

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

		Affiliated to Federation Internation	nale Des Experts En	Automol	bile		
	SINGAPORE CIVIL	DEFENCE FORCE (MHA05)		Ref:	CS/SCD21012476/Bqf3e2		
	91 UBI AVE 4 SINGAPORE 4088 SINGAPORE 4088			Date:	10/02/2022		
	ATTN: TAY GIM CI	HYE		Code:	SCD		
1.		Policy Particulars	- THIRD PARTY	CLAIM			
	Insured Veh.	QX 1673Z	Veh. Inspected		SKK 7823H		
	Policy No.		Coverage (\$)		0.00		
	Claim No.	2021 - 106	Excess (\$)		0.00		
	Assign From	TAY GIM CHYE	Assign Date		09/12/2021		
2.		Vehicle Partic	ulars & Condition	on			
	Make & Model	TOYOTA CAMRY 2.5	c.c		2494		
	Engine No.	HIDDEN	Year of Reg.		2013		
	Chassis No.	MR053AK5004006157	Colour		SILVER		
	Odometer	148460 KM	Steering		IN ORDER		
	Brakes	IN ORDER	Modification		SPORTS RIM		
	General	FAIR					
3.	. Conditions of Tyres						
		Size	Make		Balance		
	R/H Front Tyre	215/55 R17	YOKOHAMA		5 mm		
	L/H Front Tyre	215/55 R17	YOKOHAMA		5 mm		
	R/H Rear Tyre	215/55 R17	YOKOHAMA		5 mm		
	L/H Rear Tyre	215/55 R17	YOKOHAMA		5 mm		
4.		Description	on of Damages				
	THE VEHICLE SUS	STAINED DAMAGES AT THE N/S	BODY.				
	DAMAGES SEE DI	ETAILS.					
5.		General	Information				
	Accident Date	24/11/2021	Inspection Date)	13/12/2021		
	Survey held at	S & H MOTOR PTE LTD					
		160 SIN MING DRIVE #07-02 SIN MING AUTOCITY SINGAPORE 575722					
5a.		Re	emarks				
		N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, W					
5b.		Estimate I	Days of Repair				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		6 Worki	ng Days		



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKK 7823H

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	LH REAR FENDER	DENTED	963.90	845.10
1	LH REAR FENDER WHEEL COWLING	NOT DAMAGED	349.20	-
1	SET LH REAR FENDER WHEEL COWLING CLIPS	NOT NECESSARY	35.00	-
1	REAR WINDSCREEN MOULDING	NECESSARY	120.70	120.70
1	LH REAR BUMPER RETAINER	NECESSARY	162.80	109.30
1	LH REAR DOOR	DENTED	1,503.00	1,248.50
1	LH REAR DOOR WINDOW REGULATOR	NOT DAMAGED	255.00	-
1	LH REAR DOOR WINDOW REGULATOR MOTOR	NOT DAMAGED	1,160.90	-
1	LH RUNNING BOARD GARNISH	DENTED	595.40	498.66
1	LH RUNNING BOARD GARNISH CHROME MOULDING	CUT	144.60	144.60
	LESS 20% DISCOUNT		-1,058.10	-
	LESS 25% DISCOUNT		-	-741.72
			4,232.40	2,225.14
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	60.00	30.00
1	REAR WINDSCREEN INNER RUBBER SEAL (SN)	NECESSARY	28.00	28.00
			88.00	58.00
	<u>LABOUR</u>			
	TO REMOVE AND REINSTALL REAR WINDSCREEN AND CONDUCT WATER LEAK TEST.		120.00	120.00
	TO REMOVE DAMAGED PARTS, TO JACK OUT LH REAR FENDER INNER PANEL, LH CENTRE DOOR PILLAR, LH RUNNING BOARD PANEL, AND CUT OUT DAMAGED PANELS, TO REWELD, RESHAPE AND REPAIR LH REAR FENDER AND INNER PANEL, LH CENTRE DOOR PILLAR, TO REMOVE AND REFIT DOOR TRIM, LOCK, WINDOW, TO REPLACE DAMAGED PARTS AND ADJUST BODY PANEL ALIGNMENT.		800.00	600.00
	TO SPRAY PAINT AFFECTED LH SIDE AND INNER DAMAGED PORTION INCLUSIVE OF PREPARATORY WORKS AND MATERIAL.		1,050.00	1,000.00

Report Ref No. CS/SCD21012476/Bqf3e2



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3,200.00

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO DISCONNECT WIRE HARNESS TO FACILITATE REPAIRS AND CHECK FOR DAMAGE AND RECONNECT WIRING SYSTEM AND CHECK FOR FULL FUNCTIONALITY,	NOT NECESSARY	25.00	-
	TO APPLY ANTI-CORROSION TUFF KOTE.	NOT NECESSARY	100.00	-
			2,095.00	1,720.00
	GRAND TOTAL		6,415.40	4,003.14

Report Ref No. CS/SCD21012476/Bqf3e2

RECOMMENDED COST OF LUMP SUM REPAIRS

(TO ITS PRE-ACCIDENT CONDITION)

LIM TEOW GUAN

Automotive Assessor

JE. S.

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

SS0221BQ0003 / S & H Motor Pte Ltd ENTRY DATE & TIME: 26/11/2021 15:57 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (26/11/2021 15:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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	26/11/2021 15:57 (SGT)
Date of Accident	24/11/2021 10:30 (SGT)
Exact Location of Accident	Toa Payoh E, Singapore
Additional Location Information	Junction of Toa Payoh East & Lorong 7 Toa Payoh
Country/State of Loss	Singapore

Additional Location Information Country/State of Loss	Junction of Toa Payoh East & Lorong 7 Toa Payoh
DETAIL	LS OF OWN VEHICLE
Vehicle Registration Number	SKK7823H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No	Chua Jian Construction Pte Ltd
Email Address Mobile Phone No Alternative Phone No	(Phone) +65-96662657
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY	Camry Employment to No - Claiming third party Commercial vehicle Auto
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Comprehensive No
DRIVER	

Cai Xingxing SXXXX965Z

Name of Driver

Date Of Birth	08/05/1984
Occupation	Outdoor
Date Of Driving Pass	10/03/2008
Driving experience Gender	13 YEARS AND 8 MONTHS
Mobile Number	Male (Phone) +65-96662657
Alt. Phone Number	(Filolie) +03-90002037
Email Address	mistylincai@gmail.com
Address	10 Jalan Besar #10-04 Sim Lim Tower
Address complement	-
Postcode	208787
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	owner
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
The state of the s	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet
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?	No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	Van
Number of Passengers (Including Driver)	Yes 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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
refer attached police report.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	yes No
Was there any audio recorded?	No
True many users is version.	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Reference and the control of the second of the control of the cont	
Vehicle Registration Number	QX1673Z
Vehicle Manufacturer	Mercedes
Vehicle Model	Sprinter
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Government

Name of Driver NRIC No	Muhammad Shafiq Bin Isam SXXXX854J
Contact Number	(Phone) +65-87972754
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 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 passessed 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/faw 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo.
- (iv) administering my claims (including the maling 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
- (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' law yers/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 Parsonal information may/can be disclosed by any of the insurers and/or GIA to their third party service proviners or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Palicyhaider's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	1111	
	বৈত্তী ১	A-SKLT
		- 8-0X/67
	N IN	





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE Tel No: 1800-2949999

Report No. 7/20211-126/2035

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 con'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 A / Sgt 2 HIANG WEI SIANG	Signature Of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2021 13:07
Officer in Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case)
Authentication Stamp	





Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

Type of Collision:

Between Moving Vehicles - Head To Side

Report No. 7 20211126 2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diany No. 26/11/2021 13:07 Informant's Particulars Name of Informant: Address: CAI XINGXING APT BLK 10C BENDEMEER ROAD #32-125 SINGAPORE 333010 ID Type / ID No.: Contact No.: NRIC NO / S8471965Z Home/Office: Mobile: 96662657 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: 08/05/1984 Male 37 Driver Race: Language: Institution / School Name: Chinese English Driving Licence Information: Occupation: Date of Explry CONSTRUCTION CONTRACTOR Class: 3

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2021 10:30	Type of Locetton T-Junction
Location: TOA PAYOH	EAST			
		Road Surface:		Road Speed Limit
Weather: Drizzling		Wet		

Vehicle No.	Type	Make	Model	Color	Condition 1	No of Passenger
QX1673Z	SCDF Ambulance	MERCEDES	SPRINTER 316CDI/3665		Shorty Damaged	
SKK7823H	Car	TOYOTA	CAMRY 2.5	Silver	Slightly	0

Anvone conveyed by

amoulance:



Police Station Of Origin:

R CHOP N.P.C

Fampong Kapor Road SINGAPORE

X 3178

* lo: 1800-2949999



Report No. T/20211126/2035

CONTINUATION OF REPORT

Ere Details.

Gr the 24/11/2021 at about 1030hrs, I was driving my car(SKK7823H) along 23 Toa Payoh East at the salic id lane and stopped at the junction of Toa Payoh East and Toa Payoh Lorong 7 Junction. SCDF And Jance(QX1673Z) was at the third lane, which was the left most lane. The third lane was the left turn on ane. As for my lane, I could either turn left or proceed to go straight. My intention was to make a left turn ince the traffic light turned green.

With traffic light turned green, I proceeded to make a left turn into Toa Payoh Lorong 7. When I was mising the left turn, SCDF Ambulance (QX1673Z) went straight. As such, the SCDF ambulance collided into my vehicle. The left side of my car has a dent and a few scratches. There was no passenger in my car left that point of time. I was also not injured. As for the SCDF ambulance, there were some scratches a the front bumper only. I could see only one passenger and there were no visible injuries seen on the passenger and the driver. I also managed to exchange particulars with the driver of the SCDF and plance.

I've advised to make a police report by paramedics. As such, I am making this report to put it on record.



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SKK 7823H

INSPECTION















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