

ASS. REC. BY: Taufik

REF: CS/SUR 22006898/79y3

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
<u>*</u>	

Bal. or Market Value: \$72k
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
WP
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Mr Ivan Vehicle: IN / OUT

Veh No: SLK9847P Yr Regn: 2017, Feb
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Civic c.c. 1597
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 51353 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRMFC5650GT001159
 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: 215/55R16
 R: 215/55R16
 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. _____ D.O.I. 21/7/22
 Survey held at Dickson Auto.
 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
	Taufikh finalised LS \$1050, 2 days (Red \$3726, 78%) (No Lump SUM)

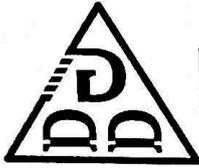
Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 07/09 Typist
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS. \$I _____
 Photos _____
 Others _____
 TOTAL _____

Rep. Format: _____
 Lump Sum / L.E.J. (\$) 1050



DICKSON GROUP
Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD
29 UBI ROAD 4, DICKSON AUTO CENTRE
SINGAPORE 408619
TEL: 6668 1122 | FAX: 6668 1123

QUOTATION

QUOTATION FOR

NAME: MS First Capital Insurance Ltd
COMPANY NAME: MS First Capital Insurance Ltd
STREET ADDRESS: 6 Raffles Quay, #21-00
POSTAL CODE: 048580
PHONE: 6222 2311

DATE: 18/7/2022
REF: SLK9847P
VEHICLE NO.: SLK9847P
MAKE: HONDA
MODEL: CIVIC
PREPARED BY: POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT	
LABOUR								
1	TO REMOVE & REFIT REVERSE SENSOR & WIRING	1		\$200.00	\$ 200.00	30	\$ 200.00	
2	TO PROVIDE SKILL LABOUR TO REMOVE ALL DAMAGED PARTS & PANELS, CUT & WELD IF NECESSARY WITH FULL ALIGNMENT	1		\$1,000.00	\$ 1,000.00	200	\$ 1,000.00	
3	TO PROVIDE SKILL LABOUR & MATERIAL TO PREPARE FOR PAINT NEW PARTS & PANELS	1		\$800.00	\$ 800.00	200	\$ 800.00	
PARTS								
1	REAR BUMPER	1		\$617.00	\$ 617.00	de	\$ 617.00	
2	REAR BUMPER CLIPS	10		\$5.50	\$ 55.00	nei	\$ 55.00	
3	REAR BUMPER LOWER PROTECTOR	1		\$68.00	\$ 68.00	de	\$ 68.00	
4	REAR BUMPER SIDE RETAINER	1		\$28.00	\$ 28.00	?	\$ 28.00	
5	REAR BUMPER LH REFLECTOR	1		\$28.00	\$ 28.00	X cut	\$ 28.00	
6	REAR BUMPER LH REFLECTOR COVER	1		\$35.00	\$ 35.00	cut	\$ 35.00	
7	REAR BUMPER REINFORCEMENT	1		\$185.00	\$ 185.00	?	\$ 185.00	
8	REAR END PANEL	1		\$385.00	\$ 385.00	X	\$ 385.00	
9	REVERSE SENSOR	4		\$155.00	\$ 620.00	?	\$ 620.00	
10	REAR TRUNK	1		\$654.00	\$ 654.00	X	\$ 654.00	
11	REAR TRUNK LOGO	1		\$28.00	\$ 28.00	X	\$ 28.00	
12	REAR TRUNK CIVIC LOGO	1		\$35.00	\$ 35.00	X	\$ 35.00	
13	REAR TRUNK IVTEC LOGO	1		\$38.00	\$ 38.00	X	\$ 38.00	
					SUBTOTAL	\$ 4,776.00	SUBTOTAL	\$ 4,776.00
					GST 7%	\$ 334.32	GST 7%	\$ 334.32
					TOTAL	\$ 5,110.32	TOTAL	\$ 5,110.32

REMARKS: PLEASE TAKE NOTE IT MAY HAVE ADDITIONAL ITEM TO ADD ON AFTER REMOVE.

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

- LPK 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

Tanpin 97495749/62563561
WP 21/7/22 @ 4pm
02 days

CUSTOMER'S SIGNATURE AND COMPANY STAMP

Acknowledged by Repairer
Signature:
Date:

Resurvey before paint
Tanpin elkhautow

(AUTHORISED SIGNATURE)



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 18/07/2022 16:20 (SGT)
Reported by Driver
Date of Accident 18/07/2022 01:15 (SGT)
Exact Location of Accident Near 9VG5+P5 Singapore
Additional Location Information ANG MO KIO AVENUE 5 SLIP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9847P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE GEOK ENG (LI YUYING)
NRIC No SXXXX037J
Email Address ADMIN@DACC.COM.SG
Mobile Phone No (Phone) +65-91715800
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1597

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5127325503

DRIVER

Name of Driver TOH HANG CHUANG
NRIC No SXXXX950C
Date Of Birth 28/10/1963
Occupation Indoor

Date Of Driving Pass 23/12/1981
 Driving experience 40 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98220044
 Alt. Phone Number -
 Email Address ADMIN@DACC.COM.SG
 Address BLK 425 PASIR RIS DRIVE 6
 Address complement #10-85
 Postcode 510425
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured FIANCE
 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 Hit and run / Vandalism / Damaged whilst parked
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Hougang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004890999
 Alt. Police Station Phone No (Fax) +65-63128989
 Police Station Address 60 Hougang Ave 9 Singapore 538775
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.
 REPORT NO. T/20220718/2006

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SHB843D
 Vehicle Manufacturer Toyota
 Vehicle Model Prius

Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Taxi
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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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 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.

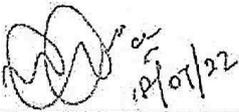
8. Consent under the Personal Data Protection Act (PDPA)

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 sited outside of Singapore, for one or more of the above Purposes.



 Policyholder's Signature / Date & Time

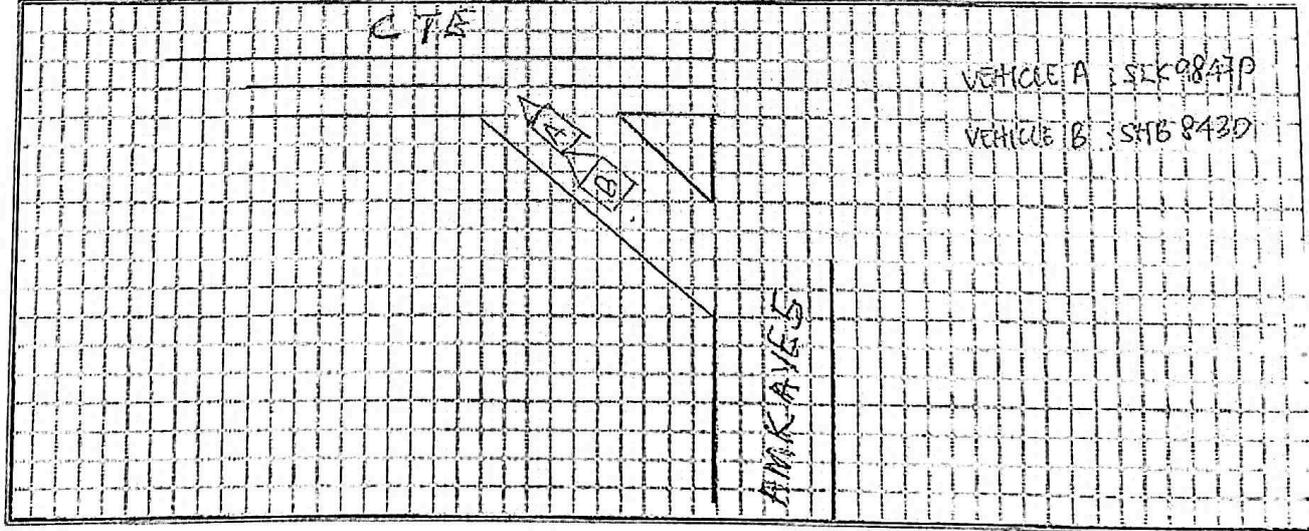


 Driver's Signature (if driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

REPORT NO. T/20220718/2006.

Declaration

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

Policyholder's Signature / Date & Time



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


18/07/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





**SINGAPORE
POLICE FORCE**



T/20220718/2006

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220718/2006 /

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2022 02:54	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: TOH HANG CHUANG		Address: APT BLK 425 PASIR RIS DRIVE 6 #10-85 SINGAPORE 510425	
ID Type / ID No.: NRIC NO / S1572950C		Contact No.: Home/Office: Mobile: 98220044	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 28/10/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD SELLER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2022 01:15	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB843D	Car	TOYOTA		Maroon		0
SLK9847P	Car	HONDA		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220718/2006

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20220718/2006

CONTINUATION OF REPORT**Brief Details.**

On 18/07/2022 at about 0114hrs, I was driving my vehicle (SLK 9847P) and after sending my friend back home. After that I made my way back home, I was driving along Ang Mo Kio Avenue 5 towards CTE and I was about to filter to right lane towards CTE. The traffic condition was light and I was driving slowly and before I could filter to the left lane to the CTE, a Strides taxi (SHB 843D) from the rear collide onto my car

After the collision, I want to make a check on my car before I could exit from my car I saw the taxi sped off from my side and I give chase. I chase the taxi till Jalan Rajar road and managed to take a photo of the taxi registration plate number. However, the taxi did not stop hence I called for police.

The police informed me to drive back to Ang Mo Kio Avenue 5 and wait for the police officer to arrive. Upon police arrival, I explained the whole incident to the police officer and was told to lodge a police report. I was given a case card with reference to F/20220718/0015. The damaged to my car was left bumper damaged.

I wish to state that I do not have any in car camera and I did not suffer any injuries. I do not have the particulars of the taxi driver. I am lodging police for claiming and record purposes.



**SINGAPORE
POLICE FORCE**



T/20220718/2006

3 of 3

Report No. T/20220718/2006

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F/ SGT 1 TAN DE XUAN DARREN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185

Signature Of Informant: 
Date/Time: 18/07/2022 02:54
Classification Of Case:

NP168