

ASS. REC. BY:

REF:

SPF/23001663/Kg43

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04 days

Res.: Yes or No

Lum Sum: _____

70 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

3/3 11:30 @ 1700 Cntr Chd @ 720.00, 30%

Range = 1700 - 1800; Weekend = 2 days.

Veh No: _____

SUR 70418

Yr Regn: 08, 17

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

Truck / Trailer or _____

Make: _____

Hyundai Elantra c.c 1591

Colour: _____

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: _____

137130

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KM1AD841CMJU 533402

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

205/55ZR16

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

TOYO / YOKO or _____

Altenzo

Front

Rear

R/Bal. _____

6 mm

R/Bal. _____

7 mm

L/Bal. _____

6 mm

L/Bal. _____

7 mm

D.O.A. _____

10/2/23

D.O.I. _____

16/2/2023

Survey held at _____

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, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair: _____

4

Resurvey No. of Trip: _____

2

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TP

1700

TOTAL

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

SLR7041Z
TP/SPF

M/S : SINGAPORE POLICE FORCE -Automotive Engrg
POLICE LOGISTIC DEP
1 MOUNT PLEASANT RD, BLK 8 OLD POLICE
SINGAPORE 298333

TEL: 64784840
ATTN: Motor Claim Department

FAX: 64784848

Estimate No: ES2300159/YISHUN
Date: 16 Feb 2023
Policy No: 5119752587-02
Veh Reg No: SLR7041Z
Make/Model: HYUNDAI HYUNDAI
ELANTRA AD 1.6 GLS
AT
Chassis No: KMHD841CMJU533402
Engine No: G4FGHU621410
Reg. Date: 25/08/2017

WS Ref: TP/SPF
Claim Type: Third Party
Accident Date: 10/02/2023
TP Veh Reg No: GZ3296Z

Not with claim
11 Rmp & 1 Foot
Heavy After Rain
Delay

Estimate Repair Cost to Vehicle No :SLR7041Z

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
List Price				
1 REAR BUMPER	500.10	1 PC	CM 500.10	✓
2 REAR BUMPER REINFORCEMENT	295.00	1 PC	Bu 295.00	✓
3 REAR BUMPER RH REFLECTOR	40.80	1 PC	mbent 40.80	✓
4 REAR BUMPER LOWER SKIRT	262.60	1 PC	Bu 262.60	✓
5 REAR BUMPER CLIPS	3.80	6 PCS	Ma 22.80	✓
6 REAR BOOT EMBLEM	28.80	1 PC	Ma 28.80	✓
			1,150.10	
	Less 20%		230.02	920.08
Special Net				
7 REVERSE SENSOR	200.00	1 SET	Shon 200.00	✓
			200.00	200.00
Labour				
8 REMOVE & REFIX REAR BUMPER ASSY, TAILLAMPS, TO KNOCK & REPAIR REAR PANEL, BOOT & REALIGN THE SAME	600.00	1 LA	600.00	450
9 PUTTY & RESPRAY ON REAR PANEL, REAR BOOT, REAR BUMPER	700.00	1 LA	700.00	600
			1,300.00	1,300.00
			Total	S\$ 2,420.08
			Add GST @ 8%	193.61
			Total Amount Payable	S\$ 2,613.69

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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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	11/02/2023 17:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 14:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHAI CHEE ST.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7041Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RIDWAN BIN ISMAIL
NRIC No	SXXXX763E
Email Address	rrhm222@yahoo.com.sg
Mobile Phone No	(Phone) +65-92344145
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA AD 1.6 GLS AT
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	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119752587-02

DRIVER

Name of Driver	RIDWAN BIN ISMAIL
NRIC No	SXXXX763E
Date Of Birth	14/09/1976
Occupation	Outdoor

Date Of Driving Pass	29/01/2002
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92344145
Alt. Phone Number	-
Email Address	rrhm222@yahoo.com.sg
Address	BLK 757 JURONG WEST ST. 74 #05-76
Address complement	-
Postcode	640757
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	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?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	GZ3296Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

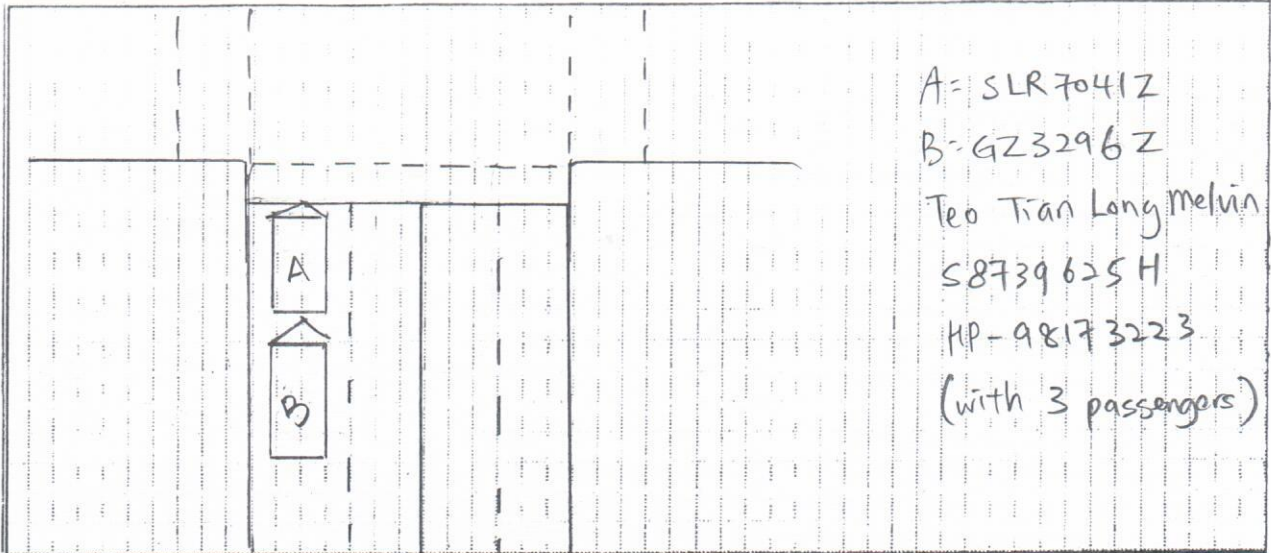
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	TEO TIAN LONG MELVIN
NRIC No	SXXXX625H
Contact Number	(Phone) +65-98173223
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan



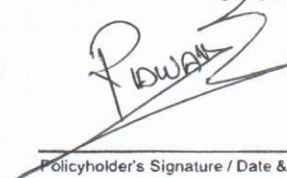
A= SLR7041Z
B= GZ3296Z
Teo Tian Long melvin
S8739625H
HP-98173223
(with 3 passengers)

chai chee st.


Refer to Police Report No: T/20230210/2079

Declaration

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


Policyholder's Signature / Date & Time

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

 11/2/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
(45)

MT/1209538-001

VEH NO: SLR7041Z
INSURER: Income
DATE OF ACC: 10/2/23 @ 14:55

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.

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

PLEASE
TURN
OVER



SINGAPORE POLICE FORCE



T/20230210/2079

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20230210/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2023 16:14		Vide Report No.: G/20230210/0096		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: RIDWAN BIN ISMAIL			Address: APT BLK 757 JURONG WEST STREET 74 #05-76 SINGAPORE 640757		
ID Type / ID No.: NRIC NO / S7628763E			Contact No.: Home/Office: Mobile: 92314145		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 14/09/1976	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 10/02/2023 14:55	Type of Location: T-Junction
Location: CHAI CHEE STREET				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3296Z	Car	TOYOTA	HILUX	White	Seriously Damaged	4
SLR7041Z	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Seriously Damaged	0

Details of Vehicle Insurance

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



T/20230210/2079

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20230210/2079

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:

G /

SR STAFF SGT MOHAMED NOR
BIN MOHAMED ALI JINNAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2023 16:14

Officer In Charge Of Case:

TP / DDGVT /

SR STAFF SGT MUHAMMAD FARHAN BIN
SAIRI

Contact No.: 65476350

Classification Of Case:

NP168

Bedok South NPP
20 Chai Chee Drive
Singapore 469045
Tel: 1800 - 2448999



**SINGAPORE
POLICE FORCE**



T/20230210/2079

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20230210/2079

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR7041Z	NTUC Income Insurance Co-Operative Limited	5119752587-02	25/08/2022	24/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TEO TIAN LONG, MELVIN		ID No.	S8739625H
Related Vehicle	GZ3296Z (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	RIDWAN BIN ISMAIL		ID No.	S7628763E
Related Vehicle	SLR7041Z (Car)		Contact No.	92314145
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

Brief Details.

On 10/02/2023 at about 1427hrs, I was driving along Chai Chee St towards the T-junction near Blk 45. Upon reaching the traffic light, the traffic light was red and I make a stop at the stop line on the lane 2. Not long after making the stop, a vehicle hit the rear of my car. I make a check and discovered that it was a police vehicle. I was attended by the paramedic but does not require to be convey by the ambulance.