

CS/EQI22001244/Aqf3

# 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. **DM22HO00175/JT**  
 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 Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: **7** 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: **SMK3217K** Yr Regn: **2019 April**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **Honda Shuttle** C.C. **1496**  
 Colour: **Silver** A/C: Insured / Std / NI / NA  
 Sp. Reading: **93290** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **GP2005181**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: **185/55R15**  
 R: **185/55R15**  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Westlake**  
 Front **06** mm Rear **06** mm  
 R/Bal. **06** mm L/Bal. **06** mm  
 D.O.A. \_\_\_\_\_ D.O.I. **14/02/22**  
 Survey held at **Hua Hong**  
 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
	<b>1 P EQ</b>
<b>23/02/22@10.24am</b>	revised to Jaime Tay by email.
	Lump Sum \$6700, 7 days. (Red \$5159.08, 44%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report

1) **14/04 Typist** ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format : **TP**

Lump Sum / **6700**

Days Of Repair: **7**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

☐ S + RS, ☐ SI

☐ Photos

☐ Others

## 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	07/02/2022 15:41 (SGT)
Date of Accident	06/02/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3217K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA HONG PTE. LTD.
Company Reg No	200900309M
Email Address	claims@huahong.com.sg
Mobile Phone No	(Phone) +65-66619687
Alternative Phone No	+65-66619687

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109921641-02
Cover Note Number	drivo CLASSIC

#### DRIVER

Name of Driver	GUANG CHUAN HENG
NRIC No	S7120899J



Date Of Birth	15/06/1971
Occupation	Outdoor
Date Of Driving Pass	19/02/1991
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-94554942
Alt. Phone Number	-
Email Address	thomasguang@rocketmail.com
Address	BLK 541 WOODLANDS DRIVE 16 # 12-51
Address complement	-
Postcode	730541
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Female

#### PASSENGER 2

Name	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN / POLICE 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	GBB5922Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
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	GUANG CHUAN HENG
Gender	Male
Phone No	(Phone) +65-94554942
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 3

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3217K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



SKETCH PLANIMPORTANT 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 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:

*[Signature]*

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



T/20220207/7033

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

1 of 4

Report No. T/20220207/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2022 14:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GUANG CHUAN HENG			Address: 541 WOODLANDS DRIVE 16 #12-51 SINGAPORE 730541		
ID Type / ID No.: NRIC NO / S7120899J			Contact No.: Home/Office: Mobile: 94554942		
Nationality: SINGAPORE CITIZEN			Email: thomasguang@rocketmail.com		
Sex: Male	Age: 50	Date of Birth: 15/06/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2022 16:00	Type of Location:
Location:  UPPER CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB5922Y	Lorry					0
SMK3217K	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220207/7033

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

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Report No. T/20220207/7033

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	GUANG CHUAN HENG		ID No. S7120899J
Related Vehicle	SMK3217K (Car)		Contact No. 94554942
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 Slight
<b>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMK3217K (Car)		Contact No. NIL
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 Slight
<b>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMK3217K (Car)		Contact No. NIL
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 Slight

## Brief Details.

ON THE MENTIONED DATE AND TIME, WHILE I WAS STATIONARY AT THE RED LIGHT JUNCTION WAITING FOR THE LIGHT TO TURN GREEN, I WAS THERE FOR FEW MINUTES WHEN A LORRY GBB5922Y SUDDENLY HIT THE LEFT REAR OF MY VEHICLE. THE IMPACT WAS GREAT THAT MY VEHICLE HAD JERKED FORWARD. THERE WERE 2 FEMALE REAR PASSENGERS IN MY VEHICLE, THEY COMPLAINED ABOUT CHEST PAIN, NAUSEOUS AND GIDDINESS. THEY WERE CONVEYED TO HOSPITAL BY AMBULANCE.

I ALSO FELT PAIN ON MY NECK & BACK WHICH I WILL BE SEEING A DOCTOR LATER. I DID NOT HAVE THE PARTICULAR OF THE OTHER DRIVER. THE OTHER DRIVER IS A MALE/INDIAN/NON-LOCAL/LATE 20S-EARLY 30S

THIS IS AN AMENDMENT TO REPORT NO. T/20220207/7007 DUE TO AN ERROR IN THE





**SINGAPORE  
POLICE FORCE**



T/20220207/7033

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

3 of 4

Report No. T/20220207/7033

CONTINUATION OF REPORT

PARTICULARS



SINGAPORE  
POLICE FORCE

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



T/20220207/7033

4 of 4

Report No. T/20220207/7033

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/02/2022 14:53

Classification Of Case:





# HUA HONG PRIVATE LIMITED

10 Kaki Bukit Avenue 4 #04-63 Premier@Kaki Bukit Singapore 415874  
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

## Estimate Repair List

11 February 2022

QUOT202202-000002

HHTPCLAIMS22-09

EQ INSURANCE COMPANY LTD.

5 MAXWELL RD, #17-00

MND COMPLEX

SINGAPORE 069110

Attn: Motor Claims Department

### ACCIDENT INVOLVING SMK3217K & GBB5922Y ON 06/02/2022 ALONG UPPER CHANGI ROAD AT ABOUT 1600 HOURS

Insured : HUA HONG PTE LTD  
Vehicle Registration No. : SMK3217K  
Vehicle Make : HONDA  
Vehicle Model : SHUTTLE 1.5 HYBRID AUTO  
Vehicle Chassis No. : GP72005181  
Policy No. : 5109921641-02  
Date of Accident : 06/02/2022

Type of Claim: Third Party

S/N	Quantity	Description	Unit Price S\$	Amount S\$
1	1	Rear Bumper <i>Del d</i>		<del>\$ 1,150.50</del>
2	10	Rear Bumper Clips <i>re</i>	\$ 5.00	<del>\$ 50.00</del> 30
3	2	Rear Bumper Side Retainer (LH/RH) <i>LH and</i>	\$ 40.40	<del>\$ 80.80</del> 40.40
4	1	Rear Bumper Reflector (LH) <i>re</i>		\$ 75.30 +
5	1	Rear Bumper Reflector Garnish (LH) <i>Del d</i>		\$ 72.20 ✓
6	1	Rear Tailgate <i>D. stored</i>		<del>\$ 1,293.00</del>
7	1	Rear Tailgate Emblem <i>re</i>		\$ 41.10 ✓
8	1	Rear Tailgate Chrome Garnish <i>can d</i>		\$ 396.20 ✓
9	1	Rear Tailgate Lock <i>Del d</i>		\$ 231.40 ✓
10	1	Rear Tailgate Weather Strip <i>at</i>		\$ 210.60 ✓
11	1	Rear Tailgate Logo (Shuttle) <i>re</i>		\$ 68.80 ✓
12	1	Rear Tailgate Logo (Hybrid) <i>re</i>		\$ 100.20 ✓
13	2	Rear Tailgate Lamp (LH/RH) <i>LH smashed</i>	\$ 480.00	<del>\$ 960.00</del> 480
14	1	Rear Tailgate Trimboard <i>Del d</i>		\$ 320.40 ✓
15	2	Rear Tail Lamp (LH/RH) <i>LH smashed</i>	\$ 520.00	<del>\$ 1,040.00</del> 520
16	1	Rear Fender Inner Trim (LH) <i>Del d</i>		<del>\$ 945.30</del>
17	1	Rear Windscreen <i>Shattered</i>		\$ 1,237.30 ✓
18	1	Rear Windscreen Moulding <i>re</i>		<del>\$ 850.00</del>
19	1	Rear End Panel <i>Del d</i>		\$ 680.50 ✓
20	2	Rear End Panel (LH/RH) <i>?</i>	\$ 245.80	<del>\$ 491.60</del> ?
21	1	Rear End Panel Top Garnish <i>Del d</i>		\$ 204.30 ✓
22	1	Rear Key Antenna <i>?</i>		\$ 230.80 ?
23	1	Rear Wiper Blade <i>re</i>		\$ 124.80 ✓
				\$ 10,855.10
				Less 20% \$ 2,171.02

CONTINUE NEXT PAGE



# HUA HONG PRIVATE LIMITED

10 Kaki Bukit Avenue 4 #04-63 Premier@Kaki Bukit Singapore 415874  
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

## Estimate Repair List

11 February 2022

QUOT202202-000002

HHTPCLAIMS22-09

### ACCIDENT INVOLVING SMK3217K & GBB5922Y ON 06/02/2022 ALONG UPPER CHANGI ROAD AT ABOUT 1600 HOURS

Estimate Repair List for vehicle SMK3217K - HONDA SHUTTLE 1.5 HYBRID AUTO

S/N	Quantity	Description	Unit Price S\$	Amount S\$
				\$ 8,684.08
24	1	Reverse Sensor <i>Damaged</i>	NETT	\$ 200.00 ✓
25	1	Sealant <i>na</i>	NETT	\$ 40.00 ✓
26	1	Rear Number Plate <i>Bent</i>	NETT	\$ 35.00 ✓
27	1	PHV Decal <i>missing</i>	NETT	\$ 20.00 ✓
28	1	Towing Fee <i>na</i>	NETT	\$ 90.00 <i>60</i>
		To dismanle, cut & weld rear panel, rear LH/RH panel, change rear bumper, rear tailgate, rear LH/RH tail lamp. Knocking rear fender (LH) & pull straight rear tyre floor panel and all area affected by accident		\$ 1,200.00 <i>800</i>
		To perform wire checking		\$ 50.00 <i>30</i>
		To dismantle & replace rear windscreen		\$ 120.00 ✓
		To dismantle and change rear bumper sensor		\$ 60.00 <i>40</i>
		To dismantle & refit rear luggage compartment, trim and inner garnish		\$ 80.00 <i>60</i>
		To dismantle & transfer rear tailgate fitting and mechanism to new tailgate		\$ 80.00 <i>60</i>
		To spray rear bumper, rear tailgate, rear fender (LH), rear end panel, rear LH/RH panel and rear tyre floor panel.		\$ 1,200.00 <i>800</i>
				\$ 11,859.08
		7% GST		\$ 830.14
		<b>Total</b>		<b>\$ 12,689.22</b>

*Admin Lj*  
*1/2 04/02/22*  
*07 Days*

Authorised by Claims Dept