

ASS. REC. BY:

REF: SMR/22012513/KW

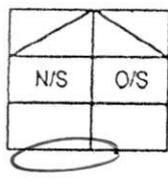
C

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: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SL71913E Yr Regn: 04, 18  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toy CTR c.c. 1797  
 Colour: M. Brown A/C: Insured / Std / Nil / NA  
 Sp. Reading: 345542 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: BYX10 2099224  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  In order / Jammed / Leaked / Burnt or  
 Brake:  In order / Jammed / Leaked / Burnt or  
 Modl: Nil /  SRIm / STD A/Rim or  
 Tyre Size: F: B.S 225/50R18  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$83/c  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 0 mm  
 L/Bal. 6 mm L/Bal. 0 mm  
 D.O.A. 27/12/22 D.O.I. 14/12/2022  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>25/1</u>	<u>1 Day @ 6500 Cnt @ 06 days (Red \$7,071.85 / 52%)</u>

Date/Time, File Pass to?  : Prell. Report  
07/02/2023  : Final Report  
 1) Tyrist  
 Date/Time, File Return to?

Days Of Repair: 6  
 Resurvey No. of Trip: \_\_\_\_\_

Report Format :  
 Lump Sum / I.B.I: (\$ 4) \$ 6500

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

Survey Fee:	
Transportation:	\$ - RS. St
Fuel:	
Others:	
TOTAL	

# Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
H/p 91082728

Tan Kian Boon  
Blk 262 Toa Payoh East  
#18-14 Singapore 310262

Vehicle No : SLZ 1913 E  
Make : Toyota C-HR  
Year : 2017

*Not Authorized  
C1 Rep @ 6500/-  
Resurvey After Paint  
-6days*

Qty	Description	Unit Price	Amount
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### Estimate Cost Of Repair

1 pc	Rear tail-gate assy		\$1,150.70 ✓
1 pc	Rear tail-gate glass moulding		\$95.20 ✓
1 pc	Rear tail-gate inner trim board		\$426.50 X
2 pcs	Rear tail-gate reflector		\$970.20 X
1 pc	Rear tail-gate outer garnish	425.60	\$925.60 ✓
1 pc	Rear tail-gate inner lock		\$452.70 ✓
1 pc	Rear tail-gate emblem - Hybrid		\$48.90 ✓
1 pc	Rear tail-gate emblem - C-HR		\$45.80 ✓
1 pc	Rear tail-gate emblem		\$62.30 ✓
1 pc	Rear boot rubber		\$205.60 ✓
1 pc	Rear bumper	545.10	\$755.60 ✓
1 pc	Rear bumper reinforcement		\$455.70 ✓
2 pcs	Rear bumper reflector garnish		\$251.20 X
1 pc	Rear lower bumper		\$485.70 ✓
2 pcs	Rear bumper side retainer		\$150.20 X
1 pc	Rear buzzer		\$175.20 ✓
1 pc	Rear n/s fender		\$985.70 X
2 pcs	Rear fender arch garnish		\$330.40 X
2 pcs	Rear fender inner trim board		\$1,100.20 X
1 pc	Rear end panel	725.70	\$725.70 ✓
1 pc	Rear end panel inner garnish	347.40	\$402.10 ✓
1 pc	Rear exhaust silencer	885.10	\$955.80 ✓
			\$11,157.00
			Less 25 %
			\$2,789.25
			\$8,367.75

### S Nett

1 pc	Rear reverse camera		\$400.00 X
15 pcs	Rear bumper clip		\$2.00 ✓
1 pc	Rear reverse sensor		\$200.00 ✓
1 pc	Rear windscreen sealant		\$40.00 ✓
1 pc	Rear no plate		\$35.00 X

balance c/f \$9,072.75

- 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:

SLZ 1913 E

balance b/f \$9,072.75

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.	\$1,200.00	700
To putty & spray paint on accident affected portion	\$1,200.00	900
Check and reconnected wiring	\$40.00	200
To anti-rust proofing	\$100.00	600
Remove/refit rear windscreen	\$120.00	✓
Remove/refit rear boot upholstery	\$120.00	600
Remove/renew rear exhaust silencer	\$120.00	600
Remove/refit roof lining to facilitate repair on rear n/s fender		
	<sup>rn</sup> \$200.00	X
Total	<u>\$12,172.75</u>	

# Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
H/p 91082728

Tan Kian Boon  
Blk 262 Toa Payoh East  
#18-14 Singapore 310262

Vehicle No : SLZ 1913 E  
Make : Toyota C-HR  
Year : 2017

Qty	Description	Unit Price	Amount
<u>Supplementary Part</u>			
1 pc	Rear spare tyre panel		\$955.60
1 pc	Rear spare tyre panel top cover board		\$487.50
1 pc	Rear exhaust heat shield		\$155.70
			<u>\$1,598.80</u>
		Less 25 %	\$399.70
			<u>\$1,199.10</u>
S Nett			
1 pc	Rear spare tyre panel black insulator		\$200.00
		Total	<u>\$1,399.10</u>

*L.R. Return*  
*250.00*  
*250.00*  
*X*

*60.00*

Total = \$1399.10

## 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 .....	13/12/2022 12:44 (SGT)
Reported by .....	Both
Date of Accident .....	11/12/2022 11:05 (SGT)
Exact Location of Accident .....	Victoria St, Singapore
Additional Location Information .....	VICTORIA STREET
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLZ1913E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN KIAN BOON
NRIC No .....	SXXXX311J
Email Address .....	kianboon1311@gmail.com
Mobile Phone No .....	(Phone) +65-96218513
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
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 .....	1800

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5100189316-04

#### DRIVER

Name of Driver .....	TAN KIAN BOON
NRIC No .....	SXXXX311J
Date Of Birth .....	27/01/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	04/02/1980
Driving experience .....	42 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96218513
Alt. Phone Number .....	-
Email Address .....	kianboon1311@gmail.com
Address .....	APT BLK 262 TOA PAYOH EAST
Address complement .....	#18-14
Postcode .....	310262
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 .....	Raining
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 .....	UNKNOWN
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT  
REPORT NO : T/20221211/2038

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	KIV

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB5452R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
NRIC No .....	SXXXX876B
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 .....	TAN KIAN BOON
Gender .....	Male
Phone No .....	(Phone) +65-96218513
Address .....	APT BLK 262 TOA PAYOH EAST
Address Complement .....	#18-14
Post Code .....	310262
Approximate Age Years Old .....	61
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SLZ1913E
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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;

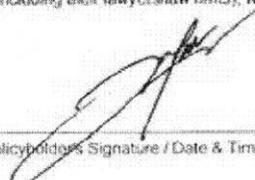
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

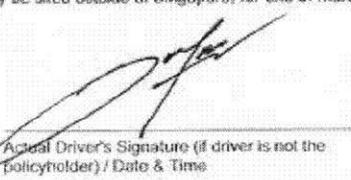
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

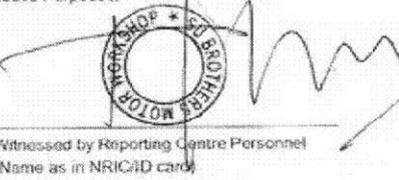
(collectively the "Purposes")

(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

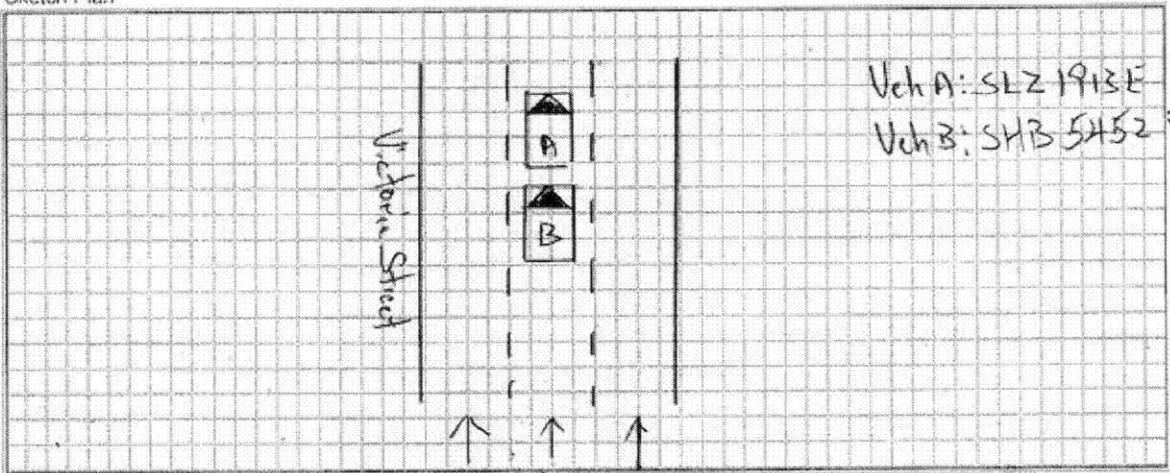
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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**



vJun2022

Describe Circumstance of the Accident

Pls refer to Police Report : T/2022/211/2038

Declaration

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

*[Signature]*  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

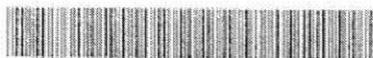
*[Signature]*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221211/2038

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20221211/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2022 14:56		Vide Report No.:		Station Diary No.: 81	
<b>Informant's Particulars</b>					
Name of Informant: TAN KIAN BOON			Address: APT BLK 262 TOA PAYOH EAST #18-14 SINGAPORE 310262		
ID Type / ID No.: NRIC NO / S1461311J			Contact No.: Home/Office: Mobile: 96218513		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 27/01/1961	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 11:05	Type of Location: Straight Road	
Location: VICTORIA STREET				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB5452R	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Seriously Damaged	0
SLZ1913E	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Brown	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20221211/2038

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20221211/2038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ1913E	NTUC Income Insurance Co-Operative Limited	5100189316-04	25/04/2022	24/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver:				
Name	YUE FOH KUM		ID No.	S0870876B
Related Vehicle	SHB5452R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver:				
Name	TAN KIAN BOON		ID No.	S1461311J
Related Vehicle	SLZ1913E (Car)		Contact No.	96218513
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/12/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL

#### **Brief Details.**

On 11/12/2022 at around 1107hrs, I was driving my car (SLZ1913E) along Victoria Street on a heavy rain weather. As I was approaching Jalan Pinang, the car in front of me then slowed down as such I applied my brakes and slowed down to a complete stop eventually. That was when I felt an impact from the rear of my car.

I then got out of the car and check on the situation and discovered that a Taxi (SHB5452R) that was behind me had rear ended me which caused my car's rear bumper to be partially dislodged, while the Taxi sustained damaged on the front region of the car. We then exchanged particulars and left the scene shortly. After leaving the scene I started to feel nausea and back discomfort, so I went to Mount Alvernia Hospital to consult a doctor and was given 5 days of MC.

No ambulance or traffic police were present at scene.



**SINGAPORE  
POLICE FORCE**



T/20221211/2038

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Report No. T/20221211/2038

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20221211/2038

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20221211/2038

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: E/ SGT 1 LER RONG XUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2022 14:56
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168