

ASS. REC. BY:

REF:

TP1

## ASSIGNMENT

Kenneth

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: 848k

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 10 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SBD 8877PYr Regn: 01, 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: ToyotaC.C. 1598Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 217995

T/Radio: Insured / Std / NI / NA

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

C/No: MR053REH104 539845Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / Rlm or

Tyre Size: F: \_\_\_\_\_

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

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. P mmL/Bal. P mmD.O.A. 3/2/23

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 Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

F. Invs

Others

TOTAL

Report Format:

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

Date: 07-Feb-2023

# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06748

Vehicle Insured : JRW7366  
Accident Date : 03-Feb-2023

Date : 07-Feb-2023

Our Ref : 023023 ( ) / CHAN

PAGE : 1

CHIN HUI CAR RENTAL  
BLK 7 SIN MING IND. ESTATE  
#01-76  
Singapore 575642

*Not Authorized*  
*1/12/23*  
*Pherry Adu Pain*  
*10 days*

## ESTIMATED COST OF REPAIR FOR TOYOTA ALTIS SBD8877P

1 pc	Boot lid			Ry	852.90	✓
1 pc	Boot lid inner lock			nd	432.50	✓
1 pc	Boot lid rubber			nd	190.10	50/50
1 pc	Boot lid inner trim cover			Deform	393.90	✓
1 pc	Boot lid logo			nc	66.90	✓
1 pc	Boot lid "COROLLA" emblem			nc	44.40	✓
1 pc	Boot lid "ALTIS" emblem			nc	49.40	✓
1 pc	Boot lid outer chorome			cm	263.40	✓
2 pcs	Boot lid lamp	nd?	@ S\$382.10		764.20	✓
2 pcs	Taillamp		@ S\$410.80	CPT	821.60	✓
2 pcs	Taillamp lower bracket		@ S\$ 65.60	ny	131.20	✓
1 pc	Rear end panel			Ry	727.70	✓
1 pc	End panel top garnish			nd	261.60	✓
1 pc	Spare tyre board			nd	288.40	✓
1 pc	Rear bumper fascia			Ry	602.60	✓
1 pc	Rear bumper reinforcement			Ry	432.50	✓
2 pcs	Rear bumper side retainer		@ S\$118.70	cm	237.40	✓
2 pcs	Rear bumper bracket		@ S\$ 73.70	Ry	147.40	✓
1 pc	Bonnet			Ry	1,349.50	✓
1 pc	Bonnet inner lock			ny	146.10	✓
2 pcs	Headlamp	ny Ry	@ \$1004.70		2,009.40	✓
1 pc	Front grille assy			cm	694.20	✓
1 pc	Front grille top cover			ny	86.80	✓
1 pc	Front bumper fascia			Ry	576.20	✓
1 pc	Front bumper reinforcement			R	432.50	X
1 pc	Front bumper sponge			cm	96.80	✓
2 pcs	Front bumper side retainer	nd?	@ S\$ 92.40		184.80	✓
1 pc	Front bumper lower grille			in	183.80	X

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before 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 term(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

Con't Page 2 ...



# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.  
Tel: 6453 8686 (3 Lines) Fax: 6459 6550  
Company Reg. No.: 201113667N  
GST Reg. No.: 201113667N

Vehicle Insured : JRW7366

Page : 2

1 pc Front support panel  
1 pc Brace panel  
1 pc Air con condenser  
1 pc Radiator assy

*Bu* 1,228.80         
*By* 161.70  
1,947.40         
*Sn* 2,325.10 X

-----  
18,131.20  
Less 25% : 4,532.80  
-----

1 pc Rear bumper reverse sensor  
1 pc Rear bumper clip (set)  
1 pc Rear no.plate with box  
1 pc Front no.plate with box  
1 pc Radiator coolant  
1 pc Front bumper clip

13,598.40  
*CRM* 2005 *sn* 300.00 *sn*  
*nu* 30.00 *sn*  
*nd* 45 *sn* 50.00 *sn*  
*By* 45 *sn* 50.00 *sn*  
*nu* 30 ✓  
*nu* 30.00 *sn*

To rewire damaged parts and refocus  
headlamp beam.

30.00 ✓

To remove air con condenser, pipes  
and drier, vacuum and to recharge  
gas

120.00 100/

To apply undersealing

60.00 ✓

To putty and spray replaced parts

1,800.00 1200/

To remove, cut-out damaged parts,  
panel beating, welding, align,  
refix and to renew above parts

1,500.00 1200/

-----  
Total : S\$17,568.40  
=====

Singapore Dollars Seventeen Thousand Five Hundred  
and Sixty Eight and Cents Forty Only

# 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	05/02/2023 11:13 (SGT)
Reported by	Owner
Date of Accident	03/02/2023 22:30 (SGT)
Location of Accident	Singapore
Additional Location Information	PIE (TOWARDS CHANGI)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD8877P
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHIN HUI CAR RENTAL
Company Reg No	53090791K
Email Address	CHINHUIRENTAL@GMAIL.COM
Mobile Phone No	(Phone) +65-64534680
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113764547-03-000001

### DRIVER

Name of Driver	CHEN KAN YAW DANIEL
NRIC No	S7116192G
Date Of Birth	15/05/1971
Occupation	Indoor



Date Of Driving Pass ..... 17/02/1992  
 Driving experience ..... 31 YEARS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90904048  
 Alt. Phone Number ..... -  
 Email Address ..... DANIELCKY71@GMAIL.COM  
 Address ..... BLK 462 CLEMENTI AVE 3 #08-628  
 Address complement ..... -  
 Postcode ..... 120462  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... Yes  
 Number of vehicles involved in the accident ..... 6  
 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) ..... 2  
 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 ..... -

#### FOREIGN VEHICLE 1

Vehicle Registration Number ..... JRW7366  
 Vehicle Category ..... Private car

#### PASSENGER 1

Name ..... ALVIN  
 Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Clementi Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18008729999  
 Alt. Police Station Phone No ..... (Fax) +65-68728039  
 Police Station Address ..... No. Singapore 129858  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### ATTACHMENT(S)

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

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant  
 Vehicle Colour  
 Vehicle Category  
 Name of Driver

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRW7366
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX4359H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLT3287Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMR3494P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



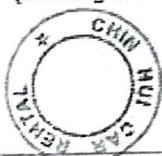
# SKETCH PLAN

## 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

*[Signature]* 4/2@ 2pm

*[Signature]*

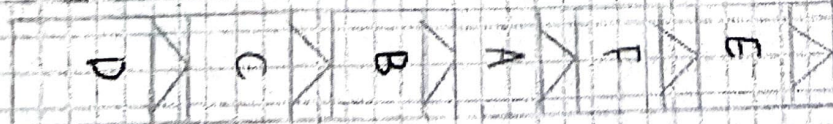
Driver's Signature (if driver is not the policyholder) / Date & Time



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

## Sketch Plan

PIE (CHANGI)



A = SBD8877P

B = JRW7366

C = SKX4359H

D = SLT3287Y

E = SMR3494P

F = SLD2355A





# SINGAPORE POLICE FORCE



T/20230204/2014

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 4  
Report No. T/20230204/2014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 02:13		Vide Report No.: E/20230203/0196		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: CHEN KAN YAW DANIEL			Address: APT BLK 462 CLEMENTI AVENUE 3 #08-628 SINGAPORE 120462		
ID Type / ID No.: NRIC NO / S7116192G			Contact No.: Home/Office: Mobile: 90904048		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 15/05/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2023 22:30	Type of Location: EXPRESSWAY
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRW7366	Car	HYUNDAI		White	Seriously Damaged	0
SBD8877P	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Seriously Damaged	1
SLD2355A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230204/2014

2 of 4

Report No. T/20230204/2014

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

**CONTINUATION OF REPORT**

Police Station:  
Clementi N.P.C  
20 Clementi Avenue 5  
Tel No: 1800-8729999

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Chan Kui Yong	ID No.	NIL
Related Vehicle	JRW7366 (Car)	Contact No.	86504854
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	CHEN KAN YAW DANIEL	ID No.	S7116192G
Related Vehicle	SBD8877P (Car)	Contact No.	90904048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	XU YUANMING	ID No.	S8974459H
Related Vehicle	SLD2355A (Car)	Contact No.	96877524
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

**Brief Details.**

I am a Private Hirer Driver and my car is SBD 8877P. On 03/02/2023, I received a booking from Marina Bay Sand to Pavilion Circle and the passenger is a male Chinese by the name of Alvin.

Whilst travelling along PIE towards Jurong, I was driving on the 1st lane of PIE. Whilst along Steven Road (PIE), a car in front of mine suddenly jammed brake and I was able to stop in time to avoid a collision. However, a car behind mine was unable to stop in time and hence it hit onto the rear of my car which resulted my car jerked forward and hit onto the car in front of mine.