ASS. REC. BY: Kenneth

REF: SMO/22010816/KV

C

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ______

at Workshop m/s Massive

of ______

Insured: SME 7890X

Policy No. ______

Claims No. CMTD2203919/SYH

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: $27k

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/24 Person Contacted: ______ Vehicle: IN / OUT

Veh No: SMQ8328J Yr Regn: 12, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) MPV

Make: Toy Wish c.c 1987

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp.Reading: 289298 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JTDGJ20W805001766

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: GY 195/65R15

R: Kapsen

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	4 mm
L/Bal.	8 mm	L/Bal.	4 mm
D.O.A.	30/10/22	D.O.I.	1/11/2022

Survey held at ______ 10.25am

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
/	Est not ready
16/11	L/Sum @5850 Confirmed (red 5667.06, 49%)

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

1) [ ]: Final Report

Date/Time, File Return to?

2) 21/11/22-typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: [ ]: Site Insp ($ ______)

[ ]: Interview ($ ______)

[ ]: Tech Invs ($ ______)

[ ]: Weekend ($ ______)

Survey Fee:

Transportation: ___S - RS.___SI

Parking

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I. ($ 5850)

SS3622AV0001 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 31/10/2022 12:24 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (31/10/2022 12:24 (SGT))

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 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.

ACCIDENT STATEMENT

Date of Submission	31/10/2022 12:24 (SGT)
Reported by	Both
Date of Accident	30/10/2022 12:00 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	SCOTTS ROAD TOWARDS NEWTON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8328J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YANG JIAN
NRIC No	SXXXX268F
Email Address	yangjiangsg@gmail.com
Mobile Phone No	(Phone) +65-85228888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116716785-02

DRIVER

Name of Driver	YANG JIAN
NRIC No	SXXXX268F
Date Of Birth	22/10/1972
Occupation	Outdoor

Date Of Driving Pass	27/09/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85228888
Alt. Phone Number	-
Email Address	yangjiangsg@gmail.com
Address	APT BLK 202A COMPASSVALE DRIVE
Address complement	#14-575
Postcode	541202
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/10/2022 @ARD 1200 HRS , I WAS TRAVELLING ALONG SCOTTS RD TOWARDS NEWTON RD. AT THE TRAFFIC JUNCTION WITH STEVEN RD, DUE TO RED LIGHT. I STOPPED MY VEHICLE AT THE TRAFFIC JUNCTION. WHILE WAITING, SUDDENLY, I FELT AN STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED THAT VEHICLE (B) SME7890X HAD COLLIDED INTO MY CAR REAR PORTION.

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	SME7890X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SPROSEN ANNE FRANCES
Passport No/FIN	GXXXX223X
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	YANG JIAN
Gender	Male
Phone No	(Phone) +65-85228888
Address	APT BLK 202A COMPASSVALE DRIVE
Address Complement	#14-575
Post Code	541202
Approximate Age Years Old	50
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMQ8328J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN #2

Describe Circumstance of the Accident

On 30/10/2022 @ and 1200hrs, I was travelling along Scotts Rd towards Newton Rd. At the traffic junction with Steven rd, due to ~~rea~~ red light, I stopped my vehicle at the traffic junction. While waiting, suddenly I felt an strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh(B) SME789ox had collided into my vehicle rear portion.

Declaration

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

Policyholder's Signature / Date & Time

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

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

SU BROTHERS MOTOR WORKSHOP

vJun2022

2

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.

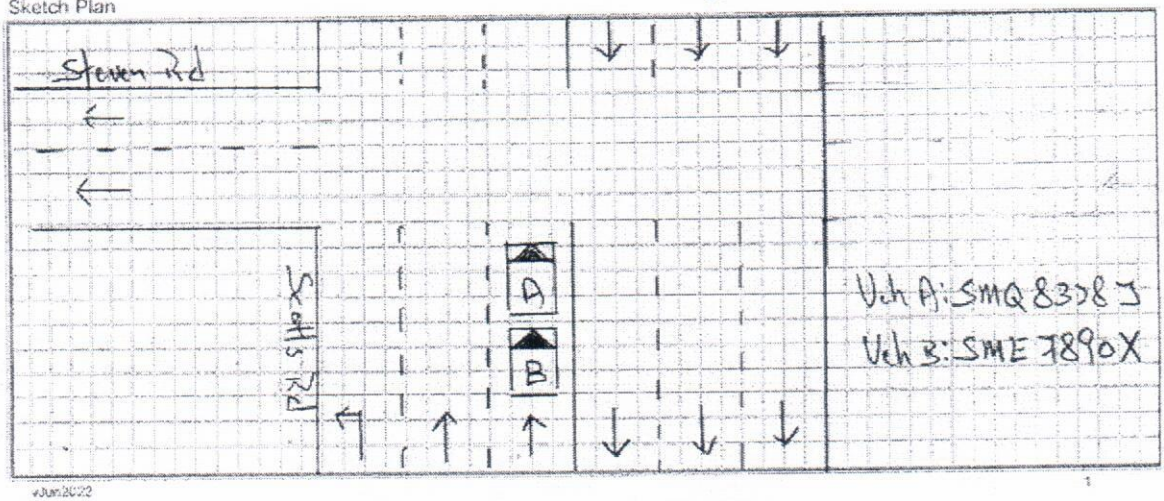
SU BROTHERS MOTOR WORKSHOP

Policyholder's Signature / Date & Time

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

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

Sketch Plan



v.Jun2022

Massive Trading & Auto

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728 Fax : 64816131

Not Authorised
L/Sum $ 5850/-
Recovery After Paint
6 days

Yang Jian
Blk 202A Compassvale Drive
#14-575 Singapore 541202

Vehicle No : SMQ 8328J
Make : Toyota Wish
Year : 2009

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Rear tail-gate assy		$1,355.60
1 pc	Rear tail-gate inner trim board		$685.70
1 pc	Rear windscreen moulding		$125.60
1 pc	Rear tail-gate emblem " Logo "		$55.10
1 pc	Rear tail-gate emblem " Badge "		$48.70
1 pc	Rear tail-gate wiper motor		$405.10
1 pc	Rear tail-gate outer chrome handle		$287.60
2 pcs	Rear no plate lamp	$47.10	$94.20 X
2 pcs	Rear tail-gate lamp	$405.10	$810.20
2 pcs	Rear tail-lamp	$550.20	$1,100.40
1 pc	Rear tail-gate inner lock		$425.60
1 pc	Rear boot rubber		$205.90
2 pcs	Rear fender inner trim board SVC	$487.10	$974.20
1 pc	Rear end panel		$650.20
1 pc	Rear end panel inner garnish		$285.75
1 pc	Rear bumper — 566.10		$753.20
2 pcs	Rear bumper bracket	$52.50	$105.00 X
2 pcs	Rear bumper reflector	$48.10	$96.20 X
2 pcs	Rear bumper side retainer	$65.70	$131.40
1 pc	Rear boot floor panel top cover board		$550.20 X
1 pc	Rear silencer box		$971.20 X
1 pc	Radio antenna		$285.70 X
			$10,402.75
		Less 25 %	$2,600.69
			$7,802.06
S Nett			
1 pc	Rear reverse sensor		$200.00
1 pc	Rear reverse camera		$350.00 X
1 pc	Rear no plate		$35.00
1 pc	Rear windscreen sealant		$35.00
			$620.00
		balance c/f	$8,422.06

SMQ 8328 J

	balance b/f	$8,422.06

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.		$1,200.00 600.
To putty & spray paint on rear accident affected portion.		$1,200.00 700.
Check/reconnect wiring.		$45.00 20.
To spray anti rust on accident affected portion.		$150.00 60.
Remove/renew exhaust silencer	nv	$200.00 X
To conduct water leakage test on rear accident portion, remove/refit upholstery to facilitate repair		$180.00 60.
Remove/refit rear windscreen to facilitate repair.		$120.00 ✓
	Total	$11,517.06

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: