

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/FC122003460/U9y3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKF7277K

at Workshop m/s

7.ck hai

of

Insured:

GSL 151k

Policy No.

Claims No.

022001073 MFCV

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:

\$ 119k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

227h

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKF7277K

Yr Regn:

02/08/12

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

Truck / Trailer or

(A)

Make:

Toyota Alphard

c.c

2362

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

119844

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ANH20 8231214

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40ZR19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/04/22

D.O.I.

14/4/22

Survey held at

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

Rear B/R.

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

Date / Time

Action / Instruction

coe int. (31-03-2032

cost \$103488. Net \$ 15541

Informed Robert 4/5 \$ 14,000 (Paid \$ 25971.79, 65%.)

Date/Time, File Pass to?

☐

: Preli. Report

1) 09/15/2014

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

) __S + RS, __SI

) Photos

) Others

TOTAL

Report Format :

TP

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

14000

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

not Authorized
seen
9/4/22
10 days 1/5 \$14,000

TICK HAI MOTOR & WELDING SERVICES
1 KAKI BUKIT AVE 6 #01-54 SINGAPORE 417883
TEL: 6842 9089 FAX: 6841 2869
REG NO : 48992400W

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
• No alteration/modification(s) is allowed
• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Vehicle Number: SKF7277K
Vehicle Model : Toyota Alphard 2.4X A
Manufacturing Year : 2012
Vehicle Chassis : ANH208231214

S/N.	Item Description	Amount (\$)
1	Rear Boot 2164.40 Body rd	\$ 3,150.74
2	"Alphard" Emblem neu	\$ 93.57
3	Toyota Centre Logo neu	\$ 98.91
4	Rear Boot Shock Absorber x 2 pcs 11	\$ 488.30
5	Rear Boot Lamp x 2 pcs cne	\$ 1,038.18
6	Rear Boot Reverse Light x 2 pcs 11	\$ 513.48
7	Rear Number Plate Chrome (Top) 1050 Dis/crs	\$ 4,921.50
	Rear Number Plate Chrome (Bottom) complete	
	Rear Number Plate Garnish	
8	Rear Number Plate Lamp x 2 pcs 11	\$ 174.76
9	Rear Boot Inner Trimboard 736.60 2e/Torn	\$ 1,167.10
10	Rear Boot Inner Trimboard Clip x 1 set 50 neu	\$ 108.23
11	Rear Boot Inner Trimboard Pull Pocket 11	\$ 85.60
12	Rear Boot Weatherstrip 386.90 torn	\$ 559.51
13	Rear Boot Lock 02/Torn	\$ 671.85
14	Rear Boot Lock Antenna with Buzzer cne/shock	\$ 385.60
15	Rear Boot Lock Catch 11	\$ 85.60
16	Taillamp x 2 pcs 543.30x2=1086.60 cne	\$ 3,484.18
17	End Panel 721.10 Body rd	\$ 1,448.91
18	End Panel Top Garnish succ	\$ 248.79
19	Rear Fender Inner Trimboard x 2 pcs n/s Torn o/succ	\$ 981 2,729.58
20	Rear Boot Top Spoiler 11	\$ 1,164.50
21	Rear Boot Top Spoiler Clip x 1 set 11	\$ 50.00
22	Reverse Sensor x 4 pcs 386.60x2=773.20 shocked	\$ 2,036.06
23	Rear Bumper 1450 201	\$ 4,027.04
24	Rear Bumper Clip x 1 set 50 neu	\$ 75.35
25	Rear Bumper Side Retainer x 4 pcs 11	\$ 438.94
26	Rear Bumper Reflector x 2 pcs cne	\$ 128.50
27	Towing Cover x 2 pcs 38x2=76 Torn	\$ 124.30
28	Rear Windscreen Moulding x 1 set 185.10 neu	\$ 259.89
29	Rear Corner Garnish x 2 pcs 00	\$ 308.40
30	Rear Exhaust R	\$ 1,661.92
31	Front Bumper 1150 2e/Torn	\$ 1,494.84
32	Front Bumper Centre Chrome Garnish 11	\$ 385.50

33	Front Bumper Lower Grille	11	\$	257.00	X
34	Front Bumper Side Retainer x 2 pcs	11	\$	221.04	X
35	Foglamp Cover x 2 pcs	11	\$	483.00	X
36	Front Bumper Sensor Holder x 2 pcs	11	\$	73.44	X
37	Front Bumper Sponge	7011	\$	123.76	✓
38	Front Bonnet Lock	11	\$	177.09	X
39	Front Grille Assy	Cue	\$	884.84	✓
40	Front Grille Logo	SCR	\$	150.00	✓
41	Headlamp x 2 pcs	2180 x 2 = 4300 holder cro	\$	4,776.84	✓
			Total :	\$ 40,756.64	
			Less 20%	\$ 8,151.33	
			Amount :	\$ 32,605.31	

S/N	Special Nett Item		Amount (\$)	
1	Reverse Camera	11	\$ 280.00	X
2	Rear Number Plate with Casing	500	\$ 60.00	X
3	Front Bumper Sensor x 2 pcs	11	\$ 906.48	X
4	Front Number Plate with Casing	5011	\$ 60.00	40
5	End Panel Sealant	11	\$ 50.00	✓
6	Windscreen Sealant	11	\$ 80.00	40
			Amount :	\$ 1,436.48

Labour	Amount (\$)	
To check rear electrical wiring system	\$ 120.00	30
To remove & install rear windscreen	\$ 150.00	120
To remove and reinstall reverse sensors	\$ 80.00	50
To transfer tailgate component to new tailgate	\$ 150.00	60
To spray anti-rusting coating on affect areas	\$ 120.00	60
To remove & install interior garnishes, trims etc to facilitate repair	\$ 180.00	80
To remove & reinstall rear exhaust	\$ 150.00	60
To remove & reinstall rear boot top spoiler	\$ 50.00	X
To check front electrical wiring system and focus headlamps	\$ 80.00	X
To remove & install front bumper sensors	\$ 150.00	X
To straighten, repair, realign on front and rear affected area and replace damaged parts	\$ 2,500.00	1200
To spray paint on front and rear affected areas	\$ 2,200.00	1500
Labour Total :		\$ 5,930.00
Total (Parts & Labour)		\$ 39,971.79

p-19084.51
202
14283-38

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	13/04/2022 11:01 (SGT)
Date of Accident	12/04/2022 09:50 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	BARTLEY ROAD EAST TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7277K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO SIAU BOY
NRIC No	S0072227H
Email Address	kathysb.khoo@gmail.com
Mobile Phone No	(Phone) +65-96744283
Alternative Phone No	+65-96744283

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100310078-09
Cover Note Number	-

DRIVER

Name of Driver	KHOO SIAU BOY
NRIC No	S0072227H

Date Of Birth	20/03/1948
Occupation	Indoor
Date Of Driving Pass	21/11/1968
Driving experience	53 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96744283
Alt. Phone Number	+65-96744283
Email Address	kathysb.khoo@gmail.com
Address	23 TAMAN SELAMAT
Address complement	-
Postcode	416422
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	Clear
Road Surface	Dry

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)	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	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 POLICE REPORT: T/20220412/7013.

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	GBL151K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GT6764B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHOO SIAU BOY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKF7277K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 to 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:

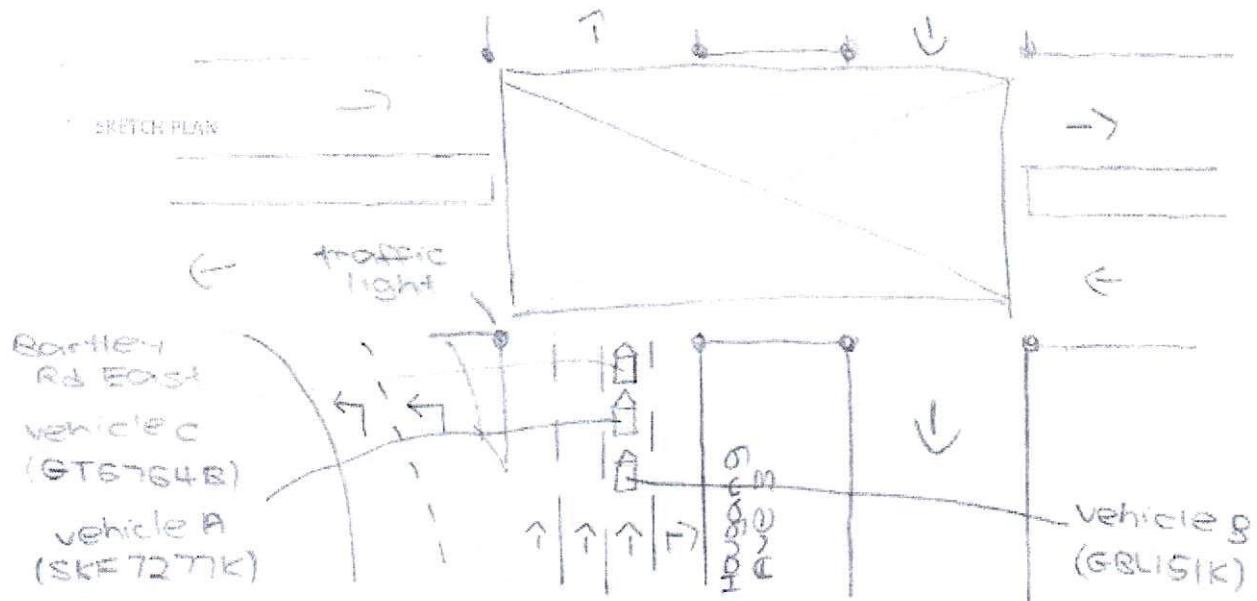
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/PIN No.:

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Hougang Avenue 3. Suddenly, vehicle C braked. I manage to stop in time. However, vehicle B did not brake in time resulting in the front portion of vehicle B hitting onto the rear portion of my vehicle. The impact from this collision caused my vehicle to move forward and hit onto the rear portion of vehicle C.

DECLARATION

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

Choo Hanley
 Policyholder's Signature
 Date & time

Driver's Signature
 (if driver is not the policyholder)
 Date & time

Reporting Centre Personnel's Signature
 Name
 ABOL/TIN NO.



**SINGAPORE
POLICE FORCE**



T/20220412/7013

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

1 of 3
Report No. T/20220412/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2022 13:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHOO SIAU BOY			Address: 23 TAMAN SELAMAT SINGAPORE 416422		
ID Type / ID No.: NRIC NO / S0072227H			Contact No.: Home/Office: Mobile: 96744283		
Nationality: SINGAPORE CITIZEN			Email: KATHYSB.KHOO@GMAIL.COM		
Sex: Female	Age: 74	Date of Birth: 20/03/1948	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Insurance Agent			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2022 09:50	Type of Location: Traffic Junction
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL151K	Lorry					0
GT6764B	Lorry					0
SKF7277K	Car					0



**SINGAPORE
POLICE FORCE**



T12022041217013

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

2 of 3
Report No. T12022041217013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KHOO SIAU BOY	ID No.	S0072227H
Related Vehicle	SKF7277K (Car)	Contact No.	96744283
Hospital/Clinic	CHAI CHEE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/04/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Hougang Ave 3. Suddenly, vehicle GT6764B braked. I manage to stop in time. However, vehicle GBL151K did not brake in time resulting in the front portion of vehicle GBL151K hitting onto the rear portion of my vehicle. The impact from this collision caused my vehicle to move forward and hit onto the rear portion of vehicle GT6764B. I was injured due to this accident and was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20220412/7013

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

3 of 3

Report No. T/20220412/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2022 13:42
Officer In Charge Of Case: TP / TP1B / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168