

ASS. FEO. BY:

REP:

CS/INC23001102 / Amy 3

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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNH9783G Yr Regn: 2022 Dec.

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

Truck / Trailer or

Make: Toyota Sienta c.c. 1480

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

Sp.Reading: 10666 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD BBBA300L000151

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: 185/65R15

R: 185/65R15

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. _____ D.O.I. 02/02/23

Survey held at Auto United

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
	TP INC.
17/03/2023	Finalise L/S \$7,000.00 @ 9 Days (Red \$8,439.74 / 55%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

17/03/2023

1) Typist

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Report Format:

TP

\$7,000



AUTO UNITED SG PTE LTD

13 Kaki Bukit Rd 4, #03-29,

Bartley Biz Centre, Singapore 417807

Tel: 6844 1184

TPINC.

Xin Yu.

Page No. 1

Vehicle No. SNH9783G

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR ADJUSTMENT
PARTS (LIST ITEMS)				
1	REAR NUMBER PLATE LAMP @\$69.46 <i>new</i>		138.92	+
2	REAR BUMPER <i>Deband</i>		722.66	✓
3	REAR BUMPER SIDE HOLDER @\$51.98 <i>new</i>		103.96	✓
4	REAR BUMPER REFLECTOR @\$51.22 <i>new</i>		90.62	+
5	REAR BUMPER TOW COVER <i>new</i>		36.915	X
6	REVERSE SENSOR @\$577.30 <i>new</i>		1154.6	500.
7	REAR END PANEL OUTER <i>Deband</i>		626.865	585.
8	REAR END PANEL INNER <i>Deband</i>		787.635	684.
9	REAR END PANEL TOP GARNISH <i>Deband</i>		281.98	✓
10	REAR END PANEL ANTENNA SENSOR <i>new</i>		193.43	✓
11	TAILLAMP @748.88 <i>new</i>		1497.76	+
12	TAILGATE <i>Distorted</i>		1483.96	1390
13	TAILGATE LOCK <i>Jammed</i>		278.185	✓
14	TAILGATE WEATHERSTRIPE <i>at</i>		298.77	✓
15	TAILGATE INNER TRIM BOARD <i>new</i>		286.465	+
16	TAILGATE OUTER GARNISH <i>new</i>		526.93	458
17	TAILGATE GLASS MOULDING <i>new</i>		224.71	✓
18	TAILGATE WIPER MOTOR <i>new</i>		441.715	+
19	TOYOTA LOGO <i>new</i>		78.43	✓
20	HYBRID WORDING <i>new</i>		59.11	✓
21	REAR FENDER INNER TRIM @519.11 <i>new</i>		1038.22	+
22	FLOOR PANEL <i>Deband</i>		1312.725	1241
23	FLOOR PANEL TOP BOARD <i>new</i>		683.445	+
24	REAR EXHAUST PIPE		799.71	+
25	REAR EXHAUST PIPE MOUNTING		39.56	+
26	REAR EXHAUST PIPE GASKET		37.835	+
27	REAR EXHAUST PIPE HEAT SHIELD		121.21	+
28	Reverse Sensor Wire Harness. Snapped			
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE <i>Deband</i>		30.00	✓
2	REAR NUMBER PLATE HOLDER <i>Deband</i>		30.00	✓
3	REAR BUMPER CLIPS <i>new</i>		50.00	30
4	REAR END PANEL TOP GARNISH CLIPS <i>new</i>		20.00	✓
5	REAR END PANEL SEALANT <i>new</i>		60.00	✓
6	TAILGATE INNER TRIM BOARD CLIPS <i>new</i>		50.00	30
7	TAILGATE OUTER GARNISH CLIPS <i>new</i>		30.00	✓
8	TAILGATE GLASS SEALANT <i>new</i>		60.00	✓
9	REAR CAMERA <i>new</i>		480.00	+
10	REAR FENDER INNER TRIM CLIPS <i>new</i>		60.00	+
11	FLOOR PANEL INSULATION PADS <i>new</i>		280.00	+
Total Parts			11159.74	

7461.14

5555.85

325. ✓

less

25%

13346.33
3336.58
10009.74

25%

290



AUTO UNITED SG PTE LTD

13 Kaki Bukit Rd 4, #03-29,

Bartley Biz Centre, Singapore 417807

Tel: 6844 1184

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Vehicle No. SNH9783G

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	PANEL BEATING	1600.00	1400
2	SPRAY PAINTING	1500.00	1000
3	WIRING	100.00	30
4	TO APPLY TUFF COAT	150.00	100
5	TO REMOVE UPHOLSTERY	150.00	60
6	TO TRANSFER TAILGATE FITTINGS	150.00	80
7	TO REMOVE TAILGATE GLASS	180.00	120
8	TO REMOVE REVERSE SENSOR	100.00	30
9	TO REMOVE REAR CAMERA	100.00	50
10	TO REMOVE REAR VIDEO RECORDER	100.00	50
11	TO REMOVE REAR EXHAUST PIPE	150.00	x
	Labour Total :	4280.00	
	TOTAL (PARTS & LABOUR):	15439.74	

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:

Adon L
H/S 02/02/23.
09 Days.

total: 8825.85

L/S: 7K

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	28/01/2023 12:34 (SGT)
Reported by	Driver
Date of Accident	21/01/2023 14:23 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH9783G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EY CAR LEASING PTE. LTD.
Company Reg No	202220343Z
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(Phone) +65-97663997
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1490

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002239871

DRIVER

Name of Driver	LIM HAN WEI
NRIC No	S8040221Z
Date Of Birth	22/12/1980
Occupation	Outdoor

Date Of Driving Pass	06/12/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97663997
Alt. Phone Number	-
Email Address	XDETOX32@GMAIL.COM
Address	BLK 478 SEMBAWANG DRIVE #08-381
Address complement	-
Postcode	750478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT REF: T/20230121/7041

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	FBR3750E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
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	LIM HAN WEI
Gender	Male
Phone No	(Phone) +65-97663997
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK PAIN
Injured person in which vehicle?	SNH9783G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.



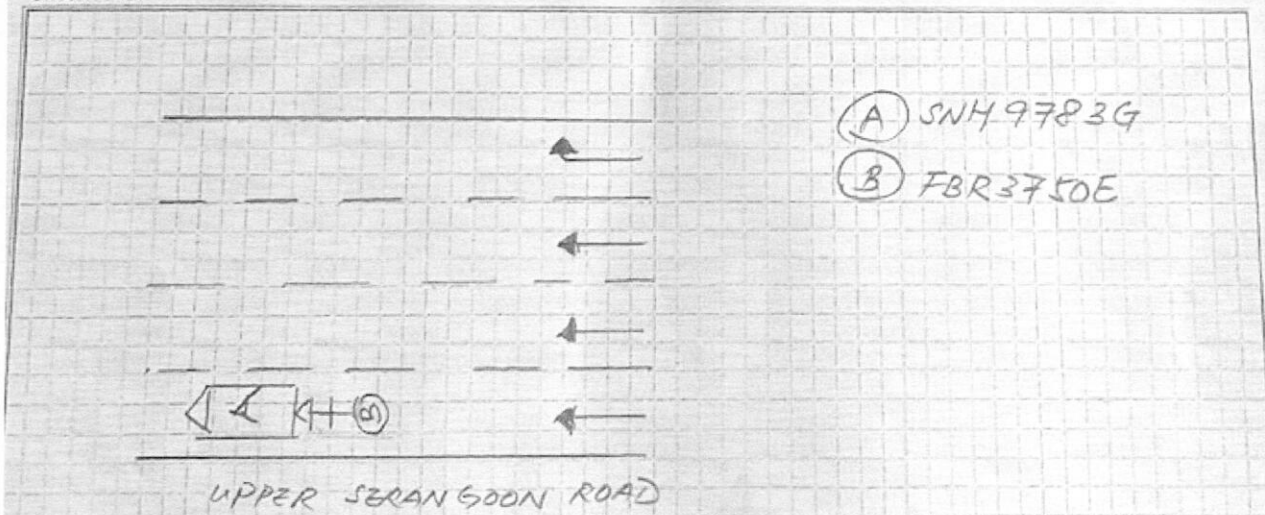
[Handwritten signature]

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)

Sketch Plan



Describe Circumstance of the Accident

Refer To The Police Report Ref : T/20230121/7041

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 17:54		Vide Report No.: F/20230121/0130		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HAN WEI			Address: 478 SEMBAWANG DRIVE #08-381 SINGAPORE 750478		
ID Type / ID No.: NRIC NO / S8040221Z			Contact No.: Home/Office: Mobile: 97663997		
Nationality: SINGAPORE CITIZEN			Email: SHC2996C@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 22/12/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2023 14:10	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR3750E	Motorcycle					0
SNH9783G	Car	TOYOTA	Sentia	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230121/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230121/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNH9783G	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	Ais/gojek001314	15/12/2022	22/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HAN WEI		ID No. S8040221Z
Related Vehicle	SNH9783G (Car)		Contact No. 97663997
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		07	Degree of Serious

Brief Details.

When I was slowing down and stop for red light on upper serangoon Road towards bendermeer A motorbike FBR3750E hit my rear of my car.



**SINGAPORE
POLICE FORCE**



T/20230121/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230121/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/01/2023 17:54

Classification Of Case: