

ASS. R. = U.D. / 1/1/2020

REF:

CS/CT 220/2755 / Pwy 3.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp. at 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.Bal. or Market Value: £78K

IDAC Accident Report: \_\_\_\_\_ 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

Vehicle: IN / OUT

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

Veh No: SMR 6103ZYr Regn: 2020, Jan

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

Truck / Trailer or

Make: Nissan Sylphyc.c. 1598Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 2828

T/Radio: Insured / Std / NI / NA

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

C/No: MNT B04B17E0036158Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. -6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 22/12/22Survey held at Dickson, AutoDes. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop orFr + W/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

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

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

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

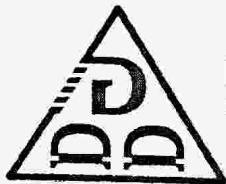
Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)

Photos

Others

Report Format: \_\_\_\_\_

1. Survey Fee / 2. Site Insp / 3. Tech. Invs / 4. Photos / 5. Others



# DICKSON GROUP

Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD  
29 UBI ROAD 4, DICKSON AUTO CENTRE  
SINGAPORE 408619  
TEL: 6668 1122 | FAX: 6668 1123

## QUOTATION

### QUOTATION FOR

DATE: 20/12/2022

NAME: China Taiping Insurance (Singapore) Pte. Ltd  
COMPANY NAME: China Taiping Insurance (Singapore) Pte. Ltd  
STREET ADDRESS: 3 Anson Road, #16-00 Springleaf Tower  
POSTAL CODE: Singapore 079909  
PHONE: 6389 6111

REF: SMR6103Z  
VEHICLE NO.: SMR6103Z  
MAKE: NISSAN  
MODEL: SYLPHY  
PREPARED BY: POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
<b>LABOUR</b>							
1	TO REMOVE & REFIX FRONT HEADLAMP & REFOCUS	1		\$80.00	\$ 80.00	nm x	\$ 80.00
2	TO REMOVE & REFIX ALL DAMAGED PARTS & PANELS	1		\$400.00	\$ 400.00	200	\$ 400.00
3	TO PAINT NEW PARTS & PANELS	1		\$400.00	\$ 400.00	200	\$ 400.00
<b>PARTS</b>							
1	FRONT BUMPER	1		\$693.50	\$ 693.50	de	\$ 693.50
2	FRONT BUMPER CLIPS	10		\$10.00	\$ 100.00	ny	\$ 30.00
3	FRONT BUMPER LH SIDE RETAINER	1		\$55.60	\$ 55.60	x 7	\$ 55.60
4	FRONT BUMPER LH FOG LAMP	1		\$353.10	\$ 353.10	x } nm	\$ 353.10
5	FRONT BUMPER LH FOG LAMP COVER	1		\$143.10	\$ 143.10	x }	\$ 143.10
6	FRONT LH HEAD LAMP	1		\$1,004.90	\$ 1,004.90	x }	\$ 1,004.90
SUBTOTAL					\$ 3,230.20	SUBTOTAL	\$ 3,230.20
GST 7%					\$ 226.11	GST 7%	\$ 226.11
TOTAL					\$ 3,456.31	TOTAL	\$ 3,456.31

### REMARKS:

Taufik 97495749  
Wp 22/12/22 & 1145  
It's Resurvey after repair  
taufik@whanto.com 2 days

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

693.50  
10% 624.15  
SN30  
654.15

**LKK Auto Consultants** hence notify the Repairer of the following:

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

*[Handwritten Signature]*



(AUTHORISED SIGNATURE)

654.15  
400  
1054.15  
1/5 850  
2 days  
X



## 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	19/12/2022 11:00 (SGT)
Reported by	Both
Date of Accident	17/12/2022 22:38 (SGT)
Exact Location of Accident	415 Eunos Rd 5, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6103Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KAI YANG, KENVIA (CHEN KAIYANG, KENVIA)
NRIC No	SXXXX925C
Email Address	ADMIN@DACC.COM.SG
Mobile Phone No	(Phone) +65-97865733
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	Income Insurance Limited
Policy Number / Cover Note Number	5115506525-02

#### DRIVER

Name of Driver	TAN KAI YANG, KENVIA (CHEN KAIYANG, KENVIA)
NRIC No	SXXXX925C
Date Of Birth	18/10/1984
Occupation	Indoor

Date Of Driving Pass	14/09/2005
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97865733
Alt. Phone Number	-
Email Address	ADMIN@DACC.COM.SG
Address	BLK 411 EUNOS ROAD 5, #06-126
Address complement	-
Postcode	400411
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	Hit by fallen tree / Other objects
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)	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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLX9836C
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG KIM MENG
NRIC No	SXXXX041H

Contact Number	(Phone) +65-97901904
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 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.

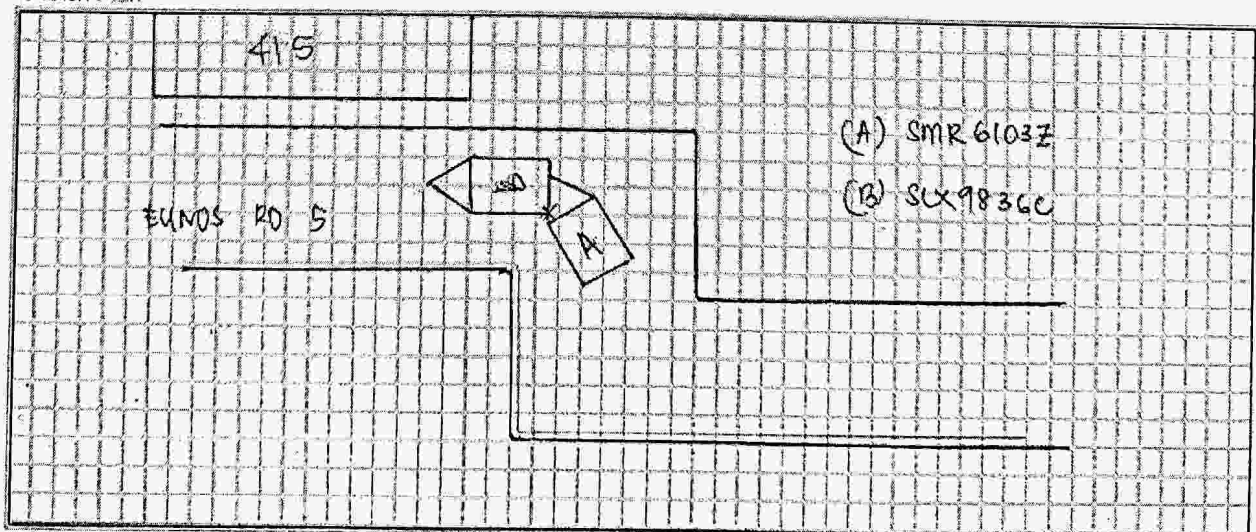
K. J. 19.12.22 1000h

Policyholder's Signature / Date & Time

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

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

### Sketch Plan




Describe Circumstance of the Accident

On 17 Dec 2022 at about 1038 pm, I was near blk 415 Eunos rd S looking for parking lot, when the vehicle SLX 9836 C stopped in front and engaged the reverse gear, I responded by engaging my reverse gear and turned behind to check for vehicles behind me, and during this time the vehicle in front had started reversing towards me at high speed and collided into my vehicle SMR6103 E before I could move.

Declaration

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

 19.12.22 / 1000 hrs  
Policyholder's Signature / Date & Time

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



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