

ASS. REC. BY: Steve

REF: CS/CT172000689/ETy3

**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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLP9243E Yr Regn: 22/6/17  
 Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: NISSAN QASQAI c.c. 1197  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp. Reading: 37580 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: SJNFEAJ11WZ015673  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: NII / S/Rim / STD A/Rim or  
 Tyre Size: F: 215/60R17  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm R/Bal. 4 mm  
 D.O.A. 5/1/99 D.O.I. 20/1/22  
 Survey held at Tan chong  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-64K</u>
	<u>a cost of repair of \$2525.56 (P/P before GST) - with 4 days of repair</u>
	<u>red :1369.4;38%</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_ )

Days Of Repair: 4  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_ )  
 : Interview (\$ \_\_\_\_\_ )  
 : Tech. Invs (\$ \_\_\_\_\_ )  
 : Weekend (\$ \_\_\_\_\_ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS, SI \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

TAN CHONG MOTOR SALES PTE. LTD.  
911, BUKIT TIMAH ROAD  
SINGAPORE 589623

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : BUKIT TIMAH  
CONTACT NO : 4694091  
REFERENCE : INS/IC/EHR/0010/2022  
DATE : 08-JAN-2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
S(079909)  
TEL : 63896111  
FAX : 62247175

OWNER'S NAME : MS YAP BEE LENG  
ADDRESS : BLK 51 CHOA CHU KANG LOOP  
#11-27  
S(689682)  
TELEPHONE NO : 90108890

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM  
POLICY NO : TP-SJT9837U  
VEHICLE NO : SLP9243E  
MODEL CODE : FRLARBZJ11UEA--A--  
MODEL/YEAR : NISSAN QASHQAI 1.2  
ENGINE NO : HRA2443087A  
CHASSIS NO : SJNFEAJ11UZ015673  
MILEAGE : 1 KM  
DATE IN : 08/01/2022  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : MUHAMMAD ZUHRI  
ACCIDENT DATE : 05/01/2022

**DIRECT SETTLEMENT**

**OWNER CLAIMING LOSS OF USE / RENTAL**

**CAR AT WORKSHOP / CAR NOT AT WORKSHOP**

**KINDLY REVERT TO ME ASAP**

08-01-2022

**EMAIL : [zuhri@tanchong.com](mailto:zuhri@tanchong.com)**

**OFFICE : 67038916 FAX : 64697472**

TAN CHONG MOTOR SALES PTE. LTD.  
 BUKIT TIMAH W/SEOP  
 SERVICE DEPARTMENT

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLP9243E

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	/
2	RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	110.00	/
3	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	X
4	ZZ/001	CHECK LIGHTING	48.00	/
5	ZZ/002	REPAIR RR END PANEL & RENEW RR BUMPER <i>280 x 2</i>	560.00	/
6	ZZ/003	S/PAINT RR BUMPER(2TONE) & RR END PANEL <i>125 + 250 + 250</i>	750.00	<i>625</i>
TOTAL LABOUR CHARGES			1688.00	

TAN CHONG MOTOR SALES PTE. LTD.  
 BUKIT TIMAH W/SHOP  
 SERVICE DEPARTMENT

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO 8LP9241K

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
		NETT	LIST	S/NETT REMARKS
1 BRACKET-BMFR LH X	85221-4EA0A	38.90		
2 BRACKET-BMFR RH / OR	85220-4EA0A	38.90		
3 STAY ASSY-RH X	H5210-4EAMA	141.00		
4 STAY ASSY-LH X	H5211-4EAMA	141.00		
5 REINF-BUMPER RR X	H5030-4EAMA	691.50		
6 ENERGY ABSORBER X	85090-4EA0B	155.60		
7 FINISHER-REAR B / CVT	85071-4EA0A	18.80		
8 CLIP(1.3X10) / MC	01553-05933	13.00		
9 CANOE(7.1X2) / MC	76882-0M000	14.20		
10 CLIP(8X3) / MC	85284-JD00A	24.00		
11 CROMMET(2.7X2) / MC	63846-5V000	5.40		
12 FASCIA-RR BUMP / M	85022-4EA0H	876.40		
13 SUNDRIES	NPN		20	30.00
14 SENSOR-REVERSE / SHK	SENSOR			250.00
SUB TOTAL		2158.70	0.00	280.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		431.74	0.00	0.00
GRAND TOTAL		1726.96	0.00	280.00
OVERALL TOTAL		2006.96		

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

TAN CHONG MOTOR SALES PTE. LTD.  
 BUKIT TIMAH W/SHOP  
 SERVICE DEPARTMENT

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLP9243E

TOTAL LABOUR CHARGES	1688.00
TOTAL SPARE PARTS CHARGES	2006.96
GRAND TOTAL	3694.96 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

*Steve (LKK) 20/1/22, 3:22pm*  
*Mr Mc*  
*PIP*  
*by BL by*  
*4 djs*

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:

# 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	05/01/2022 16:48 (SGT)
Date of Accident	05/01/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADMIRALTY ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9243E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP BEE LENG
NRIC No	SXXXX168J
Email Address	ybl_poche@yahoo.com.sg
Mobile Phone No	(Phone) +65-90108890
Alternative Phone No	(Home) +65-90108890

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	NISSAN QASHQAI 1.2
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1199

## INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10989305
Cover Note Number	-

## DRIVER

Name of Driver	TAN YI KAI
NRIC No	SXXXX924Z

Date Of Birth	14/01/1993
Occupation	Indoor
Date Of Driving Pass	25/03/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91508179
Alt. Phone Number	-
Email Address	yi.kai92@gmail.com
Address	51 CHOA CHU KANG LOOP
Address complement	11-27
Postcode	689682
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	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

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJT9837U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA TAT YONG
Contact Number	(Phone) +65-90603113
Address	-
Address complement	-

Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
1

Authorization Letter

To whom it may concern

Date of Accident: 5 Jan 2022 about 0830hr

Vehicle No: SLP9243F

Authorised Driver Name/ IC No: Tan Yi Kai, S9300924Z

I, Yap Bee Leng, of NRIC S1415168J, owner & policy holder of the above vehicle number, hereby authorize the above driver to file the accident report, to sign & handle all matter pertaining to the accident dated above.



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Signature of Owner/Policy Holder

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No SLP9243E

1. Please report correctly the details of the accident to speed up the claim process.
2. The report must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to revoke policy liability.
4. The issue and acceptance of this Form by Insurers (companies) is not an admission of policy liability on the part of the insured sub-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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud; regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

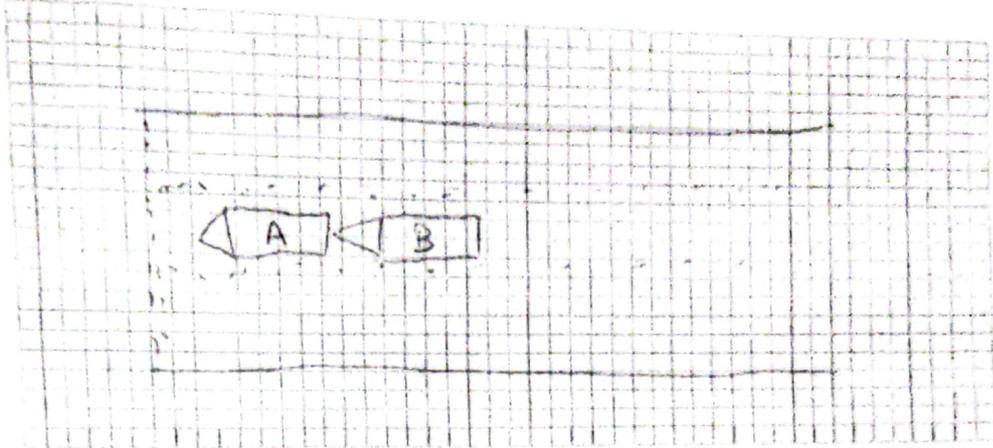
Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
ID Card No.

*MM*  
05 Jan 2022  
1600hrs

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: SLP9243E

Accident Location:	Admiralty Road	
Accident Date:	05 Jan 2022	Time: 0830 am/pm
- Brief Details of Accident -		
When the traffic light turned orange, I brake my car causing car (B) to collide into car (A) from behind.		
- Other Vehicle Involve Details -		
(B) Veh No:	SJT9837U	Hp: 90603113 Pax: 1 Driver Name: Chua Tat Yong
(C) Veh No:	Hp:	Pax: Driver Name:

DECLARATION

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

<p>Policyholder's Signature Date &amp; Time:</p>	<p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p> <p style="text-align: center;">MM 05 Jan 2022 1600 hrs</p>	<p>Reporting Officer's Signature Name NEC/FIN No:</p> <p style="text-align: center;">JK</p>
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