REF: C12/ ASS. REC. BY: Kenneth SGV FIBIR ASSIGNMENT Smw 9046 AYr Regn: 06, 07 From: Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: OD VIP IWS I TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / N1 / NA 6630 Sp.Reading Insured: Eng/No: JHMFD 264075200893 Policy No. C/No: Claims No. Gen. Cond: Good? Fair / Poor / Burnt Sum Insured: Steering: Inorder Jammed / Leaked / Burnt or Excess: (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil /S/Rim / STD A/Rim or FCarinudal 225/40RId Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear IDAC Accident Rport: Consistent?: Yes or No R/Bal. R/Ba! mm GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Res.: Yes or No Lum Sum: 3 Val.: Yes or No Survey held at CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time Got BI Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Outs/Fime, File Return to? Transportativi Add Fee: : Site Insp (\$ Interview (\$ Report Format: Tech Invs (\$ 1. Others Lump Sum / I.B.I: (S Weekend (\$ T. TAL

## H C AUTO PT

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722 Tel: 6457 0678 Fax: 6457 8287 Co. and GST Reg. No.: 200820153N

Date: 29 / 09 / 2022

REPAIR **COSTS OF ESTIMATE** Not Nothash 11 Pay & Paint Baint Goday Mr. Ng Jackie C/o 160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722 Dear Sir / Madam,

Vehicle no.

SGV 7181 R -

Honda Civic 2.0L A

Accident date:

28 / 09 / 2022

	Accident de	ate . 20/09/2022	
	Quantity	Descriptions	Amount (S\$)
1	l pc	boot lid	<b>K</b> <sub>4</sub> \$ 1,090.70
2	-	boot lid inner lock	\$ Nes 257.30 -
3	1 pc	boot lid lock catch	\$ \mathcal{\chi} 27.00 \text{ \text{\chi}}
4	2 pcs	boot lid hinge 1 @ 255.00	\$ 10.00 X
5	2 pcs	boot lid hinge garnish 1 @ 200.00	\$ 1 400.00 X
6	1 pc	boot lid Honda logo	\$ Na 101.30 —
7	2 pcs	boot lid reflector 1 @ 184.80	\$ 169.60 X
8	2 pcs	boot lid no. plate lamp 1 @ 28.80	\$ /m 57.60 X
9	1 pc	boot lid no. plate lamp garnish	\$ 101.30 X
10	1 pc	boot lid inner trim	Dir fai 321.00 x 50 lin
11	1 pc	boot lid weather strip	87.60 30 lin
12	1 pc	rear bumper fascia	\$ 12, 801.20
13	2 pcs	rear bumper side retainer 1 @ 23.20	\$ Di146.40 —
14	10 pcs	rear bumper clip 1 @ 3.50	\$ Ma 35.00
15	1 pc	rear bumper lower lip	\$ 850.00 <u></u>
16	2 pcs	rear fender inner garnish 1 @ 314.00	5.000
17	1 pc	rear end panel	\$ P4 289.50 <u></u>
18	1 pc	rear end panel inner shield	\$ 145.00 7
19	2 pcs	tail lamps 1 @ 295.70	\$ EM 591.40 _
20	2 pcs	tail lamp panel 1 @ 159.40	\$ 7 318.80 X
21	l pc	rear floor panel	\$ 7 911.40 X
22	1 pc	rear exhaust box	\$ 3,500.00 ?
23	l pc	rear exhaust aluminium cover	\$ K 191.00 X
24	1 pc	rear exhaust box center	\$ 1,800.00 X
25	6 pcs	rear exhaust mounting 1 @ 58.35	\$ <b>%</b> 350.10 X
26	1 pc	rear windscreen glass molding	\$ ~~ 83.00 X
27	l pc	rear spare tyre board	\$ 308.30 7
28	1 pc	rear spare tyre holder	\$ 10.80 ×
	· r-		\$ 14,192.30
		Less 20 %	\$ 2,838.46
		Balance C/FD	\$ 11,353.84
		DWINITE TO THE PARTY OF THE PAR	

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722 Tel: 6457 0678 Fax: 6457 8287

Co. and GST Reg. No.: 200820153N

#### Balance B/FD (SGV7181R)

29	1 pc	rear end panel inner garnish (carbon
30	1 pc	rear camera
31	1 pc	rear panel seal
32	4 pcs	rear reverse sensor 1 @ 226.90
33	1 pc	rear windscreen glass inner seal
34	1 pc	rear windscreen glass inner gum

Labour charges To putty and spray painting To re-seal anti rust To check wiring, & reset fault code Remove rear exhaust box Remove and refix rear reverse sensor Remove and refix rear windscreen glass Remove and refix rear cushion seat, garnish, carpet, etc

Plus: 7% GST Grand total

Γ	\$	11,353.84
	•	250.00 7
	\$	350.00 sn 7
	_	450.00 sn X
_	\$ -	la 250.00 sn 30/a-
4	\$	907.60 sn 2001n
	\$	~~ 60.00 sn <b>x</b>
	\$	~~ 60.00 sn X
	\$	13,431.44
	\$	2,200.00 Fod 2,000.00 Fod 200.00 Fod
	\$	2,000.00
	\$	200.00 602
	\$	120.00 201
	\$	180.00 7
	\$	120.00
	\$	160.00 X
	\$	350.00 8d
	\$	18,761.44
	\$	1,313.30

20,074.74

## 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

s No.

nsured: nt's Record of Veh:

y Conditi : The VE repal

Market colden PR SC

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/ Ti

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- IMPORTANT NOTICE

  1. Please report correctly the details of the accident to speed up the daims 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 witholding 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.

ACCIDEN	TSTATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	29/09/2022 13:16 (SGT) Both 28/09/2022 17:30 (SGT) Singapore PIE TOWARDS CHANGI (NEAR EXIT 9) Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	SGV7181R
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No NG JACKIE SXXXX663D jackie5663@gmail.com (Phone) +65-93686699
VEHICLE PARTICULARS	
Manufacturer Model Variant	
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Private use
our vehicle?/ehicle Category	No - Claiming third party Private car
ransmission C	Manual 2000
NSURANCE COMPANY	A CARL CONTRACT CONTRACT OF THE CONTRACT OF TH

### INSU

Name of Insurance Company ..... Income Insurance Limited Policy Number / Cover Note Number 5122207779-01

#### DRIVER

Name of Driver **NG JACKIE** SXXXX663D Date Of Birth 07/11/1983 



#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow
- 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.
- 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 retains 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, maylare 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.

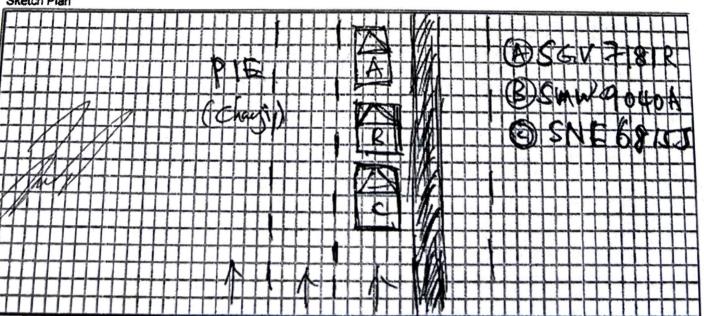
older's Signature / Date & Time

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

& Time

Witnessed by Reporting Centre Personnel (Name as in NR(CAD card)







Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20220929/7012

# REPORT OF A TRAFFIC ACCIDENT

29/09/2022 10:34 Informant's Particulars			Vide Report No.:	Station Diary No.:	
. contract (	HILLOPONOMA	culars			
ID Type / ID No.: NRIC NO / S8335663D Nationality: SINGAPORE CITIZEN			Address: 251 COMPASSVALE STREET #11-35 SINGAPORE 540251		
			Contact No.: Home/Office:	Mobile: 93686699	
			Email: .		
Male	Sex: Age: Date of Birth: 07/11/1983		JACKIE5663@GMAIL.COM  Type of Informant:		
Race: Chinese Occupation:			Driver Language:	Institution / School Name:	
			English  Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2022 17:30	Type of Location Straight Road
Location: PIE TOWARD Weather:	S CHANGI	Road Surface:	Į F	toad Speed Limit:
	error and a respect to the person specified	Dry	W. Call, S. C. W. San, Charles Service	
raffic Flow: one Way		Traffic Control: Not Controlled		raffic Volume: leavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGV7181R	Car	HONDA	CIVIC 2.0L A	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Seriously Damaged	Company of the second of the s
SMW9040A	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT	Black	Seriously Damaged	1



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



3 of 4

Report No. T/20220929/7012

CONTINUATION OF REPORT

Name	MUHAMMAD FARHAN BIN S			
Related Vehicle	SNE6815J (Car)	AEMAN	ID No.	S9305852F
Hospital/Clinic	NIL		Contact No.	96530310
Date		*:	Class of Driving Licence &	Class: 3 Date of Expiry: NIL
	NIL ed Medical Leave   NIL	Date	LExpiry I NIL	
	od Medical Leave NIL	Degree o		

### Brief Details.

On 28/09/2022 at about 1730 hrs, White I was driving my motor vehicle A (SGV7181R) along PIE heading to Changi direction at the extreme right lane. When I almost reached near to PIE Exit9. Keeping within my lane, suddenly the vehicles in front of me jam brake and I managed to stopped in time but the vehicle B (SMW9040A) which was driving behind of me, can not stopped in time and hit onto the rear portion of my stationary vehicle A. Afterward, I realised that had another vehicle C (SNE6815J) hit onto the rear portion of vehicle B (SMW9040A). I go for medical checkup and have 3 days MC from the Doctor. I'm lodging this report to claim again the insurer of SMW9040A.