

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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 6790 Y Yr Regn: 15/5/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: KIA Cerato c.c. 1591
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 48751 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAPLW1MH5170548
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / R/Rm / STD A/Rm or
 Tyre Size: F: 205/50R16
 R: 11

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

Front		Rear
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>28/9/22</u> cycle		D.O.I. <u>5/10/22</u>

Survey held at

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

Rear RH

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

Date / Time	Action / Instruction
	<u>MV-62K</u>

Order/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time, File Return to?

☐ : Final Report

Survey Fee:

Transportation:

2) _____

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

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.L. (\$ _____)



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Movement that inspires

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Lu Weihai BLK 973 HOUGANG ST 91 #13-210 SINGAPORE 530973 Contact No Mobile: 96540398	Cust No/Name	/Lu Weihai
	Reg No/Reg Date	SLN6790Y / 15/05/201
	Date In/Mileage	/ 0
	Chassis No	KNAFZ411MH5720548
	Engine No	G4FGGH641757
	Make/Model	KIA/CERATO K3 1.6 A SX SR
	Colour/Trim	K3R TEMPTATION RED / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	29/09/2022/ 13:06	TLE	261 / Edwin Caina	58156
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000	RENEW RR BUMPER & BODY KIT	640 X 2			3200.00
	REPAIR RHR FENDER				1280
E PNT98000	RESpray RR BUMPER, BODY KIT & RHR FENDER	55 X 3			2200.00
E PNT88000	REMOVE & REFIT RR FLR BOARD, TRIM & CARPET				1650 X 300.00
A 54900099	CHECK WIRING ELECTRICAL SYSTEM				X 100.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				280.00
E PNT88000	REMOVE & REFIT REVERSE SENSOR				80 100.00
M SUNDRY	APPLY ANTI CORROSION ON AFFECTED AREAS				20 120.00
M SUNDRY	Sundries				20 80.00
M NEW K3 TEMPTATION RED K3R	X R	1.00	1177.00	00.00	1177.00
M COVER-RR BUMPER	SR	1.00	688.00	00.00	688.00
M COVER-RR BUMPER,CTR	X	1.00	315.00	00.00	315.00
M BEAM-RR BUMPER	X	1.00	318.00	00.00	318.00
M STAY-RR BUMPER RH	X	1.00	120.00	00.00	120.00
M GUARD-BUMPER REAR,RH	OR ?	1.00	17.00	00.00	17.00
M BRACKET-RR BUMPER SIDE MTG,RH	OR	1.00	29.00	00.00	29.00
M LAMP ASSY-REAR COMBINATION,RH	OR	1.00	788.00	00.00	788.00
M LAMP ASSY-REAR COMB INSIDE,RH	X	1.00	710.00	00.00	710.00

SURVEYOR NAME: Star (LKK)

SURVEYOR SIGNATURE: 5/10/22, 2-29

DATE: PIP

Confirm & accepted by

REMARKS: m R 4 dys

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

Authorized signatory and company stamp

7% GST on 10542.00 737.94

Nett 10,542.00

Total Payable 11,279.94

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Signature:

Date:

Page 1 of 1

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 29/09/2022 12:32 (SGT)
Reported by Both
Date of Accident 28/09/2022 14:10 (SGT)
Exact Location of Accident Hougang Street 91, Singapore
Additional Location Information HOUGANG STREET 91
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6790Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LU WEIHAN
NRIC No SXXXX199F
Email Address WEIHAN.LU@ICLOUD.COM
Mobile Phone No (Phone) +65-96540398
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10728125R00

DRIVER

Name of Driver LU WEIHAN
NRIC No SXXXX199F
Date Of Birth 24/06/1980
Occupation Indoor

Driving Pass	18/03/2017
Experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96540398
Alt. Phone Number	-
Email Address	WEIHAN.LU@ICLOUD.COM
Address	BLK 973 HOUGANG STREET 91 #13-210
Address complement	-
Postcode	530973
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	LU XINGYAO
Gender	Female

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1



Registration Number	CB7552G
Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Bus
Name of Driver	LEE GEK KIANG
Contact Number	(Phone) +65-97361965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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

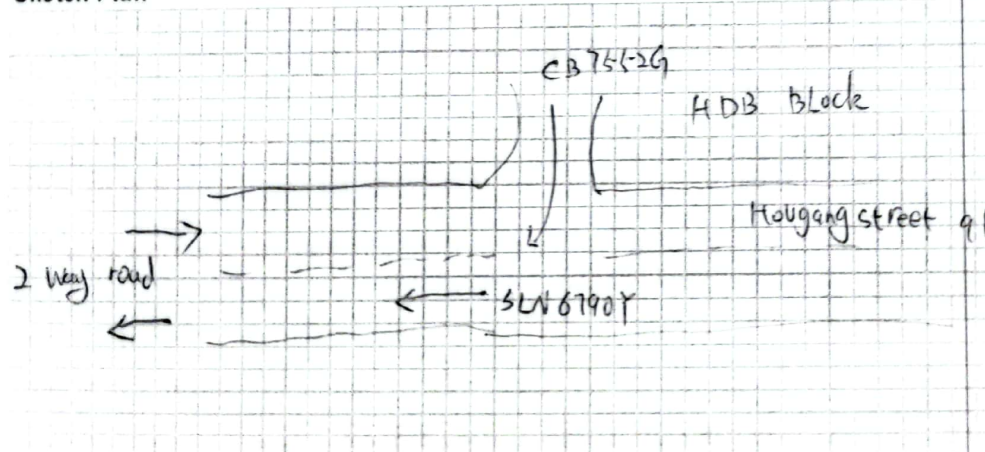
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

29/09/2022
Policyholder's Signature / Date & Time

29/09/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

E. An
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Venue: Hougang street 91
Time: 14:10 PM, 28/09/2022

Sequence of event:

(1) I (weihan, SLN87908) was driving straightly along Hougang street 91

(2) After passing by the AHOB exit, the school bus (private) CB 7552G rushed out and hit my car from the back.


please refer to the photo and video for details


(3) The driver of CB 7552G admitted that she didn't even see my car.


(4) checked with the driver of CB 7552G, there is no one injured in her mini bus.

Declaration

We declare the foregoing particulars are true in every respect.

 29/09/2022
Policyholder's Signature / Date & Time

 29/09/2022
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220928/7044

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

1 of 3

Report No. T/20220928/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2022 17:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LU WEIHAN		Address: 973 HOUGANG STREET 91 #13-210 SINGAPORE 530973			
ID Type / ID No.: NRIC NO / S 199F		Contact No.: Home/Office: Mobile: 96540398			
Nationality: SINGAPORE CITIZEN		Email: WEIHAN.LU@ICLOUD.COM			
Sex: Male	Age: 42	Date of Birth: 24/06/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2022 13:50	Type of Location: T-Junction
Location: HOUGANG STREET 91				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
CB7552G	Bus/Coach/Minibus (School Children)	TOYOTA		Silver	Slightly Damaged	0
SLN6790Y	Car	KIA	CERATO K3 1.6A SUNROOF	Red		0



**SINGAPORE
POLICE FORCE**



T/20220928/7044

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

2 of 3

Report No. T/20220928/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN6790Y	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10728125R00	15/05/2022	14/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE GEK KIANG	ID No.	S 824E	
Related Vehicle	CB7552G (Bus/Coach/Minibus (School Children))	Contact No.	97361965	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	LU WEIHAN	ID No.	S 199F	
Related Vehicle	SLN6790Y (Car)	Contact No.	96540398	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

Venue: along Hougang Street 91

Sequence of event:

1. I (WeiHan, driver of SLN6790Y) was driving strightly along Hougang Street 91
2. After passing by the T-Junction near the small street exit from Blk915, the mini school bus (CB7552G) rushed out, and hit my car from the rear. Please refer to the attachment for the location details and car damages. This is fault of the school bus (CB7552G) and she admitted that she didn't notice my car.
3. I checked with the school bus driver, there is no passage (student) in the car is injured.



**SINGAPORE
POLICE FORCE**



T/20220928/7044

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

3 of 3

Report No. T/20220928/7044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/09/2022 17:28

Classification Of Case:

NP168