

ASS. REC. BY:

REF:

CS/TP22008879/Day3

**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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLV3243M Yr Regn: Dec, 2017

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

Truck / Trailer or

Make: Mazda CX5 c.c 2488

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 46820 T/Radio: Insured / Std / NI / NA

Eng/No: PY30779515

C/No: JM6KF2WLAJ5\*0143882

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: 225/55R19

R: — 11 —

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

TOYO / YOKO or Toyo

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 04/08/2022 D.O.I. 12/08/2022

Survey held at Alfred Auto AMC

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

N/S Front

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

Date / Time	Action / Instruction
	<u>Independent</u>
<u>12/09/2022</u>	<u>Submit P/P \$5,128.72 with 6 days (Red \$4,377.98/46%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

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

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_ )

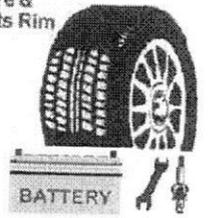


# ALFRED AUTO

## Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538  
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E  
Email: alfredauto@hotmail.com

Tyre & Sports Rim



Reference No.: 50822

Date: 05.8.2022

Susan Choo Leng Leng  
11 Kelulut Hill  
Singapore 805893.

Mazda CX5 2.5AT Luxury EU6.

### Estimate Repair Cost for Vehicle Reg. No: SLV 3243 M

1 Pc. Head Lamp Assy. LH <i>reinstated / cut</i>		2,990.00 ✓	3568.70 ✓
2 Pcs. Head Lamp Holder <i>HM</i>	@ 128.00	256.00 X	
1 Pc. Bumper <i>cut / distored</i>		1,130.00 ✓	1023.10
2 Pc. Bumper Side Retainer <i>grille</i>		198.30 ✓	156.20
1 Pc. Bumper Chrome <i>chrome / cut</i>		698.60 ✓	<del>285.00</del> 285.00
1 Pc. Bumper Lower Grille <i>HM</i>		890.00 X	
10 Pcs. Bumper Clips <i>HM</i>	@ 6.00	60.00 <i>20/- SH</i>	
1 Set. Bumper Parking Sensor <i>3x1</i>		398.00 X	
1 Pc. Fender Garnish <i>cut</i>		386.80 ✓	215.40
1 Pc LH Day light <i>HM</i>		299.00 X	

Total (Panels / Parts): **7,007.70 (SGD)**

7366.70

*List 5348.40 SH 20.00 =*

### LABOR CHARGES

*20% 4113.72 = 4278.72*

To remove & refit wiring check & refocus head lamp. *30/-* 200.00

To repair & renew all accident damaged accident Affected parts. 1,000.00 *400/-* 830.00

To respray painting on all accident affected area. 1,000.00 *300/-* 400/-

Total (Labor Charges): **2,200.00 (SGD)**

4506.70

*12/08/2022 @ 1030am*

*HT Ann*

*P/PNA 6 days*

*Ym*

*LKK Ann*

*P/P 4968.72 = 5128.72 =*

# 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	05/08/2022 16:03 (SGT)
Reported by	Both
Date of Accident	04/08/2022 18:30 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	UPPER PAYA LEBAR RD TWDS BOUNDARY RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3243M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUSAN CHOO LENG LENG
NRIC No	SXXXX778F
Email Address	SUSAN_CHOOLL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96655651
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
Variant	CX-5 2.5 AT LUXURY EU6
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	2488

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017100

### DRIVER

Name of Driver	NG JUN HENG
NRIC No	SXXXX432B
Date Of Birth	12/05/1999
Occupation	Indoor

Date Of Driving Pass	05/08/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-83998836
Alt. Phone Number	-
Email Address	SUSAN_CHOOLL@YAHOO.COM.SG
Address	11 KELULUT HILL
Address complement	-
Postcode	805893
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SUSAH CHOO LENG LENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SLC8540Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KEA CHAN
NRIC No	SXXXX378D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	SUSAN CHOO LENG LENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & SHOULDER
Injured person in which vehicle?	SLV3243M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	NG JUN HENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & SHOULDER
Injured person in which vehicle?	SLV3243M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

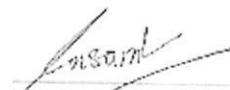
## SKETCH PLAN

**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 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 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/FIN No.:





Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2022 17:39		Vide Report No.: T/20220805/2120		Station Diary No.: 109	
<b>Informant's Particulars</b>					
Name of Informant: NG JUN HENG			Address: 11 KELULUT HILL SINGAPORE 805893		
ID Type / ID No.: NRIC NO / S9915432B			Contact No.: Home/Office: Mobile: 83998836		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 12/05/1999	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2022 18:30	Type of Location: X-Junction
Location: UPPER PAYA LEBAR ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC8540Y	Car					0
SLV3243M	Car					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220811/2091

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20220811/2091

**CONTINUATION OF REPORT**

Driver			
Name	LIM KEA CHAN	ID No.	S1835378D
Related Vehicle	SLC8540Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG JUN HENG	ID No.	S9915432B
Related Vehicle	SLV3243M (Car)	Contact No.	83998836
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2022	Date Discharge	09/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	CHOO LENG SUSAN	ID No.	S1610778F
Related Vehicle	SLV3243M (Car)	Contact No.	96655651
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/08/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/08/2022, I have lodged a traffic police report T/20220805/2120.

I would like to add on the following details:

The driver of SLC8540Y was on the left lane which can only go straight. He speeds up and attempted to make a right turn causing him to collide into my vehicle. As a result, my vehicle suffered damage on the front left side, my mother(passenger) suffered injuries causing numbness in her left side and is currently hospitalized. I suffered injuries to my upper back as well as my left leg with numbness in my left toe.

I hope that the case can be processed as soon as possible to prevent this from potentially happening to other road users as well.



**SINGAPORE  
POLICE FORCE**



T/20220811/2091

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20220811/2091

**CONTINUATION OF REPORT**

I wish to state that after seeing doctor at JJ Clinic & Surgery on 04/08/2022 and was given 2 days MC however I still feel discomfort and went to Khoo Teck Puat A&E on the 09/08/2022 and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220811/2091

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

4 of 4

Report No. T/20220811/2091

**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 3 ELAINE ONG EE LING 

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant: 

Date/Time:  
11/08/2022 17:39

Classification Of Case: