ASS. REC. BY: Kenneth

REF: CTZ/220067241Kv

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Poon Siang Seng

of _____

Insured: PC 8287G

Policy No. DMB1SNW00008152200

Claims No. SNM22D204786/C02

Sum Insured: _____ Excess: _____

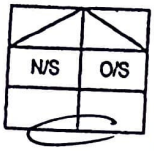
(Client's Record)

Make of Veh: _____

After 12pm

(Policy Condition)

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




Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKS 4598K Yr Regn: 04, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel (A) c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 190733 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1 - 1014176

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: 225/65R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. | 8/7/22 | D.O.I. | 18/7/2022 |

Survey held at _____

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 |
|---|---|
| / | Cust BZ |
| 20/7/22 | Kenneth informed final fig $2835.84 (Red ~~2950.36, 50%~~) |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 20/7/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ x RS ___ Sl

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 2835.84

# 方 商 昭 喷 漆
# POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Not Authorised
L/Sup &
Resurvey After Paint
4 days

NEO SENG TAI
Blk 194A #08-223
Bukit Batok West Avenue 6
Singapore 651194

Dear sir
Estimate cost of repair to vehicle no. SKS4598K
To supply

| | | |
|---|---|---|
| 1. | Rear tail gate | 1,100.90 |
| 2. | Rear tail gate lock | 385.90 |
| 3. | Rear tail gate damper x2 | 360.80 |
| 4. | Rear tail gate rubber | 168.00 |
| 5. | Rear tail gate badge vezel | 55.00 |
| 6. | Rear tail gate logo | 48.00 |
| 7. | Rear tail gate out handle | 280.80 |
| 8. | Rear w/s glass moulding | 186.50 |
| 9. | Rear panel | 485.60 |
| 10. | Rear panel top garish | 192.80 |
| 11. | Rear bumper | 762.80 |
| 12. | Rear bumper side x2 | 390.00 |
| 13. | Rear bumper side retainer x2 | 128.00 |
| 14. | Rear bumper sensor | 350.00 |
| 15. | Tail lamp left | 468.80 |
| 16. | Rear bumper reflector x2 | 270.00 |
| 17. | Rear tail gate reflector left | 340.90 |
| | Labour charge 20% | |
| | Rust proofing | 100.00 30% |
| | To remove and refit rear w/s glass and sealant | 250.00 150% |
| | Panel beating | 980.00 |
| | Spray painting | 880.00 400% |
| | Total | 5,786.20 |

Your faithfully

ALBERT POON

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 | 08/07/2022 18:59 (SGT) |
| Reported by | Driver |
| Date of Accident | 08/07/2022 07:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TUAS SOUTH AVENUE 5 |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SKS4598K |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | NEO SENG TAI |
| NRIC No | S0457340D |
| Email Address | CHNEO18@GMAIL.COM |
| Mobile Phone No | (Phone) +65-88509809 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Honda |
| Model | Vezel |
| 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 |
| Policy Number / Cover Note Number | 5117158858-02 |

### DRIVER

| | |
|---|---|
| Name of Driver | NEO CHIN HOCK (LIANG ZHENFU) |
| NRIC No | S7901532F |
| Date Of Birth | 18/01/1979 |
| Occupation | Indoor |

SKETCH PLAN

**IMPORTANT NOTICE**

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2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This 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 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

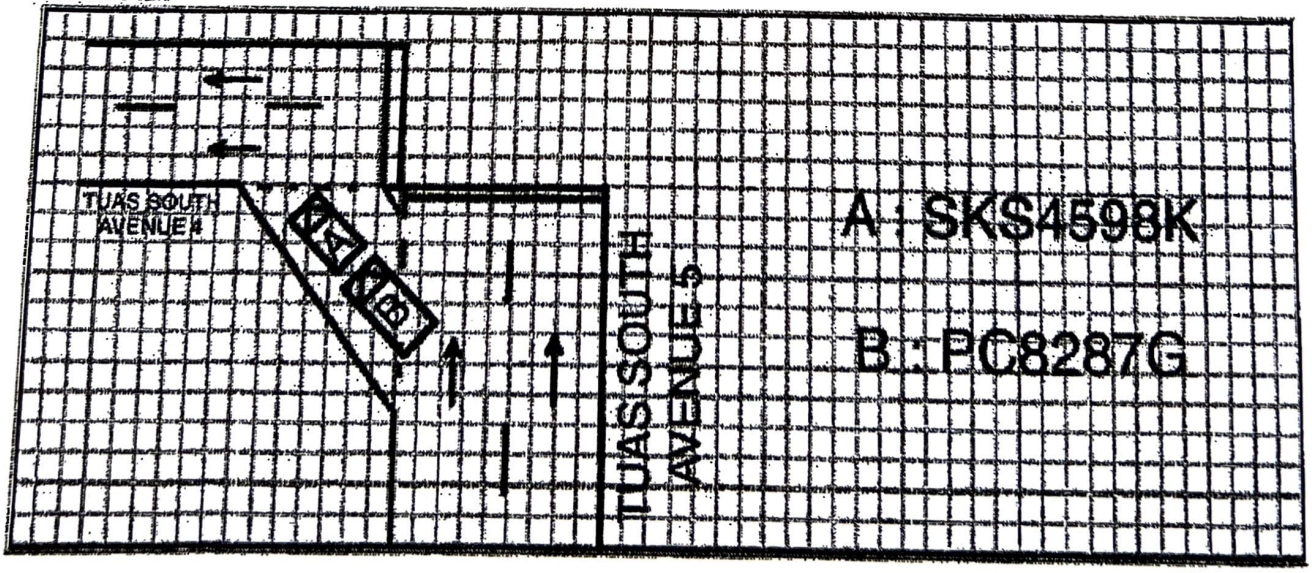
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

08/07/2022 1900HRS
Policyholder's Signature / Date & Time

08/07/2022 1900HRS
Driver's Signature (if driver is not the policyholder) / Date & Time

SUMAN SUKUMAR
S9909688
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card).

Sketch Plan




1

SINGAPORE POLICE FORCE

T/20220708/2074

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



**CONTINUATION OF REPORT**

| Driver | | | |
|---|---|---|---|
| Name | NEO CHIN HOCK | ID No. | S7901532F |
| Related Vehicle | SKS4598K (Car) | Contact No. | 83235000 |
| Hospital/Clinic | HEALTHWAY MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment | 08/07/2022 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

**Brief Details.**

On 8 July 2022 at about 0730hrs, I was driving my vehicle bearing registration plate number SKS4598K and was driving at left lane along Tuas South Avenue 5. I keep left as I wanting to turn left at the filter lane toward Tuas South Avenue 5. While I was about to move off, I felt an impact on my rear. I stopped my vehicle and went down from my vehicle.

The driver of the bus also came down from the vehicle. The bus registration plate number is PC8287G. I then took down the particular of the driver and we exchange our contact numbers. After we exchange our contact numbers, we moved off.

At that point of time, I felt pain on my back of neck, shoulder, discomfort on my lower back and slight numbness on my left arm. I then went to seek medical treatment located at Blk 153 Bukit Batok Street 11 #01-284 Singapore 650153, Healthway Medical. The doctor provided me with 3 days of Medical Leave from 8 July 2022 to 10 July 2022.