

ASS. REC. BY:

REF:

C12 /

Kennaeth

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:

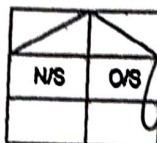
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1.81%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SW 80325

Yr Regn:

03.18

Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Honda

Elastic S.C.C

1591

Colour:

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

21905

T/Radio: Insured / Std / NI / NA

Eng No:

C/No:

KM14D841CMJU 831911

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

21/1/12

D.O.I.

10/2/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

d/shock

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

Date / Time

Action / Instruction

1 Got BZ

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS, SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Chassis No.: RC11110762

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE FOR SLW8032S

No.	Qty	List Items	
1	1	Front RH side mirror assy	<i>my \$ 111</i> 638.60 ✓
2	1	Rear RH door	\$ <i>n</i> 1,878.30 X
3	1	Rear RH door outer handle	\$ <i>n</i> 68.00 ✓
4	1	Rear RH fender	\$ <i>n</i> 1,892.00 X
5	1	Rear RH fender 1/4 glass moulding	\$ <i>n</i> 70.50 X
			\$ 4,547.40
		Less 20%	\$ 909.48
		Total :	\$ 3,637.92

Special Nett Items

6	1 set	Rear windscreen & rear RH fender glass sealant	\$ <i>n</i> 80.00 X
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Labour

1	Labour Charges for remove/refit, cut/weld, panel beat and replacement of damages.	\$ 1,200.00	<i>500</i>
2	To putty and spray Spray Paintings charges.	\$ 1,000.00	<i>500</i>
3	To check wirings.	\$ 40.00	<i>20</i>
4	To remove. Refit rear windscreen glass.	\$ <i>n</i> 140.00	X
5	To remove, refit rear RH fender 1/4 glass.	\$ <i>n</i> 100.00	X
6	To remove, refit roof lining, rear cushion and attachments.	\$ 200.00	<i>60</i>
7	To supply and apply anti rust treatment	\$ <i>n</i> 80.00	X
	Total :	\$ 2,760.00	

Total Parts and Labour : \$ 6,477.92

Not withair
Resurvey B4 pain
4 days

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:



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
SLW8032S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002526 22100	01/12/2021	30/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUAH CHOON SIN	ID No.	S7101253J
Related Vehicle	SLW8032S (Car)	Contact No.	94787404
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/01/2022	Date	22/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YQ5156R (Lorry)	Contact No.	89008390
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.

On above mentioned date, time and place, I was driving my car, SLW8032S on extreme left lane with no vehicle in front of me. Out of sudden, a truck, YQ5156R, Isuzu White, driving with higher speed from behind collided onto the right side of my car while overtaking me. My rear right of my car was scratched and right mirror also damaged.

A Trans-cab taxi driver, Mr Tay of SHC5422Y, contact number: 88092075 stopped at the scene and informed the truck was driving recklessly and nearly hit his taxi before collided my car. He is willingly to be my witness.

I went to clinic for medical treatment as felt pain on my neck, right shoulder and right leg the next day and was given 3 days medical leave and receipt as attached.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report without delay the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information given must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate the claim.
4. The use and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any claim 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 completion 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 24/01/2022 17:46 (SGT)
Date of Accident 21/01/2022 21:15 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information Near Sinopec petrol station
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW8032S
INSURED POLICYHOLDER
Is company? No
Name Of Registered Owner Luah Choon Sin
NRIC No S7101253J
Email Address williamluah@gmail.com
Mobile Phone No (Phone) +65-94787404
Alternative Phone No +65-94787404

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00252622100
Cover Note Number -

DRIVER

Name of Driver Luah Choon Sin
NRIC No S7101253J

03/01/1971
Indoor
23/09/1995
26 YEARS AND 4 MONTHS
Male
(Phone) +65-94787404
+65-94787404
williamluah@gmail.com
Blk 659 Choa Chu Kang Crescent #06-79
-
680659
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface
Side Swipe
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
No
2
Yes
No
Yes
1
No

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENTS

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?
Yes
Yes
The video is with the workshop.
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
YQ5156R
Isuzu
-
-
-

SKETCH PLAN

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 willful 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 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' law yers/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' 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 Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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

