ASS. REC. BY: Kenneth

REF: TU CARB / 21011963/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s 17C

of _____

Insured: 485C

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: 8221/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 09/24 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJS 8768Y Yr Regn: 09, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A) Wagon

Make: Hyundai i30 c.c 1591

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 212876 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDC81DM4U055103

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Kumho 195/65R15 Westlake

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	6 mm
L/Bal.	9 mm	L/Bal.	6 mm
D.O.A.	23/11/21	D.O.I.	23/11/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ - R.S. $

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722
Tel : 6457 0678 Fax : 6457 8287
Co. and GST Reg. No. : 200820153N

Not Authorise
Lift Up &
Recovery After Paint
3days

Date: 24 / 11 / 2021

ESTIMATE COSTS OF REPAIR

M/s Car Philosophy Pte Ltd
C/o 160 Sin Ming Drive #05-09
Sin Ming Auto City
Singapore 575722

Dear Sir / Madam ,

Vehicle no. : SJS 8768 Y - Hyundai i30
Accident date : 23 / 11 / 2021

	Quantity	Descriptions		Amount (S$)
1	1 pc	rear bumper fascia	Tn ✓	
2	1 pc	rear bumper reinforcement	CM ✓	
3	1 pc	rear bumper lower lip	NSP X	
4	2 pcs	rear bumper side ratainer 1 @	o/s CM ✓	
5	2 pcs	rear bumper bracket 1 @	o/s BR ✓	
6	1 pc	rear bumper sponge	Tn ✓	
7	2 pcs	rear bumper no. plate lamp 1 @	Sn X	
8	2 pcs	rear bumper side retainer 1 @	o/s BR ✓	
9	1 pc	rear bumper centre lower cover	NSP X	
10	2 pcs	rear bumper side lower cover 1 @	o/s MS ✓	
11	1 pc	o/s tail lamp	Br ✓	
12	1 pc	o/s tail lamp lower clip	Ne ✓	
13	1 pc	tail gate	BR ✓	
14	1 pc	tail gate inner lock	R X	
15	1 pc	tail gate ' Hyundai ' emblem	Ne ✓	
16	1 pc	tail gate ' Hyundai ' logo	Ne ✓	
17	1 pc	tail gate ' i 30 CW ' emblem	Ne ✓	
18	1 pc	tail gate inner trim baord	Sn X	
19	1 pc	tail gate lower holder	Sn X	
20	2 pcs	tail gate damper 1 @	Sn X	
21	1 pc	o/s rear fender	BR ✓	
22	1 pc	o/s rear fender outer garnish	NSP X	
23	1 pc	o/s rear fender air duct	MS ✓	
24	1 pc	o/s rear fender outer shield	CM ✓	
		Balance C/FD		$ -

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722
Tel : 6457 0678 Fax : 6457 8287
Co. and GST Reg. No. : 200820153N

Balance B/FD (SJS 8768 Y)

				$ -
25	1 pc	o/s rear fender inner garnish	?	
26	1 pc	o/s rear wheel house	?	
27	1 pc	o/s rear fender inner garnish	X	
28	1 pc	o/s rear wheel house	?	
29	1 pc	o/s rear lower arm	X	
30	1 pc	o/s rear traikling arm	X	
31	1 pc	o/s rear wheel bearing	X	?
32	1 pc	o/s rear shock absorber	X	
33	1 pc	o/s rear wheel house	X	
34	1 pc	rear end panel		
35	1 pc	rear end panel inner garnish	?	
36	1 pc	o/s rear door	X	
37	1 pc	o/s rear door inner lock	X	
38	1 pc	o/s rear door rubber	X	
39	1 pc	rear spare tyre board	X	
40	1 pc	rear exhaust box	?	
41	1 pc	rear exhaust box garnish	?	
42	1 pc	rear weather-strip	?	
43	1 pc	rear windscreen glass molding		

Alignment req'd

	Less 20%	$ -
		$ -
		$ -

44	1 set	rear bumper reverse sensor	SCR	$	350.00	sn 2 00/SN
45	1 pc	rear bumper no. plate		$	100.00	sn X
46	1 pc	rea end panel seal		$	250.00	sn 30/SN
47	1 pc	rear windscreen glass inner seal		$	60.00	sn 30/SN
48	1 pc	rear windscreen glass inner gum		$	60.00	sn 60/SN
		Balance C/FD		$	820.00	

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

Acknowledged by Repairer
Signature:
Date:

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722
Tel : 6457 0678 Fax : 6457 8287
Co. and GST Reg. No. : 200820153N

Balance B/FD (SJS 8768 Y)		$ 820.00	
Labour charges	$	2,200.00	1200
To putty and spray painting	$	1,800.00	1200
Re-seal anti rust	$	200.00	90
To check, replace, repair wiring	$	120.00	20
Remove and refix rear windscreen glass	$	160.00	120
Remove and refix cushion seat, garnish, carpet,etc	$	180.00	120
Remove and refix exhaust box	$	120.00	60
Remove and refix rear undercarriage	$	380.00	?
To check wheel alignment	$	120.00	?
Remove and refix rear reverse sensor	$	100.00	50
Total	$	6,200.00	

$ Towing charges (Big Lolly) $180 ? (Bill)

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	24/11/2021 17:45 (SGT)
Date of Accident	23/11/2021 12:50 (SGT)
Exact Location of Accident	Sims Ave E, Singapore
Additional Location Information	SIMS AVE EAST & LOR MARICAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS876SY

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAR PHILOSOPHY PTE. LTD.
Company Reg No	2XXXXX485C
Email Address	atomyc44@gmail.com
Mobile Phone No	(Phone) +65-94309849
Alternative Phone No	+65-94309849

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5112765273-02
Cover Note Number	-

DRIVER

Name of Driver	CHUA CHEE BENG
NRIC No	SXXXX899A

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 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

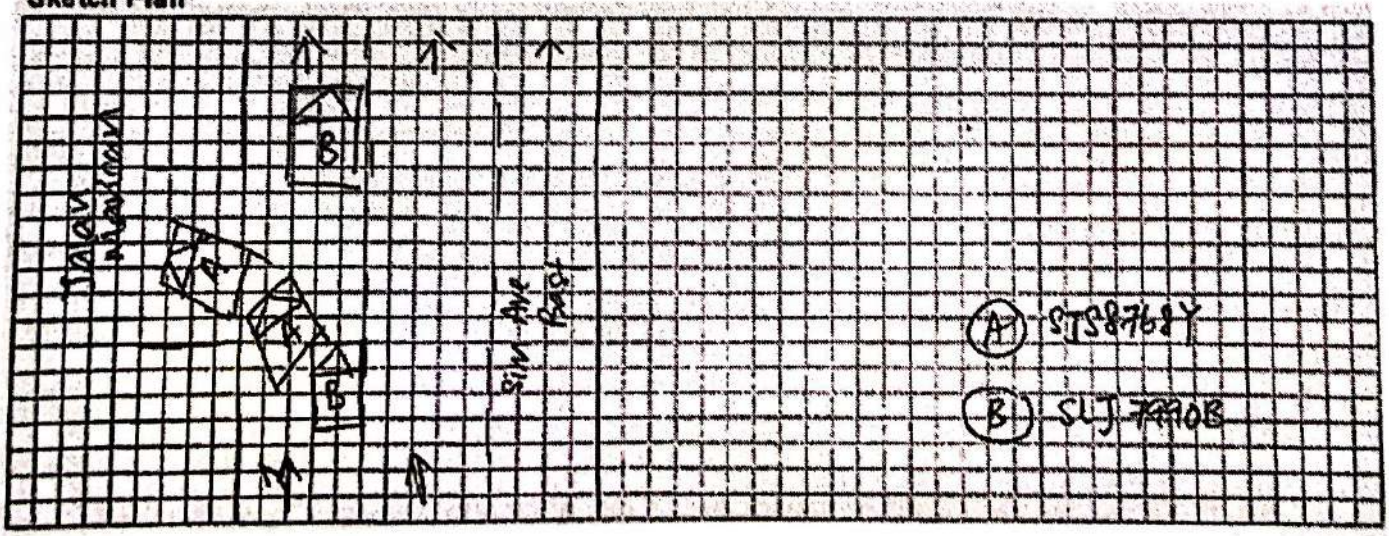
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE POLICE FORCE

T/20211124/7025

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

Report No. T/20211124/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/11/2021 16:30		

Informant's Particulars

Name of Informant: CHUA CHEE BENG			Address: 530 SERANGOON NORTH AVENUE 4 #04-04 SINGAPORE 550530	
ID Type / ID No.: NRIC NO / S7133899A			Contact No.: Home/Office: Mobile: 82338844	
Nationality: SINGAPORE CITIZEN			Email: jasonchua032@gmail.com	
Sex: Male	Age: 50	Date of Birth: 28/09/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	23/11/2021 12:50	T-Junction

Location:

SIMS AVENUE EAST

Weather: Raining	Road Surface: Wet	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJS8768Y	Car	HYUNDAI	i30	Red	Seriously Damaged	1
SLJ7990B	Car	HONDA	Vezel 1.5 (A) hybrid	Brown	Seriously Damaged	2

SINGAPORE POLICE FORCE

T/20211124/7025

Report No. T/20211124/7025

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS8768Y	NTUC Income Insurance Co-Operative Limited	5112765273-02-000004	18/09/2021	17/09/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	CHUA CHEE BENG		ID No.	S7133899A	
Related Vehicle	SJS8768Y (Car)		Contact No.	82338844	
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	24/11/2021		Date	24/11/2021	
No. of Days granted Medical Leave	03		Degree of	Serious	
Driver					
Name	NEO HOCK KEONG ALBERT		ID No.	S7526335Z	
Related Vehicle	SLJ7990B (Car)		Contact No.	90280667	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	

Brief Details.

On 23/11/2021 at about 1250 hrs, while i was driving my motor vehicle A (SJS8768Y) along Sims Ave East at the extreme left lane intend to make a left turn into Lor Marican. I slowed down my vehicle A before i turn into the junction, Suddenly i felt a very big impact from behind. The impact pushed my car to turn into the Lor Marican. Afterward i realised that was a motor vehicle B (SLJ7990B) hit onto the rear right potion of my vehicle A. when i wakeup in the next day morning (24/11/2021) i felt pain on my back and neck, so i go for medical checkup and get for 3 days MC. I'm lodging this report to claim against the insurer of SLJ7990B