

ASS. REC. BY:

REF: CS/AG1 22011583/Awy3

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: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLU 9753Z Yr Regn: 2017, Dec.

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

Truck / Trailer or

Make: Toyota Prius. Hybrid c.c 1797

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

Sp.Reading: 103261 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZVW400026539

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Sailun

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

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 23/11/22

Survey held at Ryder

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

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

Date / Time	Action / Instruction
	<u>TP Budget Direct.</u>
<u>10/05/2023</u>	<u>Finalise L/S \$2,700.00 @ 4 days (Red \$5147.19/60%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

10/05/2023  
Typist

Date/Time, File Return to?

2)

: Preli. Report

: Final Report

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Insp (\$ \_\_\_\_\_)

Photos

Others

Report Format: TP

L/S \$2,700

2 Kaki Bukit Ave 2, #02 19/22 AutoHub @ Kaki Bukit, Singapore 417921  
 Email: ryderautoworkshop@gmail.com  
 Tel: 67418277 Fax: 67468277

### ESTIMATE OF REPAIR

Veh# : SLU9753Z  
 Accident Date : 15/11/22  
 Location : SLE CITY EXIT OF WOODLANDS AVE 2

Model:  
 3P:

TP Budget Direct. Kin Yu.

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 approved by Insurance Company

SKV7345X (AUTO AND GENERAL)  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

S/Nos.	Qty	Description	List \$	S/Nett \$	Nett \$
1	1pc	Rear bumper <i>Reb d</i>	681.40		
2	10pcs	Rear bumper clips <i>u</i>		40.00	30
3	2pcs	Rear bumper screw clips <i>neu</i>		20.00	t
4	2pcs	Rear bumper o/s & n/s retainer <i>neu</i>	162.20	x	
5	2pcs	Rear reverse sensor <i>Dmgd</i>		380.00	2w
6	1pc	Rear end panel <i>neu</i>	881.90	t	
7	1pc	Rear end panel inner trim <i>neu</i>	453.50	t	
8	8pcs	Rear end panel inner trim clips <i>neu</i>		32.00	x
9	1pc	Rear o/s tail lamp	678.20	t	
10	1pc	Rear o/s tail lamp panel <i>neu</i>	165.10	t	
11	2pcs	Rear Regn. No. Plate lamp	167.50	t	
12	1pc	Rear boot cover <i>Dented</i>	1,174.40	✓	
13	1pc	Rear boot cover weatherstrip <i>neu</i>	274.40	t	
14	1pc	Rear boot cover emblem	61.50	✓	
15	1pc	Rear boot cover 'Toyota' emblem <i>neu</i>	61.70	✓	
16	1pc	Rear boot cover 'PriusC' emblem	67.70	✓	
17	1pc	Rear boot cover 'Hybrid' emblem	67.70	✓	
18	1pc	Rear boot cover inner trim <i>neu</i>	582.25	t	
19	11pcs	Rear boot cover inner trim clips <i>neu</i>		44.00	f
20	1pc	Rear boot cover moulding chrome <i>neu</i>	385.50	t	
21	4pcs	Rear boot cover moulding chrome clips <i>neu</i>		16.00	t
22	1pc	Rear boot cover lock (Upper) <i>Dmgd</i>	291.60	✓	
23	1pc	Rear boot cover lock (Lower) <i>neu</i>	43.10	t	
24	1pc	Rear n/s fender wheel guard	263.80	t	
25	6 pcs	Rear o/s & n/s fender wheel guard clips <i>neu</i>		24.00	f
26	1pc	Rear o/s fender inner trim	823.20	t	
27	8pcs	Rear o/s & n/s fender inner trim clips		24.00	t
28	1 pc	Rear windscreen sealant <i>neu</i>		80.00	t 60
29	1 pc	Rear windscreen moulding <i>neu</i>		120.00	✓
30	1 pc	Rear regn. no. plate <i>neu</i>		45.00	x
31	1 pc	Rear regn. no. plate bracket <i>neu</i>		29.00	x
Sub Total:			7,286.65	854.00	0.00
			25%	0%	0%
After Less %:			5,464.99	854.00	0.00
<b>Labour</b>					
1		To dismantle damaged parts, straighten & welding.	1,400.00	403	
2		To spray painting.	1,200.00	400	
3		To remove & refit rear windscreen	140.00	120	
4		To remove and refit rear upholstery to facilitate repair	100.00	40	
5		To remove & replace rear reverse sensor camera.	50.00	✓	
6		To remove and replace rear tail gate <i>fitting</i>	120	60	
7		To re set electrical system. <i>neu</i>	280.00	x	
8		To check wiring.	100.00	30	
9		To re seal anti rust.	100.00	40	
Sub Total:			3,490.00		
<b>Total:</b>			<b>9,808.99</b>		
After Less 20%:			7,847.19		

2406  
 1804.50  
 S.N: 434  
 410

Adrian G  
 w/s 23/11/22.  
 04 Days.  
 1140  
 3354.50  
 total 3378.50  
 w/s: 2711 ✓

*Chan San Choon*  
 Chan San Choon  
 Director  
 DipEng, AAE MIMI, MSAE (Aust)



**biSAFE** 24 hr accident call  
 8778 1999  
**Mobil 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	16/11/2022 16:47 (SGT)
Reported by	Owner
Date of Accident	15/11/2022 20:15 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TWDS CITY EXIT OF WOODLANDS AVE 2
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU9753Z

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	199400399N
Email Address	SINGHEE82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81395656
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017682

### DRIVER

Name of Driver	WONG SING HEE
NRIC No	S8280770E
Date Of Birth	25/06/1982
Occupation	Indoor

Date Of Driving Pass .....	20/06/2006
Driving experience .....	16 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81395656
Alt. Phone Number .....	-
Email Address .....	SINGHEE82@HOTMAIL.COM
Address .....	BLK 621 WOODLANDS DRIVE 52 #09-38
Address complement .....	-
Postcode .....	730621
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	1
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 .....	-

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

I WAS TRAVELLING ALONG SLE (CITY) EXIT OF WOODLANDS AVE 2. VEHICLES AHEAD SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR ENDED MY VEHICLE.

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 .....	SKV2345X
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	WONG SING HEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLU9753Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

1. Motorist must ensure that completion of this document is signed by the driver present.
2. This document is submitted to the Police Station during the Accident Report.
3. Information provided must be truthful and accurate to the best of your knowledge. Any false or misleading information will constitute an offence under the Road Traffic Ordinance and may constitute a criminal offence.
4. The name and identification of the driver must not be disclosed to the public without the consent of the driver.
5. Any false information may be referred to the Police for investigation.
6. The driver must be notified by the insurance company of the details of the accident and any other relevant information provided by the driver to the insurance company for the purpose of the claim. The driver must be notified of the details of the accident and any other relevant information provided by the driver to the insurance company for the purpose of the claim.
7. Government under the Personal Data (Protection) Act (PDPA)
  - (a) We require your knowledge and the details of this case. An accident report form (ARF) is required to be filled out and submitted to the police station for the purpose of the investigation. The ARF is a document which contains information about the accident and the driver's details. The ARF is a document which contains information about the accident and the driver's details. The ARF is a document which contains information about the accident and the driver's details.
  - (b) We require your knowledge and the details of this case. An accident report form (ARF) is required to be filled out and submitted to the police station for the purpose of the investigation. The ARF is a document which contains information about the accident and the driver's details. The ARF is a document which contains information about the accident and the driver's details.
  - (c) We require your knowledge and the details of this case. An accident report form (ARF) is required to be filled out and submitted to the police station for the purpose of the investigation. The ARF is a document which contains information about the accident and the driver's details. The ARF is a document which contains information about the accident and the driver's details.

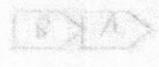
Signature of Driver:  **Signature of Driver (Must be the driver present at the scene)**

Signature of Witness:  **Signature of Witness (Must be the driver present at the scene)**

Witness by Reporting Group:  **Witness by Reporting Group**

Sketch Plan: **SLE (CITY) EXIT OF WOODLANDS AVE 2**

SLU9753Z  
SKV2345X



Event Description (if applicable)

I WAS TRAVELLING ALONG SUE (CHY) EXIT OF WOODLANDS AVE 2. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUE. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

1. Date of Incident: \_\_\_\_\_

2. Time of Incident: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. Weather: \_\_\_\_\_

5. Road Conditions: \_\_\_\_\_

6. Vehicle A (Driver/Owner): \_\_\_\_\_

7. Vehicle B (Driver/Owner): \_\_\_\_\_

8. Description of Incident: \_\_\_\_\_

9. Witness Information: \_\_\_\_\_

10. Police Report Number: \_\_\_\_\_

11. Insurance Information: \_\_\_\_\_

12. Other Information: \_\_\_\_\_

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

If you were injured or killed, your private claims adjuster will give you the name and address of the only person who can claim for the accident and for the loss of income. This is the person who was driving the vehicle at the time of the accident.

  
 David G. Smith  
 Driver/Owner of Vehicle A

  
 David G. Smith  
 Driver/Owner of Vehicle B

  
 David G. Smith  
 Driver/Owner of Vehicle C