

ASS. REC. BY:

REF:

ASM/22000094/Kt

H

C

Kenneth

## 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: \_\_\_\_\_

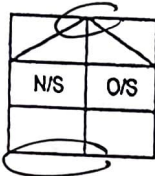
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 217k

IDAC Accident Rpt: \_\_\_\_\_

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: 04/12/22

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMA 3922Z Yr Regn: 05, 09Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Pur Swiftc.c. 1586Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 155038

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: TS A E Z C 31 S 00204068Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / 8/Rlm / STD A/Rlm orTyre Size: F: 215/40R17

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 1/1/22D.O.I. 4/1/2022

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear N/S & FR

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

Date / Time

Action / Instruction

1 EST not ready14/1 U/Pump 854501 GehrStation(Red: 3887.18 ; 41%)

9337.18

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

Tech Invs (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS. SI \_\_\_\_\_

Fees \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Not Authorised  
 11 Ring B 5450/h  
 Performing After Paint  
 9 days

# ESTIMATE

## RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722  
 Tel : 97619383 Email: rcauto5555@gmail.com  
 Reg. No. 53199168K

SNA 3922 A

Date : 13.01.2021

SWIFT SPORT

Quantity	Description/Particular	Unit Price	Amount
1 PC	REAR BUMPER 605	Bz 616	85
1 PC	REAR PANEL	Bz 348	50
1 PC	REAR LAMP 289.76	CM 393	40
1 PC	REAR SPARE TYRE BOARD	Pu 540	40
1 PC	REAR BOOTLID RUBBER 65.865m Dis/Re	130	13
1 SET	REAR LICENSE PLATE LAMP@18.25	Pu 36	35
2 PCS	REAR BUMPER SIDE RETAINER@25	NIS CM 50	00
1 PC	REAR FLOORBOARD Panel	Bz 630	00
2 PCS	FRONT HEADLAMP@630 6486.85	Int/cm 1260	00
1 PC	FRONT BUMPER 620.15	Bu 728	75
1 PC	REAR BUMPER LOWER GUIDE 385.55	NIS CM 471	25
	REAR BUMPER TOW COVER 159	NIS 21	55
	SPRAY PAINTING	1000	00
	LABOUR TO RENEW ABOVE PARTS	1200	00
	REVERSE SENSOR	Short 280	00
	REVERSE CAMERA	An 250	00
	GREDDY EXHAUST	Bz 1300	00
	ANTI RUST	50	00
1	REAR NUMBER PLATE	CM 30	00

Received the above goods in good order and condition

Received by

E.&O.E.

for RC AUTO

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

Authorised Signature

Acknowledged by Repairer

Signature:

Date:

800  
 1100  
 200m  
 X  
 255m

222130007 / S & H Motor Pte Ltd  
 TRY DATE & TIME: 03/01/2022 17:48 (SGT)  
 BMITTED BY: Wong Kee Nyuk  
 ERSION: 1 (03/01/2022 17:48 (SGT))

# 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	03/01/2022 17:48 (SGT)
Date of Accident	01/01/2022 03:26 (SGT)
Exact Location of Accident	Tampines North Drive 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA3922Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ang Shi Jie
NRIC No	S9831226I
Email Address	tj.shijie@gmail.com
Mobile Phone No	(Phone) +65-97555761
Alternative Phone No	(Home) +65-97555761

## VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	5122646427
Cover Note Number	-

## DRIVER

Name of Driver	Ang Shi Jie
NRIC No	S9831226I



Date Of Birth	19/09/1998
Occupation	Indoor
Date Of Driving Pass	13/03/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97555761
Alt. Phone Number	(Home) +65-97555761
Email Address	tj.shijie@gmail.com
Address	85 West Coast Drive #10-09
Address complement	-
Postcode	128001
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	Raining
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?	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	John Paul Ng Hong Jun
Gender	Male

#### 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

refer attached report.

#### 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	SJQ6382A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 SJV9768A  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category Private car  
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 Ang Shi Jie  
Gender Male  
Phone No (Phone) +65-97555761  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained SNA3922Z  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? No

### INJURED 2

Name of injured person John Paul Ng Hong JUN  
Gender Male  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained SNA3922Z  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? No

## Describe Circumstances of the Accident

On 28/01/2022, I was driving along Tamworth Road me 2 intending to turn left to Great Supermarket, a Car S18 CBZ-A came from behind and hit me on my rear while I was queuing up to turn to Great Supermarket. The impact caused my vehicle to move forward and hit onto the front vehicle (S18 CBZ-A). The impact was so sudden and quick. At the impact, I felt sharp pain in my lower back. My passenger (John Paul A. Henry, Jr.) also felt discomfort on his lower back. After the incident, we exchange particulars reporting for insurance purpose. I have the video footage to support my statement.

## Declaration

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

SV  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer / Personnel

## SKETCH PLAN

### IMPORTANT NOTICE

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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

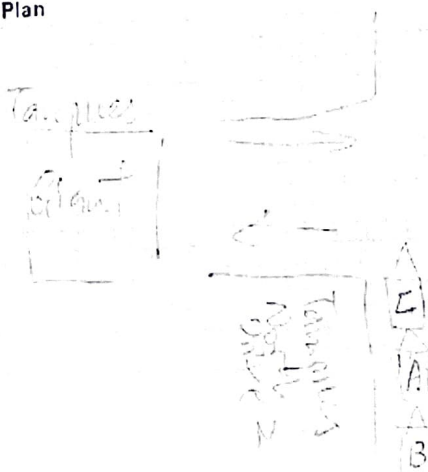
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



C - STV 9768A  
A - SWA 3022  
B - SWA 6300A