

ASS. REC. BY:

REF:

SPF-1 2300231011cgy3

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: _____

Policy No. _____

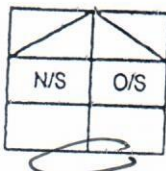
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMF 8026m Regn: 11, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prova c.c. 1798Colour: Black A/C: Insured / Std / NI / NASp. Reading: 269604 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD8S3EU00J034643Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / Rlm orTyre Size: F: DunR: Firestone 205/60R16

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

TOYO / YOKO or

Front

R/Bal. 3 mmL/Bal. 3 mmD.O.A. 1/3/23

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/4 @ 1578.43 1772.60 Calm 28/6/23 Crak & 2274.01, 56%

Range: \$ 1770 - \$ 1880

Date/Time, File Pass to?

☐ : Prell. Report

1) 03/7 1772.60

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation

S - RS. SI

F. m/s

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format :

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

Tp
1772.60



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

SPF ACCIDENT CLAIM SECTION
LOGISTICS SUPPORT & SERVICES DIVISION
POLICE LOGISTICS DEPARTMENT
POLICE LOGISTICS BASE 1 HEMMANT ROAD
SINGAPORE 438675

Estimate : QUOT202303-000122(00)

Date : 03/03/2023

Vehicle No. : SMF8026M

Make/Model : TOYOTA PRIUS PLUS (AUTO)

Mileage (km) : 0

Chassis No. : JTDZS3EU00J034643

Accident Date : 01/03/2023 00:00:00

Claim No. : QX481S

Reference : JO202303-0170

Policy No. : 5126757065-000406

Contact : -

Fax No. :

*Not Withheld
Missing B4paim
@ 1.772.60 2 days*

S/No	Particular	Quantity	Unit Price	Amount S\$
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LIST ITEMS :

1	Rear bumper	1.0	669.10	669.10
2	Rear bumper lower diffuser	1.0	1,018.30	1,018.30
3	Rear bumper reinforcement	1.0	260.60	260.60
4	Rear bumper retainer	2.0	171.20	342.40
5	Rear end panel	1.0	838.40	838.40
List Total :				3,128.80
25% Discount S\$				782.19
				2,346.61

SPECIAL NET :

1	Rear bumper sensor	1.0	350.00	350.00
SPECIAL NET Total S\$:				350.00

LABOUR :

-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	550.00	550.00	2200
- Spray painting on affected & replace parts	1.0	800.00	800.00	2200
			<u>1,350.00</u>	

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

E. & Q.E.	Total S\$:	4,046.61
	GST 8% S\$:	323.73
	Amount Due S\$:	4,370.34
Acknowledged by Repairer		
Signature:		
Date:		

for CITY AUTO PTE LTD

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	02/03/2023 16:49 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 09:22 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8026M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINTO SINGAPORE PTE LTD
Company Reg No	2XXXXX445H
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
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 car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126757065

DRIVER

Name of Driver	GOH CHEN HUI
NRIC No	SXXXX588I
Date Of Birth	25/10/1980
Occupation	Outdoor

Date Of Driving Pass	18/07/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81007809
Alt. Phone Number	-
Email Address	asmah@lumens.sg
Address	475 SEMBAWANG DRIVE #03-327
Address complement	-
Postcode	750475
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	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?	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	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 POLICE REPORT

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	QX481S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	BRIAN MICHAEL GOMEX
NRIC No	SXXXX898F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Authorised 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' 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]

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 75643

Tel: 6453 1215 Fax: 6453 7944

Witnessed by *[Signature]*
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

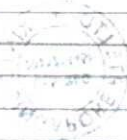
A			
↑			
B			

A SMF8026M

B QX481S

Describe Circumstances of the Accident

Refer to police report.



Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230301/7032

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

1 of 3

Report No. T/20230301/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2023 12:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH CHEN HUI			Address: 475 SEMBAWANG DRIVE #03-327 SINGAPORE 750475		
ID Type / ID No.: NRIC NO / S8082588I			Contact No.: Home/Office: Mobile: 81007809		
Nationality: MALAYSIAN			Email: gohchenhui@gmail.com		
Sex: Male	Age: 42	Date of Birth: 25/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 01/03/2023 09:15	Type of Location: Straight Road
Location: HOUGANG AVE 3 BEFORE DEFU LANE 12				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
QX481S	Car	TOYOTA	Altis	White	Slightly Damaged	0
SMF8026M	Car	TOYOTA	Prius Plus	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230301/7032

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

2 of 3

Report No. T/20230301/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRIAN MICHAEL GOMEZ	ID No.	S7106898F
Related Vehicle	QX481S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH CHEN HUI	ID No.	S8082588I
Related Vehicle	SMF8026M (Car)	Contact No.	81007809
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date, I was driving my vehicle bearing SMF8026M on my way to work. I was driving on the second most left lane along Hougang Ave 3 right before the intersection to Defu Lane 12. I remember clearly that I was travelling straight in my lane, the traffic was very heavy prior to the accident and the vehicles were moving and stopping. I noticed the vehicle in front of me coming to a stop and I applied my brakes to come to a stop. However, just right after I came to a complete stop, I felt a bump from the rear. I alighted the vehicle and noticed a SPF vehicle bearing QX481S had collided onto my rear. The officer then apologized for the collision and explained that he could not stop as the vehicle skidded. We exchanged particulars and he activated the TP. The TP arrived shortly after and took the SD card from my vehicle. I then left the scene as I was not injured. I am lodging this report as requested by the TP.

**SINGAPORE
POLICE FORCE**

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



T/20230301/7032

3 of 3

Report No. T/20230301/7032

CONTINUATION OF REPORTSketch 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 / TPB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476209

NP168

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

Date/Time:
01/03/2023 12:12

Classification Of Case: