

ASS. REC. BY:

REF:

AG2 / 23002264/KV

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: SKD 3017G

Policy No. _____

Claims No. C10020773/JY

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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: _____

I.B.I. %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

8/3 @ 6038.58 Cash (red 1079.92, 15%)

Veh No: Snp 4339J

Yr Regn: 09, 19

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

Truck / Trailer or

Make: Toy C11R

c.c. 1797

Colour: M. Yellow

A/C: Insured / Std / NI / NA

Sp. Reading 170243

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 8YX10

2180023

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: 235/508R18

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 28/2/23

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 2/3/2023

Survey held at

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

N/S 157

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

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Date/Time, File Return to?

13/3/23-typist

Report Format: TP

Lump Sum / I.B.I: (\$ 6038.58)

[- > Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	392N
Vehicle Details	
Vehicle No.:	SMP4339J
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	2ZR2D89295
Chassis No.:	ZYX102180023
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$30,231.00
Original Registration Date:	25 Sep 2019
First Registration Date:	25 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$24,324.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Sep 2029
PARF Rebate Amount:	\$18,243.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,602.00
COE Rebate Amount:	\$25,327.00
Total Rebate Amount:	\$43,570.00

The information contained herein is correct as at 02 Mar 2023

OK

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	01/03/2023 18:33 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4339J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KINETIC HOLDINGS PTE LTD
Company Reg No	201618392N
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97849075
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00009432202

DRIVER

Name of Driver	HO SHU CHERN (HE SHUZHEN)
NRIC No	S7537492E
Date Of Birth	15/12/1975
Occupation	Outdoor

Date Of Driving Pass	17/11/1995
Driving experience	27 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96644429
Alt. Phone Number	-
Email Address	yvonneho75@hotmail.sg
Address	BLK 134 EDGEDALE PLAINS #09-68
Address complement	-
Postcode	820134
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

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	WITH OWN WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3017G
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAREN TAN HWEE LYNN

* NRIC No	S8261397H
Contact Number	(Phone) +65-96332168
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	HO SU CHERN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SMP4339J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO. QNP43397
 2. INSURER CO. Chong Fong
 3. ACCIDENT DATE & TIME 28/2/2023 @ 1200hrs

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 Authorized 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 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. The 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.
 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' law firm, the Ministry 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/postal 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' law firm, 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/also be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm), 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

Sketch Plan

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/3/2023 @ 1200hrs, I was making a right turn towards Anchorvale Street when the traffic turns green. Suddenly I felt an impact, I alighted & realised that Veh B: SKD3017G right portion has collided into my Veh A: Smp4339J front left portion. We exchanged particulars. Seek for medical treatment and was given 2 days mc.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRBC/FIN No.:

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

Date: 02/03/2023

Vehicle No: SMP4339J

Model: TOYOTA CHR HYBRID 1.8S CVT

Chassis: ZYX102180023-2019

Reg.Year: 2019

Third Party Insurer: AGI

Third Party Veh No: SKD3017G

Date of Accident: 28/02/2023

Estimator: TING AN

Surveyor:

Not Notation
Primary B4 pain
4 days
86038.58

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BONNET <i>1223</i>	1		<i>Bu</i> \$1,223.00 ✓
2	FRONT BONNET HINGE LH	1		<i>Di</i> \$71.00 ✓
3	FRONT BONNET HINGE RH	1		<i>Di</i> \$71.00 ✓
4	FRONT BONNET INSULATOR	1		<i>su</i> \$443.00 X
5	FRONT WIPER AIR GRILLE <i>581</i>	1		<i>cm</i> \$746.00 ✓
6	FRONT HEADLAMP LH	1		<i>mg cm</i> \$1,727.00 ✓
7	FRONT BUMPER <i>781-10</i>	1		<i>cm</i> \$856.00 ✓
8	FRONT BUMPER SIDE BRACKET LH	1		<i>cm</i> \$115.00 ✓
9	FRONT BUMPER TOWING COVER	1		<i>su</i> \$41.00 X
10	FRONT BUMPER LOWER GRILLE <i>359</i>	1		<i>mg cm</i> \$515.00 ✓
11	FRONT BUMPER FOG LAMP GARNISH COVER LH	1		<i>mi</i> \$98.00 ✓
12	FRONT FENDER LH	1		<i>R</i> \$774.00 ✓
13	FRONT FENDER "HYBRID" EMBLEM	1		<i>su</i> \$65.00 ✓
14	FRONT FENDER INNER SHIELD LH	1		<i>H/Bu</i> \$236.00 ✓
15	FRONT FENDER WHEEL ARCH COVER LH	1		<i>R</i> \$177.00 ✓
SUB TOTAL				\$7,158.00
LESS 25%				-\$1,789.50
PARTS TOTAL				\$5,368.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BONNET INSULATOR CLIPS	1		<i>su</i> \$40.00 X
2	FRONT BUMPER CLIPS	1		<i>su</i> \$50.00 ✓
3	FRONT FENDER INNER SHIELD CLIPS LH	1		<i>su</i> \$40.00 ✓
4	FRONT FENDER WHEEL ARCH COVER CLIPS LH	1		<i>su</i> \$40.00 ✓
S/N TOTAL				\$170.00

$$\begin{array}{r} 4768.58 \\ 1330 \end{array}$$

Date: 02/03/2023
 Vehicle No: SMP4339J
 Model: TOYOTA CHR HYBRID 1.8S CVT
 Chassis: ZYX102180023-2019
 Reg. Year: 2019

Third Party Insurer: AGI
 Third Party Veh No: SKD3017G
 Date of Accident: 28/02/2023
 Estimator: TING AN
 Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT ACCIDENT AREAS & ETC.

500/-
 \$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT FENDER LH & ETC.

600/-
 \$700.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$100.00 80/-

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$80.00 20/-

LABOUR TOTAL \$1,580.00

TING AN

TOTAL

\$7,118.50

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:

Head office

6 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1003

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

