

ASS. REC. BY:

REF:

TP1

C

Kenneth

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: _____

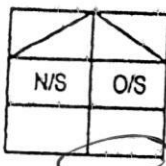
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

08 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SL 81913 E

Yr Regn: _____

04, 18

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

Truck / Trailer or _____

Make: _____

Toy C1R

c.c

1797

Colour _____

M. Brown

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

308439

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

EYX10

2099224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

R: _____

225/50R18

Yoko

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

Front

R/Bal. _____

3

mm

Rear

R/Bal. _____

7

mm

L/Bal. _____

3

mm

L/Bal. _____

7

mm

D.O.A. _____

1/1/23

D.O.I. _____

4/1/2023

Survey held at _____

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

Rec d/s

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

Date / Time Action / Instruction

13/11 11:30 8 Good Car @ 08 days (Red \$6,600.15/52%)
 Submit report to TP ASAP as they likely will do direct settlement.

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

S - RS. SI

Fixing

Others

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

Massive Trading & Auto

Bik 5036 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

NOT Notwithstanding
11/12/18 @ 6100h
Returning After Paint
8 days

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

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

Qty	Description	Unit Price	Amount
-----	-------------	------------	--------

Estimate Cost Of Repair

1 pc	Rear tail-gate assy		Rs \$1,150.70	✓
1 pc	Rear tail-gate glass moulding		Rs \$95.20	✓
1 pc	Rear tail-gate outer garnish		Rs \$925.60	X
1 pc	Rear tail-gate inner trim board		ng/cm \$426.50	✓
1 pc	Rear o/s tail-gate reflector		Rs \$485.10	X
1 pc	Rear tail-gate inner lock		Rs \$452.70	X
1 pc	Rear tail-gate emblem - Hybrid		Rs \$48.90	X
1 pc	Rear tail-gate emblem - C-HR		Rs \$45.80	X
1 pc	Rear tail-gate emblem		Rs \$62.30	X
1 pc	Rear boot rubber		Di/100 \$205.60	✓
1 pc	Rear bumper		Rs \$755.60	✓
1 pc	Rear bumper reinforcement		Rs \$455.70	✓
1 pcs	Rear bumper reflector garnish		o/s 100 \$125.60	✓
1 pc	Rear lower bumper		Rs \$485.70	✓
1 pc	Rear o/s bumper side retainer		Di/1 \$75.10	✓
1 pc	Rear buzzer		Rs \$175.20	X
1 pc	Rear o/s fender		Rs \$985.70	X
1 pc	Rear o/s fender air duct		Rs \$155.60	✓
1 pc	Rear o/s fender arch garnish		Rs \$165.20	✓
1 pc	Rear o/s fender inner trim board		ng/cm \$550.10	✓
1 pc	Rear end panel		Rs \$725.70	✓
1 pc	Rear end panel inner garnish		ng Di/1 \$402.10	✓
1 pc	Rear spare tyre panel		Rs \$955.60	X
1 pc	Rear spare tyre panel top cover board		Rs \$487.50	X
1 pc	Rear exhaust silencer		Rs \$955.80	X
			\$11,480.20	
			Less 25 %	\$2,870.05
			balance c/f	\$8,610.15

Rear o/s tool sponge - \$185.70

photo

SLZ 1913 E

balance b/f \$8,610.15

S Nett

1 pc	Rear spare tyre panel insulator
15 pcs	Rear bumper clip
1 pc	Rear reverse sensor
1 pc	Rear windscreen sealant

<i>nn</i>	<i>nn</i>	\$200.00	<i>X</i>
		\$30.00	<i>✓</i>
	<i>short</i>	\$200.00	<i>✓</i>
	<i>nn</i>	\$40.00	<i>✓</i>
		<u>\$470.00</u>	

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.	\$1,500.00	<i>1000</i>
To putty & spray paint on accident affected portion	\$1,500.00	<i>1000</i>
Check and reconnect wiring	\$40.00	<i>200</i>
To anti-rust proofing	\$20.00	<i>✓</i>
Remove/refit rear windscreen	\$120.00	<i>✓</i>
Remove/refit roof lining to facilitate repair on rear o/s fender	\$200.00	<i>?</i>
Remove/refit rear boot upholstery	\$120.00	<i>1000</i>
Remove/renew rear exhaust silencer	\$120.00	<i>600</i>
Total	<u>\$12,700.15</u>	

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

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	03/01/2023 11:09 (SGT)
Reported by	Both
Date of Accident	01/01/2023 13:45 (SGT)
Exact Location of Accident	Jln Wakaff, Singapore
Additional Location Information	JALAN WAKAFF
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1913E
-----------------------------	----------

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	04/02/1988
Driving experience	34 YEARS AND 11 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	CLOUDY
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	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/20230103/2006

ATTACHMENT(S)

SKETCH PLAN


IMPORTANT NOTICE

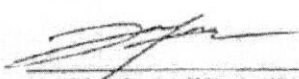
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.

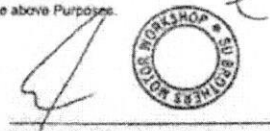
8. Consent under the Personal Data Protection Act (PDPA)

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.

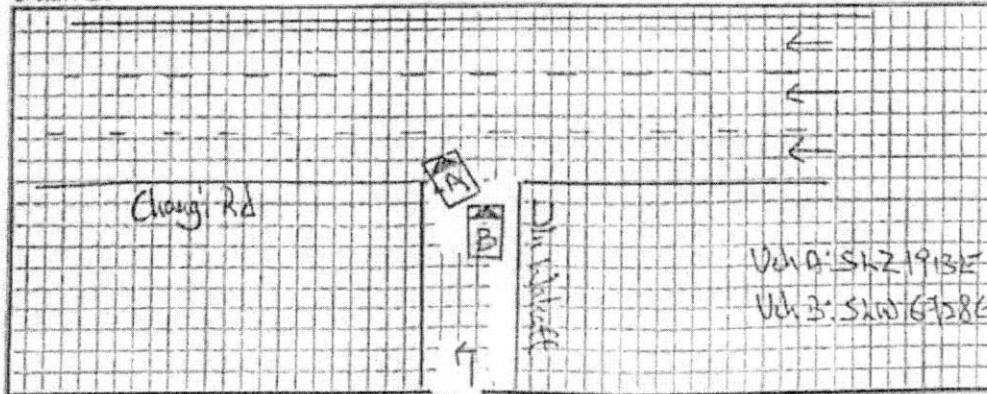

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)



Sketch Plan



vJun2022

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	SLW6728G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NADIRA BINTE KAMALUDEEN
NRIC No	SXXX052G
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	62
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

Describe Circumstance of the Accident

Pls refer to ~~Police~~ Police report : T/20230103/2006

Declaration

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)

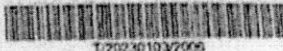
vJun2022

2



**SINGAPORE
POLICE FORCE**

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



T:20230103/2006

1 of 4

Report No. T/20230103/2506

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 10:14		Video Report No.: T/20230101/2043		Station Diary No.: 14	
Informant's Particulars					
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: 51	Date of Birth: 27/01/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2023 13:45	Type of Location: T-Junction
Location: JALAN WAKAFF				
Weather: Cloudy		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW8728G	Car			Blue		0
SLZ1913E	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Brown		2

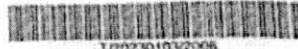
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Dat
-------------	-------------------	--------------	-----------	------------



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2619999



T/20230103/2006

2 of 4

Report No. T/20230103/2006

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			
Driver:		Use of Pedestrian Crossing: NA	
Name	Nadira Binte Kamaludeen	ID No.	S9412052G
Related Vehicle	SLW6728G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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	01/01/2023	Date Discharge	01/01/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/01/2023 I came to Toa Payoh NPC to lodge a traffic accident report vide: T/20230101/2043. I wish to make some changes to the report. The changes are stated below:

On 01/01/2023 at about 1.45pm, I was working and driving my vehicle (SLZ1913E), travelling along Jalan Wakaf. I had 2 passengers onboard my vehicle. While approaching the junction, I wanted to make a left turn into Changi Road. When I was making the left turn, I felt an impact from the rear of my vehicle. I discovered that another vehicle, a blue nissan (SLW6728G) had hit onto the rear of my vehicle. My vehicle sustained several scratches and dents at the rear right side. The other vehicle suffered dents at the left front part side. I took photos of the accident scene and exchange particulars with the driver of the other party. I have a in car camera at the front and back of my vehicle. Afterwards, I went to seek medical treatment at Mount Alvernia Hospital clinic as I felt pain in my back. I was seen by Dr. Peter Looi and was granted 5 days of outpatient sick leave. The MC number is M230000105531.



**SINGAPORE
POLICE FORCE**



T/20230103/2005

3 of 4

Report No. T/20230103/2005

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319104
Tel No: 1800-2519999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230103/2008

4 of 4

Report No. T/20230103/2008

Police Station Of Origin:

Toa Payoh N.P.C

03 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No. 1800-2519999

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 3 MUHAMMAD AL-RAZIF

S/O G SUPPAIYAH MD FAIZAL

Signature Of Informant.

Signature Of Interpreter.

Not applicable

Date/Time

03/01/2023 10:14

Officer In Charge Of Case.

TP / AEIT /

SSR TAY CHUN KEEN

Contact No. 65476436

Classification Of Case

NP168