ASS. REG. BY: 1 Your CS/CI	123001631 Rvp3	6870
	ASSIGNMENT	COF - 202
From: Date:	Veh No: SJL 867	194 Yr Regn: YOU'S 10K
Estimated Cost:		'an / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or	and a state of the
To Inspect Vehicle No: SJL 8679H		VI - 2 101 A 162
at Workshop m/s Kok wand	100-011-001-7	X1:57-VIELA C.O. 1497
of 1,800m LOUST \$66-44	10000	A/C: Insured / Std / NI /
Insured: SMJ 5526K	Sp.Reading 199414	T/Radio: Insured / Std / NI /
Policy No. DMPCSNW0046052201	Eng/No: .	12.0000
Claims No. SNM23D200919/C02		67099020174
A CONTRACT OF THE CONTRACT OF	Gen. Cond: Good / Fair / Poor /	
Sum Insured: Excess: (Client's Record)	Steering: Inorder I Jammed I Lo	
Make of Veh:	Brake; horder/Jammed/Le	- The state of the
	Modi: Nil / SRIM / STD A/F	1
(Policy Condition)	Tyre Size: F:	185 GRK
	R:	~
repair at the time of inspection.	BS/ BON / EXNOVA / GY / FS /	LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or	CONTINERAN
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm	R/Bal,
GIA / PR Seen: Consistent? : Yes or No	. L/Bal. 6 mm	L/Bal6
Est Repairs: days Res.: Yes or No	0105 61	D.O.I. 15/02/22
Lum Sum: % 3 Val.: Yes or No	Survey held at	Kok want !
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Read	OIS NIS UIC Rooftop or
Dale: Person Contacted: Vehicle	E: IN/OUT	
Date / Time Action / Instruction	The U/C / Chassis frame	Body Structure affected due to col
REGION LIMIT - SK		
29/5/23 Rasul confirmed LS \$1500 (Red 2	2816.48, 65%)	
		<i>i</i>
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4	
1) : Final Report		
Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee:
2) 31/5/23-typist	Add Fee: : Site Insp (\$	Transportation:
	PONTON)S+RSSI
Repropert: Merimen	: Interview (\$) Photos
Reputer : Merimen	: Tech. Invs (\$) Others



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

Please report correctly the details of the accident to speed up the craims process.
 This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

03/02/2023 15:24 (SGT) Both Policyholder and Actual Driver 01/02/2023 23:25 (SGT) Choa Chu Kang Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJL8679H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No.

TOH SOON TECK SXXXX677D SHDETO@GMAIL.COM (Phone) +65-91097700

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Honda HONDA CITY LX 1.5 I-VTEC AUTO

Private use

No - Claiming third party Private hire Auto 1497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5131930218

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH SOON TECK SXXXX677D 14/08/1972 Outdoor

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

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

N

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Accident report SM132323000G

20/10/2015

7 YEARS AND 4 MONTHS

Male

(Phone) +65-91097700

SHDETO@GMAIL.COM

BLK 225 BUKIT BATOK CENTRAL

#04-77 650225

Yes

No

11.7.7

Collision - Head to Rear

Clear

No 2

Yes

No Yes

1

No.

.

.

Yes

Hong Kah North Neighbourhood Police Post

(Phone) +65-18005679999 (Fax) +65-65652508

Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370

No

Yes

SMJ5526K

125

DETAILS OF OTHER VEHICLE PROPERTY 1

.

Page 2 of 17

*Vehicle Colour Vehicle Category 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)

Private car

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TOH SOON TECK Gender Male Phone No. (Phone) +65-91097700 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJL8679H Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- the least to the territory of the respect to the second state of t
- " " carry completed by the Policyholder under the Authorised Devel
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Serten Plan

A - SIL 8679 H

2 - SMI 5526 K

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Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

Report No. 1/20230202/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time	Report	Made:
02/02/2023		

Vide Report No.

Station Diary No

02/02/2023 18:58				1.74
Informa	nt's Partic	ulars		
Name o	f Informant: CON TECK		Aggress: APT BLK 225 BUKIT BATOK 650225	CENTRAL #04-77 SINGAPORE
ID Type / ID No.: NRIC NO / S7228577D Nationality: SINGAPORE CITIZEN		77D	Contact No.: Home/Office:	Mobile: 91097700
		EN	Email: shdeto@gmail.com	
Sex Male	Age: 50	Date of Birth: 14/08/1972	Type of Informant: Driver	
Race: Chinese			Language English	Institution / School Name.
Occupat Private f			Driving Licence Information: Class 3	Date of Expiry

General Infort	nation of the Accide	ent	4.4	
Type of Accident, Location	Non-Injury	Brink Drive No	Date/Time of Accident 91/02/2023 23:25	Type of Location 1-Junction
СНОА СНИК	ANG ROAD			
Weather Clear	-	Road Surface Dry	-	Road Speed Limit
Traffic Flow: Dual Cardage		Traffic Control: Traffic Light - Work	ong	Traffic Volume
Type of Collisi Between Movi	ion: ing Vehicles - Head T		- 4	Anyone conveyed by ambulance

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL8679H	Car	HONDA		Red	Slightly Damaged	0
SMJ5526K	Car		Honda		Slightly Damaged	0

Details of Ve	hicle Insurance			·
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 5 Report No. 1/20230202/2093

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance				
Vehicle No.	Insurance Company	Insure	ince No	Effective	I
SJL8679H	NTUC Income Insurance Co-Oper Limited		30218	18/11/2022	Expiry Date 14/12/2023
Details of Pe	erson Involved				
Any Pedestri	an Involved: No	**)			
No. of Pedes	trians Injured. NIL	Live of D	edestrian Cros	117	
Driver		036 017	edesii an Cros	sing MA	
Name	TOH SOON TECK		ID No.	S7228677D	
Related Veni	ele SJL8679H (Car)		Contact No.	91097700	
lospital/Clini	CHUÁ MEDIGAL CLINC AND PTELTO	SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Exp	ary: NIL
Date Treatme	mi 02/02/2023	Date Dis		2.0000	
	ranted Medical Leave 07		of Injury NIL	2/2022	
Driver	Pier and a second secon	27291001	e regary avic		
Name	Tay Boon Huat	***	ID No.	S1217715A	
Related Vehic	le IVIL		Contact No.	NIL	
Hospital/Clinic			Class of Driving Licence & Expiry Date	Class: NIL Date of Expi	ry isil
Date Treatme		Date Disc			
No. of Days g	anted Medical Leave NIL		f Injury NIL		

Brief Details.

On 01/02/2023 @ 2320 hrs. I was driving my car, bearing registration number SJL8679H along Chea Char Kang Road towards Jurong East when I stopped at T-Junction red light just before the ITE West. Then while waiting for the traffic light to turn green, a car suddenly hit my vehicle from the back. I got down from my vehicle and inspected my car. The bumper of my vehicle has scratches and dented. The other vehicle bearing registration number SMJ5526K, has some damages to its front side. We then exchanged

Today, I felt pain on my body and thus I went to a clinic to have myself checked. The ductor gave me 7 days Medical Leave to rest.



Police Station Of Origin Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No. 1800-5679999

Report No. 1/20230202/2093

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

SI MOHAMAD ROHAIMEE BIN MOHAMAD SAMRI

Signature Of Interpreter Not applicable

Officer In Charge Of Case TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000

Signature Of Informant

Date/Time 02/02/2023 18.58

Classification Of Case

VP168

Kok Wang Car Grooming 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627605

Hp: 91839633 E-mail: vianong@ymail.com

ESTIMATE REPORT

Vehicle Number: SJL8679H Make And Model: Honda City Date of Accident: 1-Feb-23

S/No	Parts	QTY	Unit Price		List Price
1	Rear bumper 500	1		\$	463.70
2	Rear bumper retainer LH & RH X 1	2	\$ 21.50	\$	43.00 ×
3	Rear bumper bracket LH & RH X	2	\$ 14.80	\$	29.60 ×
4	Rear end panel X 11	1		\$	399.30×
5	Rear end panel garnish 🖍	1		\$	109.40×
6	Rear bootlid 5+/	1		\$	535.40
7	Rear bootlid 'LOGO' emblem	1		\$	17.80
8	Rear bootlid 'CITY' emblem	1		\$	16.20
9	Rear bootlid 'IVTEC' emblem ~	1		\$	22.00
10	Rear bootlid lock	1		\$	97.30
11	Rear bootlid weatherstrip	1		\$	74.40
	(22	6.80		\$	1,808.10
	>0	S	Less 20%	\$	361.62
	X	h.	Total	\$	1,446.48
	981	144			
	Special Nett Item				
1	Rear bumper clips ~	1 set	20	\$	60.00 30
2	Rear number plate × ^^	1	30	\$	50.00 X
3	Reverse sensor × nn	1 set	-	\$	300.00 X
			Total	\$	410.00
	To dismantle, replace & panel beating affected portion. To spray paint on affected portion. To remove/replace/reinstall rear panel upholstery & trim. To apply anti-rust on affected areas. To remove/refit reverse sensors. To check wiring for rear portion.	981,44	880	\$ \$ \$ \$	1,000.00 4の 1,000.00 4の 200.00 4の 100.00 4の 100.00 4の 60.00 8
		30,000	Total	\$	2,460.00
		880.00	Grand Total :	6	4.217.40
	LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting	1891.44	RASUL Hp Gro	3	4,316.48
	To display damaged part(s) during resurvey Parts prices are subject to confirmation	Joh	Hp 900	1006	8
	Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and	1513195	4 de	iys	
	is subject to final approval from Insurance Company	-81/200	4/5	,	
	Acknowledged by Repairer Signature:	4dap	15/02/7	36	01220 r mir
	Date:				