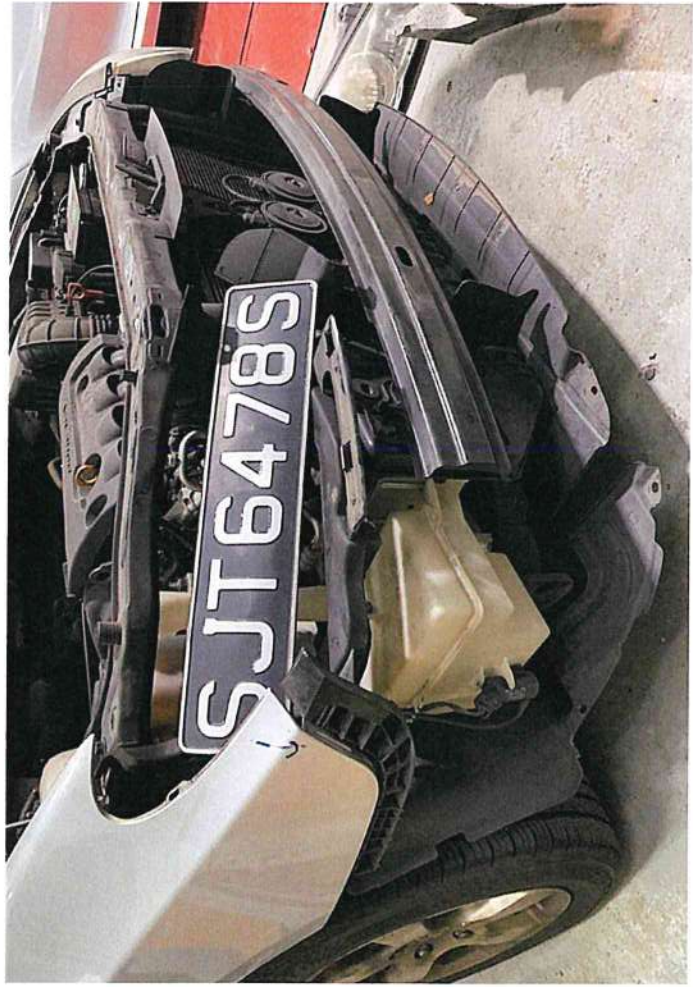




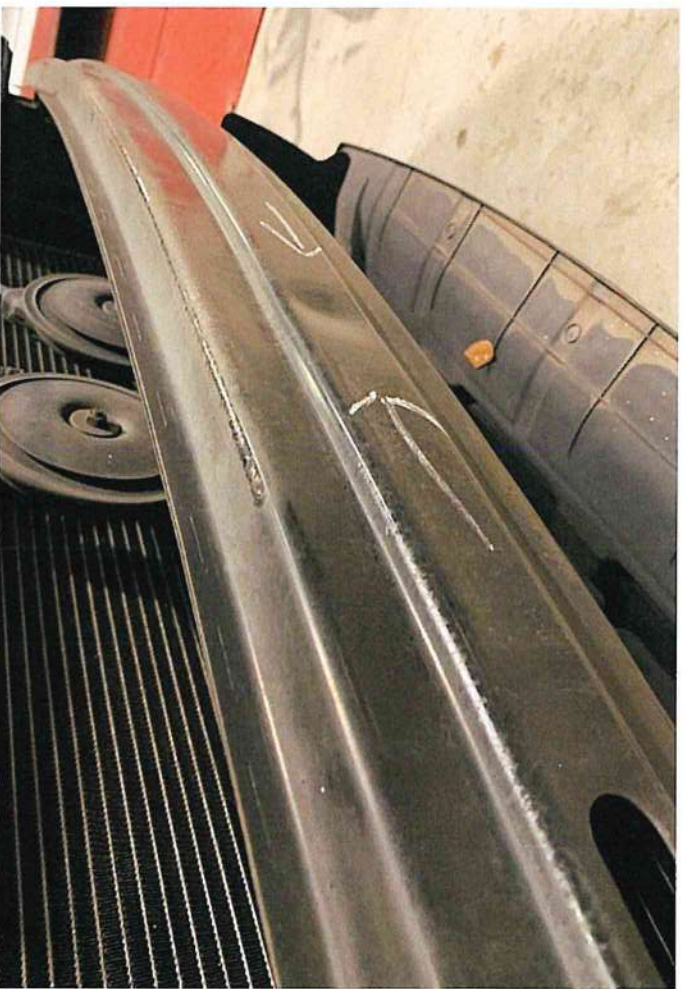




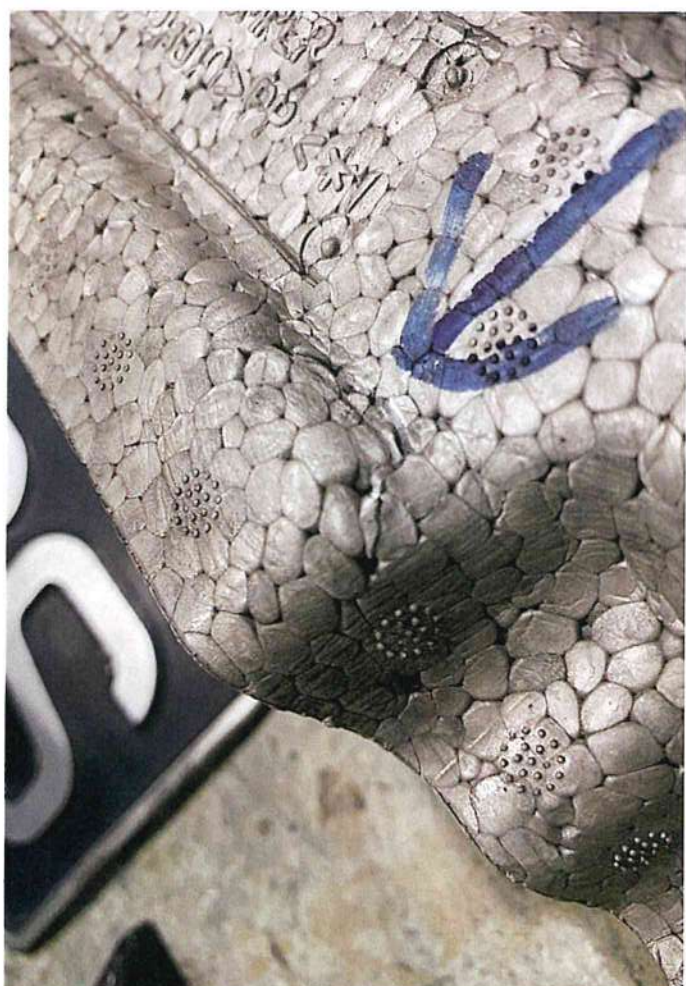
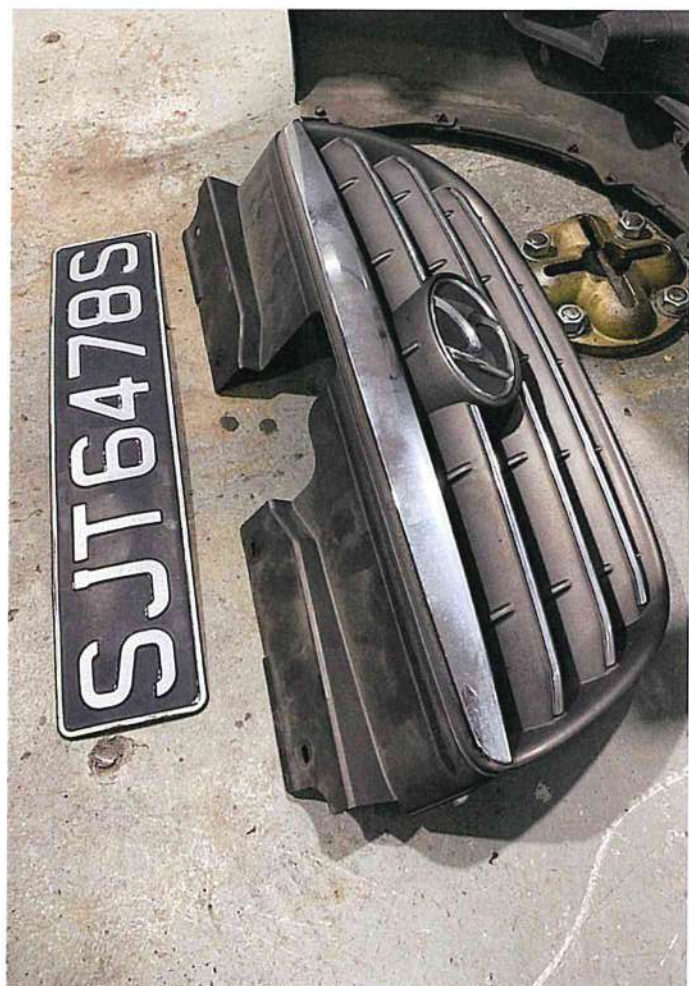




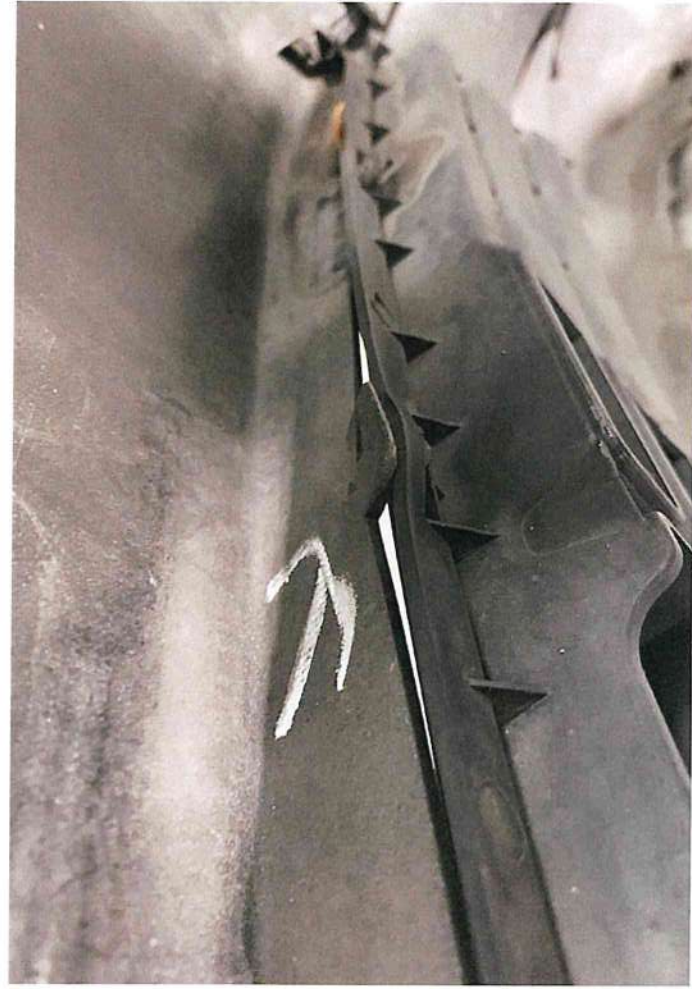














## SINGAPORE ACCIDENT STATEMENT

### 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 Submission	07/06/2021 15:32 (SGT)
Date of Accident	05/06/2021 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI)EXIT SLIP RD TWDS JLN EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6478S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHEE SIONG DEREK
NRIC No	SXXXX596F
Email Address	D3R3KKOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91827279
Alternative Phone No	+65-91827279

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNW00007222000
Cover Note Number	-

#### DRIVER

Name of Driver	KOH CHEE SIONG DEREK
NRIC No	SXXXX596F



Date Of Birth	07/11/1985
Occupation	Outdoor
Date Of Driving Pass	30/09/2005
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91827279
Alt. Phone Number	+65-91827279
Email Address	D3R3KKOH@HOTMAIL.COM
Address	BLK 897A TAMPINES ST 81
Address complement	#05-706
Postcode	521897
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	Chain Collision
Weather Conditions	AFT RAIN
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SH7750E
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	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ1899R
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)	-



**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.
- (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.

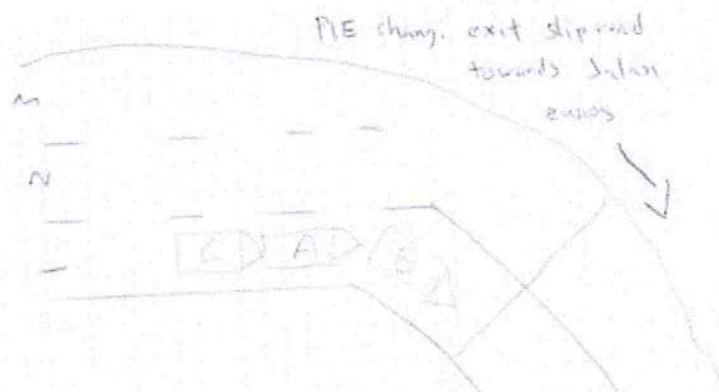
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Veh A SH7647TS  
Veh B SH7780E  
Veh C, 4P51894R





Describe Circumstances of the Accident

On the 5/6/2021 at about 1500hrs I was driving vehicle  
SJT 64788 on PIE Changi Expressway road. I stopped my vehicle  
behind traffic. Suddenly I felt a big impact from my rear. I alighted my  
vehicle and realised that I had been hit by vehicle ARJ 1891R and  
my vehicle lunge forward and had hit vehicle SH7750E. My vehicle  
rear and front is damaged.

Declaration

We declare the foregoing particulars are true in every respect.

16/  
Policyholder's Signature / Date &  
Time

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

2/Jan 07/06/21  
Witnessed by Reporting Centre  
Personnel