

ASS. REQ. BY:

REF: CTZ/21012340/KV y3

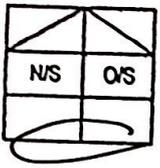
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s Pom Siam Leon
 of _____
 Insured: SLN 2723T
 Policy No. DMPCSNA00080272104
 Claims No. SNM21D207024/C02/TANKL
 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: 07 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/12/21 Person Contacted: _____ Vehicle: IN / OUT

SJT
 Veh No: SKT 6248P Yr Regn: 02, 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Toy Ponto 9 c.c. 1496
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 214289 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NCP 81 . 5051868
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 205/51R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 9 mm Rear R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 3/12/21 D.O.I. 7/12/2021
 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
13/12/21	Kenneth confirmed LS \$5400 (Red 10,993, 67%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: 5
 Resurvey No. of Trip: 2

Survey Fee:	_____
Transportation:	_____
S + RS	_____
Fees	_____
Others	_____
TOTAL	_____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

13/12/21-Typist

Report Format: Merimen
 Lump Sum / t.B.t: (\$ 5400)



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

CHAI THAI MOOI
BLK 766 YISHUN AVENUE 3
#11-295
SINGAPORE 760766

Not Authorized
L1 Rep &
Resurvey After Paint
7 days

Dear sir
Estimate cost of repair to vehicle no. SJT 6248P
To supply

1. Tail boot cover	By 1,177.80 ✓
2. Tail boot damper x2	Sm 380.80 X
3. Tail boot w/s glass moulding	Na 211.80 ✓
4. Tail boot inner board	M3CM 580.80 ✓
5. Tail boot inner lock	Red 458.80 ✓
6. Tail boot rubber	Dir Red 361.70 506sm
7. Tail boot wiper motor	560.80 7
8. Tail boot wiper arm and blade	Sm 128.80 X
9. Tail boot outer handle	118.80 7
10. Tail boot number plate lamp x2	Sm 120.80 X
11. Tail boot cover hassles cable	589.80 7
12. Tail boot logo	81.70 7
13. Tail boot cover badge SIENTA	Na 69.70 ✓
14. Tail gate reverse camera	Sm 250.00 X
15. Rear panel	By 301.30 ✓
16. Rear panel top garish	CM 211.80 ✓
17. Rear spare tyre board cover	Bu 580.00 ✓
18. Rear spare tyre panel	R 880.80 X
19. Rear fender inner garish x2	NIS 7 901.80 011sm
20. Rear fender right	R 990.80 X
21. Rear fender top fender panel	R 456.80 X
22. Rear bumper	By 766.20 ✓
23. Rear bumper towing cover	Mis 45.00 ✓
24. Rear bumper sensor	Red 350.00 200sm
25. Rear bumper retainer x2	Dir 150.80 ✓
26. Rear bumper reflector x2	Sm 60.00 X
27. Tail lamp x2	Sm 1,005.60 X
28. Rear exhaust box	R 950.00 X

256

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:



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: altt1@singnet.com.sg Regn. No. 05390600K

PG 2

Labour charges

Rust proofing	100.00	60%
To remove and refit w/s glass and cushion	350.00	180%
Wiring	120.00	20%
Number plate	80.00	x
Panel beating	1,800.00	90%
Spray painting	1,200.00	100%
Total	16,393.00	

Your faithfully

ALBERT POON

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 11:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHAI THAI MOOI		Address: 766 YISHUN AVENUE 3 #11-295 SINGAPORE 760766	
ID Type / ID No.: NRIC NO / S7982461E		Contact No.: Home/Office:	Mobile: 91072689
Nationality: SINGAPORE CITIZEN		Email: wopeng08@gmail.com	
Sex: Female	Age: 42	Date of Birth: 13/04/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Restaurant manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2021 16:34	Type of Location: Straight Road
Location: Central Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJT6248P	Car	TOYOTA		Silver	Seriously Damaged	0
SLN2723T	Car	HONDA		White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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
SJT6248P	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHAI THAI MOOI		ID No.	S7982461E
Related Vehicle	SJT6248P (Car)		Contact No.	91072689
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/12/2021		Date	04/12/2021
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	TOH YEW CHEY		ID No.	S1560317H
Related Vehicle	SLN2723T (Car)		Contact No.	93379238
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I lodging this report on behalf of myself, Chai Thai Mooi, Nric : S7982461E, my vehicleSJT6248P (Toyota - Silver colour) hit by another vehicle no.SLN2723T (Honda - White colour), I was drive along CTE toward Yishun at the outer lane, the front vehicle brake and stop, I also slowed down and stop, suddenly a vehicle (SLN2723T) behind fail to stop in time and hit my vehicle from back end.

I back to home later, I feel my head, neck and arm pain, I go to Khoo Teck Huat Hospital to see doctor, after the doctor consultatation, she give a me 3 days MC and medicine.
I have accident photo in my phone.

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 06/12/2021 13:57 (SGT)
Date of Accident 03/12/2021 16:34 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT6248P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chai Thai Mooi
NRIC No S7982461E
Email Address wopeng08@gmail.com
Mobile Phone No (Phone) +65-91072689
Alternative Phone No (Home) +65-91072689

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112760312-02
Cover Note Number -

DRIVER

Name of Driver Chai Thai Mooi
NRIC No S7982461E

 Accident report SS0221C60002

SKETCH PLAN

IMPORTANT NOTICE

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

Chay
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

