

ASS. REC. BY:

REF:

CT2 / 2200-8852 / Kv

Kenneth

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: SLN 3894B

Policy No. DMPCSNA00076802201

Claims No. SNM22D206289/C02/LEEPG

Sum Insured:

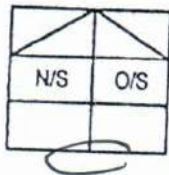
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3 days

Res.: Yes or No

Lum Sum:

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMY 425014

Yr Regn:

08, 18

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

Truck / Trailer or

Make:

Hyundai Elantra c.c 1591

Colour

M. L Purple A/C: Insured / Std / NI / NA

Sp. Reading

51810

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM40841CMJU 72827

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

3/19/22

D.O.I.

9/9/2022

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

7/3 8:1647.52

17/3/23 Final fig \$1647.52 confirmed by email (red 10,234.80, 86%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/3/23-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + PS \$

: Fines

: Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I. (\$) 1647.52

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 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 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	05/09/2022 17:22 (SGT)
Reported by	Both
Date of Accident	03/09/2022 11:15 (SGT)
Exact Location of Accident	21 Woodlands Crossing, Singapore 738203
Additional Location Information	WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY4250H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KONG KIAT LUCAS
NRIC No	SXXXX816C
Email Address	LUCASNKJ21@GMAIL.COM
Mobile Phone No	(Phone) +65-89504757
Alternative Phone No	-

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	1599

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MQ005625

DRIVER

Name of Driver	NG KONG KIAT LUCAS
NRIC No	SXXXX816C
Date Of Birth	26/07/1997
Occupation	Indoor

Date Of Driving Pass	21/12/2021
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89504757
Alt. Phone Number	-
Email Address	LUCASNKJ21@GMAIL.COM
Address	BLK 609 ANG MO KIO AVE 4 #09-1171
Address complement	-
Postcode	560609
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	Collision - Head to Rear
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)	2
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	-

PASSENGER 1

Name	PASSENGER 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ACCIDENT REPORT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

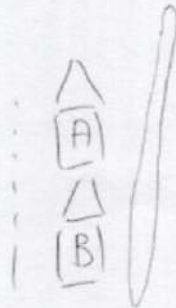
Vehicle Registration Number	SLN3894B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

A → SMY4250H

B → SLN3894B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/09/22, I was queuing up for my turn at woodlands checkpoint. Suddenly, I felt an impact from vehicle B on the rear of my vehicle. My rear bumper is damaged and my rear diffuser is broken.

DECLARATION

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

Police Officer's Signature
Date & Time

[Signature]

Driver's Signature
If driver is not the reporting officer
Date & Time

Reporting Officer's Signature
Date
PPSC 11/2/20



**SINGAPORE
POLICE FORCE**



T/20220904/2061

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20220904/2061

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 MUHAMMAD RAFIQUE
BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/09/2022 17:11

Officer In Charge Of Case:
TP / GIT /
SI PAN JIANHONG
Contact No.: 65476904

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1922960002, Vehicle Registration No: SKC8198P

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____

Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in Veh B 5LP4032A

Policyholder / Driver's Signature

Date: 6th Sep 2022

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

BH AUTO SERVICES PTE LTD

Blk 1, Sector C, Sin Ming Industrial Estate #01-111 / 113 / 115 / 117 Singapore 575636
Tel: 6559 8944 / Fax: 6269 2404

China Taiping Insurance (Singapore) Pte Ltd
105 Cecil Street
#19-00 The Octagon
Singapore 069534
Attn: Motor Claim Department

Not Authorised
L.B.I.
3 days
81647.52

DEAR SIR / MADAM :

ACCIDENT REPAIR ON: SMY4250H
MODEL ELANTRA AD 1.6 GLS AT (AMS)
POLICY NO :
CHASSIS NO : KMHD841CMJU725827

Date: 09/08/2022
Page : 1 of 2

DATE / TIME OF ACCIDENT: 03/09/2022 Time: 1115Hrs at WOODLANDS CHECKPOINT
THIRD PARTY VEHICLE NO: SLN3894B

Appended below are the estimated cost of repair and parts to be replaced for the above vehicle: -

Replacement Of Parts

S/N	Quantity	Unit Price	Condition	Amount
		S\$		S\$
1 REAR BUMPER	1	459.40	<i>rd cm</i>	459.40 ✓
2 REAR BUMPER BLACK DIFFUSAL	1	250.10	<i>sm</i>	250.10 X
3 REAR REINFORCEMENT BAR	1	303.70	<i>n</i>	303.70 X
4 BOOT TRUNK	1	1,840.00	<i>n</i>	1,840.00
5 REAR FENDER RH	1	1,856.60	<i>n</i>	1,856.60
6 REAR BRAKE LIGHT RH	1	388.00	<i>sm</i>	388.00
7 REAR BOOT BRAKE LIGHT RH	1	298.80	<i>sm</i>	298.80
8 REAR BOOT BRAKE LIGHT LH	1	298.80	<i>sm</i>	298.80
9 SPARE TYRE PANEL	1	878.30	<i>n</i>	878.30
10 ELANTRA EMBLEM	1	48.80	<i>na</i>	48.80 X
11 HYUNDAI LOGO EMBLEM	1	28.10	<i>na</i>	28.10
12 ELITE EMBLEM	1	35.00	<i>na</i>	35.00
13 REAR REFLECTOR STRIP RH	1	28.30	<i>sm</i>	28.30
14 REAR BUMPER RETAINERS	2	40.80	<i>sm</i>	81.60
15 BOOT INNER RUBBER SEAL	1	59.80	<i>sm</i>	59.80
16 REAR END PANEL	1	454.70	<i>n</i>	454.70
17 REAR END GANISH	1	60.00	<i>sm</i>	60.00

Sub-Total: 7,370.00
Parts after 20% discount 1,474.00
Total Parts : 5,896.00

Special Nett Items

1	Anti-rust coating	2	80.00
2	REVERSE SENSOR SET	1	350.00
3	REAR PANEL SEALANT	1	150.00
4	REVERSE CAMERA SET	1	350.00
5	REAR NUMBER PLATE WITH HOLDER	1	120.00
6	BODY WRAPS	1	1,500.00
7	BODY KIT RER DIFFUSAL	1	800.00

rr	160.00	X
Pr	350.00	X
rr	150.00	X
Pr	350.00	X
Sn	120.00	X
(Bill) m	1,500.00	25012
04/10/15	800.00	55012

Total Parts: 3,430.00

Labour Charges For Rear Portion

- 1 Provide skill labour to remove all damaged parts, panel beat, cut & weld if necessary and align all panel and reinstall all damaged parts. (Front)
- 2 Provide skill labour & material to putty all damaged parts & panel & to respray with 2K paint with oven spray booth facilities
- 3 Provide skill labour to disconnect and check electrical wiring
- 4 Remove and replacement of bumper sensor
- 5 Remove and reinstall inner trim garnish to facilitate repair

1,000.00	2001
1,000.00	2201
100.00	101
100.00	501
rr 200.00	X

Total Labour:

Total Parts & Labour:
GST 7%
Grand Total:

2,400.00
11,882.32
831.76
12,714.08

Estimate Repair Duration

10 days

ACCIDENT VEHICLE OF : SMY4250H

Page : 2 of 2

3

Remar Supplementary estimate will be raised in the event additional damaged parts are found in the course of repair.

Yours sincerely,

Ninja Lo

Survey attended by:

Name : _____

Compar : _____

Date : _____

Time : _____

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:

Contact : _____
Email : _____